ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

BUILDING A COMMUNITY OF DECISION-MAKERS: ARE WE THERE YET?

RESULTS AND RECOMMENDATIONS TO DEVELOP A SHARED GOVERNANCE STRUCTURE

Early Connections Governance Evaluation Report

Alameda County 2013

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Early Connections Governance Evaluation Report
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[1] *See Fast Facts for an executive summary of the Governance Full Report. Contact Adacumos@acbhcs.org.*

I. INTRODUCTION

Over the past 20 years, policymakers and practitioners have increasingly recognized the importance of family participation in developing and sustaining a service system that is responsive to the needs of children with emotional and behavioral concerns.[2,3] Historically, service providers and system stakeholders have viewed families as recipients of service and providers as experts, unintentionally perpetuating classism and inequitable practices and conditions. The traditional model of decision-making is top-down, i.e., where top leadership makes decisions without engaging the consumers, families and providers most impacted by the services. Family involvement in systems is now seen as a movement toward helping both families and providers promote empowerment, equity and wellness.[4]

Governance is a way in which a group of people organize themselves to make decisions and provide input about the system of care. -SAMHSA

Early Connections, an early childhood initiative of Alameda County Behavioral Health Care Services, has embraced an innovative model of shared governance called "building a community of decision-makers." Committed to developing a family-driven system of care, where family members are the authority in making decisions for their child, 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.[5,6] By adopting a shared governance structure, Early Connections hopes to achieve the following short and longer-term outcomes:

- Increase parental knowledge, use of services, and leadership capacities
- Enhance provider's and partner's awareness of strength-based values and practices when working with families
- Strengthened 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 are more empowered, stronger and more stable.

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

[2] Technical Assistance Partnership for Child and Family Mental Health. (2011). Components of the System of Care Governance Structure. SAMHSA.
[3] Osher, T., Desai, D. (2006). The Family-Driven Study: First Findings-2006. Children's Mental Health Initiative.
[4] Federation of Families for Children's Mental health (2000). Family-professional relationships: Moving forward together.
[5] Technical Assistance Partnership for Child and Family Mental Health. (2011). Why Have a Broad-Based Governance System? SAMHSA.
[6] Components of the System of Care Governance Structure.

What is Governance?

Governance is defined as decision-making at a policy level that has legitimacy, authority and accountability.[7] Governance – policy-level decision-making and oversight – should not be confused with system management (day-to-day operational decision-making).[8] These are two distinct functions. Key issues for a management system involve: do they clear reporting structure to the governance body? Does the management team have sufficient technical and staff capacity? Are expectations clear about what the structure is managing and what information it is providing to the governing body? Does the system management team have credibility with key stakeholders? Key roles of Management structure may be:

- Resource allocation
- Staffing of Early Connections
- Quality of services and overall functioning of the EC efforts
- Service planning and implementation
- Management policies and procedures.

In comparison, key issues for governing entities include:[9]

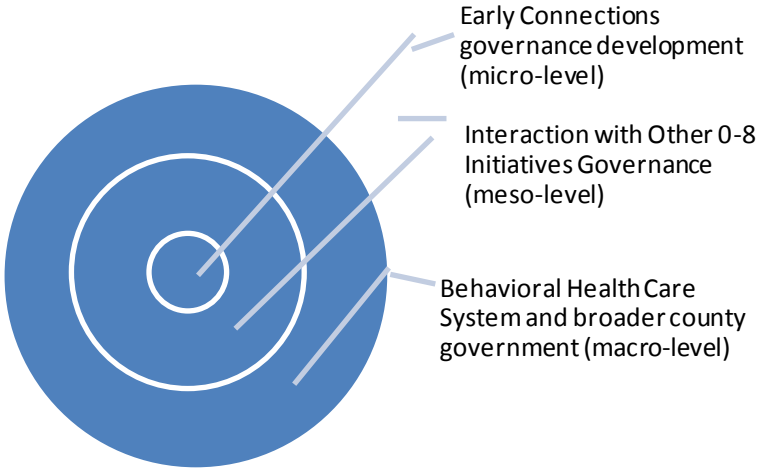
- ***Has authority to govern***
- ***Is clear about what it is governing***
- ***Is representative***
- ***Has the capacity to govern***
- ***Has the credibility to govern***
- ***Assumes shared liability across system for the populations of focus.***

Early Connections Shared Governance Framework

Figure 1 below is a framework to help think through the various levels of governance happening in Early Connections. Note that this is a schematic to simply help frame and contextualize the various levels of governance This uses an ecological-developmental model in which there is development happening within Early Connections at the micro-level (participation, translation, transparency); at the inter-relational level or meso-level, in which there is interaction or alignment with other 0-8 initiatives governance structures; and at the macro-level, in which there is the larger system level governance of Behavioral Health Care with which Early Connections would need to align in order to sustain system of care principles and best practices.

[7] Pires, S. (1995). Definition of governance. Washington, D.C.: Human Service Collaborative.
[8] 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. Supported by SAMHSA, U.S. Department of Health and Human Services. Page 64.
[9] Pires, S. (2000). Key issues for governing bodies. Washington, DC: Human Service Collaborative.

Figure 1. Conceptualization of Shared Governance Model



Early Connections Current Governance Structure

In early 2011, Early Connections adopted a shared governance structure that strived to incorporate families in all levels of decision-making. Figure 2 details the key components of Early Connections emerging governance structure that was developed and implemented from 2011-2013. Note that there is also an organizational chart for Early Connections that captures all key partners and providers involved (not included).

Figure 2. Current Early Connections Governance Structure

There were key partners, including a parent-run organization United Advocates for Children and Families (UACF) and First 5 Alameda, mental health providers, and family members, who participated in various committees. Table 3 details the membership, purpose and activities of key governing bodies of Early Connections last two years.

Table 3. Key governing bodies with specific membership and roles included in Early Connections Shared Governance structure, 2011-2013.

Governing Body	Current Members	How often	Intended role	Current Status
The Management Team (System management/operations group)	7 Members • Program Director • Capacity Building Coordinator • CLR Coordinator • Lead Family Coordinator • 2 Family Members (*Note*: PI and Lead Evaluator joined as needed; Social Marketing and First 5 Liaison participated for 1-1.5 years)	Met weekly, then bi-weekly since summer 2012.	Grants administration group. Day-to-day operations.	Strengths: Functioning mostly well as system management team, primary decision-making body Weaknesses: No providers, no key partners.
Full Partnership (policy group) Community based decision making.	50-70 members -family members (monolingual Spanish, Chinese and Vietnamese, foster parents, current 0-5, parents with disabilities) -mental health supervisors	Five times for over a year, every six weeks from 9/2011-9/2012. Nov 2011, January, March, April, May,	To make broad decisions and set priorities to strengthen the system of care for children ages 0-5 years	On Hold since Sept 2012; Too much effort/time/resources to plan and implement; not sustainable. Authority to govern was

	and clinicians -First 5, UACF, BHCS leadership, HCSA, Regional Center	and July 2012. (Planning retreat in July 2012)). Plus full partnership planning team.		unclear.
Coordinating Council (executive) Advocates for system change; barrier busters.	10 members • 1 Family member • First 5 Deputy director • Regional Center • BHCS Children SOC Director (EC PI) • Early Connections PD • Lead Family Coordinator • Lead evaluator (last 4 as staff) Others included for 3 months: • BHCS deputy director, • Public Health MCAH director, • Social Services	April 2012-September 2012	To champion and advocate for Early Connections strategies in their respective agencies; Barrier Busters.	On hold since December 2012
Action Teams (work groups)	Co-convened by a provider or Early Connections staff, and a family member. 6 action teams with over 50 members running: **1.** CLR Action Team (8, mostly providers) **2.** Evaluation Action Team (12) **3.** Family Leadership Action Team **4.** Social Marketing Action Team **5.** Sustainability Action team ***6.*** Training Action Team	Serve as working groups. Most met monthly or as needed.	To inform agenda for Full Partnership, provide more information for decision-making or engage in specific activities as a result of decisions made at the FP. Action Teams can also make decisions.	Charters established and structures in place But overall not meeting purpose, no intentional collaboration towards shared goals, need expanded membership. Early Connections staff and Mgt Team developed work and strategies outside of the Action Teams Training and CLR AT are on hold; Family leadership and Evaluation AT's are ongoing. The Social Marketing and Sustainability Action Teams were joint ventures between Help me Grow and Early Connections/both on hold since summer 2012.
Help me Grow/Early Connections Integration team (ad-hoc groups)	*Ad-hoc* action teams were established as necessary.			

See the Appendix for details on purpose and roles of each of these governance bodies.

II. Evaluation Methodology[10]

Purpose and Evaluation Questions

The primary purpose of this evaluation was to examine the functioning of the current governance structure of Early Connections, assess lessons learned to date, explore sustainability, and offer recommendations to key stakeholders to help improve and sustain a shared governance model. Given that the initiative is being implemented for the last 3 years, this report shares a process evaluation, not an outcome evaluation of the impact of Early Connections shared governance on child-, family- and service-level outcomes, which would be expected in years 4-6 once a well-functioning governance structure is developed. This report aims to answer the following key evaluation questions:

(1) How well is the current structure working in meeting key outcomes?

(2) How well are family members, providers and partners being integrated in shared decision-making?

(3) What are the major challenges, successes and lessons learned to date?

(4) Which components are most sustainable and why?

Short-term Outcomes:

Following are the intended activities and short-term outcomes that were expected within first 3 years of implementation. See the Early Connections Shared Governance logic model linking activities to short and long-term outcomes on next page.

Table 1. Key Intended Activities and Short-term Outcomes for Early Connections Governance.

Activities (intended)	Short Term Outcomes
• Safe and structured environment provided to ensure meaningful engagement • Full partnership identifies problems and makes shared decisions • Sufficient information, supports and technical assistance (TA) provided to ensure equal participation • Management team functions well • All Action teams develop and implement charters • Coordinating council busts barriers • EC Governance communication and accountability developed	• All bodies communicate and collaborate • Families, providers and partners share experience and knowledge in spirit of co-learning • Increase understanding of family needs • Support structures ensure equal participation by families • Decisions are transparent and aligned with needs • Buy-in and infrastructure in place to implement decisions

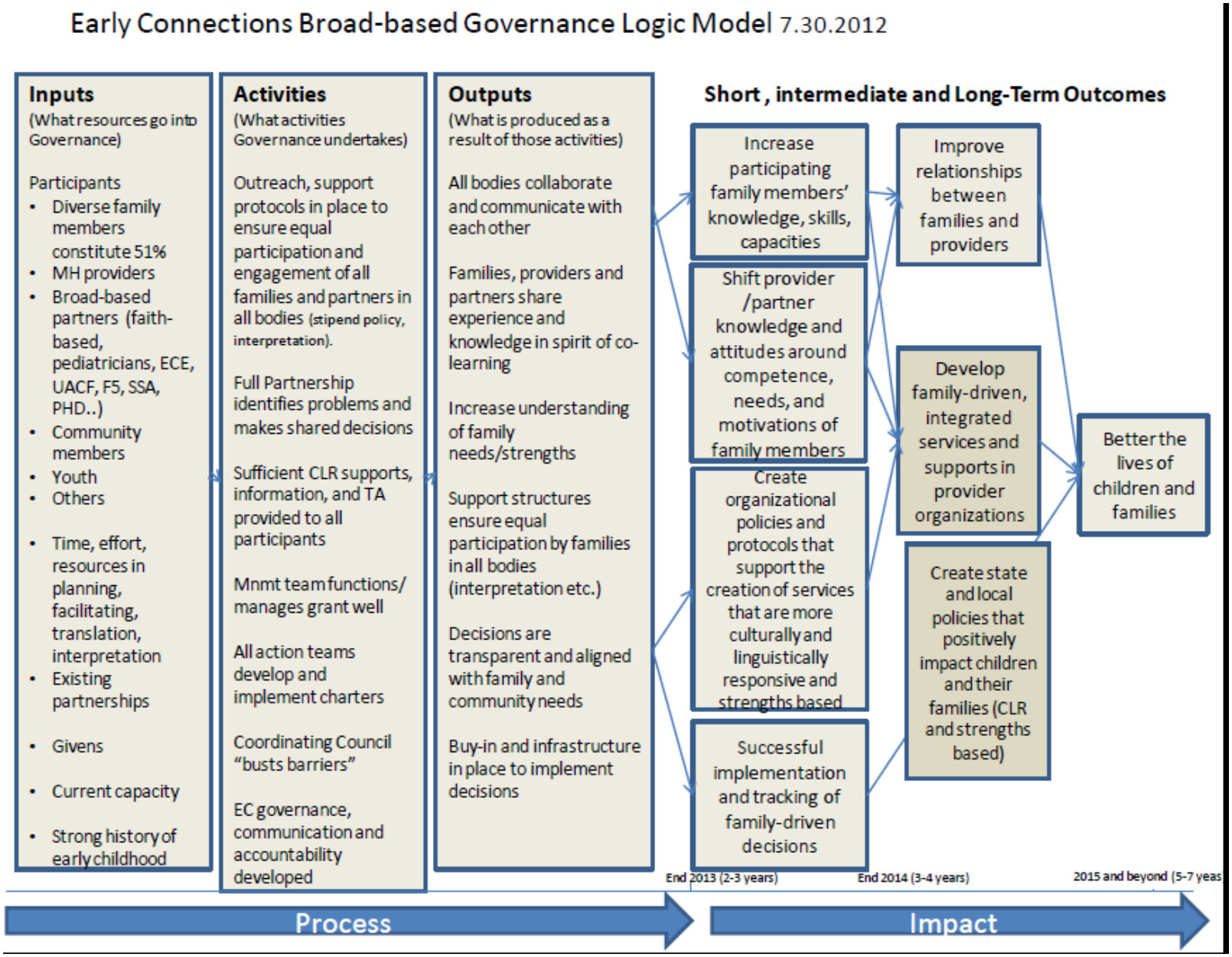
Data Collection Tools: Qualitative and quantitative methods were used to collect most relevant information from diverse participants and stakeholders, including family members, providers, key partners and leadership from Behavioral Health Care, First 5 Alameda, Regional Center, United Advocates for Children and Families, and Early Connections staff.

- Early Connections Governance Participant Database 2011-2012
- Journey Maps of decisions made to date (March, 2011 and March, 2013)
- Action Team Co-Convener Survey (April 2013)
- Interviews with 7 Management Team members

[10] See Early Connections Governance Evaluation Plan for more information. Contact ADacumos@acbhcs.org.

- Key informant interviews with BHCS leadership, First 5 leadership, UACF, providers and family members
- Full Partnership Coordinator Contract Report, September 2012
- Full Partnership meetings evaluations (selected)
- 3 Focused Conversations with Management Team members (February – March, 2013)

Limitations: This evaluation relied heavily on self-reports from Early Connections governance structure participants and nonparticipants who had key roles in helping to improve or sustain the shared governance structure. The views in this report solely reflect the perspectives of those interviewed and may not accurately represent the perspective of Alameda County Behavioral Health Care Services Agency.



III. Key Findings – Overall Progress

The shared governance model was developed and supported by SAMHSA's National Technical Assistance Partnership. However, members of the Management Team did not feel that the team fully owned the model. The Management Team along with key partner and stakeholders unanimously feel that the current governance model is not working well for their community. However, many members of the Management Team believe that some processes are improving. Furthermore, they believe that there are numerous opportunities to utilize lessons learned in the first year of implementing a shared governance structure to develop a proactive, intentional structure with processes, protocols and policies that work well for Early Connections and its community of local decision-makers.

Despite significant challenges and barriers involving in realizing such an ambitious shared governance structure, Early Connections has been successful in achieving key milestones for governance (see Table 2 Below).

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

Key Accomplishments	Key Challenges
• **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**	• 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 • Unclear roles and accountability structures • Diminishing support from system leadership and key partners • Not aligned with existing initiatives' governance

Culturally and Linguistically responsive Governance Activities

Early Connections has identified and connected with various leaders in the community to ensure that Asian and Latino communities are well represented. They have capitalized on existing relationships with Asian Community Mental Health Services. They have developed a family stipend policy to ensure that family members who serve on various committees, provide outreach and engagement of other family members, and engage in other system-building activities are adequately reimbursed for their time.
Early Connections has adequately provided interpretation services in Chinese, Vietnamese and Spanish, at various governance events. They have been successful at translating materials, simplifying the language to be community friendly for all handouts and materials disseminated, and allocated bilingual staff as needed. They have recently extended this process to include monolingual families in the strategic planning process; they have capitalized on existing internal bilingual staff to help with translation. They have also involved family members as co-leaders of governance bodies, including 6 action teams; however, for Coordinating Council and Management Team, this has yet to be established.

Some specific aspects of the current structure are working well, including the evolution of the Management Team. Early Connections Management Team was developed within a year of grant award, and has grown tremendously in terms of its staff capacity, leadership, knowledge of system processes, collaborative decision-making, and inclusive membership. In early 2012, 2.5 years into the grant, 2 family members joined the management team. The Social Marketing coordinator position was discontinued in 2012; the position had shared responsibility for Help Me Grow social marketing and Early Connections efforts as the partners agreed upon. However, there was a "difference in social marketing focus between the two initiatives, and too much workload for one position." The First 5 liaison position which had been there from the beginning was also discontinued. Talks are under way to ensure the partnership with First 5 and a liaison is re-integrated into Early Connections decision-making and governance. There are currently 7 members on the management team. There is room for involvement of other critical perspectives. It does not contain a mental health provider such as a clinician and/or a supervisor, a family partner, a budgets/ data person, and/or First 5 liaison.

A. Overall Strengths of Early Connections Governance

Data Sources: *(1). Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care and key partners; (2). Key informant interviews with Management Team members. (3) Co-Convener Survey, (4) Full Partnership Evaluations and Report*

The following were noted as strengths or components of the emerging Early Connections governance structure that are working well (developed in the last year and a half). These components can be leveraged and further built upon by Early Connections, as well as other early childhood initiatives, and preferably supported and sustained:

1. **Family members involvement and engagement.** All of the stakeholders mentioned the power of meaningful family engagement and felt that family leadership was moving in the right direction. Family members and parents providing education and outreach to one another was noted as a very "impactful" aspect of shared governance, i.e., peer outreach and education. Also the sustained commitment and participation of many family members, including monolingual families, is working well. The next step is to further develop a family leadership infrastructure to provide mentorship, training and, opportunities for family members to develop role clarity and leadership capacity.

   "There's been much more of an outreach to families whose voices are never heard and we've never heard or bothered to go find."
   -Key Stakeholder

   "I think it's extraordinary…they have been attentive to diversity. I think the staffers….have been very thoughtful and intentional around creating a robust stakeholder process, and really seeking voices that probably have not been represented in a process like this before." – BHCS leadership

   "More family members and providers want to be involved and are interested and motivated, but not given the proper support or direction. We should build upon that 'desire for change."
   -Key Stakeholder

2. **Community-based strategic planning process.** The Strategic Planning Design Team was successful in developing a decision-making structure, broad participation, shared goals and clear action steps. It includes providers, partners and family members, including monolingual speaking family members from the Full Partnership. This group could be expanded and used as model for how the re-designed Full Partnership may function. Stakeholders cited the success of the design team process to a "really good facilitator."

   "I've seen from a policy level, the effect of [a] family member's voice."
   – Key Stakeholder

3. **Functional Management Team.** For the past year, the Early Connections Management team has been the most actively involved in the process of shared decision-making. It is reportedly functioning well as a team. It is increasingly using a structured decision-making model (by modified consensus, or majority vote) and has a process in place which involves providing information in advance, being more transparent about decisions to be made, and sharing equal power, given various positions, that is working well. By expanding membership to include providers and key partners, the Management team could continue to serve as the systems management body (not the governing body).

> **"Rather than taking things to management team, doing some shared discussion and share decision making, [bringing] in proposals… and then ask[ing] the team to approve them instead of starting from the ground up."**
>
> *– Key Stakeholder*

All the action teams have a structure in place that is working for them, with their own adaptive decision-making style, a core group of membership and now with clear steps and shared goals.

4. **Culturally responsive supports and infrastructure.** There is a positive cultural shift: the leadership is open to new ideas. There is a new interest amongst clinicians to determine better ways to support and empower family members who are both working in their systems and family members who were clients in their system. Providers use language that is accessible and understood by families as well as developing a different type of "consciousness around working with families."

Other areas noted by Full Partnership in terms of what is working well:

Table 3. What's Working Well with Full Partnership
1. Reflection of cultural/ethnic/linguistic diversity of community
2. Beginning to gather community /consumer concerns
3. A lot of attention to support – linguistically, logistically, structure of agenda, child-care
4. Orientation is helpful
5. Recruitment pool for work groups
6. Beginning to develop membership
7. Family Partner Coordinator hired

Source: Full Partnership Planning Retreat, 07/12/2012

B. Overall Challenges to Shared Governance

Data Sources: *(1). Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care and key partners; (2). Key informant interviews with Management Team members; (3) Co-Convener Survey; (4) Full Partnership Evaluations and Report*

This section details the challenges to having shared family-driven decision-making or building a community of decision-makers. Stakeholders communicated that there were a dearth of opportunities for making real decisions that incorporate the broad-based governance philosophy.

> **"The lives of family members are so challenged that we don't have structures in place to support them."** *- Key Stakeholder*

1. Lack of clear governance structure and processes

Lack of clear governance structure and processes, that is, which types of decisions are made where and by whom, the role and function of each body, who has the authority to make certain decisions, and what is the timeframe that decisions need to be made in. Overall the current governance structure is not working well. There are no feedback loops between various strategies, or governance groups. The roles of each body are not well established or being met. For instance, the action teams are not serving the function of developing, supporting and sustaining strategies.

2. Timeliness of Decision-Making

There are intense (competing) timelines and pressures to SAMHSA system of care expectations that include a participatory inclusive decision-making process. However, many of the decisions need to be made in a timely manner and could not wait for budgetary or contractual reasons to go to each governance body. Differentiating systems management decisions from policy-decisions might help.

"Decisions have needed to be made in a timely way and that it couldn't wait to go to the governing bodies at times that needed to be made more in terms of budget or contract decision." – Early Connections Staff

3. Power dynamics and inequitable relations

> **"We're further along than many, but…it's still a shift. It's like any kind of diversity work. You still have to get out of old power – patterns and power of dominance."** *-Key Stakeholder*

Many of the stakeholders felt that some people had more power than others simply by virtue of their positions. Others also noted that providers traditional have had the power as experts and family members the recipients of service, so, on multiple levels of governance that inequity in power is there. It's a cultural shift, hard for leadership/providers to let go of the power that they have.

"Family members do **not** have equal power in providing input in potential decision or to make actual decisions"
Family members are part of the manage*ment team, and are starting to feel like part of the team, but kind of waiting for our roles to be defined.*
Cultural divide: cross racial/ cultural lines.

> **"Sharing power is threatening for any of us. Family-driven decision-making is about recognizing that family members are the authority, and I think that the resistance to that is very high."**
>
> *- Key Stakeholder*

Also, given that BHCS is the lead agency responsible for the grant, many of the decisions have to be navigated through BHCS administration and then approved by County Board of Supervisors. So, in reality, stakeholders and community members may not have control over funds, such as full scope Medi-Cal dollars/EPSDT beyond the grant period.

> **"The downside is giving an illusion of more control than people have in a system that still has to report to directors and to board or supervisor who spend [the] dollars."**
> *-BHCS leadership*

4. Lack of clear shared strategic direction

- Lack of shared agenda/vision or clear steps. Stakeholders noted that gaining a shared perspective could be very time intensive. To accomplish a shared perspective, stakeholders have to work with clinicians and community-based organizations (CBOs) and some stakeholders found it difficult to stress the importance of family voice.
- Though family members are a lot more involved, and there is now a base of people to help recruit and implement strategies, there is no clear strategic plan. Still working through a lot of technicality and figuring out what is the best way to keep providers and family members involved when there are key decisions made.
- Stakeholders noted the disparity between strategies and intended function/results. For example, noting that certain decisions were made around co-learning that didn't particularly fit family leadership.

5. Limited staff capacity

- Staff capacity was limited in several ways. Key staff including the project director had to self-educate in order to be able to provide leadership and implement such ambitious structural change.
- Finding resources (e.g., consultants) has been a challenge in Alameda County to help build the capacity of key staff and help develop the shared governance model. They also worked to redistribute the technical assistance partnerships.
- Many family members became deeply involved, but many family members did not feel well prepared. Family members and providers need a lot more information. ***Family leaders are capable of holding implementation.*** Language barriers and low numbers of interpreters and translated materials has served as a barrier to ensuring that families are prepared to fully participate in decision-making.

6. Lack of shared accountability

Though not universally agreed upon, some stakeholders felt that the following decisions were informed by data:

- Family members and providers co-learning
- Family Partner integration
- Developmentally-informed early childhood mental health services
- Partnering for Change
- Core strategies and use of dollars for these strategies
- Strategic plan (needs assessment)

> **"What does it mean to have family members lead but not have a certain kind of accountability – maybe [we should] have family members as employees – when you're an employee you have more accountability."**
> *– Key Stakeholder*

One stakeholder stressed the need to be able to translate to people knowledge about what's happening, "so that five years later into the grant, [stakeholders] would have a better sense." Strategies seem to be

informed by data in terms of how they are designed. Though local and national evaluations are being conducted, there seems to be limited *use* of data for improvement of strategies, development of training or policy materials, and limited involvement of evaluation team who is most familiar with the data in ensuring collaborative data-driven decision-making. Understanding of data use can be enhanced among the core team; and shared outcomes and results that align with strategies monitored and used frequently by Early Connections could substantially help in staying focused and specific and results-oriented.

7. Gaining strong support from administration of all the agencies, with stakeholders noting that, "it feels like they're doing the minimum and leaving their staff out to figure it all out."

8. Lack of alignment with existing 0-8 initiatives: Aligning the goals of the existing structure with existing 0-8 initiatives continues to be a major challenge. Lack of structured and ongoing communication has been a major issue that has led to inconsistent and dwindling participation by major partners such as First 5.

"There is a good will here but they need more support on growing the 'how', but uneven understanding of such a foundational piece of even understanding that there are different models and modes for making decisions. "

- Key Stakeholder

"If you have the right people at the table with the right mindset, willing to be open, to share information, to see the other person's point of view, to try on new things, to be willing to have setbacks but move forward, then it can really work"

-Key Stakeholder

C. Representation

Who is Governing?

Are the participants **representative** of the stakeholders who have an interest in the system?

Outcome: Governance Entities are representative

Indicators:

- **Number and types of participants by governance body**
- **Level of participation**
- **Percent family members, providers and partners**
- **Names and types of partners represented**

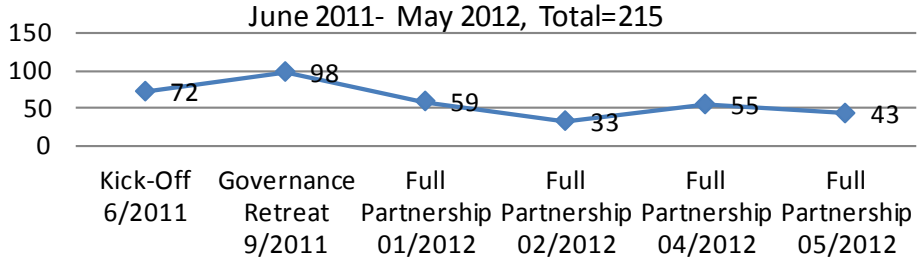
Data Sources: *(1). Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care and key partners; (2). Key informant interviews with Management Team members. (3) Co-Convener Survey, (4) Full Partnership Evaluations and Report*

Diverse Family Member Engagement

Change in Participation over time

From June 2011 to June 2012, over 215 members participated in Early Connections governance events or meetings (see Figure 3), including the Full Partnership, the Coordinating Council, the Action Teams, and the Management Team. The attendance peaked a year and a half ago at the Governance Retreat in September 2011. The attendance overall has gradually decreased in all governance bodies, including the Coordinating Council, though at Full Partnership the membership only slightly decreased from 59 to 42 over 6 months; suggesting that perhaps a core group of committed members have been maintained in the Full Partnership and the Action Teams.

Figure 3. Change in Participation: Number attendees at Full Partnership,
June 2011- May 2012, Total=215



Type of Membership

Table 4. Rate of participation of Family Members, Providers and Partners overall at Early Connections Full Partnership Meetings, 2011-2012.

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

NA= No target has been established for % membership from providers or partners

Early Connections had set a target of achieving 51% family members participation at most governance events; and they have reached 38% participation from family members overall. The family member participation is also diverse – with full engagement of monolingual speaking families from Vietnamese, Chinese, Latino communities, as well as the African American community. Note, the percent family members in various governing bodies has varied with Family Leadership Action team with 80% family members, Evaluation Action team with 30% family member representation, Cultural and Linguistic Responsiveness Action team with 12.5% family member participation.

> **"Building equal representation is about building numbers and building the capacity of family members to really be part of the decision-making process"**
> *- Key Stakeholder*

Culturally and Linguistically responsive Governance Activities

Early Connections has identified and connected with various leaders in the community to ensure that Asian and Latino communities are well represented. They have capitalized on existing relationships with Asian Community Mental Health Services. They have developed a family stipend policy to ensure that family members who serve on various committees, provide outreach and engagement of other family members, and engage in other system-building activities, are adequately reimbursed for their time.

Early Connections has adequately provided interpretation services in Chinese, Vietnamese, and Spanish at various governance events. They have been successful at translating materials, simplifying the language to be community-friendly for all handouts and materials disseminated, and allocated bilingual staff as needed. They have recently extended this process to include monolingual families in the strategic planning process. Finally, they have capitalized on existing internal bilingual staff to help with translation. They have also involved family members as co-leaders of governance bodies, such as for 6 action teams; for Coordinating Council and Management Team, this has yet to be established.

Sustained Membership

Out of the 6 Full Partnership or Governance kick-off meetings from June 2011-May 2012, the majority of people attended an Early Connections event once only (n=139; 64%), 25% attended two or three events, and then there's 11% attended at least 4 events. Note, this does not include action teams participation. On average, 78 family members attended 2 events (range: 1-7 events), 43 attended one event, and 35 attended two or more events.

Table 5. Sustained membership

Number of times governance event was attended

Number of Times Event Attended	Number of People	Percent
1	139	64.1%
2	35	16.4%
3	19	8.9%
4 or more	21	10.8%

Source: Participant Tracking Database 2011-2012

However, family members were rarely involved in decisions regarding budget and contract decisions, due to the quick turnover time when making decisions on crucial issues. The stakeholders felt that family members still do not currently have equal power in providing input in potential decisions or to make actual decisions. Participants noted that primary barrier to fully participating in various events is not having enough clarity

about their roles and goals. Participants wanted to better understand and articulate how their work was related to the bigger strategic plan.

In terms of family involvement, stakeholders noted that family members were not part of all the Action Teams, Management Team or committees. For instance, there were no family members on management team until one year ago. There are additional underrepresented populations, including foster families (including relative caregivers like grandparents); adults with disabilities/ disabled population from Through the Looking Glass; youth who have been though the mental health system; and monolingual families. Though more recently, in the last 6 months, there has been tremendous progress made in inclusion of foster parents, parents with disabilities from Through the Looking Glass, mono-lingual families etc, in for instance the strategic planning design team. Following reasons were mentioned as barriers for family engagement:

- Not having a clear structure in place on how to engage family members and providers.
- Lack of experience, and capacity to develop a family-driven structure of decision-making.
- Lack of widespread commitment from key providers and other participants of the management and action teams.
- Not having interpretations to successfully engage monolingual families.

"We've tried really hard to give families equal access, but realistically I don't know that we've achieved that."

-Key Stakeholder

Following suggestions were offered to increase member participation: (1) *At least 2-3 people from each culture and language could be included, so that a diverse constituency can challenge the decisions being made. (2) Recruiting people for a particular purpose and keep it focused.*

Provider and Cross-System Partner Engagement (2011-2013)

Though no target has been set for provider and partner participation, almost 1 out of 3 participants have been partner agency representatives (31.8%), and 1 out of 5 have been early childhood mental health service providers (21.5%). Over 43 partners and provider agencies have participated:

Table 6. Partners and Provider Agencies Represented in Early Connections Governance, 2011-2013

• Alameda County Behavioral Health Care Services	• Jewish Children and Family Services
• 4C's of Alameda County	• Kidango
• A Better Way	• La Familia Counseling
• Alameda County Child Care Planning Council	• Lucile Package Children's Hospital
• Alameda County Lead Poisoning Prevention Network	• Madre Program (Alameda County Public Health)
• Allen Temple Baptist Church	• Men at Valor Academy
• Asian Community Mental Health Agency	• Native American Health Center
• Brighter Beginnings	• North Region Special Education Local Plan Area (SELPA)
• Building Blocks	• OECM
• Community Health for Asian Americans	• Our Family Coalition
• Children's Hospital Oakland (SEED, Special Start, Center for Vulnerable Child)	• Padre Program
• City of Berkeley	• Peers Envisioning and Engaging in

	Recovery Services (PEERS)
• City of Fremont	• Pathways to Wellness
• Department of Children and Family Services, Social Services Agency	• Regional Center of the East Bay
• East Bay Agency for Children	• Safe Passages
• ECLTP	• TAY – Family Relations Office, ACBHCS
• Family Paths	• Through the Looking Glass
• Family Resource Network	• Tiburcio Vasquez Health Center
• First 5 Alameda County	• United Advocates for Children and Families
• Foothill Head Start	• WestEd
• Health Care Services Agency	• Women Infant and Children (WIC)
• Hume Center	• YMCA Central Bay Area

Source: Early Connections Governance Participant Tracking Database 2011-2012

Most stakeholders interviewed agreed that the decision-making process has not been inclusive historically but is starting to happen now. For example, they noted that there have not been enough providers involved, primarily for the following reasons:

(1) Intensity of time commitment required, and providers unwillingness to take that time commitment,
(2) Lack of understanding of what Early Connections is doing.
(3) Tensions between provider and family member community. It has taken months to soften that tension, create communication about the cultural shift and integration of family driven care, and to develop partnerships (in addition to developing the decision-making governance structure)
(4) Lack of strong support from administration of all agencies.

Table 7: Who is participating in Early Connections Shared Governance Structure:

Who is participating	Who is not participating
Diverse cultural & linguistic families: Monolingual families – Asian – Latino – African-American – Multi-Cultural – Families with children Older than 5yrs – Prior recipients of MH services plus play groups (Asian families) – Some parents of children ages 0-5 (not tracked) – Maybe create membership info sheet – Pre-requisite to use 0-5 mental health services	– Not as many families who receive 0-5 mental health (MH) services ○ Most impacted by services ○ Infrastructure needs to be developed to receive them? – Do we need an outreach coordinator? – Clinicians /providers providing MH services – Early Care sites – MH Consultants – Home visitors / Case Managers – Meeting time isn't regular-makes it hard for professionals to commit. – Meaning topics / decisions

Source: Full Partnership Planning Retreat minutes, 07/12/2012.

D. Number and Types of Decisions Made

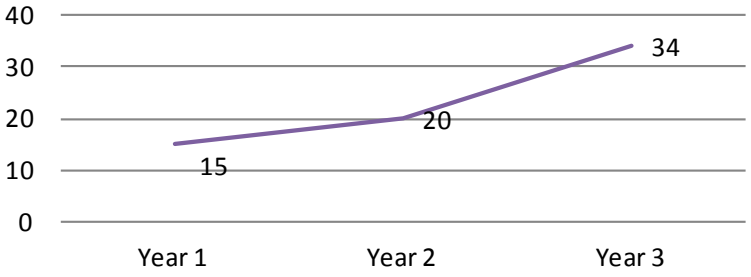
Is there **clarity** about what the governance bodies are responsible for governing?

Outcome: Is clear about what it is governing
Indicators: Number and types of key decisions made by year

Data Sources: *(1) Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care and key partners; (2) key informant interviews with Management Team members; (3) co-convener Survey; (4) Full Partnership Evaluations and Report.*

In the first 3 years, Early Connections has made over 70 key decisions (see Figure 4).[11] The number of key decisions made per year has more than doubled, from 15 in year one,[12] 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.

Figure 4. Number of Key Decisions made Early Connections, 2009-2012, N=69



Source: Journey Maps 2011 and 2013 (see Appendix)

Many of the key decisions (23/70) made by Early Connections to date have focused on Governance (see Figure 5). This suggests its value/ importance and time and effort being dedicated to developing a community of decision-makers. Next, most decisions have been about Partnership Development (10), Core Strategies (10), Strategic Planning (9), Family Leadership (8), and Staffing and Infrastructure (6).

The types of decisions made have also been changing over time. For instance, in years 1 and 2, Early Connections spent more time on Strategic Planning and Partnership Development. In year 3, in comparison, they are spending less collective time on partnership development, and more time and effort (partly reflecting their priorities) on Governance, Core Strategies, and Staffing and Infrastructure.

Figure 5. Type of Key Decisions made, Early Connections, 2009-2012

See the Journey Maps in the appendix for a list of actual decisions made by Early Connections to date. Note, specifically most of the decisions in years 1-3 have focused on "operational" system management issues versus policy issues, for example: staffing (clinical coordinator, social marketing, First 5 liaison), funding allocation (use of roll-over dollars, co-learning), whether or not to continue specific action teams or

[11] There were numerous other decisions made on a daily basis that are not reflected above.
[12] 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.

coordinating council or work or participation in governance bodies (e.g., to do community briefs, monolingual families). Of the 41 decisions made since April 2011-Dec 2012, it is suggested that at least 34 could have been made by Management Team, 9 could have been made by Coordinating Council, and 2 were made by Full Partnership (around membership model). Going into years 4-6, as the basic infrastructure and processes, along with a clear strategic plan, are now developed, it is expected that fewer operational decisions though still quite relevant will need to be made. This shall allow more time for policy-level decisions of relevance to the community, and alignment and sustainability in existing county system.

> **"It has been process heavy. But what impact is all this having on services is unclear."**
>
> *- BHCS Leadership*

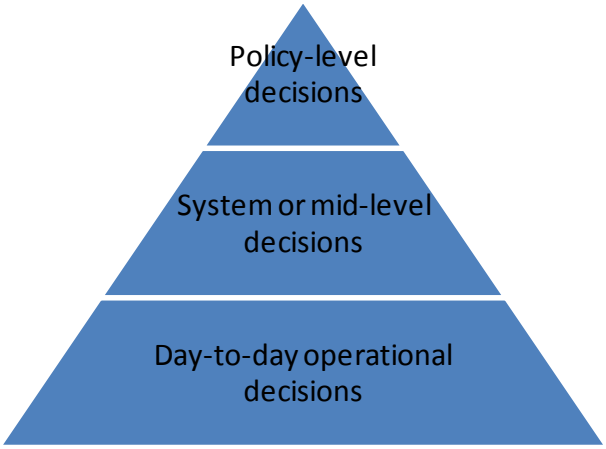
An important consideration in system of care development is the sheer number of key decisions that are required. Given this consideration and the limited number of times any governing body or individuals can realistically meet, as noted by almost all key stakeholders, decisions must also be made in between meetings to ensure successful implementation of core strategies, specific activities, and compliance with grant requirements. These may include many day-to-day operational decisions, but not policy-level decisions. In the first few years, Early Connections, as expected for a new initiative of this size, focused on developing infrastructure, strategic planning and shared governance, without much focus on making big policy level decisions.

> **"Engaging [families] in decisions is less about having them around and more about organizing why they're there and what they're governing."**
>
> *- Key Stakeholder*

According to system of care experts and other communities, it may help to differentiate and prioritize, which types of decisions may require involvement of a larger governing board – or a policy-level group such as Full Partnership (albeit a smaller version), versus which types of decisions, for instance, day-to-day operations, can be made by the Management Team, a system management group that manages the grant and infrastructure type issues.

It seems that most of the decisions seem to fall under internal system management that could be held by the Management Team like governance, infrastructure, grant funding management, staffing, strategic planning and family leadership and engagement. Implementation of core strategies might involve decisions that are more policy –level. What are policy-level decisions? It is crucial that Early Connections identify types of decisions that require decision-making by a larger shared governance process and decisions that can be made in a day-to-day operations function, such as the Early Connections Management Team.

Figure 6. Categories of decision-making



E. Method of Decision-Making

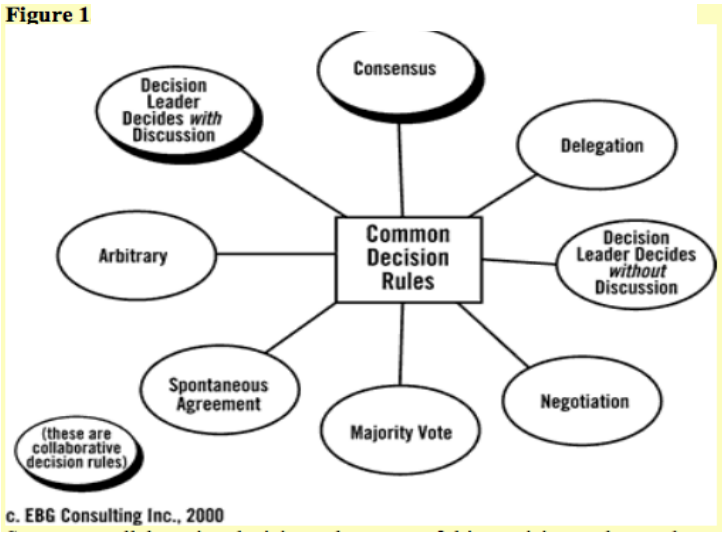
How are they making decisions? Is the process clear, inclusive and transparent?

Indicators:

- **Descriptive (intentional, clear and proactive)**
- **Use of clear method of decision-making (Kaner's Guide)**
- **Transparency**

Data Sources: *(1) Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care and key partners; (2) key informant interviews with Management Team members; (3) co-convener survey; (4) Full Partnership Evaluations and Report*

Figure 7: Kaner's Common Decision Rules

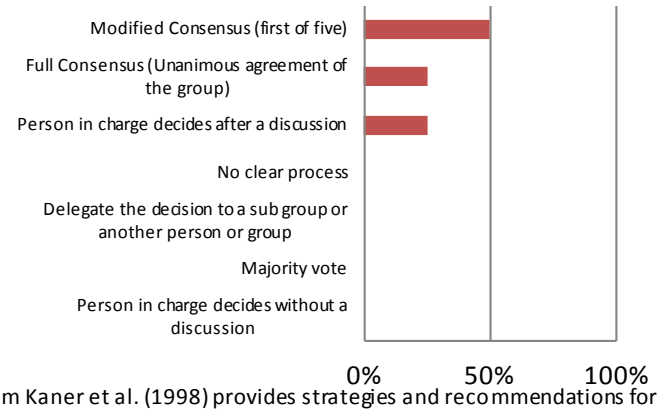


Early Connections has been increasing its knowledge and use of Kaner's decision-making methods with some fidelity. According to Kaner's decision-making rules, there are eight methods of decision-making within a governing body [13] (see Figure 7). Though the Early Connections staff has been highly value-laden and committed, there seems to be limited understanding and use of these decision-making methods among the Early Connections staff and governance bodies. Most of the decisions to date have been reportedly made using a reactive process that is not clearly defined, inclusive, or transparent.

The primary method of decision-making has been by **modified consensus** or **person-in-charge** decides with discussion from others or **alone.** Additional methods of decision-making included the following:

- Multiple groups with multiple areas of focus foster an unclear process. Some stakeholders noted that this type of decision-making *"seemed cumbersome…and labor intensive."*
- Decisions made between members of the management team that do not necessarily make it to the management team meeting.

Figure 8. Which Kraner's process has been used most often?



Source: Action Team Co-Convener Survey 2013

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

Based on survey of Co-conveners of Action Teams, at least half of the Action Teams noted using modified consensus, followed by Full Consensus or Person in Charge decides after discussion. No one noted the use of majority vote, or that the person in charge decides without a discussion. It seems that some of the governance bodies have had a discussion and decision on type of decision-making they will be aligned with Kaner's method; while others have not. Agreeing upon a Kaner's method of decision-making within each of the governance bodies will be helpful.

> **"Sometimes decisions are kind of made on the fly. Sometimes we do go back [and say], 'OK. What does the data say?'"**
> *- Key Stakeholder*

Transparency and Communication

Stakeholders, family members, and providers have noted that the Early Connections decision-making process, though well-intentioned, has not been consistently inclusive or transparent. Stakeholders traced the lack of transparency to:

- *Lack of agency capacity*
- *Lack of commitment*
- *Lack of decision-makers' experience in being transparent with the decisions that they are making.*
- *Lack of consistent Early Connections Communications/Social Marketing position*

> **"We don't want to hear just about your accomplishments but also your challenges...we understand it's a developmental process."** *- Key Stakeholder*

There also was **inconsistent sharing of information and communication** within Early Connections as well as with external partner agencies, and providers. Most effort was invested in sharing information in a community-friendly way with the diverse family members – using innovative methods such as translating materials in Spanish, Chinese and Vietnamese and mailing in advance; or using text-messages, or family members doing outreach within their community. Less effort was made to consistently build in communication and feedback loops with the provider community (for instance, with the EPSDT provider group that has met for the last 13 years), or to keep First 5, BHCS leadership and UACF, Regional Center, Early Care and Education, and others in the loop. This was evident in the key informant interviews, which revealed limited knowledge of details of Early Connections governance when we interviewed BHCS leadership and key partners. Though there were individual updates and relationships that were capitalized upon to share information, it was not frequent enough or systematic. Not having a communication consultant dedicated to Early Connections has been a key challenge in ensuring more frequent communication with BHCS and other systems and initiatives.

Partners noted they would like more information about what is happening with Early Connections, in terms of not only its accomplishments and achievements, but also its challenges. More formal feedback mechanisms and information that can be shared with partners and partners, such as ongoing progress reports, might be helpful to ensure transparency and greater awareness of Early Connections struggles and successes, leading to mutual respect, enhance collaboration and sustainability of what is working well with Early Connections.

F. Authority, Capacity and Credibility to Govern

*Where does the governance body get its **authority** to govern the system? Does the governance body have the **capacity** to govern? Does the governance structure have the **credibility** among key stakeholder groups to govern?*

Outcomes:

- ***Has authority to govern***
- ***Has the capacity to govern***
- ***Has the credibility to govern***

Data Sources: *(1) Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care and key partners; (2) key informant interviews with Management Team members; (3) co-convener survey; (4) Full Partnership Evaluations and Report.*

Authority to make decisions

There seemed to be strong agreement that the project director (PD) had the 'authority' to make decisions, as most noted that many of the decisions to date were made by the PD, whether in consultation with other core staff and/or the Management Team, or alone. That is, the person in charge decides with or without discussion. The Prinicpal Investigator weighed in sporadically on few decisions. For example, when deciding whether to hold a Full Partnership meeting at all in September 2012, only the project director served as the decision-making authority - though after careful consultation with core staff, including the Full Partnership Coordinator. At times, though, decisions were also made only after the Management Team had discussed the issue. The **Management Team** was involved in making key decisions such as:

- Funding decisions
- The interviewing process
- The process of recruitment and interviewing for Clinical Coordinator on the Management Team.
- Determination of how grant money will be allocated (including for example, recent allocation of carryover and year 4 unspent funds).

> **"While each action team had the ability to make decisions for their team, the management team made all major decisions."**
> *- Key Stakeholder*

Some stakeholders felt that although Action Teams had the ability to make decisions, they were not involved in active decision-making consistently. This questions the roles and functions of the action teams and whether the primary purpose of the action teams was met. This varied perspective clearly indicates a need for a further discussion and agreed-upon vision of who the decision-making authorities are.

Though well-intentioned, there seems to be limited shared power in making decisions. However, this seems to be changing, in particular within the management team, as the staff noted that the PD and PI are open to change, and appreciated their flexibility to learn more about the shared governance model. It would be important to establish a governance structure that includes a smaller full partnership committee that has collective authority to govern major policy decisions. Having clarity around which method of decision-making will be used, for instance majority vote or modified consensus, would help considerably.

Capacity to govern

Many stakeholders interviewed noted that there was limited capacity of various Early Connections staff to facilitate and think at strategic system levels. Co-convener meetings were held from December 2011 for the

last 1.5 years and ongoing, with a consultant, there was tremendous focus on increasing staff facilitation, systems-level thinking, and family leaders leading specific groups. Given the complexity and size of this initiative and systems change overall, including major system-level barriers (e.g., BHCS county system processes and culture, resistance from key partners), it is important to recognize the tremendous growth in knowledge and skills of Early Connections staff and family leaders in the last 3 years to facilitate family-driven culturally responsive systems change. The skills sets are applicable to early childhood and beyond, useful for engaging diverse communities, developing trainings and protocols, building equal relationships across partners, etc. Future Early Connections shared governance structure would necessarily capitalize on growing staff capacity and those of family leaders.

Credibility to Govern

Though the Management team as a "team" is functioning better within Early Connections as noted most recently, it is reportedly lacking necessary credibility with the key partners including BHCS leadership and First 5. This may, no matter how effective the performance has been, lead to a constant 'energy drain' from system-building efforts by the negative perceptions and resistance by key stakeholders. Here are some proposed suggestions to gain credibility:

-Improve communication regarding performance with BHCS leadership, and key partners.
-Develop specific strategies to build relationships with stakeholders.
-House Early Connections management team within BHCS children's system of care management structure.
-Include First 5 leadership, budgets person, data person, provider supervisor and family partner.
-Clarify reporting structure to governing body and working groups.
-Clarify outcomes management team is accountable for.

G. Alignment with Other 0-8 Governance Structures

How can Early Connections align or integrate with other governance structures?

Outcome:

- ***Assumes shared liability across system for the populations of focus***

Indicators:

- Description of other initiatives governance structures including BHCS governance structure
- Level of Information sharing and collaboration with key partners (First 5 and UACF)
- Mutual respect and understanding with key partners
- Knowledge and involvement in other governance structures
- Duplication of efforts

Data Sources: (1) key informant interviews with Early Connections Management Team members; (2) key informant interviews with BHCS leadership and major partners; (3) Information about existing governance structures.

In the last 5 years, Alameda County Health Care Services Agency (HCSA), the umbrella agency for Alameda County Behavioral Health Care Services has been increasingly focused on collectively meeting the needs of children ages 0-8 and their families. HCSA leadership has encouraged collaboration and coordination of services across departments and programs to ensure a seamless and more efficient family-centered service system. Besides Early Connections, there are currently at least five 0-8 initiatives in Alameda County, including the following. See the full figure for other initiatives that are part of the early childhood system of care in Alameda County.

> **"I don't think one initiative can address that alone regardless of how many resources. We need to play with all the other partners…"**
>
> *-Key Stakeholder*

- Help Me Grow
- Birth to Eight Success,
- Building Blocks,
- Project Launch, and
- Home Visiting Family Support

This report includes some basic information about their governance structures, and possible strengths of each in one place (see Table 8), to help facilitate an informed dialogue about strengths and weaknesses of each structure and possible ways to specifically align Early Connections governance within BHCS children's SOC governance structure and other 0-8 county initiatives. Information about the existing governance structure of Alameda County Behavioral Health Care Services Children's System of Care is also included in the Appendix.

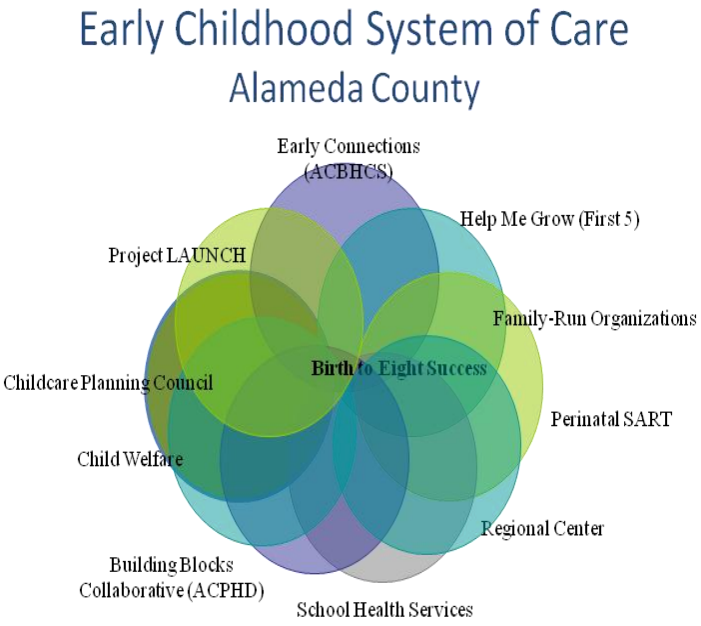


Table 8. Summary of 0-8 Alameda County Initiatives Governance Structures

Initiative Name	Agency	Year began	Funding	Strengths*
Early Connections	Alameda County Behavioral Health Care Services	2009	SAMHSA grant	High family involvement; EPSDT mental health providers
Help Me Grow	First 5 Alameda County	2008 (no funding)	NA	High early childhood partners involvement; prevention focused
Birth to Eight Success Group	Alameda County Health Care Services Agency	2010	NA	Inter-departmental agency heads
Building Blocks	Alameda County Public Health Department	2007	NA	Equity-focused; prevention focused
Alameda County Children's System of Care	Alameda County Behavioral Health Care Services	Ongoing	MediCal Mental Health Service Act MAA	Existing governance structure; executive leadership buy-in

NA: the funding sources of each of these initiatives are unknown.
**Note that these are general strengths of each initiative as identified by the authors, and not necessarily informed by key partners or a full discussion of key stakeholders. There may be other strengths and opportunities that need to be discussed further. 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 the Appendix for more information about HMG, Building Blocks and 0-8 Success overview and governance structures.*

Integration within Existing Behavioral Health Care Governance Structure

BHCS leadership reported being very open and respectful of families, and reported they have policies and committees to ensure family voice is at the forefront. It is critical for Early Connections to better understand and align the existing county structures and groups supported by BHCS, and ensure that early childhood family members are represented in those committees. More information sharing from BHCS at one of Early Connections committees, and BHCS and EC representatives on each other's committees are another strategic way to ensure shared discussion and implementation.

"We employ family members in many, many different programs, and we employ them in such a way that they provide support to other family members and inform BHCS…we have policies that family members like Rosa and various groups that we have in the county give direct feedback to the director and recommendations that we really take into account… so our organization really respects and has worked with families for a while for some years now." – BHCS Leadership

"I'd like to see them co-learning together but I don't know about the other parts (integration) because I don't know what they do."
–Family Leader

Two years ago, in 2011, prior to broad-based governance implementation, Early Connections was not as ready to integrate with other 0-8 governance bodies in the County. Stakeholders cited each governance body being at different 'developmental' stages of their governance as the primary reason. For example, Early Connections governance is not perceived as "advanced" as the Help Me Grow (HMG) governance structure, which was developed earlier and accordingly did not have competing structures in place at that time. Help Me Grow is also led by First 5, an organization that functions within the bounds, requirements, and organizational culture of Alameda County Behavioral Health Care 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 to which Early Connections is committed. Thus, posing additional challenges for Early Connections that come with engaging various communities in a traditional hierarchical decision-making structure.

Values of a shared governance structure held by Early Connections

(Source: Management Team meeting notes 02062013)

- *Proactive*
- *Participatory*
- *Family-driven- values and respects families*
- *Community-based*
- *Well informed and prepared*
- *Inclusive, collaborative*
- *Responding to community driven needs*
- *Efficient/ Clarify/ transparency*
- *Fairness about much more diversity*
- *Institutionally supported*

At this point, Early Connections seems more open to learning about and possibly aligning strategically with other governance structures in the county. This could be partly driven by having a clearer strategic plan with activities and outcomes and having piloted their own governance structure. They mentioned they may not necessarily want to integrate all components, but rather to ensure critical components and principles of Early Connections governance that they are highly committed to and working so hard to successfully implement – such as family-driven governance – are held strong. When asked, Early Connections staff seemed unclear about what integration would look like but they also felt like it was important to examine integration to understand "where the power already lies."

> **"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*

Participants mentioned the importance of an integrated collapsed governance structure that streamlines best efforts from each agency, maintains the heads of each agency, but facilitates common shared goals and outcomes. Currently, there are clearer goals and strategic action steps, increasing Early Connections staff willingness to partner, especially if partnering will ensure sustainability of the new structure. Moving forward, stakeholders need to determine where goals overlap and what kind of relationships would make sense between two or more integrated governance structures. A few indicated having a meeting to facilitate understanding and familiarity between different agencies and initiatives. Such a meeting would alleviate stakeholders' fears regarding different developmental priorities and strategies.

> **"I'm afraid this [Family-driven care] will get lost because they [Help Me Grow] already have a stronger plan."**
>
> *-Key Stakeholder*

Following were noted as **key barriers** to more aligned decision-making amongst the key 0-8 initiatives:

1. Lack of shared goals and clear steps
2. Different agency priorities
3. Family members' (and providers and core staff) unfamiliarity with the function of other agencies, programs, and initiatives.

Specific suggestions were offered by the team members to consider alignment as follows:

- Obtain more information about the strengths and weaknesses of each of the structures; and have an open-dialogue about how to best leverage strengths of each, and address weaknesses of each.
- Maintain a very intentional highly structured collaborative effort.
- Develop a shared agenda that addresses shared outcomes with a shared budget and developed partnerships.

> **"I don't have super clear lay of the land of Alameda County decision-making bodies and the politics…"**
> *– Family Member*

For almost six months in 2011, the Help Me Grow/ Early Connections Integration Workgroup met with over 20 participants and family members – they already have the groundwork to leverage of specific ways these two initiatives may partner. This ad-hoc workgroup developed a document that identified possible areas of shared strategies between Early Connections and Help Me Grow.

Crucial to successful partnership is agreement between organizational leadership. It was thus critical to have the larger organization's leadership come to agreement about their respective roles and areas of alignment. There are Memoranda of Agreement (MOUs, see Appendix) that were developed between major partners including BHCS, First 5 and UACF that need to be monitored and used effectively to increase collaboration and shared accountability every year.

When we look at the figure below, alignment and greater collaboration would require a **cultural shift** among all initiatives. There seems to be still underlying lack of trust, misjudgments, and fear of partnering between First 5 and Early Connections, BHCS, perhaps alluding to inequitable relationships and lack of communication that may impede successful collaboration. Aligning with other initiatives would require mutual respect, and better understanding and valuing the culture, strengths and practices of each organization and agencies.

Table 9. Changing the culture[14]

From	To
Blame, Suspicion, Mistrust, Frustration, Litigation	Valuing each other, Strengths, Sharing a common vision, Pooling resources, respect and Understanding, Advocacy to strengths families and all systems

Though stakeholders presently need shared governance model within Early Connections, ultimately stakeholders would like to integrate components of Early Connections into Birth-8 Success shared governance or other early childhood governance structures. Stakeholders offered following suggestions:

1. Increased provider inclusion
2. Developing a clear scope of decision-making structure (which decisions are made, by whom and what is the process)
3. Restructuring the Coordinating Council and Full Partnership.

[14] Family-Driven Care. Are we there yet? A road map to system transformation for family members, educators, and mental health professionals. Accessible at: http://cfs.cbcs.usf.edu/_docs/publications/fam_driven_care.pdf. Page 5

H. Sustainability

What aspects should be sustained within the larger County Behavioral Health Care System, and Why?

What do you see as major barriers to sustainability? How to address those barriers?

Which aspects of the current structure do you hope are sustained?

Indicators:

- **Components hope to sustain**
- **Components most sustainable**
- **Barriers and solutions to sustainability**
- **Potential impact on services and families**
- **Role of leadership to support and sustain shared governance**

Data Sources: *(1) Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care and key partners; (2) key informant interviews with Management Team members.*

Components stakeholders hope to sustain:

Key stakeholders interviewed believed that the following were the most critical contributions being made by Early Connections. They hope that the following components of Early Connections governance are sustained.

> **"Family members and family leadership should be integrated through the system, not just on the EC team."** *– Key Stakeholder*

1. **Family involvement and family leadership structure.**
   - Have more family members coming to various action teams. This could include stipends in some fashion.
   - More family leaders hired with family relations office and family members invited /expand to other local groups and committees. For example, a parent from Parent Voices co-chairs the Alameda County Early Childhood policy committee, where family members have key role in planning agendas, facilitating meetings, but the Birth-8 Success group does not have family members. Early Connections could help develop this structure and support those leaders to represent key early childhood decision-making bodies.
   - *Family leadership position is sustainable if someone is willing and committed to put money into that.*

> **"Full Partnership is not sustainable because of the resources need to have this large community meeting and it is not timely enough to make. We need to be flexible."** *– Key Stakeholder*

2. **An evolved Management Team**

   Stakeholders hoped to sustain the Management Team. However, stakeholders would like to see the management team evolve into an "advisory and decision-making body" with a representative population of providers attending meetings. Moreover, stakeholders hoped to sustain a smaller, more "flexible" and integrated governing body that works across systems and

combines the duties of the full partnership and coordinating council does. Other stakeholders noted that the development of action teams and smaller groups may be a sustainable component of the shared governance structure. Stakeholders recommended smaller decision-making bodies as an alternative for garnering support from management team, providers, and family, noting that due to the busy schedules of many members of the coordinating council a smaller decision body working on a specific strategy would be a better alternative.

"I also hope to sustain the management team and develop that into much more active advisory and decision-making body. I think it (will work) well and may be include a provider eventually. And then I hope to sustain some level of cross systems governing body that serves the function that full partnership does and that coordinating council does.." –Early Connections staff

3. **Some cross-systems governing body** that is smaller, flexible, and can make decisions in a more timely way, and yet still has family member representation. Such a body could serve the functions of both Coordinating Council and Full Partnership.

4. **Co-Learning Partnership between Providers and family members, and co-learning across agencies;** partnerships need to be supported and nourished; else roles like family leadership will not sustain.

5. **Early Childhood Unit with Children's system of care (SOC) in BHCS. This would include a Family Leadership Coordinator and Early Childhood Director position with numerous leads underneath.**

   There is currently no early childhood system of care director. Stakeholders noted the importance of a director tasked with overseeing shared governance and warned that a failure to create such a position would result in the decentralization of early childhood mental health agencies in Alameda County.

   "I believe that the family leadership coordinator needs to be sustainable. I believe that we need a position to oversee that. I do think it is sustainable, but once again, it is dependent on who is willing and committed to put money into that."

   -BHCS Leadership

   "There needs to be a dedicated position in early childhood…If not, it will become decentralized. No one program or position can hold such a systemically broad strategy. There needs to be one director with various leads underneath…"

   – Early Connections Staff

Most Sustainable Components:

Most stakeholders interviewed, including BHCS leadership, partners and core staff, felt that the shared governance structure for Early Connections in its current form is not sustainable, primarily because of immense time and resources required, insufficient buy-in, support and participation from BHCS leadership and key partners, partly due to competing time constraints for the top-level decision-makers from various child-serving agencies. Stakeholders felt that certain aspects of the Action Teams were more sustainable than the Coordinating Council. Additionally, stakeholders felt that the systems lacked synchronicity. To alleviate these concerns, stakeholders made several recommendations.

Behavioral Health Care leadership in particular reported that they had limited knowledge of the EC governance structure. They alluded numerous times to feeling like outsiders, and noted that they were unclear about what Early Connections is trying to sustain exactly. They felt that family involvement and leadership, family partner model and co-learning collaborative were the strongest pieces of Early Connections that had evidence of benefits to services and families. BHCS leadership also wanted more clarity around outcomes and knowing what difference the shared governance model is having on families and services (yet, impact on services and families would not be observed for additional 1-2 years – see governance logic model).

Following were mentioned as key components to sustain:

1. **Family involvement and family leadership infrastructure that provides supports and tools to family members in decision-making at all levels.**

   Almost all stakeholders including BHCS and First 5 leadership and family members and core staff, felt strongly about keeping the family voice. They would like to sustain a system wherein family members are involved in decision-making at all levels, noting the importance of families and providers engaging and sharing information with one another. Stakeholders also hoped to sustain more concrete roles for family leaders to ensure that family members are aware of their role in the shared decision-making governance structure.

   "Involve more parents at different levels – family as educators, family as recruit, like family partners at service level. "Parents with work groups or co-led that's extremely impactful, if you – having them do education and outreach, extremely impactful."

   -BHCS leadership

   Example: *"Our current directors of all of our family program, all of them not just in our county programs, but our CBOs as well, they were all originally clients that came for services and went through program and became advocates themselves and then became paid advocates, and then became managers and then became directors of program. That's family leadership…"*

   –BHCS Leadership

2. **A more efficient shared governance council (smaller Full Partnership) that represents the community and family voice including an early childhood Management Team and Executive Council within existing County government.**

   a. ***In-house translation***

   "Instead of having to wait two weeks and then it's much more costly too – you have to send it out, have it translated, bring it back – you know, it cost all the money to do that. So, I don't know, maybe having an overall really strong sustainability plan, so that none of us feels like, "Oh, no. Once the grant is over, we're not going to be able to get anything done." *-Key Stakeholder*

   b. ***Family Stipends***

   Stakeholders highlighted the importance of providing stipends to family meeting attendance and family engagement.

"Well, I hope that this family involvement is definitely sustained. I hope that stipends can be sustained. I hope that the coming together of providers and parents – so that's across agencies, I hope that that's sustainable."

c. ***Family-driven policies that are transferable to other parts of the county system***

Though the policies in place were created specifically for Early Connections, stakeholders noted that these policies could also be applied in different forums and programs within BHCS and county system including possibly other departments.

"There's a lot of money that's being spent in trying to build governance and trying to build a structure, trying to put policies in place you know, that are all very specific to Early Connections. However, I do believe that the policies that we do have in place are transferable. So they would be something that could work in other forums and other entities." -Key Stakeholder

3. **Management team playing the role of an active advisory and decision making body while including the provider and administration in decision-making.**

4. **Co-learning Collaborative approach between Mental Health providers and family members is working well** in building trust and collaboration and shared decision-making; and would work well to sustain across the system.

Barriers to Sustainability of Shared Governance

Most stakeholders agreed that the current early connections governance structure, though well intentioned and largely successful in involving families, is not sustainable in its current form. Although they also noted the following major barriers to successful shared governance structure, that if addressed, certain components that are working well are certainly sustainable within the county Behavioral Health Care and Early Childhood System.

Barrier #1: Resource and Time-intensive

Stakeholders communicated that the current shared governance structure lacked sustainability due to the vast amount of time and resources needed to hold shared governance meetings, including planning agendas, facilitation, stipends, child care, meeting space, and food. Many felt that it had too many processes and too many stakeholders and though great job of engaging diverse communities, they are concerned whether such level of community engagement is sustainable. Also, many felt that building relationships and an authentic provider-family member partnership needs to be continuously nourished and take time.

"It's not sustainable because of the resources needed to have this large community meeting and it is not timely enough to make." - Early Connections Staff

"Structure from an outside perspective is very cumbersome…labor intensive…they've got lots of processes in place, but it doesn't seem very streamlined to me." – BHCS Leadership

"We don't have million dollars a year to give, so you really have to figure what's number one, number two and number three." *–BHCS Leadership*

"The partnerships and relationships between family members and providers… need to be supported and nourished, or else if those partnerships don't continue, then roles like family leadership will not survive. They won't sustain, it takes years to develop at that level." *– Early Connections Staff*

"One of the concerns I have is that there's been such an assertive outreach –sort of a community development effort – have we raised these extra-ordinarily high expectations for community members – that may not be matched, some may…the level of community outreach and engagement when we know the grant is going to run out." *– BHCS Leadership*

Barrier #2: Operating separately from other Governance Structures

Early Connections staff including family leaders, BHCS and First 5 leadership consistently agreed that the current Early Connections governance structure has been largely operating separately from other existing governance structures and noted that this would serve as a major barrier to sustaining the shared governance structure. In addition, one stakeholder noted that given that families have expressed dissatisfaction with a fragmented system comprised of unaligned parts, the creation of an additional unaligned entity will not sustain a family-driven shared governance**.** However, Early Connections participants encouraged a sense of understanding by all partners involved in regards to the lasting nature of "systemic" change and the amount of effort and time required to do community building and systems change work.

"There are already things out there. So, what would be the purpose of having this other governance if it's going to just operate separately from the whole… [when what] families have said is that the system is too fractured?" *– Family Member*

"I would say no. I think that Early Connections has moved too separately so far – so far from the larger system. I don't think that we've moved in tandem." *–Early Connections Staff*

"I think it needs to be more integrated into the rest of the county that will make it more sustainable." *– BHCS leadership*

"So governance, the way we operate I don't see it yet having a home in behavioral healthcare. Because there's no alignment yet. I hope that the values would be sustained. But if it doesn't have a home like as in a structure that it can be held under, I have concerns about that." *– Early Connections Staff*

Barrier #3: Unclear about what it is governing and having a clear transparent structure

Many felt that the structure has not been functioning because many of the decisions are made reactively and not proactively in a planned way. Some including family members also mentioned that they were unclear about what it is governing. They felt that many family members and providers were brought together to governance events, but what did that accomplish in terms of moving policy agenda forward, or in addressing a community concern. Unless a functional clear transparent structure with policy-level and operational decisions and method of decision-making are mapped out proactively, it would be difficult to sustain a functional collaborative structure.

"I think it's not governing – so there's not a lot of purpose to sustain it." – First 5 leadership

Barrier #4: Limited understanding of EC governance structure and its impact on services by BHCS and First 5

First 5 leadership and BHCS leadership repeatedly shared that they did not have a full understanding about the impact of governance structure on services. They noted the importance of knowing how all these processes are making a difference for mental health providers and services and families served by the EPSDT system.

"I don't know what is meant by that governance structure…what are those five or six key points of sustainability that people want to sustain and we feel we want to sustain… I'm not clear in whether those are well enough." - BHCS Leadership

"It's seems very process heavy. I'm not clear what the process is producing in terms of specific strategies or improved access for 0-5 services and supports… [I mean] what's the purpose of all of this is resulting in. what is the actual concrete tangible outcomes and how do we evaluate what this grant effort and collaborative effort have produced and what are the pieces that we're going to sustain going forward." – BHCS Leadership

"If they can give me a report saying the end result of all these very labor intensive stakeholder heavy processes are these outcomes, either outcomes for the kids being served or access outcomes, or you know, community support or parents who are training other parents to be advocates for their children system…..it's providing something to us [BHCS] that we didn't have before that's really helping the target population." – BHCS Leadership

Barrier #5: Lack of information about the system by family members

Stakeholders noted that families needing more background information on the decision-making process is a barrier to sustainability. These stakeholders noted the difficulty of fostering strategic connections between family members and providers who can shed light on the politics behind decision making and other information that may not be readily available to families but recommended increasing opportunities for these types of relationships in the hopes that family members will subsequently share the aforementioned information with other families, increasing families' ability to enter into the decision-making process as informed participants.

"I think some relationships need to be developed with people who hold that information and would be willing to educate some family members and then build the leadership or facilitation skills or whatever of those family members so that they could pass that information on…and then, like….getting family members on some of these decision making bodies." -Family Leader

Barrier #6: Shifting "Power" and Building Equitable Relationships

Stakeholders cited underlying power dynamics between different agencies, provider-family members, and hierarchical traditional decision-making with county system as major barriers to sustaining a family-driven shared governance model. Though BHCS leadership felt strongly that they value and have policies and protocols and structures to engage family members in ongoing decision-making. To counter this barrier, stakeholders recommended strategic opportunities to break down the barriers to a more equitable power structure, such as using the co-learning collaborative approach and methods.

"…bringing people together, we would have really different power statuses … that for them to really get to know each other as individuals and not just within their roles and to really listen to each other and really, somehow, coming to work together and value each other – that requires some culture shift. I mean, like, that is not "business as usual". *-Early Connections staff*

"And so, there may need to be more opportunities like the co-learning collaborative for providers and administrators and family members to come together and build those relationships as a way of, hopefully, breaking down some of those barriers and some of that expert-recipient model."
-Family member

"I would like to see more of (inaudible) county behavior health representatives at the table."
– Family member

"There's not an equal balance of providers." *– BHCS leadership*

"…this is where I did agree with the model strongly…there is a group of high-level decision makers that are at the table to, bust barriers…to help pave the way, but they are not the key decision-makers for Early Connections but they use their power to get boulders out of the way." ***– Key Stakeholder***

Next Steps for Sustainability

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

"First of all, it's got to be really framed as what is this group all about what are you trying to accomplish, what's the end product, what are the roles and responsibilities of the participant because you need to be clear what the group's influence or authority is or isn't, and really be very authentic with any stakeholders involved. But it is with these kinds of groups that I'm totally in support."
–BHCS Leadership

1. **Create a more efficient collapsed structure that is more cost-effective.**

   Some stakeholders proposed that the Full Partnership may eventually serve the function of a leadership development tool for families and providers. However, other stakeholders proposed the creation of a smaller council tasked with merging the "functions" of the full partnership and the coordinating council.

"It isn't realistic to have so many different stakeholder processes for one project. You've got to figure out what a sustainable structure will be that collapses into a functional structure, that will represent the critical voices, maintain those very close ties to the community, ensure its shared governance you know people are coming with equal footing and their voices are equal – which I think they've done in Early Connections. " *– BHCS Leadership*

"Make it more efficient – it's too bulky! Collapse some bodies if necessary." – BHCS leadership

"We need to be flexible and be able to make decisions. So, we need something like a smaller council that integrates the functions of full partnership and the functions of coordinating council."
- Early Connections staff

"We should prepare ourselves to possibly dissolve our governance so that we can become a part of other governances that are already out there." *–Early Connections staff*

2. Co-learn and connect more intentionally to Behavioral Health Care existing governance structure.

"It's not going to sustain on its own, you know you have to have a sort of an organizing entity or organizing human being." *– Early Connections Staff*

Stakeholders felt it was important for the Early Connections PD and core staff to connect more intentionally with the current BHCS system, and with its specific committees/groups and programs in order to sustain. Specifically, they felt it was important for Early Connections to do the following moving forward:

a) Major advocacy at the administration level
b) *Improve communication and awareness of EC within BHCS. Think about implications of EC strategies, and governance structure in terms of relation to existing BHCS structure and initiatives.*

"*The feedback mechanisms are lousy*." - Key Stakeholder

"We are saying…give us a plan. Show us what you're producing. We're not going to be able to provide you with almost a million dollars a year in funding. What are the priorities? So the message is pretty consistent." *– BHCS leadership*

"It has to connect to the existing system. You have to connect to the pool of consumer champion. It has to connect to the family education and resource centers. It has to connect to the, you know, school age kids services, you know, kids the next group of. It has to connect to team parents. It has to connect to, you know, services for – there may be some adults that are, you know – it's not we're diagnosis kids because their parents have mental illnesses. ..it really needs to connect ..how does it benefit Alameda County to participate in Affordable Care Act?"

3. Map out what's working well, and what the impact is on services and families.

"*We need clear marching orders for all, including a strategic* plan." – BHCS leadership

"Start mapping out what's in place". I mean do we need a provider structure to be able to come in and talk about the service side." *– BHCS leadership*

"I think they really need to analyze what they've got in place…what are we really trying to accomplish and who needs to be at the table? *– BHCS leadership*

"There should be a very clear diagram outlined, rubric logic model for how decisions are made." *-BHCS leadership*

4. **Build in technical assistance and support from the system to develop equal partnerships across the agencies.**

5. **Have more equal partnership and relationships.**

Create more structure opportunities that provide safe and supportive environments to develop authentic partnerships. For instance, capitalize on co-learning collaborative methods to undo the power dynamics between providers and families, and system partners, and with BHCS leadership and Early Connections staff.

"You really have to get the egos out, you know." *– BHCS Leadership*

6. **Engage existing provider network – supervisors and clinical staff -- more.**

"One change might be to include and support the CBO line staff, clinical line staff and involve them more in the process. I think we have a lot of managers and directors that are very involved in the process, but the people that are actually clinical line staff may not be getting the full understanding of why they're moving in that direction and I think that causes resistance." – Key Stakeholder

7. **Work with Behavioral Health Care Services, 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 County's BHC System.**

I. Role of Major Partners

Indicators:

- **BHCS Leadership's role to support and sustain family-driven governance**
- **Role of key partners (First 5 and UACF) to support EC family-driven governance**

Data Sources: *(1). Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care and key partners; (2). Key informant interviews with Management Team members.*

Alameda County Behavioral Health Care System (BHCS) Role

Following are the key ways that key stakeholders, including BHCS leaders themselves, felt that BHCS Leadership could better support Early Connections. This specifically includes the Office of the Director and Deputy Director, Children's System of Care, Adult Services, and Finance.

1. **"Champion" change at the policy-level.** Stakeholders noted that BHCS should be able to advocate for policy level changes to family treatment plans based on faith and/or cultural considerations, increased family representation at meetings, and building the capacity of families to be informed participants of the decision-making process. This includes BHCS supporting and sustaining family members as equal partners in decision-making, for instance by:
   1. Providing resources like childcare,
   2. Finding ways to institutionalize and support the stipend policy,
   3. Continue to develop family leadership within BHCS – add positions to expand the current BHCS Family Relations department

> **"If a big shared decision is made on changing treatment plans to have family goals, supported by family partners; then BHCS needs to champion those changes at the policy level…they do to some degree but they need to say that's for [County] Behavioral Health [System]."**
>
> *– Key Stakeholder*

"Ideally they [BHCS] would be having family members on [all] their decision-making bodies building equal representation is about building numbers and building the capacity of family members to really be a part of the decision-making process, so that's something that could be done incrementally that could have a real impact and that Early Connections could help with."

– BHCS Leadership

"The [BHCS] leadership needs to support and sustain the idea that family members are equal partners in decision making" "like providing resources like childcare, sustained type policy to some degree, and greater than that continue to develop family leadership within Behavioral Healthcare because they do have a Family Relation Department to continue to develop leadership."

– Early Connections Staff

4. **Focus on sustainability as number one priority**.
    a. Brainstorm possible funding streams or system resources and protocols, infrastructures that could help house parts of Early Connections strategies that are working well, including the governance structure.

    "Defining the priorities and then leaders could help inform a plan how to sustain those things. But they have to have again a logic model behind those priorities, so why is this – why are you saving this thing, why is this number one and his number two and this number three. And not everything….It should be what's sustainable financially and…what has been the most beneficial to informing services to children and would continue to form that."
    -BHCS leadership

    b. Integrate Early Connections Management Team and governing body, more meaningfully into children's system of care within BHCS. For example, maybe as part of the consumers' movement, MHSA prevention, Health Care Reform.
    c. BHCS administrators can help engage more top level people to EC governance within BHCS, from public health, social services/child welfare, regional center, pediatricians
    d. Help think through how this will live beyond the grant; how can this be integrated with other parts of the BHCS.
    e. Sustain positions for early childhood director, and family leadership coordinator within BHCS system, and ensure sufficient staffing and support for Early Connections moving forward.
    "but I really feel like a real weak spot is that they do not – they have not been appropriately staffed to be sustainable"
    "and bring in a staff person who is not only a family member or a family partner, but with really strong clinical background in just the, not even just clinical, but background in early childhood development"
5. **Changing policies so contracts can run through Behavioral Health Care more efficiently** and smoothly, for example, flex funds and family stipends.
6. **Partner more meaningfully with early childhood prevention efforts held at First 5**.
    a. "For example, if we had one calling number to access mental health services, if BHCS ACCESS merged with HMG, then BHCS needs to entertain one calling number and structurally support that." One access point needs to be inclusive of prevention; not driven by funding streams but family needs and BHCS needs to be an advocate for that.
    b. See if BHCS County prevention efforts may incorporate early childhood prevention

7. **Share more information about BHCS systems and policies with family members and individuals**.

Have more family members, who are prepared through Early Connections family leadership efforts, on county children's or early childhood's decision-making bodies. For example, Rosa is representing older kids and consumer representative.

"I'd like to see more of maybe us sitting in those committees or more to tie in some of the work that's happening those back to Early Connections. But I don't see back and forth deep – very important bodies that are working on zero to five back to Early Connections."
– Early Connections staff

First 5 Alameda County's Role:

1. **Be more trusting and collaborative, and participate more in Early Connections governance.** Most stakeholders interviewed agreed that First 5 participation in Early Connections governance events overall has dwindled over time, especially feeling that "there is not enough buy-in from top leadership". Though most recently, as project director reported, constructive efforts have been made to re-build trust and relationships in a more focused structured way. There seems to be mixed perceptions from both sides, despite numerous efforts to build trust and productive relationships between the two efforts. Early Connections staff mostly reported feeling as if they are seen as less than by First 5, though First 5 noted that Early Connections needs to.

> **"I think the work they do is really great. It's a different approach…but I feel we are seen as less than. I've had direct experience of that…if they just embrace...really value what we are doing, we collaborate more, that would be big right there."**
>
> ***–Early Connections Staff***

"*Their [First 5] participation has dwindled because we are not doing it their way (their original plan old history) – but different theories of change…we're seen as less than."* -Key Stakeholder

"*They [First 5] are also very prevention focused, and merge between prevention-treatment is going to take a long-time.* " – Key Stakeholder

2. **Promoting a culture of "learning side by side." More intentionally integrate family-driven care and practices into the organization**. Several stakeholders reported that although Early Connections may be prioritizing family leadership and family empowerment to a much greater level than First 5, it is a strength of Early Connections that First 5 might benefit from. Many stakeholders highlighted the importance of families and providers sharing information with one another and "learning side by side." Moreover, the importance of maintaining an "open-mind" and maintaining "respect [for] what everyone ha[s] to contribute" was touted by stakeholders. Additionally, stakeholders felt that First 5's "expert model" and subsequent hierarchy served as a barrier to a sustainable family-drive governance structure. Stakeholders recommended that First 5 take on a more active role to "learn about family-driven care."

3. **Partner around trainings:** First 5 has great trainings that Early Connections could co-facilitate or partner specifically around enhancing access to families with young children with social-emotional issues or those served by BHCS; as well as parents with disabilities or foster and/or resource parents.

4. **Be open to identifying and aligning specific components** and roles of HMG governance structure with specific Early Connections new governance structure.

Finally, though the key informant interviews did not ask specifically about role of **United Advocates for Children and Families** (UACF), at least 3 interviewees specifically reported their views around how UACF can be more supported. They hoped a family-run organization such as UACF would bring more to the table, in terms of tools and resources, or another local family-run organization can support the critical family leadership work necessary to sustain a family-run decision-making. This is an area worth further discussion and decision about role of family-run organization towards supporting future shared governance activities.

> **"As a family member, I would hope they [UACF] would have more to bring to the table."**
>
> ***-Family Member***

J. Key Lessons Learned

Data Sources: *(1) Key informant interviews with leadership from Alameda County HCSA Agency and Behavioral Health Care Services, and key partners; (2) key informant interviews with Management Team members.*

Regarding working towards shared governance, stakeholders have learned some important lessons to build upon.

> **"We didn't own our choice – it was a set-up."**
> *-Key Stakeholder*

1. **Having a unified vision and plan that is owned by all members:** It is important for people involved to own the values embedded in a shared governance model, and to be part of the organic process to develop that structure.

2. **Staff capacity to do systems change is essential:** Limited staff knowledge, skills and experience in facilitation, strategic planning and collaborative decision-making were critical for why things might have not worked. A few staff and partners felt that it is important to have leaders who not only value, but fully understand community organizing and community capacity building so there's a greater level of trust and ability to bring cross systems stakeholders to the full partnership was really high.

> **"We have to take accountability to ourselves and be willing to understand our mistakes, our assumptions that were not OK. It has to be a relationship on equal ground."** *–Key Stakeholder*

3. **Transparency and clear communication mechanisms with family members, providers and partners is key:** The stakeholders shared how the lack of structured communication and information sharing has had on participant engagement and buy-in from partners. They noted it is crucial to have clear reporting mechanisms between groups, and with key partners. Part of this involves, using simple family-friendly language and translate materials to ensure diverse community and family members are effectively engaged. Allow sufficient time, and build in translators and linguistic capacity to prepare and translate materials accordingly.

4. **Building trusting equitable relationships takes time, open-mindedness, and facilitated structure:** Stakeholders described how difficult it is to bring people together who have not necessarily been equally together. Maintaining an open-mind and being open to change while being flexible is important. Having a structured environment that is safe and supportive is key to ensure meaningful collaborative participation. The group mentioned the importance and skills needed to build authentic relationships whether with partners, or system administrators, with diverse family members, and/or existing network of mental health providers.

> **"We didn't look at what's working well. [C]ombined with not owning it or understanding what a collaborative is…management team has had little to no experience with intentional decision making models and structures.** *–Key Stakeholder*

5. **Having clear reporting mechanisms, and shared accountability within the existing county system:** Numerous stakeholders alluded to the importance of being more focused and clear about what you are governing, and avoiding too many processes to assess the process. They felt that the people involved were spread too thin and so they lost people, "so it is important to contain it". Family members have less accountability. It is important to have family members as employees and/or develop more structure to ensure greater accountability. Several BHCS and First 5 leaders

repeatedly mentioned the need for having a clear logic model behind priorities. This is important to track and report outcomes to successfully keep partners and system leaders engaged.

6. **Authority to govern needs to be clear:** A few stakeholders recognized that Early Connections, though was successful in engaging diverse communities and family members, did not have clear authority beyond the grant monies. An important lesson learned, is to connect more intentionally with the rest of the county system and clarify how Early Connections decisions and work fits in within the county governance (County Board of supervisors or ACBHCS Children's SOC).

IV. Conclusion & Recommendations

Data Sources:
(1) Key informant interviews with leadership from Alameda County HCSA Agency, Behavioral Health Care Services, and First 5.
(2) Key informant interviews with Early Connections Management Team members.

Conclusion

Early Connections has made great strides in effectively engaging high numbers of ethnically and linguistically diverse family members, early childhood mental health providers, and various early childhood partner agencies in shared decision-making, *despite dealing with numerous barriers.* Grounded in principles and values of family-driven, Early Connections has set high standards for itself to recruit, engage and sustain diverse community of family members, system leaders and providers over the last two years. They have been able to successfully implement culturally and linguistically responsive governance activities, with translation and interpretation available and at the forefront of each event.

Early Connections created a governance structure, aligned with SAMHSA's requirements, but not adapted to the local community. Two years into the process, it is the appropriate time to re-assess and evaluate their governance processes and structures and redesign a model that is more feasible to sustain. Developmentally, Early Connection is in a better place, with a clear strategic plan and direction for the future developed with high engagement from providers and families.

With a strong commitment to upholding family-driven system of care, i.e. where families have the authority in making decisions for their children, Early Connections has faced and overcome numerous barriers, including the cultural divide between various agencies, the traditional hierarchical system of decision-making.

> **"It still gets down to, "Does everyone at the table feel valued? Does everyone feel equal? Does everyone feel his or her voice will be heard? Do people see a very concrete way in which their voice is a part of the decision getting implemented?"**
> *-Key Stakeholder*

RECOMMENDATIONS

Stakeholders provided specific recommendations to improve the overall governance structure and specific areas to improve the process, family and provider engagement and participation, and ensure sustainability of necessary components that are working well. Moving forward, Early Connections needs to proactively develop a clear participatory decision-making processes and structure, in which membership requirements, recruitment and orientation, and method of decision-making (majority vole) are clearly stated. It should also build upon existing 0-8 initiatives governance structures, and enhanced staff capacity to develop a more efficient, integrated and with clear authority governance structure. Finally, separate policy-level decision-making from day-to-day decision-making involved in program management (staffing, funding, data). Use this data to re-design a shared governance structure that is more sustainable, owned, less resource intensive and reduces duplication of governing efforts (see the proposed structure).

Governance Structure Recommendations:

1. **Identify major policy and day-to-day decisions to be made in the next 6 months, and process of decision-making for each** and proactively plan those into new structure agendas. Be realistic and perhaps prioritize the use of participatory process to focus on policy decisions. Note, expect that several day-to-day decisions will be made by the management team using a clear method of decision-making (e.g., majority vote or modified consensus) with sufficient information available, and/or project director as necessary. Set a criteria for when a decision might be made by the EC Project director within BHCS – for example: urgent, high consequence, will lose funding, requirement for funder (SAMHSA, BHCS or otherwise). Below are examples of categories of decisions that are at operational or policy/system level, suitable for various committees.

   Example: Types of decisions made by Management team (operational)

   1. *Strategies implementation*
   2. *Grants reporting requirements*
   3. *Staffing*
   4. *Budgets Management*
   5. *Data Management/ tools*
   6. *Training protocols and procedures*

   Example: Types of decisions made by Governing Body (policy-level)

   a. *Community Needs and Strategic plan*
   b. *Local and state policy regarding early childhood*
   c. *Develop of best practices (e.g. family leadership model, family partners model, co-learning).*
   d. *Community advocacy and community engagement*
   e. *Child care issues, family stipend policy*
   f. *Coordinated care*

Examples of types of decisions made by Interagency 0-8 Executive Committee

g. *Sustainability and future funding*
h. *System barriers*
i. *Inter-agency collaboration*
j. *Scaling up of Early Connections strategies into existing system*

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 priority decisions in a more timely way; serving functions of Full partnership. It would be connected with BHCS Children's system of care but focused on early childhood policy and community-level issues, and maximally meets 2-3 times per year (e.g., April, August and December). Ensure 51% family members, 20% mental health providers, and 30% partners (broad-based) on each committee.

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 early childhood executive committee in the County with top leadership across the system**, in collaboration with members from the existing 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). This could merge Coordinating Council roles/functions with the Help Me Grow executive committee and perhaps with 0-8 Success Oversight Committee. This will alleviate limited time available to the same champions from various child-serving agencies, and duplication of efforts for early childhood. Early Connections should participate in development of this committee to ensure principles and practices of Early Connections and system of care values are upheld, perhaps use a co-learning approach to ensure shared learning towards shared goals, and evaluate how well it is meeting your needs every 6 months.

5. **Sustain well-functioning Early Connections Management Team** within BHCS beyond the grant. Establish clear reporting loops for Management Team to Children's SOC in BHCS; and ensure link to existing BHCS management system that includes the Quality Improvement team, Communication, Data Unit. Ensure Management Team has staff and technical capacity including budgets, data, grants management, and community engagement, to expand and sustain EC efforts within BHCS. Expand membership to include First 5 liaison, clinical supervisor and family partner, and BHCS administrator (data/budgets person).

6. **Establish a formal feedback loop with existing EPSDT mental health provider group**. Capitalize on and ensure ongoing communication and input from the existing county mental health provider group.

7. **Develop bylaws that clarify the authority for Early Connections Governance Council, under the existing county governance structure,** that is have clear reporting mechanisms to County Board of Supervisors, First 5 Commission and Inter-Agency Children's Policy Council – see the proposed structure on page 45. Clearly document, track and update the membership, roles, and bylaws for each governing bodies annually.

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.** This would involve conducting focused outreach to diversify membership to include family members currently receiving services, EPSDT mental health providers, foster families, parents with disabilities, early care and education providers, pediatricians, child welfare, and other key partners that may help implement key strategies.

Governance Processes Recommendations:

1. **Use co-learning methods to align with existing initiatives**: Use co-learning approach and methods to better understand existing governance structures within the county, to develop and implement shared agendas, to bridge gap between prevention – treatment and development-mental health for instance.
2. **Increase information sharing, communication/feedback mechanism, and transparency with key partners**
    a. Provide quarterly progress reports on key activities and accomplishments/challenges of governance to BHCS, key initiatives and key partners (First 5 and UACF).
3. **Capitalize on capacity of existing family leaders and providers** to sit on different committees within the county that have to do specifically with the Early Connections strategies being implemented.
    a. Ensure work is conducted in between meetings
4. **Develop infrastructure** to support culturally responsive and family-driven governance, including participant database, internal translators and interpreters capacity, and dissemination of quarterly progress reports.
    a. Develop a policy, and garner BHCS support, to ensure in-house interpretation and translation services are provided for all governance events moving forward.
    b. Work with BHCS and HCSA agency to lock-in resources to ensure all 0-8 governance bodies are family-friendly in the county. For example, childcare is provided, meetings are held at times that are convenient for the parents, there is food, and stipends or reimbursement provided.

Figure 1: Early Connections Governance Structure 2011-2013

In Figure 1, it is unclear from whom the governing body/ Coordinating Council or Full partnership derives its authority. It also is unclear what the governance structure of Early Connections oversees, since it appears as if BHCS is actually in charge. Providers, family members and family-run organization, and First 5 all had a voice in this structure. There is no feedback loops between the Coordinating Council and families.

Figure 2. Proposed Restructuring of Early Connections Governance and Management Structure 2013-2015 and beyond (Example).

Mental Health Services Act/ Affordable Health Care Act
(Key legislation that covers work of EPSDT providers)

County Board of Supervisors/ First 5 Commission/ ICPC Council

County Interagency Early Childhood Executive Committee
[Early Connections Coordinating Council/Help Me Grow/Birth to 8 Success]

Early Connections Local Governance Council (Policy-level) ↔ Agency Directors, Children's SOC Director, Family/Child Reps. ↔ EPSDT Provider Network; AC Early Childhood Policy Committee

Early Connections Project Director/PI ↔ Children's Advisory Committee (CAC), BHCS/ MHSA

Early Connections Management Team (Operational level)

Early Connections Coordinators/Ad-hoc Workgroups ↔ Family Served, Family Partners, Clinical Supervisors/CBOs

For each committee, document:

1. *Membership*
2. *By-Laws*
3. *Reporting Structure*
4. *Authority*
5. *Method of Decision-making (majority vote, or*
6. *Types of decisions*

The Early Connections PD report to the governing board and meets with the board bi-monthly. In addition to representation from statewide family organization, a representative from local parent organization, First 5, the new governing body should establish its bylaws to increase mental health provider and other service providers, and ensure representation from diverse family members actually being served by the system currently. Have clear communication and feedback loops, see the example above, indicating that coordinators will have direct input to the board on periodic basis. The executive order and governing body's bylaws should make it clear that the governing body is sharing liability for shared outcomes.

Appendix A: Early Connections Journey Map 2011

FINDING OUR WAY:

KEY DECISIONS TO DATE IN BUILDING COLLABORATION IN A 0-5 SYSTEM OF CARE

Purpose: To highlight Early Connections key decisions that impact the direction and structure of early childhood SOC service delivery, management and policies.

YEAR 1 Sept. 2009—Sept. 2010

- BHCS & First 5 to partner in developing proposal and for BHCS to be lead agenda & ACBHCS as lead agency
- Waived Youth Coordinator component
- First 5 Family support Services Director to be the Administrative Liaison in the broader SOC that links prevention, early intervention & treatment (e.g. SART to EC)
- BHCS to contract for evaluation & hire WestEd to be lead Evaluator
- To co-locate in San Leandro
- To hire the same consultant who wrote the grant to facilitate the Strategic Planning process
- Initial Mgt Team decided who to include in Strategic Planning & include family members
- To have more diverse representation in Strategic Planning
- To have action teams & which ones
- BHCS & First 5 to work jointly on RFP Clarifying Assessment CBO (CHO/ABW)
- There needs to be broader community engagement/Strategic Planning process was too consultant driven
- One of the first strategies would be to engage Family Partners for the purpose of developing family driven care and for future sustainability
- Family Partner's will be decentralized as CBO's employees
- Which & how many CBO's would be eligible for Family Partners in Year 1
- To convene monthly CBO/Family Partner integration meetings

YEAR 2 Oct. 2010—March 2010

- To hire SM consultant together for Early Connections & SART
- To discontinue with Social Marketing consultant & seek more Culturally and Linguistically Responsive & community engaged approach to Social Marketing
- BHCS Office of Family Relations & UACF develop & implement Family Partner training curriculum
- UACF & Office of Family Relations create & implement Family Partner integration orientation for CBO's
- To move Lead Family Coordinator position to UACF to further build capacity of family run organization
- To hire Culturally and Linguistically Responsive/diverse family members as interviewers and to be more involved in national & local evaluations
- To engage youth (especially TAYs) as champions and leaders
- Step back, slow down & design broad based, inclusive governance structure aligned with SOC principles
- Who is on the EC Mgmt Team & how often it meets
- To engage TA Partnership in helping us develop governance & hold a governance retreat
- Do stakeholder analysis
- Create Design Team to plan Governance Retreat, who to invite to participate & prioritize having family members
- Reconsidering joint approach (EC, SART, LAUNCH) to Social Marketing
- Build a cross system training consortium

LEGEND

- Partnership & Proposal Development
- Strategic Planning Process
- Family Partner Strategy
- Social Marketing/Partnership Development
- Supporting Capacity of Family Run Organizations to Engage Family Voice & Leadership
- Youth Engagement
- Governance Development Process

DRAFT 3.28.2011 (Not for Distribution)

Appendix A: Early Connections Journey Map 2013

FINDING OUR WAY: JOURNEY MAP 2 (APRIL 2011-DEC 2012)

KEY DECISIONS IN DEVELOPING EARLY CONNECTIONS IN A 0-5 SYSTEM OF CARE[1]

Purpose: To highlight Early Connections key decisions that have impacted the direction, functioning and achievements of set goals for strengthening the early childhood services and system.

2011

- To not include monolingual families at Design Team
- To have a revised community-based strategic planning process
- Developed Help Me Grow/ EC Integration workgroup
- To develop MOUs between BHCS, First 5 and UACF
- To strategically invite family members to trainings, conferences, etc.
- To train parents on how to facilitate
- To have a clinical coordinator position
- To hire social marketing coordinator to share with F5 and Project LAUNCH
- To develop family stipend policy
- To begin Family Leadership action team
- To develop Community Briefs
- To develop a Co-Conveners Workgroup
- To hire a consultant (Brightstar) to help with FP and SP

2012

- To do Needs Assessment (new data collection)
- To support Marti to facilitate continued strategic planning process
- To disengage from shared social marketing work with F5
- To create EC orientation presentation
- To work on plan to develop family leadership infrastructure
- To revise Family Stipend Policy
- To support capacity building/ toolkit of Co-Conveners
- Decided on local evaluation studies
- To meet with Agency director ACHCSA re: childcare
- To fund Co-Learning Collaborative Pilot as a key strategy (use rollover $)
- To put Training Action Team on hold to develop Co-Learning
- Decided on amounts of Co-Learning stipends
- To release funds for Partnering for Change RFP
- Decided on 6 organizations for Partnering for Change
- To fund Children's Hospital- Oak developmentally-informed ECMH strategy pilot
- To agree on Family Leadership team's decision-making process
- To have a Full Partnership coordinator
- To have Full Partnership planning groups set agenda
- To not have monolingual families on Full Partnership planning team
- To develop membership model for FP
- Full Partnership approves final membership model
- To have membership database
- To cancel Full Partnership until more clarity about level of authority and structure
- To have family members in management team
- To not have monolingual families on Mnmt team
- To discontinue F5 liaison role on Mnmt team and meet more consistently with Carla Keener
- To start/ delay coordinating council

LEGEND

- Full Partnership
- Action Teams
- Management Team
- Core Strategies
- Staffing and Infrastructure
- Strategic Planning
- Partnership Development & Engagement
- Family Leadership
- Governance Development

1 Note, this journey map does not include all decisions made by Early Connections during this time period. For the full journey of decisions to date, please also see the first Early Connections Journey map from Sept 2009-Mar 2011.

Appendix B: Early Connections Governance Structure 2011-2013

Early Connections – Management Team Functions

Overall function: Serves as advisory and decision making body for the day-to-day operations of Early Connections.

A. Input and decision making regarding:

- *Management Team membership*
- *Existing Early Connections' strategies/initiatives*
- *Integration of emerging Early Connections' strategies/ initiatives*
- *Early Connections staffing*
- *Family Leadership Plan process – who to partner with and process.*
- *Use of SAMHSA funds*
- *Strategic Planning Process and Outcomes*
- *External communications regarding Early Connections including Early Connections website*
- *Family member representation and voice in all of the functions that Early Connections Management Team conducts*

B. Internal (Early Connections) Communication about:

- *Existing Early Connections' strategies/initiatives*
- *Early Connections Evaluation -both local and national*
- *Consistent updates on Early Connections budget and grant management*
- *Partnership with UACF and F5 Alameda County*
- *Management Team family members provide leadership and technical assistance to Early Connections Management Team members in areas related to family driven care*

C. External (Community) Communication and Advocacy:

- *Ambassadors of Early Connections within larger system of care community regarding the work of Early Connections.*
- *Development of partnerships with 0-5 community directly or peripherally related to Early Connections' strategies.*
- *Advocate for family representation when building partnerships in the community including but not limited to 0-5 committees/efforts in Alameda County.*
- *Represent and advocate for the voice of family members in all of the functions that Early Connections Management Team conducts.*

NOTE: Goal is to have Management Team provide input to decisions *prior* to final decisions being made. Many of the decisions made to date have been made without a Management Team voting or decision-making process. Management Team has provided input after decisions have been made. The above examples reflect some decisions that were made with prior input from Management Team, and some without input or decision making by Management Team.

DRAFT

Early Connections Full Partnership (FP) Coordinator

Full Partnership Coordinator will work in conjunction with Early Connections staff and consultant. Full Partnership Coordinator will report to Early Connections Project Director. Full Partnership Coordinator is responsible for the following activities:

- *Schedule, plan, and facilitate FP planning team meetings twice a month and additionally as needed.*
- *Follow up with persons who have tasks between FP planning team meetings to confirm that tasks have been completed.*
- *Coordinate the documentation and dissemination of FP Planning Team meeting documents.*
- *Develop Full Partnership meeting agenda in conjunction with Full Partnership Planning Team.*
- *Coordinate with CLR Coordinator for timely multilingual translation of materials for FP meetings.*
- *Coordinate with staff to identify and engage communities needing to be represented at the Full Partnership.*
- *Coordinate with Early Connections staff to assure location, childcare, stipends, transportation, refreshments, and meeting materials are in place.*
- *In conjunction with Early Connections Staff and support of consultant, inform, develop and document transparent FP decision-making processes and scopes of decision making.*
- *Guide the development of a 'Charter' for the Full Partnership.*
- *In conjunction with staff, identify capacity building needs for Full partnership.*
- *Attend Action Team Conveners meetings.*
- *Serve as liaison with Early Connections Coordinating Council: Communication and coordination regarding community engagement, Full Partnership membership, agenda items, and decision-making processes. The description of liaison requires further development as Coordinating Council has not yet convened.*

2/2012

FULL PARTNERSHIP CHARTER-DRAFT
(Membership and Role Description)
September 2012

Full Partnership role and purpose:

- Engage in family-driven, youth-guided, culturally and linguistically responsive, broad-based and data-driven decision-making about the Full Partnership, Early Connections and the early childhood system of care.
- Work with Early Connections Coordinating Council and Action Teams to develop strategies that meet the needs of people who are impacted by the strategies, as well as the people who implement the strategies.
- Connect (as individuals and as a governance body) with other families, agencies, providers and policy-makers to promote EC values and goals throughout the county.
- Be a place where Full Partnership members can connect to other opportunities and resources within Early Connections (EC).

What is the Full Partnership expected to accomplish as part of EC?

- Identify and respond to issues in the children's system of care addressed by the EC Strategic Plan. This includes:
    - prioritizing needs and issues
    - gathering information about the needs and issues
    - exploring and suggesting solutions
    - working with the Coordinating Council and the Action Teams to develop workplans and implement strategies.
- Participate in Continuous Quality Improvement of all the EC strategies.

What kind of representation is needed on the Full Partnership for it to be most effective?

- Family members and youth with diverse backgrounds and experiences (goal of 51% of Full Partnership members)
- Early Childhood Service providers (including but not limited to Early Childhood Mental Health, Childcare Providers, Community Agencies, Family-Run Agencies, Public Health, Faith Organizations)
- Other community partners?

Recommended Full Partnership Structure—how it operates, meeting times, etc.

- Currently meets every 6 weeks, from 10am to 12pm, on Thursdays, with the possibility of meeting every month in the future.
- One hour orientation to EC from 9am-10am, which will hopefully eventually be an orientation to the Full Partnership, once there are other times for general EC orientations.

5. What kind of staff support and resources will be available to this group?

- EC Administrative Staff (Management Team)
- Technical support through SAMHSA
- Other capacity building support

6. What other individuals, committees or other groups will this committee need to interface with in order to complete some or all of its tasks?

- EC Coordinating Council, Action Teams and Management Team
- Partner Agencies: ACBHCS, First 5, and UACF

Draft prepared by April Schlenk, 09/2012

Early Connections - Coordinating Council Purpose and Role Description

What is the purpose and role of the Coordinating Council?

The Coordinating Council is part of the overall governing (advisory and decision making) structure for Early Connections and has the following duties:

1. *Champions and advocates for system of care development and sustainability.*
2. *Supports system of care guiding principles, mission and vision.*
3. *Works with Full Partnership, Action Teams and Management Team in creative strategies to make changes in the system of care.*
4. *Coordinating Council members are advocates within their own agencies. They advocate within their own individual agencies for ideas and strategies to implement system changes.*
5. *Occasional decision-making duties in conjunction with Full Partnership, when necessary.*
6. *Participates in the development and revision of the Early Connections Strategic Plan to guide the development of system of care.*
7. *Works with Full Partnership to develop priorities for the annual Strategic Plan.*
8. *Identifies and recommends ways to bridge service gaps.*
9. *Receives periodic reports from the Early Connections Action Teams, and actively supports and removes barriers for the Action Teams, as needed.*
10. *Presents at least one major accomplishment or challenge to the Full Partnership at each of its meetings.*
11. *Seeks creative partnerships with community resources to support child, youth and family needs and to remove barriers to child, youth and family system change goals.*
12. *Contributes organizational dollars, services, time, and other resources as possible and appropriate, and blends funds to maximize resources.*
13. *Supports the Management Team and Full Partnership in financial decisions.*
14. *In conjunction with Management team, development of Early Connections Governance Policies and Procedures.*

Meetings and Attendance

1. *Coordinating Council shall meet at least eleven times a year, with a combined November/December meeting.*
2. *Members may decide to hold additional or extended meetings, as need arises.*
3. *Members may identify one alternate to attend up to two meetings a year in place of the regular member. Members' alternates will be identified in October of each year.*
4. *Alternates may vote.*

Staff Support

Project Director, Lead Family Coordinator, Lead Evaluator and Principal Investigator shall attend meetings as staff. Early Connections staff will provide administrative support for the Coordinating Council.

12/11

Early Connections Action Team Convener Role Description

(Last revised 9-20-12 AT Convener Meeting)

ROLE SUMMARY

Action Team Conveners are shared leadership positions filled by individuals committed to leading an Action Team to support a transformed system of care for young children. Action Teams are an emerging part of the Governance Structure for Early Connections. Action Teams are work groups composed of family members, providers, policy makers and other representatives involved in early childhood systems of care. Conveners are responsible for planning and leading Action Team meetings, supporting effective communication, decision making and work of the Action Team. Action Teams typically meet once a month for two hours.

Action Team Conveners are also expected to participate in the Action Team Conveners Group. This group, which meets monthly for 2 or 3 hours, is designed as a learning community and place for Conveners to share knowledge, support and coordinate plans in service to Early Connections.

DUTIES AND RESPONSIBILITIES

Action Team Conveners work as co-conveners. One Convener will be a Family Member and one will be Staff from Early Connections or, eventually, staff from a County Provider of Services. Whenever possible Conveners will assume their roles in a staggered fashion so that the active Convener can orient and mentor the newer Convener, helping to pass on the understandings and skills useful in the Convener role.

Early Connections Staff will attend meetings and provide staff support to the Action Team once they no longer Co-convene meetings. Together, the Conveners are responsible for:

1. Setting or maintaining a routine meeting day and time.
2. Developing meeting agendas with clear aims for what is to be accomplished in each meeting.
3. Maintaining or securing new locations for meetings (space can be provided at Early Connections office and other community sites may be preferable to the Conveners and Members).
4. Effective communication to Members about the content of meetings and other Team activities, including sending out meeting notes, and encouraging follow-through on commitments made by team members.
5. Leading productive meetings and providing documentation of meetings to Members and others, as requested.
6. Participating in and supporting planning for Early Connections, e.g. strategic planning, annual planning.
7. Be an advocate in the community for Early Connections and the work of improving the system of care for young children in Alameda County
8. Ensure Action Team Members are recruited and that there is an appropriate diversity of members.
9. As the Senior Convener, a willingness to mentor the new Convener in skills needed for this position.

REQUIRED KNOWLEDGE, SKILLS AND PERSONAL QUALITIES

1. Interest in and passion for improving systems of care for young children *and experience in Early Connections*
2. Desire and ability to learn from others.
3. Creative, flexible and responsive to Member needs, including family challenges that could impact Member participation.
4. Experience and active, responsible participation in meetings of Early Connections for at least one year.
5. Ability to do outreach to identify new Team Members or build awareness of the work of the Team.

DESIRED KNOWLEDGE, SKILLS AND QUALITIES *(mentoring in these, as needed, will occur through co-convener and Action Team Convener Group)*

1. Ability to plan meetings and develop meeting agendas that address Action Team priorities.
2. Facilitations skills, including the ability to: use tools that engage active participation in meetings; deal with conflict; and deal sensitively and comfortably with difficult topics and with dynamics of power and privilege in the group and ability to support effective, appropriate decision making within the group.
3. Sensitivity to dynamics of power and privilege in the group.
4. Ability to speak comfortably in groups in varied settings
5. Ability to use email and prepare documents on the computer.

TERMS OF SERVICE:

- Minimum One Year Commitment, terms of Co-Conveners will be staggered.
- Time Commitment may range from 8-12 hours per month (time for planning/follow up on meetings, meeting facilitation, attending the Convener Group)

BENEFITS AND COMPENSATIONS

- Family Members receive stipends (see Early Connections Stipend Policy)
- Opportunity for training and peer mentoring to enhance effectiveness
- Opportunity to be in a leadership role in helping to transform the existing early childhood system in Alameda County.

Early Connections Action Team Member Job Description

(Last revised 9-20-12 AT Convener Meeting)

POSITION SUMMARY

Action Team Member are individuals, who, as providers, advocates, or family members are committed to working with others to improve care for children in the early childhood system of care in Alameda County. Through life experience, or work experience, Action Team members know about issues relating to children 0-5 with social, emotional and related behavioral concerns. Action Teams typically meet once a month for two hours and require some follow up work and activities outside of meeting times. Family members selected for participation on Action Team are eligible for stipends. (See stipend policy) Action Team Members must have participated in Early Connections Orientation either in person or on line.

DUTIES AND RESPONSIBILITIES

Action Team Members are expected to

1. Have consistent meeting attendance.
2. Come to meetings prepared to participate, including having reviewed notes from prior meeting and prepared to report on any activity undertaken since the last meeting.
3. Notify one of the Co-Conveners in advance if you will miss a meeting and take responsibility for finding out what happened at the meeting you missed.
4. Participate actively.
5. Complete tasks between meetings, such as outreach, review and respond to emails and documents sent, reporting back to constituents or gathering information from other providers or family members.
6. Be an advocate in the community for Early Connections and the work of improving the system of care for young children in Alameda County.

DESIRED KNOWLEDGE, SKILLS AND ABILITIES

1. Interest in and passion for improving systems of care for young children.
2. Listen and communicate well.
3. Respectful of diverse life and professional experience of other Members and others connected to Early Connections.
4. Access to and willing to use email for timely communications.
5. Come prepared to identify and represent their constituents and communicate information back to other individuals and groups you represent.
6. Flexible life situation that enables consistent participation and ability to complete between meeting activities.
7. Open to learning new things.

TERMS OF SERVICE:

- Minimum of one year commitment.
- Monthly time commitment may range from 2-5 hours per month.

BENEFITS AND COMPENSATION

- Family Members are eligible for stipends (see Early Connections stipend policy).
- Opportunity to be involved in helping to transform the existing early childhood system in Alameda County.

Appendix C: Other County Initiatives Governance Structures, as of 07/2013

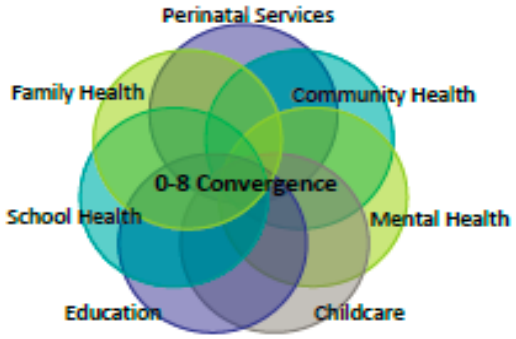
Alameda County Early Childhood 0-8 System of Care Workgroup
Overview **7.22.11**

PROBLEM STATEMENT
Alameda County has many robust initiatives for children ages 0-8, yet public agencies inadvertently reinforce barriers for families through fragmented planning, governance and financing.

STATEMENT OF PURPOSE
Through cross-departmental planning and governance, create an integrated, prevention focused, multi-sectoral early childhood system of care inclusive of the full array of resources that support the optimal development of children and strong families. The 0-8 Convergence supports systems integration efforts and will initially focus on building intentional bridges between existing services and initiatives so that there is a seamless pipeline and continuum for children from birth through age 8 years.

WHO WE ARE
The 0-8 Convergence is a think-tank comprised of the agencies that lead county-wide coalitions and initiatives for early childhood. The founding members strive to make a Collective Impact[1] with the common agenda to develop upstream approaches to address children's health and well-being. The group takes a "bird's eye" view of the existing system serving children and families and makes recommendations regarding strategy and coordination.

Alameda County Early Childhood 0-8 System of Care Workgroup



Suggested Criteria for 0-8 Convergence Membership:
- Collaborative or initiatives that bridge services for children and families 0-8
- Commitment to vision and guiding frameworks
- Commitment to the goals of Collective Impact to create a system of care for Alameda County children and families

GUIDING FRAMEWORKS & RATIONALE
Life Course: Understanding that health develops over a lifetime, the "zero" in 0-8 Convergence is meant to be inclusive of individuals prior to bearing children to ultimately make an impact on their children's optimal development. Advances in science have proven that early experiences can alter the brain architecture and establish either a sturdy or fragile foundation for all of the learning, health and behavior that follow and that significant reductions in chronic disease could be achieved across the life course by decreasing the number and severity of young children's adverse experiences and by strengthening protective relationships. The "eight" is in recognition of the overwhelming body of evidence showing third grade outcomes as a predictor of health, wellbeing and success later in life.

[1] As described by John Kania and Mark Kramer in their article *Collective Impact* in the Stanford Social Innovation Review, Winter 2011

1

Alameda County Early Childhood 0-8 System of Care Workgroup
Overview **7.22.11**

Strengthening Families: The approach focuses on building protective factors not only for the child but also the families and communities with whom they reside. The five protective factors include 1) parental resilience; 2) social connections; 3) knowledge of parenting and child development; 4) concrete support in times of need; and 5) children's social and emotional development.

VISION[2]

All children in Alameda County have a right to be born healthy, and to...

1. Be believed in
2. Live, play and grow in a clean, safe place
3. Receive a quality education
4. Be loved by a caring adult
5. Eat healthy food
6. Explore nature
7. Enjoy economic opportunity and financial security
8. Access health care that promotes well-being
9. Be free from discrimination and violence
10. Be included & valued by a supportive community

COLLECTIVE IMPACT GOALS	STRATEGIES
✓ **Common Agenda** Develop a common agenda and integrated, coordinated plan to serve families and children 0–8 years across county agencies	1. Develop a shared statement of purpose 2. Adopt shared guiding frameworks and develop principles/best practices for all Alameda County child and family programs 3. Develop a set of recommendations for both policy/systems reform and program integration
Backbone Support Organization Develop the organizational structure to support the 0-8 Convergence	4. Develop a decision-making process for 0-8 Convergence body 5. Identify a lead agency to serve as the backbone for the 0-8 Convergence 6. Create partnership agreement to build trusting relationships and clarify each member's roles & responsibilities.
Mutually Reinforcing Activities Create early childhood continuum of care. Create and sustain universal access to child and family programs	7. Develop a "Shared Road Map" that maps existing services/programs and outlines common strands 8. Develop a work plan to implement prioritized recommendations and address barriers at critical transitions for children and families 9. Develop bridges between critical developmental transitions and streamline duplicative services 10. Identify "leads" for mutually agreed upon recommendations and roles for members to support their advancement 11. Inform an outcomes-based children's budget for Alameda County to maximize and leverage resources 12. Leverage funding to sustain, improve and expand services
Shared Measurement Systems Devise a shared measurement system.	13. Develop a common set of outcomes and measures and shared systems evaluation 14. Develop logic model 15. ID and/or develop data-sharing systems

[2] The 0-8 Convergence adopted the vision statement of the Alameda County Building Blocks Collaborative.

Alameda County Early Childhood 0-8 System of Care Workgroup
Overview **7.22.11**

Continuous Communication Create seamless continuity between programs for systems and families	16. Develop communications protocols and multi-disciplinary venues including co-location, client tracking & case management, family navigation and referral and data informed systems planning.

How We Make Agreements

The 0-8 Convergence group strives for continuous communication and consensus on recommendations and priorities. When a more formal agreement is required beyond those achieved in discussion, we use the gradients of agreement to record and honor different perspectives. On a scale of 1 to 5 with 1 being "Strongly Disagree" and 5 "Strongly Agree", we revise until all of the members of our group reach consensus at a 3 or above.

Building Blocks Overview

Alameda County Public Health Department's
Building Blocks Collaborative

For babies in Alameda County today, there is a 15-year difference in life expectancy depending on their zip code. We can't accept that, and we *can* change it.

The Alameda County Building Blocks Collaborative brings together together people with the ideas, the connections and the skills we need to create conditions where every child – in every neighborhood – can thrive.

The Building Blocks Collaborative grew out of an effort by the Alameda County Public Health Department to create comprehensive solutions to the complex health problems facing our communities. We recognize that our health problems are not isolated – our solutions should not be, either.

Our strength is our collaborative. Our members are from diverse arenas – including local economic development agencies, food access projects, city and county government, community clinics, housing, and parks and recreation – all committed to improving health conditions in our most troubled neighborhoods.

Our founding initiative, Building Blocks for Health Equity, is guided by a steering committee comprised of partners from Alameda County Community Food Bank, Alameda County Social Services Agency, Attitudinal Healing Connection, Girls Inc., East Bay Regional Parks District, Mandela Marketplace, Oakland Unified School District, Youth UpRising, and the Alameda County Public Health Department.

Our past successes include:

- Incubated the Food to Families Project, providing local youth with jobs and new moms in West Oakland and Ashland-Cherryland with "prescriptions" for healthy food. Families fill the prescriptions at local food businesses where local youth are employed.
- Created BBC mini-grant program that led to 22 backyard gardens, 102 youth trained in food and financial education, 22 moms were exposed to stress reduction classes.

Currently our collaborative has two tiers:

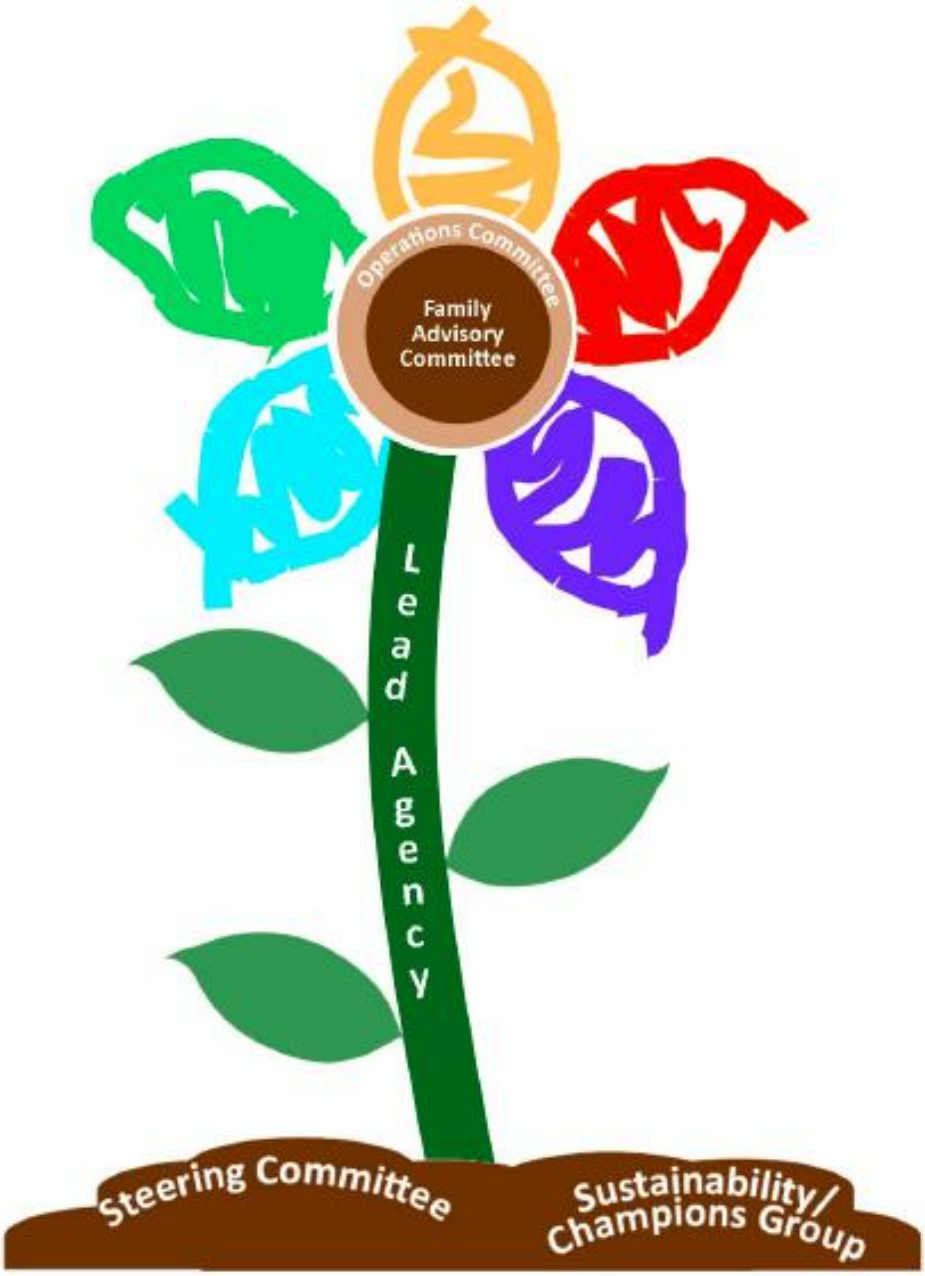
- Pilot strategic interventions in the Best Babies Zone, a 7x12 block radius of East Oakland where we are working hand-in-hand with the organizations and residents who live and work in the neighborhood. Building Blocks Collaborative members from around the county are offering support and expertise to the Best Babies Zone, connecting services to policy change and community empowerment.
- Engage collaborative members countywide in strengthening our collective capacity to address health inequities. Building Blocks Collaborative members come together on a regular basis to share resources, improve skills, and create new partnerships between organizations.

The Building Blocks Collaborative offers hope, inspiration and concrete solutions for improving the health of our kids and our communities. Together, we can create the conditions where every child – in every Alameda County neighborhood – can live a healthy life.

Want to learn more about the Building Blocks Collaborative?
Contact: Bina.Shrimali@acgov.org or Jessica.luginbuhl@acgov.org or find us on Facebook
http://Buildingblocksalamedacounty.wordpress.com

Help Me Grow
Alameda County

GOVERNANCE & ORGANIZATIONAL STRUCTURE



Note: The Family Advisory Committee has approved a charter. The charter is included as Attachment A at the end of this document.

HMG Governance & Organizational Structure 2-5-13 1

Steering Committee

Statement of Purpose

Provides overall strategic direction for Help Me Grow in order to support its responsiveness to family/community needs, sustainability and growth, and integration within the larger early childhood system of care.

Functions

- Establish strategic direction and a strategic plan
- Develop strategies for partnership building
- Develop strategies for addressing gaps, barriers and system issues
- Develop strategies for leveraging and sustainability
- Identify, recruit and sustain champions for Help Me Grow
- Develop advocacy agenda and 'asks' of Sustainability/Champions Group
- Identify alignment and collaboration opportunities between Help Me Grow and other systems or initiatives
- Apply/interpret evaluation data to larger system
- Serve as Help Me Grow ambassadors charged to disseminate information and champion Help Me Grow within your systems and communities
- Evaluate governance structure annually

Membership

The Steering Committee will be comprised of 21 members representing various Help Me Grow constituencies as follows:

- Major county-level entities and systems (total of 10 seats) including:
  - Alameda Alliance for Health
  - Health Care Services Agency
  - HCSA – Behavioral Health Care Services
  - HCSA – Public Health Department
  - Social Services Agency
  - Children's Hospital and Research Center at Oakland
  - First 5 Alameda County (Lead Agency)
  - Regional Center of the East Bay
  - Special Education Local Planning Area/ Local Education Agency (2)
- Community/Provider representatives (4)
- Early Care & Education provider representative (1)
- Family members (3)
- Family run organization representative (1)
- Pediatric Provider representative (1)
- Policy/advocacy organization representative (1)

Term of Commitment

A term for Steering Committee membership is one year from the first meeting date; a two year commitment is preferred.

Alternates/Designees

Each committee member may assign one regular alternate or designee to attend meetings in the event of their absence. Alternates/designees will be copied on Steering Committee related correspondence.

Alternates may attend meetings at any time, however if the regular member is present, designees shall not participate in the discussion or voting.

For members who do not have an alternate or cannot attend a meeting, written correspondence related to an agenda item will be read and considered as part of the discussion.

Meeting Facilitation

The Steering Committee will select co-chairs who will participate in the planning of meetings, and co-facilitate meetings.

The Lead Agency will provide staffing support to the Steering Committee and co-chairs.

Decision-Making

Decisions/action items require the presence of a quorum to conduct business. A quorum is a majority of the currently appointed Committee. A decision or action item can only be voted on if a quorum is present. A majority vote passes an item.

Frequency & Location

The Steering Committee shall meet every other month at a location to be determined.

Operations Committee

Statement of Purpose

Serves as an interagency operational decision-making group for the implementation of Help Me Grow's strategies, including ensuring coordination and integration; identifies system issues, gaps and barriers.

Functions

- Conduct operational decision-making within established strategic direction
- Support alignment and integration of Help Me Grow strategies and components
- Apply/interpret quality assurance data to Help Me Grow implementation
- Monitor the impact of Help Me Grow strategies on the larger system, as well the impact of the larger system on Help Me Grow
- Identify barriers, gaps, and challenges and determine what should be brought forth to the Steering Committee
- Establish program guidelines and criteria
- Develop and recommend ad-hoc task or work groups to solve problems and address specific issues

Membership

The Operations Committee will be comprised primarily of the following 11 individuals:

- Pediatric Strategies: Alameda County Medical Home Project (1)
- Child Welfare: Center for the Vulnerable Child SEED/Help Me Grow Programs (1)
- Early Care & Education Strategies: Child Care Resource & Referral Agency Representative (1)
- Early Care & Education Provider Representative (1)
- Family Member (2-3)
- Family Navigation: Family Resource Network (1)
- HMG Administrator (1)
- HMG Coordinator (1)
- HMG Prevention Coordinator (1)
- Pediatrician (1)

Representatives of the other systems or Help Me Grow strategies will participate on an as needed basis, such as:

- Linkage Line
- Evaluation & Technology
- Communications & Social Marketing
- Public Health

Meeting Facilitation

The Operations Committee will be facilitated by the Help Me Grow Coordinator and assumes primary responsibility for meeting preparation.

Decision-Making

Decisions/action items require the presence of a quorum to conduct business. A quorum is a majority of the currently appointed Operations Committee. The Committee operates by consensus to the extent possible. If consensus cannot be reached, a majority vote passes an item. If urgent decisions are needed and a meeting is not imminent, email voting will occur and a majority vote will pass an item.

Frequency & Location

The Operations Committee shall meet every other month at a location to be determined.

Sustainability/Champions Group

Note: There is not yet a recommendation that a new group should be formed or whether this group's functions should be embedded into existing bodies within the county. This will be an agenda item for the revised Steering Committee.

Statement of Purpose

Serves as a forum for fostering political will, re-alignment of existing resources, integration with other agencies, and buy-in of county decision-makers

Functions

- Advocacy for policy change
- Fund development
- Integrate HMG strategies into other systems (social services, public health, mental health, etc.)
- Addressing gaps and barriers systems issues

Lead Agency

Statement of Purpose

Serves as the "backbone" organization for Help Me Grow, which includes providing fiscal, administrative and coordination functions.

Functions

- In concert with other groups:
  - conduct advocacy (systems and policy)
  - identify and analyze strategies for integration with other systems and initiatives
- Handle communications, including disseminating information about Help Me Grow throughout the structure
- Facilitate dialogue between partners
- Manage data collection and analysis
- Coordinate community outreach
- Participate in national, state and local initiatives to support the sustainability of Help Me Grow as well as its integration into the larger system of care
- Provide management and oversight of day-to-day operations for program implementation
- Provide fiscal functions, including mobilizing funding
- Provide professional, administrative and clerical support to all relevant Help Me Grow committees

Attachment A: Family Advisory Committee Charter

This Committee shall be named the Help Me Grow Alameda County Family Advisory Committee, referred to here as the Family Advisory Committee or FAC.

A. Membership

The FAC will consist of a minimum of 5 members, with a maximum of 12 members. The FAC, by a two thirds majority vote, can propose to expand or contract its membership. The Help Me Grow Steering Committee would grant final approval of any proposal for changes in FAC membership.

To serve on the Help Me Grow Family Advisory Committee, family member representatives would have at least one of the following experiences:

- A recent/current consumer of Help Me Grow Linkage Line, Family Navigation and/or Clarifying Assessment services.
- A current or recent consumer of developmental and/or mental health services for a child ages 0-5, who has received services within the last three years.
- A parent professional, preferably representing one of the two categories above, and drawn from the pool of Help Me Grow Family Navigators and Early Connections Family Partners.

While serving on the FAC, members agree not to engage in any activities that are contrary to, or inconsistent with the goals and objectives of the Help Me Grow system as established by local, State or Federal laws, regulations or Help Me Grow policies.

B. Voting Quorum

The FAC works for consensus agreements among its members. If the group cannot come to a consensus, then decisions will be made by a simple majority of the members present at a particular meeting. There will be no proxy voting.

However, any FAC member can ask for an agenda item to be moved to the top of the agenda so that e/she can vote on that item if they need to leave early (This is in recognition that many members have young and/or special needs children and family needs may prevent them from attending the whole meeting).

Family Leadership Liaison will circulate the meeting agenda and materials at least one week in advance of the meeting. Meeting agendas will be decided two weeks in advance of the meeting to allow time for translation of documents.

D. Member Absences

Members are asked to notify the Family Leadership Liaison if they cannot make a meeting. If a member cannot make 3 consecutive meetings, the Family Leadership Liaison will ask them whether they would like to continue to serve on the FAC.

ARTICLE III: Purpose, Duties and Functions

The purpose of the FAC is to bring the family voice to all levels of the Help Me Grow system. The FAC will perform the following functions and duties:

A. Develop and modify (as needed) proposals for a family driven structure for running for Help Me Grow. These ideas may include proposals about the scope of decision making authority and responsibilities of family representatives within the system.

B. Work with the HMG Steering Committee and Lead Agency to develop, review, and approve or disapprove program policies/materials/protocols and eligibility criteria to ensure that they meet the needs of families as well being responsive to the culturally and ethnically diverse population of Alameda County.

C. Initiate ideas for improvement or change for the Help Me Grow system, including (but not limited to) suggestions of how to meet the diverse needs of our multicultural community.

D. Participate in, and inform, social marketing efforts and messaging about the Help Me Grow system.

E. Work with the Lead Agency, Operations Committee and Steering Committee on problem-solving regarding systems issues and challenges.

F. Introduce, refine and support advocacy efforts for system change in Alameda County on issues that affect young children.

G. Help identify additional parent/family/community volunteers to work with the Help Me Grow system.

H. Share Help Me Grow information and updates at meetings. Share family and community input with Help Me Grow committees and staff.

I. When appropriate, produce a report on FAC activities.

ARTICLE IV: Meetings

A. Regular Meetings

The FAC will meet the first Monday of the month at First 5 offices in San Leandro. A yearly meeting schedule will be provided at the beginning of the year.

B. Procedures

Robert's Rules of Order shall govern procedures in all meetings of the FAC

C. Reimbursement

Voting members of the Advisory Committee will receive reimbursement (if they are not being paid for their time by their regular employer) at the rate of $25 per hour for FAC meetings and official duties. As needed, FAC members can also be reimbursed for childcare expenses at the rate of $15 per hour.

Charter Adopted by FAC December 5, 2012

Alameda County Behavioral Health Care Children's System Of Care Governance Structure

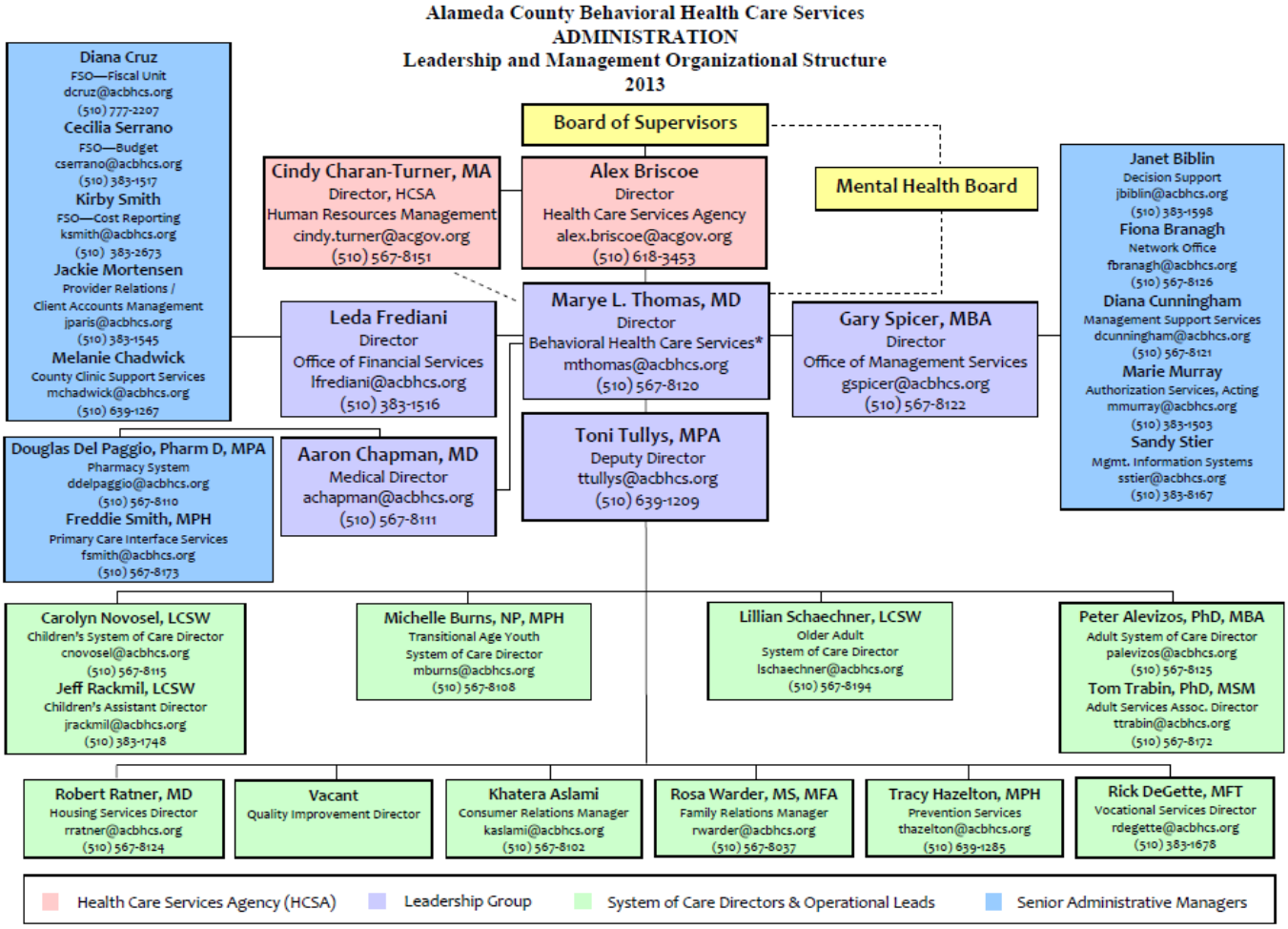
(Source: email exchange with Carolyn Novosel 07252013)

Children's Advisory Committee (CAC): Subcommittee of the Mental Health Board. This meeting is attended by mental health providers, community members, and Carolyn Novosel, Director of Children's System of Care within ACBHCS, chairs this committee. Supervisor Gail Steele used to co-chair this committee with Carolyn in the past. The CAC has moved into more policy discussion, updates and information sharing about local and state initiatives, and a problem solving meeting about children's services in Alameda County.

ACBHCS Children's System of Care Day-to-Day (Daily Operational) meeting that convenes one time per week, chaired by Carolyn Novosel. This committee is attended by select children's managers, network office staff, ACCESS representative, program specialist, and finance staff attend to talk about operational issues prevailing in children's system of care. We have Family Partner Manager and EC Lead Family Partner attend this meeting as well.

Child & Youth Management Team meeting, within ACBHCS, that meets once per month to talk about issues prevailing within the County operated systems for children. We might talk about county policy, state initiatives impacting local government, and other matters that directly impact County system.

Note: Where Early Connections fits in this structure is unclear at this point.


Alameda County Behavioral Health Care Services
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Leadership and Management Organizational Structure
2013
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Vacant
Quality Improvement Director
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Health Care Services Agency (HCSA)
Leadership Group
System of Care Directors & Operational Leads
Senior Administrative Managers
*Mental Health & Substance Use Disorder Services are provided across the department and administered by • Alameda County Behavioral Health Care Services
2000 Embarcadero Cove, Suite 400 • Oakland, California 94606 • 510.567.8100 • Rev. 03/13

MEMORANDUM OF UNDERSTANDING

Early Connections: Strengthening the Early Childhood Mental Health System of Care

[Finalized May 4, 2012]

PARTNERSHIP: Alameda County Behavioral Health Care Services (ACBHCS), F5 Alameda County, and United Advocates for Children and Families (UACF)

Alameda County Behavioral Health Care Services (ACBHCS), First 5 Alameda County (F5 Alameda County), and United Advocates for Children and Families (UACF) are working in collaboration with other community members to strengthen the system of care for services and supports for children birth to five and their families in Alameda County.

The overarching goal of the Partnership MOU is to define the partnership between the three agencies, and to support each agency's efforts in the to Early Connections grant and to the larger emerging system of care for children birth to five that supports optimal outcomes for children and families.

This Memorandum of Understanding ("MOU") is entered into as of May 15, 2012 by and between **Alameda County Behavioral Health Care Services**, a county-wide behavioral health care services agency that provides comprehensive mental health and substance abuse services to children, families and adults, **First 5 Alameda County**, an independent agency that supports county-wide prevention and early intervention to promote optimal health and development for children birth to five and their families, and **United Advocates for Children and Families**, a non-profit family-run organization whose mission it is to improve the quality of life for all children and youth with mental, emotional, and behavioral challenges while eliminating institutional discrimination and social stigma.

Additional key partners/stakeholders have the option of entering into this MOU with the mutual agreement of Alameda County Behavioral Health Care Services, F5 Alameda County, and United Advocates for Children and Families.

BACKGROUND AND RATIONALE FOR THIS MOU:

ACBHCS, in partnership with First 5 Alameda County, was awarded SAMHSA (Substance Abuse Mental Health Services Administration) funding in 2009. This SAMHSA funding is a six year grant/cooperative agreement with the goal of strengthening the system of care for children 0-5 and their families. This SAMHSA funded system of care is known in Alameda County as Early Connections an initiative to strengthen the 0-5 system of care. It is the intent to align Early Connections with Help Me Grow (formerly known as Children's SART and henceforth referred to as Help Me Grow)) for which First 5 Alameda County is the lead agency. Alameda County has developed informal components of a system of care over the past twenty years prior to the award of this SAMHSA grant. This SAMHSA grant is an opportunity to further develop existing services and supports for children birth through five. A significant step towards this goal is the alignment of Help Me Grow and Early Connections as components of a broader early childhood system of care.

There is 10+ year history of relationships between ACBHCS and First 5 Alameda County, as well as a 10+ year history between ACBHCS and UACF. However, these relationships have not included the current goal of developing an overarching early childhood system of care as described above. Additionally, a relationship

between First 5 Alameda County and UACF has not existed prior to the current goal of continued development of an early childhood system of care. Given the current goal of the SAMHSA grant and the recent relationships as named above, this MOU has been developed to define clear roles, responsibilities and expectations between the three partner agencies. The goal of the partnership between the three agencies is to develop collaboration: mutual authority and accountability for success, challenges, and sharing of resources and rewards. (from: Collaboration: What Makes it Work, Wilder Foundation).

ACBHCS is the fiscal agency in this partnership and is responsible for all aspects of grant/cooperative agreement management and oversight. ACBHCS is also responsible for management of the SAMHSA cooperative agreement budget and at this time makes final budgetary decisions. It is expected that budgetary decisions will be informed and made collaboratively between ACBHCS and members of the Early Connections Governance structure (Full Partnership and Coordinating Council) once the Full Partnership and Coordinating Council are established. Early Connections Governance bodies will be comprised of community members, community providers, families and youth.

Given these understandings, this MOU specifies our intent and our working relationship as defined contractually and voluntarily for the purposes of our joint commitment to implementing the Early Connections grant and to contribute towards the development and sustainability of a broader early childhood system of care.

GUIDING PRINCIPLES FOR HOW WE WORK TOGETHER COLLABORATIVELY:

- *CLEAR AND CONSISTENT COMMUNICATION: The three partner agencies, ACBHCS, First 5 Alameda County and UACF, will make an intentional and conscientious effort to create and maintain clear and consistent communication about respective organizational work.*

- *SUPPORT OF RESPECTIVE GUIDING PRINCIPLES: The three partner agencies, ACBHCS, First 5 Alameda County and UACF, will recognize and support each agency's guiding principles.*

TRANSPARENCY AND NEGOTIATION OF PRIORITIES: The partners agree that they will identify and communicate their agency priorities and will negotiate priorities in the service of one early childhood system of care.

- *CROSS AGENCY CULTURE OF LEARNING: Value the culture of learning together and recognize each agency's strengths.*

- *EMBRACE CONFLICT AND COMPLEXITY: Recognize that differences and conflict are part of the work of developing one early childhood system of care.*

- *BUILD ON EXISTING STRUCTURES AND ASSETS: Assess and value the structures and assets already existing in Alameda County and its communities and build new strategies upon them*

ROLES AND RESPONSIBILITIES

PARTNER ONE: FISCAL AGENCY- ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

- ACBHCS has legal and fiscal responsibility for SAMHSA grant/cooperative agreement management and oversight. ACBHCS maintains all SAMHSA accountability and reporting records.
- Early Connections Principal Investigator and Project Director hold key positions in the day-to day operations in the development of Early Connections system of care (which is part of the emerging overarching early childhood system of care), and provide leadership to current Early Connections staff/management team.
- ACBHCS is the primary representative of the Early Connections 0-5 system of care and a partner representative of the overarching emerging early childhood system of care in the Alameda County community.
- ACBHCS is responsible for contributing to the alignment of Early Connections and Help Me Grow as an integral part of the early childhood system of care.
- Early Connections Project Director is responsible for convening and coordinating the Senior Leadership, which includes Carolyn Novosel, ACBHCS, Janis Burger, First 5 Alameda County, and Oscar Wright, United Advocates for Children & Families.

PARTNER TWO: FIRST 5 ALAMEDA COUNTY

- First 5 Alameda County has contractual requirements with Alameda County Behavioral Health Care Services. Contractual roles and positions include the Cultural and Linguistic Responsiveness Coordinator, F5 Program Liaison to Early Connections and the Social Marketing and Communications Coordinator. These positions are part of the Early Connections Management team. In addition, there is a contractual role of data collection and evaluation, and a F5 Fiscal Liaison as part of the F5 Alameda County contract with Alameda County Behavioral Health Care Services (see contract for details).

- First 5 Alameda County is responsible for contributing to the alignment of Help Me Grow and Early Connections as an integral part of the early childhood system of care.
- First 5 Alameda County is a primary representative of Help Me Grow and a partner representative of the emerging overarching early childhood system of care in Alameda County.

PARTNER THREE: UNITED ADVOCATES FOR CHILDREN AND FAMILIES

- United Advocates for Children and Families has contractual requirements with Alameda County Behavioral Health Care Services (see contract for details).
- Contractual roles and positions include the Lead Family Coordinator who sits on the Early Connections Management team.
- UACF is responsible for supporting and contributing to family involvement at all levels of system of care.
- UACF is responsible for building capacity in the areas of family leadership, family policy and training.
- UACF is a partner representative of the overarching emerging early childhood system of care in Alameda County.

DECISION MAKING PROCESSES

- To date, key decisions regarding the Early Connections system of care have been made by the Management Team/Early Connections staff, Project Director, and Principal Investigator. It is planned, and required by the SAMHSA Cooperative Agreement, that decisions will primarily be made at all levels of the broad-based governance structure including Full Partnership, Coordinating Council, Action Teams and Management Team, once this structure has been established.

- Senior Leadership, representatives of partner agencies and Early Connections Management team/staff will contribute to decisions made by the broad-based governance structure, which includes Full Partnership, Coordinating Council, Action Teams and Management Team.

- If there is a question about the legality and/or liability about certain decisions, the Early Connections Project Director and/or Principal Investigator will consult with SAMHSA Project Officer.

- If there is conflict among the partnership regarding decision making, the partnership will convene an ad hoc committee in an attempt to resolve the conflict. External consultation and/or facilitation will be provided by fiscal agency, if indicated and mutually agreed upon by the three partner agencies.

OPERATING PROCESSESS

Early Connections Project Director

- ***Project Director provides leadership, oversight and direction in collaboration with partners and governing bodies***
- ***Project Director helps all staff set priorities, evaluate outcomes and adhere to the strategies of Early Connections***

Early Connections Management Team

Current functions: Early Connections Management Team currently develops, guides, and monitors the day-to-day operations of Early Connections. The Management team also makes decisions in the absence of a fully established broad-based governance system. The Management team represents Early Connections across the child-serving system Alameda county-wide.

Evolving functions: Although the Early Connections Management Team/EC staff will continue to inform day-to-day operations and decisions, decisions will primarily be made by the broad-based governance structure, which includes Full Partnership, Coordinating Council, and Action Teams, in collaboration with Alameda County Behavioral Health Care Services.

Senior Leadership

- Senior Leadership has the role of system change "champions" (advocates) within upper administration in their respective agencies.
- Senior Leadership will be kept informed and participate in strategic planning events in the development of the early childhood system of care, i.e., Governance structure planning and meetings.

- Senior Leadership will meet quarterly with the Project Director to update and collaborate on the process of the development of early childhood system of care.
- Senior Leadership will maintain an ongoing feedback loop between the systems and with the Early Connections Management Team/staff.
- Senior Leadership agrees to participate in Ad Hoc Partnership meetings as requested by the Project Director.

Supervision in the Collaborative

- *Early Connections Management Team members/EC staff, who are supervised by their respective employer, will meet regularly with the Early Connections Project Director for consultation, direction and guidance regarding Early Connections work. The Early Connections Project Director sets priorities for the shared staff positions.*
- *A written plan for shared oversight of staff will be developed for each shared staff position by each respective supervisor.*
- *If there are concerns regarding personnel issues, the Project Director will address with the staff person's supervisor at their home agency.*

MUTUAL ACCOUNTABILITY

- *Qualitative and quantitative data sharing is crucial for mutual accountability. Access to data across the three agencies will be a priority.*
- *Data will be used to analyze and assess development of the early childhood system of care.*
- *Grant accountability: Fiscal Liaisons from the three agencies will meet quarterly to coordinate and evaluate fiscal components of grant.*
- *The three partner agencies, ACBHCS, First 5 Alameda County and UACF, will work together to identify and leverage existing and prospective resources and funding to ensure sustainability of all components of the system.*

- *The three partner agencies will play an active role in identifying, seeking, and securing the required match for the Early Connections System of Care.*
- *Senior Administrators, EC staff, program and project leaders at all three partner agencies will ensure consistent and appropriate communication as it relates to the alignment of multiple efforts relating to the emerging Early Childhood System of Care (e.g. Help Me Grow and Early Connections).*
- *The three partner agencies will develop a written work plan delineating more specifically roles and responsibilities as they relate to the emerging Early Childhood System of Care by end of October 2012.*

TERM OF COLLABORATIVE

The Early Connections 0-5 system of care is funded by SAMHSA from 2009-2015. The intent of this MOU is to develop an overarching early childhood system of care. The overarching early childhood system of care requires that the three partner agencies share responsibility in ensuring sustainability of the early childhood system of care. To that end, the three partner agencies will provide a representative to participate on the Early Connections and Help Me Grow Sustainability Committee.

PROCESS FOR REVIEW AND UPDATING OF MOU

This MOU is a working document to be used as reference by the three partner agencies. This MOU will be reviewed and re-evaluated six months from date of signature. This MOU can be revised at that time if mutually agreed upon by three partner agencies.

_____Date_____

Carolyn Novosel, Alameda County Behavioral Health Care Services, Director, Children's System of Care

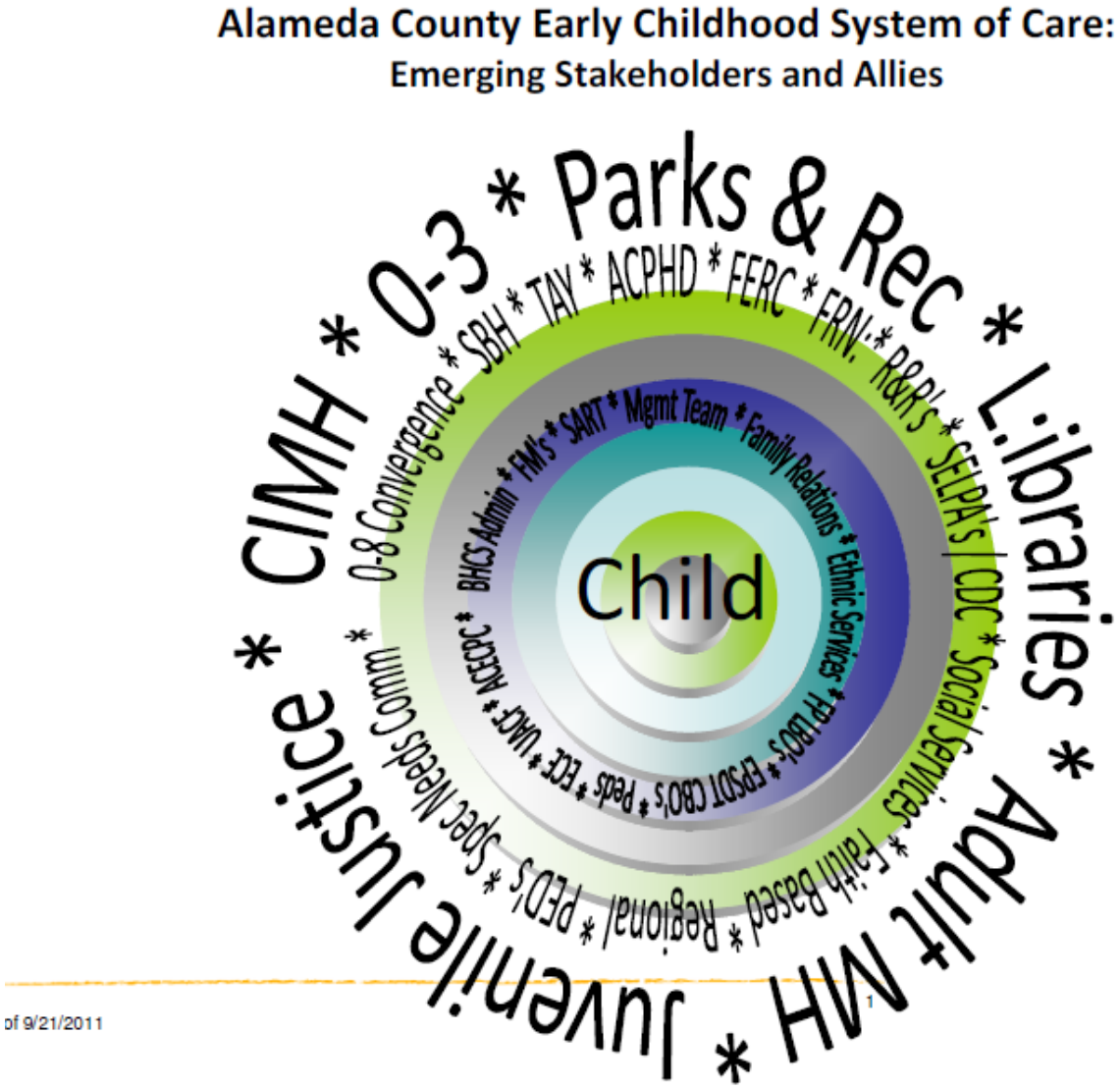
_____Date_____

Janis Burger, Deputy Director, First 5 Alameda County

_____Date_____

Oscar Wright, Chief Executive Officer, United Advocates for Children and Families

Appendix D: Intended Emerging Stakeholders and Allies



Appendix E: Early Connections Key interview Questions – leadership and partners

One of the major strategies that Early Connections has been implementing for the last two years is to ensure broad-based governance. Broad-based governance involves making shared decisions where family members, providers and key partners have equal power and authority. As you may know, current governance structure of Early Connections includes: Full Partnership, Coordinating Council, Management Team, and Action teams.

Our evaluation team would like to talk with you to better understand the emerging process and structure of shared decision-making, learn more about your experience with broad-based governance, and hear about any lessons learned. The information collected will be used to improve the future governance structure – thus we encourage you to be honest and genuine with your responses. All information will be reported anonymously (no persons will be identified). Is it OK if we record this interview for transcription purposes? Do you have any questions for me?

Please take a moment to share your thoughts on each of these questions.

1. *How have you participated in Early Connections governance to date?*
    a. *In your role, are there any decisions you provided input in or made? Do you remember how those decisions were made? Please briefly describe the process.*

2. *How do you think most of the decisions have been made for Early Connections? Who has had the authority to make decisions?*

3. *In your involvement with Early Connections, what have you learned about making decisions together with family members, providers and partners? Probe: What are some lessons learned about working together with family members and across agencies?*

4. *What do you think are some pros/cons of creating an inclusive broad-based governance model, that is engaging family members, providers and partners in making decisions together?*
    a. *Do you support (or value) this model? Why or why not? Does your agency support this model?*

5. *Are there any aspects of the current Early Connections governance structure that are working well? Probe: how well is the current structure of Full partnership, Coordinating Council, action teams working?*
    1. *Can you give an example of a successful decision that was made in which you felt the process was inclusive, fair and clearly laid out? Probe: Where is decision making clearest? Please provide examples.*

6. *What are some areas for improvement? Are there specific challenges you have observed of developing a more inclusive broad-based governance structure? What do you think can be done differently to address those challenges? Probe: to effectively engage partners/ family members/providers in decision-making?*
    a. *Where is decision making unclear? Please provide examples?*

7. *How can early connections better align with existing governance structures (for example, Help Me Grow Leadership Council, 0-8 convergence committee)?*

8. *Do you think the current Early Connections governance structure is sustainable within the County behavioral health care system? Why or why not?*
    a. *What do you see as major barriers to sustainability?*

b. *Any recommendations on how to address those barriers?*
c. *Which aspects of the current structure do you hope are sustained? Probe: Family involvement? Cross-agency communication? Relationships? Cultural change for behavioral health care system?*

9. *Moving forward, what 3 specific changes can Early Connections make to improve its governance structure or decision-making processes? What should it not do?*

10. *What are 1-2 ways that behavioral health care (or your agency's) leadership could support Early Connections be successful?*

11. Any other final thoughts you'd like to share with us?

OPTIONAL QUESTIONS (ONLY ASK IF TIME ALLOWS):

12. *How do you define successful governance?*

13. *How do you expect the shared governance to impact families and services?*

Thank you for your time. We will be producing a report summarizing your responses to inform the future of Early Connections governance. Please feel free to contact our evaluation team if you have any questions re: follow-up to this interview.

EARLY CONNECTIONS

ALAMEDA COUNTY
Behavioral Health Care Services

WestEd