



CARING FOR FAMILIES
SINCE 1942

Group Health Foundation Report on Boyer's Lessons Learned from Community Engagement June 29, 2018

1. How have you engaged, convened, and maintained relationships with your community / communities?

As an early intervention provider, Boyer works within many communities, systems and partners. Our direct service community is defined as children with special healthcare needs (age birth to three), including disabilities and developmental delays, and their parents and caregivers. Families share the common experience of caregiving for children with special healthcare needs, while reflecting their diverse cultural, linguistic and ethnic backgrounds, and a wide range of economic and educational backgrounds. We work in partnership with early education programs, medical clinics, hospitals, doctors, housing communities, corporate partners and advocacy groups throughout Seattle, King County and statewide. Boyer views its partnerships, engagement, and relationships with these communities as cardinal to its success.

In addition, the success of the early intervention model involves the strong partnership and collaboration with our non-profit partners. Boyer regularly convenes with other agencies within the community such as Denise Louie, Hope Central, Broadview, Westside Baby and Mary's Place. Our services advocate for each individual child's needs through the following examples: supporting families in their needs for housing and transportation, helping families navigate their healthcare coverage options (Medicaid, sliding scale, etc.), and providing culturally-relevant and linguistically appropriate interpreters to be present in all meetings as requested by parents.

Boyer's leadership team depends on the unique perspective of a dedicated Parent Advisory Council (PAC) and parent feedback to guide program development, communications, and organizational effectiveness. The PAC meets monthly with Boyer's Executive Director to provide direct input and leadership in how programs are offered and provide suggestions for improvement. As an example of this effort to obtain parent feedback, Boyer hosted a Parent Panel comprised of formerly enrolled parents/caregivers in Boyer's services. Their feedback illustrated the need for a more structured parent education and support services that go beyond the formalized early intervention model. Specific parent support, such as understanding how to navigate the complex disabilities, educational and social services systems, peer support and community connections, were recognized across the agency as areas of support needed. Boyer is now working to address these needs across the organization.

2. How have you co-designed or co-created solutions with your community/communities?

Boyer forms relationships with families on an individual level as well as with other organizations city and state wide on a larger system-wide level. We recognize – as an early intervention provider operating within a complex, federally-mandated early intervention system – that Boyer plays a role as a “gatekeeper” for families to access early intervention and other health-related services. While Boyer adheres to the requirement of the early intervention system (guided by the *Individuals with Disabilities in Education Act* (IDEA), Part C), every solution and process is unique as we help families navigate through the myriad of systemic barriers and limitations to accessing and maintaining early intervention services. We also recognize our unique role to elevate these needs to provide broader systemic change across systems. Below are several examples of how we have co-designed and co-created solutions with our communities:

Example #1: Boyer recently collaborated with Seattle Public Schools to co-create a solution to its application process for families when they transition from Part C to Part B services at age three in the educational system. Seattle Public Schools now requires that all applications be processed online. Boyer understands that online access is not an equitable resource for many families due to income, language,

and educational barriers. Boyer met with Seattle Public Schools in person and followed up throughout the beginning of this year to establish a system that would not exclude or prevent families from being properly funded. Boyer now asks each family for permission to assist them in creating a profile on the Seattle Public Schools website using an email provided by the family. Boyer then completes the process of setting up a password and ensuring that the application has been processed. Finally, Boyer provides families a printed copy of all information necessary to access the profile including passwords.

Example #2: Boyer works with young children with special healthcare needs who are involved in the foster care system. Boyer's CHERISH program (Children Encouraged by Relationships in Secure Homes) is an infant mental health program for children and their foster parents. CHERISH is an active voice, for the mental health of the child, at the table when DSHS Social Workers are considering next steps in establishing a permanent placement for the child. Boyer's CHERISH social worker also teams with other healthcare, developmental, legal, childcare, housing and resource providers to insure that the child's and care-provider's needs are being met.

In cases where CPS determines the child is safe within the home, but still needs limited intervention and services, Boyer's social worker and family resources coordinators work to create unique solutions with CPS using the FAR program. The FAR program allows for parents to choose to have monitoring and therapeutic coaching services, in addition to extra supportive services, without being found guilty of child abuse or neglect.

Example #3: Boyer has also worked with various community partners to ensure various programs are inclusive and accessible to our families. This includes providing relevant content and guidance that facilitates a culturally inclusive environment. We have worked in partnership with Arena Sports and their "fun zone" for young children, and Woodland Park Zoo and their spaces for young children, by creating social stories that help young children and their families navigate these spaces, and promote sensory friendly environments.

Example #4: Boyer is working to address access barriers to early intervention services for young children and their families who are homeless. This effort will work directly with homeless shelters to design referral processes to directly engage families in early intervention services and otherwise connect families to healthcare services. Additionally, we are working with transitional housing organizations to design a comprehensive early intervention access model that will reduce barriers to access early intervention and other health-related services.

3. How have you addressed systematic inequities that affect health (such as power differentials or racism) as part of your community engagement work?

Critical to addressing systemic inequities that affect health is the work that agencies do to advance cultural competency and assess their own bias. Every day, Boyer staff help families navigate through the myriad of systemic barriers and limitations to accessing and maintaining early intervention service. Ensuring direct service providers are culturally inclusive ensures staff are better able to address and respond to systematic inequities affecting families.

To this end, Boyer's staff participated in racial equity/cultural competency training that was supported by King County and United Way of King County. Following this training, Boyer dedicated staff meetings to post-training activities that advanced the conversation on how Boyer is promoting racial equity and cultural competency throughout our service delivery model.

Emerging from this effort was the establishment of an Equity Change Team (ECT). The ECT includes representation of all Boyer's organizational functions. The ECT guides improvements across the organization to affirm our mission and our commitment to the community, inclusive of each family's unique culture and ethnicity, and affirming our commitment to serve all families regardless of financial circumstances. Members of the ECT identified that several access points within its early intervention model could be improved in order to engage all families seeking early intervention services.

One of the first priorities was to emphasize inclusion to the various communities Boyer serves. As a group, the ECT brainstormed, identified and prioritized the following:

- Created and distributed a Boyer letter to all current and alumni families, community members and healthcare providers – translated to multiple languages – notifying them that as an organization we stand by our mission, will not discriminate, and will continue to provide programs and services to families despite their financial circumstances, immigration status, and sexual orientation. Our emphasis was to reiterate that Boyer is a safe place for families to belong.
- Identified and translated early intervention forms/documents in our intake packets into the top languages of communities we serve.
- Reviewed and re-designed our organizational brochure to ensure that the photos included children of various races/ethnicities and developmental limitations.
- Created a welcome slide on our lobby informational screen at both of our offices – translating the word “Welcome” to 12 different languages.

The ECT developed an intentional process to promote equity across the organization’s services. The effort is continually informed by soliciting feedback from program participants, staff and board of directors. Examples of its ongoing mandate include:

- Analyzing Boyer’s referral and intake data to understand the barriers to accessing early intervention services;
- Examining how Boyer provides culturally and linguistically-relevant services;
- Facilitating staff equity training; and
- Implementing changes agency wide, led by the efforts of the ECT, staff, and leadership.

Fundamental to the success of early intervention services is the early identification of a disability or developmental delay: if a child is referred early (before age two), they are less likely to require special education or related services after age three. Recognizing where and how children are referred to Boyer is critical to ensuring our services are equitable and accessible.

Boyer identified that 77% of referrals to Boyer’s services are from medical offices and hospitals. In order to encourage clinics to refer children equitably from all communities, Boyer is regularly conducting outreach to the health care community, including doctors and clinics that refer children from under represented areas of Seattle and King County. Equally, Boyer recognized that the majority of children referred to services are already connected to healthcare providers; this means that many other children – who are not connected to regular medical providers due to income, unstable housing, or other reasons – may not be getting referred to early intervention services. To address this inequity, Boyer is developing additional programs – as outlined above – to reach families not already connected to medical providers.

4. What about your organization’s way of working has made you successful? How has your organizational culture or structure changed to allow for authentic community relationships? Include examples of how your staff and your board (if relevant) contributed to the culture and values that enabled your success.

The success of our efforts to promote equity rests in the commitment from the organization’s leadership and staff. Internally, Boyer employees foster a strong sense of community through respect, sharing, and support of each other. There is a required direct interaction from all employees from the leadership team to maintenance crew. The leadership support behind the ECT also provides the strong message to our Board of Directors, staff and community partners that equity work is a priority to the organization and the community.

More than 50% of Boyer’s services are provided in the community – at the child’s home, community center, daycare or preschool. These visits provide opportunities for therapist, educators, intake staff, and family resource coordinators to create close bonds with families in our community. Often, families are visited each week in various settings for direct, team services that involves building a relationship through sharing knowledge and care. When a family comes from a culture different from staff, it is perceived as an opportunity to grow and learn how best we can work together. This includes being open and willing to learn from each cultural community and incorporating cultural values into our direct service work.

Specific functional issues are addressed such as language barriers, as well as addressing perspective-charged differences that take longer and require more support to bridge.

For the past 4 ½ years, Boyer has promoted a “culture of philanthropy” for our community, emphasizing the role of fundraising, community partnerships, volunteerism and engagement to the staff. Where in the past, the program and administration staff were encouraged to work in two different “silos” each individual is now encouraged and expected to participate in the culture of philanthropy to ensure that our families and staff have the resources to continue the work that they do in the community. Staff engagement in philanthropy is now encouraged and reviewed in all staff’s performance reviews.

Organizationally, Boyer has made improvements to meet its commitment to both hire staff who identify as persons of color and to recruit Board members who identify as persons of color. The ECT and the leadership team are currently collaborating with the University of Washington to help recruit more persons of color to pursue careers in early intervention fields (such as physical therapy, occupational or speech-language therapies, early childhood special education, and social work). The ECT has worked closely with the human resources team to ensure Boyer is not unknowingly discriminating against future job applicants by the changing the following guidelines of our recruitment process, including:

- Omitting names and addresses from resumes;
- Inserting an equity statement on all job announcements and our website; and
- Actively identifying and reaching out to various recruitment tools (outside the mainstream) to encourage minority communities to apply.

To this end, four of the five newest Board members are persons of color. Of the new staff hired over the past two years, the majority are persons of color. Of 57 staff members, 19% identify as persons of color. Boyer’s staff has fluency in Spanish, Tagalog, Amharic, Tigrena, Arabic, and American Sign Language.

The ECT regularly presents its work across the organization and to the Board of Directors. The ECT includes an article in our monthly internal staff newsletter, the “Boyer Buzz,” to provide a brief report on the work that the ECT is doing, promoting a culture of equity and inclusion to all new and senior staff members. This space allows ECT to share our lessons learned and challenges, not just internally at Boyer, but outside to the community, engaging the staff in an open and safe dialog. Additionally, as an unexpected result of presenting to the Board of Directors, three Board members are participating in a Foundational Equity Training to ensure that leadership provides the same vision and commitment to equity and inclusion as the staff.

5. What have been your most significant challenges, obstacles, and missteps? We know that we can learn as much from setbacks as we can from successes, so please don’t hold back! (If you are concerned about sharing challenges publicly, just let us know and we will omit your response to this question from the version we share publicly.)

While Boyer’s efforts have been successful to date, we also recognize this work is a continual effort across the organization and the communities we serve. Areas that continue to be challenging include:

- Adding resources to engage community partners. Boyer recognizes that it can be more effective as an organization by taking time to work together with community partners. We continue to identify ways that could engage these partners more effectively, and solidifying funding outside of the early intervention contracts is a priority to sustain these efforts.
- Funding to support multiple cultural needs. Boyer provides cultural and language interpreters to assist in navigating the linguistic challenges of communicating complex medical terminology and cultural values, but resources within the community can be limited. Boyer’s families speak all languages representative of the communities we serve; we contract with language banks to provide medically-trained interpreters in over 40 languages; payment for these interpretation services are not reimbursed by Medicaid.

- Recruiting and engaging a diverse group of board and volunteers. While we have made strides to improve our internal processes and engagement in the communities we serve, many of those who are encouraged to participate in those roles do not reflect the community that we serve. Recruitment, engagement and providing a welcoming space to offer services continue to be a priority of the organization.
- Developing and Supporting the ECT. We continue to advance the efforts of the ECT and provide the resources needed to support the new group, its focus, its participants and its mandate moving forward.

Additionally, Boyer has identified – and heard directly from the families served – of several unanticipated challenges and existing threats facing our community externally. As a federally-mandated program, families must complete several forms at various stages throughout their child’s services, including: intake forms of their child’s medical history, demographic information about the family, child and family plans for services, and transition documents when children are nearing or approach their third birthday. Each form contains highly technical terminology. Having these documents translated is essential to providing equitable services. Equally, because early intervention services are a federally-mandated program utilizing federal funds to support a portion of the costs to provide services, families who have insecure immigration status may be unwilling to participate in early intervention services or other healthcare services.

6. What changes have you seen that give you hope about a future that is more equitable?

With the required equity training for all staff members, the formation of the Equity Change Team, and leadership support across the agency’s functions, Boyer is starting to see the “ripple effect” in our equity-focused work. This includes not only how it impacts our work with families, but also with our providers, community partners, and broader systems.

Boyer has worked within the community for more than 75 years, with a specialty in early intervention services. However, we are now equally known as a valuable resource to the community that promotes equity and inclusion for our families through our partnerships across multiple systems and partnerships. We are also changing the way private companies provide inclusive environments for the families that we serve. More and more of our community partners reach out to tap into our expertise to consult on how they can create more sensory friendly and inclusive environments in their space.

We are also excited to see more grant opportunities that emphasize inclusion and equity and corporations where community partners are encouraging nonprofits to present their innovative projects and ideas on how they are promoting equity, recognizing that so many of our resources are limited.

At Boyer, staff members’ equity check-ins are encouraged throughout the week. Whether it is a positive experience had on the sidewalk with a stranger, a good book just read, or a pertinent report in the news, staff enjoy educating each other and sharing their check-in within the office or hallways of our two locations.

It is a continued effort of Boyer families to want to help each other. Families we serve offer support to their peers in playgroups, give back to the community, or offer their financial assistance. For example, families often offer to decline funding sources in order to allow their allotment to help families less able to pay for therapy.

Boyer serves families across all income levels, cultural and ethnic identities, and languages who are beginning their journey learning, adapting and supporting their child’s special needs. Each outcome written is a chance for a child to overcome adversity and triumph. And across all agency operations, our broader reach in the community, and how we inform systems and policies, Boyer is helping to make sure children with special healthcare needs have the right to live their happiest and fullest lives possible.