


Equip: Building A Culturally and Linguistically Competent Family Member Workforce

Presenters:
 Pam Hawkins
 Shelley Spear, PhD
 Roberto Ramos, MA-Ed


United Advocates for Children of California
 1401 El Camino Avenue, Suite 340
 Sacramento, CA 95815-2700
 (916) 643-1532 direct (866) 807-7687 toll free
 (916) 643-1592 fax www.uaccenter.org

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Presentation Objectives:

- UACC Overview
- The Role of Family Partners and Family Programs in Creating Family-Driven, Culturally and Linguistically Competent Services
- Implementing Equip as a Strategy to Build a Family Member Workforce
- How to Access Equip Training




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United Advocates For Children of California

- Role of Family Advocacy in Creating Family-Driven Services
- History of UACC




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UACC's Vision and Mission

UACC Vision:
 We strive toward a stigma-free society that values and dedicates resources to the mental health of children and youth and their families across all cultures and communities.

UACC Mission:
 Our mission is to improve the quality of life for *all* children and youth with mental, emotional and behavioral challenges; to eliminate discrimination and social stigma; and to promote the empowerment of families to meet the mental health needs of children.




Peter Max, "A Better World Is Possible"

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Who Are "Family Partners" and What Is "Equip"?

- **Family Partner:** a present or past caregiver of a child with a serious emotional disturbance, who is currently working to improve outcomes for other children and families




- **Equip:** a curriculum intended to provide family partners with the knowledge and skills needed in their roles in the children's service system

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What Is Family-Driven Care?*

"Family-driven": Families have a primary decision making role in the care of their own children, as well as in the development of the policies and procedures governing care for all children. This includes:

1. Choosing supports, services, and providers;
2. Setting goals;
3. Designing and implementing programs;
4. Monitoring outcomes;
5. Partnering in funding decisions;
6. Determining service and support effectiveness.



*This definition is adapted from the Federation of Families for Children's Mental Health. <http://www.fcmh.org/systems_whatits.htm>.

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Guiding Principles of Family-Driven Care*

1. Accurate, understandable, and complete information.
2. Shared decision-making.
3. Families and youth are organized to assist in systems transformation.
4. Families and family-run programs provide direction-funding for services, treatments, and supports.
5. Change practice from provider-driven to family-driven.
6. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
7. Communities embrace, value, and celebrate the diverse cultures of their children, youth, and families.

*Adapted from Federation of Families for Children's Mental Health, <http://www.fcmh.org/systems_whatish.htm>.

Characteristics of Family-Driven Care*

1. Family and youth experiences, steer decision making about services and system design, operation, and evaluation.
2. Family-run programs receive resources and funds to support and sustain their infrastructure.
3. Meetings and service provision happen in culturally and linguistically competent environments.
4. Administrators and staff share authority and responsibility with families and youth.
5. Families and youth have access to useful information and data.
6. Funding mechanisms allow families and youth to have choices.
7. All children, youth, and families have a biological or surrogate family voice advocating on their behalf.

*Adapted from Federation of Families for Children's Mental Health, <http://www.fcmh.org/systems_whatish.htm>.

What is a Culturally and Linguistically Competent System?

- Systems Level
- Organizational Level
- Program level
- Individual level



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What is a Culturally and Linguistically Competent System?

- Value diversity
- Capacity for cultural self-assessment
- Conscious of the dynamics inherent when cultures interact
- Ability to institutionalize cultural knowledge
- Capable of making adaptations to service delivery reflecting an understanding of cultural diversity

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Objectives of the Equip Curriculum

Participants will:

1. Learn about the various roles and activities of family partners.
2. Acquire the skills they'll need to take on any of their potential roles, including those connected to the service system.
3. Promote family-driven, culturally and linguistically competent, and culturally appropriate care.



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Equip Logic Model:

- Develop the knowledge and skill base of family partners.
- Family partners establish and maintain strong, family driven, and culturally/linguistically competent programs.
- These programs improve outcomes for children with serious emotional disturbances and their families.

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What Are Family Program Activities?

- UACC conducted a phone interview project (42 EDs) to examine family program activities across the country.*
- We described the full range of their activities to serve and support children w/ serious emotional disturbances and their families, and talked about the aims of those activities.
- The Equip curriculum draws on that research.



(For a comprehensive description of the practices of family organizations, see the monograph "Family Organization Activities," a 2005 publication of United Advocates for Children's Statewide Family Networks Technical Assistance Center.)

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The Focus of the Equip Curriculum

Family-Driven, Culturally and Linguistically Competent Services

1. Information and Referral
2. Direct Services
3. Support Groups
4. Legislative Policy
5. Administration
6. Training
7. Evaluation
8. Local Organization Development
9. Youth Programs



Who, What, Why, and How

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Information and Referral




- For children and their families, providers, and legislators
- "Information and referral": offering these individuals and groups information about mental health services and supports
- By telephone, mail, Internet, libraries, videotapes, audiotapes, and print publications, or in-person

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Direct Services

- For individual children and their families
- “Direct services”: providing individualized information, emotional support, assistance in of crises, help accessing services, and help in public agency meetings and hearings. May receive one or many of these services.
- In-person, by telephone, and through Internet media



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Support Groups





- Individual children and families
- “Support groups”: facilitated groups to offer informational and/or emotional support
- Assist youth and families to:
 - (1) address issues of stigma, shame, guilt, and blame;
 - (2) successfully manage/treat their own/child’s disorder;
 - (3) participate in care planning for themselves/their child.

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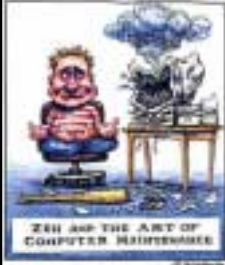
Legislative Policy

- Legislators and others involved in government policymaking.
- “Legislative policy”: activities intended to inform and educate government policymakers about issues involving children with serious emotional disturbances and their families
- In-person meetings with legislators, rallies, the distribution of information (e.g., action alerts), drafting of government policy, voter registration drives, membership on policymaking committees, and attendance at policy meetings.



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Administration



- The program itself, its operations and staff members, including family partners
- “Administration”: activities that sustain and improve the program’s operations and capacity, and increase the knowledge or develop the skills of staff
- Crucial to ensure the program operates efficiently, equitably, and according to policies and procedures

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Training




- Children and families, family program staff, service providers, policymakers, and community members
- “Training”: presenting information to increase knowledge or develop skills; includes curriculum development; may be intended to change beliefs (reduce stigma, shame, guilt, blame, discrimination)
- Can take place at conferences, through presentations and workshops, or it can stand alone

Note: Family program training of professionals often fulfills in-service or continuing education requirements.

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Evaluation

- Family programs themselves, or some aspect of the mental health system
- “Evaluation”: the collection and analysis of information to assess the performance, quality, and/or outcomes of a family program’s programs and services
- “Evaluation”: also refers to assessing the performance, quality, and/or outcomes of system programs and services
 - Example: participate in a quality improvement team to assess a program’s compliance with family involvement requirements



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Local Organization Development


- Other family programs at local/regional levels
- “Local Organization Development”: activities that support the initiation, growth, and improvement of family programs
- Help develop capacity and improve the effectiveness of supports and services.



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Youth Programs


- Primarily children and youth, although some youth activities are intended to serve mental health providers, legislators, and members of the community
- “Youth Programs”: all activities that children and youth direct, as well as youth-focused activities directed by program advisors
- Foster cognitive and behavioral growth of involved youth; contribute to the development of an environment in which youth can thrive; larger goals, such as reducing the stigma of mental illness and educating the public.



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Equip Training Format

- Each module can be trained in 4 hours
- Equip consists of 10 modules



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Accessing Equip Training

- Potential Training Methods
 1. Standard In-Person Model
 2. Distance Learning Models: phone training, teleconferencing, online course work w/ or w/o connection to college/university.
 3. All methods will involve some face-to-face interaction.
- Certification

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Next Steps

- Through assistance from the Mental Health Planning Council Human Resources Project, Equip will be refined and finalized by the end of FY 06.
- UACC considering various options for funding of Equip training implementation.



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