SUMMARY
CULTURAL COMPETENCY INITIATIVE

in the Greater Kansas City Region

2009-2013

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ABOUT THIS REPORT

The purpose of this document is to provide a summary of the Cultural Competency Initiative and the lessons learned from the launch of the initiative in 2009 through 2013. This summary is based on three formal evaluation reports prepared by the evaluator of the initiative, review of initiative meeting minutes and other documents, and interviews with the evaluator, the technical assistance provider, the funders, Steering Committee members and grantees. The brief begins with an overview of the Cultural Competency Initiative including a timeline of activities, followed by descriptions and lessons learned for each key component of the initiative.

I. Background

The Cultural Competency Initiative was designed and launched by the REACH Healthcare Foundation to increase the understanding and practice of cultural competency within nonprofit health and human service organizations in the Foundation's six-county service area, with the ultimate goal of reducing disparities in health among poor and minority populations.

Numerous determinants influence health disparities ranging from socioeconomic status to access to health care, social/physical environment, and provider and institutional bias. The initiative was designed to address the determinants of provider and institutional bias by providing customized technical assistance to organizations to help them implement the Culturally and Linguistically Appropriate Services (CLAS) standards developed by the U.S. Department of Health and Human Services Office of Minority Health. For the purposes of this initiative, the initiative adopted the HHS Office of Minority Health definition of cultural competence:

> *Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.*

Within the field of health, the goal of cultural competence is to create a health care system and workforce that are capable of delivering the highest-quality care to every patient regardless of socio-economic status, race, ethnicity, culture, or language proficiency (Betancourt et al., 2008). According to the National Center for Cultural Competence, cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve systematically consumers, key stakeholders, and communities.

Understanding cultural competence is an ongoing process that needs to be integrated at all levels of an organization. The HHS Office of Minority Health notes that culture and language can influence health and healing; how illness, disease and their causes are perceived by the patient; the behaviors and attitudes of patients toward their health care providers; and the delivery of services by providers who have their own cultural perspectives and beliefs about health care.

II. Initiative Overview

To strengthen the understanding and implementation of cultural competence of organizations throughout the REACH Foundation's six-county service area, the Foundation made an initial three-year commitment to the Cultural Competency Initiative with the intention that leadership development, training and technical assistance implemented over that time period would seed activities in the community that could sustain these efforts. The goal was to "go beyond a superficial diversity/cultural competence course with the expectation of system-level change."

As the initiative was launched in 2009, a technical assistance (TA) firm and evaluator were selected. In an effort to find the best possible consultant expertise, REACH Foundation staff explored five organizations/consultants that provide cultural competency consulting and ultimately chose to contract with a Denver-based firm – Cultural Competency Consulting, LLC – created by Dr. Jose Reyes in 1984 to provide expertise in the areas of cultural competency, program development, training, diversity policy, grant making and philanthropy. The REACH Foundation also contracted with Resource Development Institute (RDI) to conduct an evaluation of the initiative. RDI is a 501(c)3 nonprofit organization, founded in 1950, that provides local and regional leadership in community development, applied social and behavioral research and program evaluation. Additional information about the evaluation can be found in Box 1.

Throughout the remainder of the first year, Dr. Reyes worked closely with the REACH Foundation Board and staff to review the Foundation's policies and procedures for cultural competency. As a result of this review in June 2009, a Foundation Diversity and Inclusion Policy was adopted by the Board of Directors. REACH staff revised grant language, guidelines and its website to reflect the language

BOX 1: EVALUATION OVERVIEW

The formative evaluation began during the project's initial implementation and continued throughout the first three years of the project. Its intent was to assess ongoing project activities and provide information to monitor and improve the project in a timely fashion.

Both qualitative and quantitative data collection methods were used. Evaluation staff observed and participated in the first-year planning process as a member of the planning committee, providing an evaluation perspective to discussions and working with other planning participants to develop evaluation plans for data collection and analysis for initiative components.

Evaluators also observed and participated in the development of the Steering Committee; observed trainings conducted with REACH Foundation Board and staff; developed and conducted outcomes surveys for the two trainings; conducted a staff focus group and staff interviews. Finally, evaluators observed and participated in additional meetings with groups involved in related initiatives (e.g., the nursing retention initiative) and conducted secondary analysis of archival data (e.g., meeting minutes, policy recommendations, foundation marketing and promotional materials, etc.).

in the newly adopted policy. Ultimately, a decision was made to include domestic partner benefits and dependent grandchildren benefits or eligibility in the Foundation's employee policies.

The REACH Foundation has continued to implement changes in its operations and grant making reflecting increased intention to integrate diversity and inclusion into its work. For example, REACH has evolved its cultural competency grant making into a broader portfolio of projects and grants focused on health equity. In addition, the Board of Directors approved changes to the requirements for all grants. Applicants for a REACH grant must provide a copy of their board-approved policy demonstrating non-discrimination in both employment and service provision. Applicants without such a policy are ineligible for any REACH grant. The REACH Board includes a focus on diversity and inclusion and cultural competence in philanthropy by exploring these topics in most of their regularly scheduled Board meetings. Topics have included exploring diversity in terms of disability, implicit and explicit bias, and childhood experiences with racism and bias.

As the Foundation focused on its internal policies, it simultaneously began to establish key components of the Cultural Competency Initiative. In April 2009, a Stakeholder Committee of local cultural competency experts – later referred to as the Steering Committee – was established to serve as an advisory group for the initiative. The Steering Committee helped to develop the evaluation plan, the application process and selection criteria for organizational technical assistance, and the request for applications (RFA) for the grantee organizations. The Steering Committee also helped REACH staff select the organizations to receive TA as part of the Cultural Competency Initiative. The Steering Committee continued to play a key advisory role in the initiative until it disbanded in 2013.

From 2010-2013, the primary focus of the Cultural Competency Initiative was on providing area health and human service organizations with intensive, individualized technical assistance at the organizational level. After the original cohort of eight organizations was selected to be part of the initiative, the RFA process was used to select three additional cohorts of organizations in 2011, 2012 and 2013. In total, 30 area nonprofit organizations received cultural competence technical assistance in the areas of assessment, coaching, policy development and change management. The Foundation supported development of a Cultural Competency Learning Community. Those meetings, facilitated by Dr. Reyes, were established in 2011 to support cross-organizational learning across the cohorts. In 2013, the Metropolitan Community Colleges was identified to provide logistical and facilitation support for the Learning Community.

Over the course of the initiative, examples of other activities implemented include (but are not limited to):

- Convening funders meetings (either individually or forums) which led to other foundations joining the REACH Foundation as sponsors (see Table 1 for a timeline of events); and

- Two conferences to present lessons learned/best practices regarding cultural competence.

Between 2010 and 2013 three additional funders joined the REACH Foundation in supporting the initiative: the Health Care Foundation of Greater Kansas City, the Jackson County Community Mental Health Fund and the Shumaker Family Foundation.

The Health Care Foundation of Greater Kansas City (HCF) had a representative on the Steering Committee as a community expert from its outset in 2009. In 2010, HCF became a funder of the initiative and continued its engagement each year. REACH and HCF have similar funding priorities and the same service area; and program officers in both organizations have worked together on other efforts. This initiative was a good fit to partner on because:

> *HCF, from its inception has recognized that all forms of diversity can become a barrier to quality health for the uninsured and underserved. Two of HCF's guiding principles speak to the importance of improving access, diversity, inclusion and cultural competency.*

HCF contributed $50,000 in 2010 and in 2011, allowing the initiative to expand the number of TA recipients. Over the next two years (2012-2013) HCF allocated $100,000 in each year to fund TA, which

extended the timeframe of the initiative beyond REACH's original three-year timeline. HCF's funding also supported coordination and administration activities and the evaluation through RDI.

The Jackson County Community Mental Health Fund also had a representative on the Steering Committee from the outset. The agency also was a TA recipient in 2010 and then became a funder in 2013. This progression from expert advisor to TA participant to initiative funder occurred because:

> *Cultural Competency has been of interest and an initiative of the Fund for many years. Deciding how to formalize and evaluate providers' level of cultural competency to understand where there are disparities has been a challenge. Also evaluating our own agency's level of cultural competence was something we needed to do if we were going to hold our providers to a higher expectation.*

The Jackson County Mental Health Fund contributed $38,000 in 2012 and 2013 to support TA for additional mental health providers.

The Shumaker Family Foundation became a funder in 2013 as a result of outreach by the REACH Foundation aimed at expanding the funder group. The foundation's executive director saw the initiative an avenue to advance one of their strategic directions:

> *Under social justice, one of our strategic sub-directions is leadership development among people from disadvantaged backgrounds, and this is only going to happen for "rank and file" people if they work in organizations and conditions that exercise cultural competency.*

In 2013 the Shumaker Family Foundation contributed $44,000 to the initiative, helping to extend the initiative beyond the original timetable planned by the REACH Foundation.

In addition to contributing money, staff from each of the funding entities attended and sometimes hosted initiative activities. The four-member funders' collaborative assumed joint responsibility for planning and decision-making after the first three years. Table 1 on the following page provides an overview of initiative activities by year.

TABLE 1: OVERVIEW OF THE CULTURAL COMPETENCY INITIATIVE BY YEAR

Year 1: January – December 2009

- REACH Foundation launched the Cultural Competency Initiative.
- REACH Foundation undergoes organizational assessment, receives recommendations and spends first year implementing policy changes (i.e. discussion groups, individual assessments).
- REACH staff convene funders forums on cultural competency including Health Care Foundation (HCF), Sunflower Foundation, Wyandotte Health Foundation, H&R Block Foundation, Francis Family Foundation, and others.
- The REACH Foundation convened a 15-member stakeholder group – also referred to as the Cultural Competency Steering Committee – to serve as an advisory group.

Year 2: January – December 2010

- The first round of applications for technical assistance was received and screened.
- Eight organizations selected to receive TA as part of the first cohort.
- TA Consultant begins monthly training program and TA for organizations.

Year 3: January – December 2011

- December 2011, Health Care Foundation of Greater Kansas City joined initiative.
- Fall 2011, the second round of applications for technical assistance was received and screened.
- Eight organizations selected to receive TA as part of the second cohort.
- By March 2011, the first cohort had received TA for nine months and the second cohort for five months.
- Cultural Competency Learning Community established.

Year 4: January – December 2012

- Fall 2012, the third round of applications for technical assistance was received and screened.
- Ten organizations selected to receive TA as part of the third cohort.
- Spring 2012, Jackson County Community Mental Health Fund joined initiative.
- Initiative hosts workshop/conference to share lessons learned/best practices regarding cultural competence.

Year 5: January – December 2013

- Four organizations selected to receive TA as part of the fourth cohort.
- Shumaker Family Foundation joined initiative.
- In 2013, Steering Committee discontinued meeting.

III. Components of the Initiative

A. Steering Committee

Purpose/Function

The Cultural Competency Steering Committee began meeting on April 22, 2009. As described earlier, the committee was established by REACH and approved by the Board of Directors. The committee's function and organizational role was determined and directed by the Foundation's Board of Directors.

The original purpose of the Steering Committee was to serve as an advisory body to the initiative to:

- Provide technical assistance, feedback and accountability to the Cultural Competency Initiative;
- Recommend cultural competency standards for TA recipients as directed by the Foundation staff;
- Offer technical assistance in information dissemination and training to the initiative and TA recipients.

From the outset, the intention was to maintain a membership of 15 on the Steering Committee with specific representation and to meet monthly. As new funders joined the initiative, a board or advisory council committee member from their organization was added to the committee. However, HCF and the Jackson County Community Mental Health Fund already had representatives on the Steering Committee serving as "community experts" prior to becoming funding partners.

The Steering Committee meetings were facilitated by Dr. Reyes, who also served as technical assistance provider for the grantee organizations.

Successes and Challenges:

The role of the Steering Committee was a hallmark of the community ownership intent of the initiative and described by one stakeholder as the "heart and soul of the initiative."

Steering Committee Members

Chairperson
***REACH Foundation Board Representatives**
Office of Minority Health - State of Kansas
DHHS Office of Minority Health Regional Consultant
Office of Minority Health - State of Missouri
Community Experts / Program Representatives
Community Leaders Representative - Kansas
Community Leaders Representative - Missouri

* Member's position/title held a permanent position on the Committee.

During the first two years of the initiative, the Steering Committee accomplished its intended goals:

- ▶ Adopted the definition for Cultural Competence;
- ▶ Developed a menu of indicators of cultural competency;
- ▶ Developed the criteria and application procedures for community organizations to participate in the initiative; and
- ▶ Reviewed TA applications and made recommendations to the REACH Foundation regarding which agencies should be selected.

In the second year (Fall 2010) members of the Steering Committee reflected on the goals and accomplishments of the group. Regarding the REACH Foundation's creation and use of their group they felt:

- The process of selecting the Steering Committee was transparent;
- The Steering Committee was comprised of people with a diversity of backgrounds, professional fields, life experiences and roles, all with a commitment to cultural competence;
- Communication between Foundation staff, Board and Steering Committee made the process smooth;
- Adequate time was given for the Steering Committee process, which included important steps such as meaningful discussion of the definition of cultural competency and reaching a consensus on what definition would be used by the initiative, etc.;

- REACH endorsed the recommendations and decisions made by the Steering Committee in multiple areas of the initiative – including development of outcome indicators of successful cultural competency/inclusion, the Request For Applications design for the initiative, and the grantee selection process – thus leading to a process/initiative that truly was driven by the expertise of a Steering Committee rather than by REACH.

In regards to the process of doing the work Steering Committee members felt:

- The process was open and collaborative – committee members were flexible, which was reflected in their approach to the RFP selection process;

- Members were able to share diverse perspectives and still reach a consensus that all could support.

In the subsequent years the Steering Committee activities centered on the RFA, grantee selection process and staying informed on the progress of the initiative. Once the three additional funders began supporting the initiative, the "nuts and bolts decision making" shifted over time from the Steering Committee to the "Funders Group." Eventually the Steering Committee disbanded early in 2013 as the initiative was moving into a new phase, which entailed planning for sustainability in the community. This decision to disband was initiated by the REACH Foundation and was a source of some tension among committee participants.

In the later years of the initiative there seemed to be some confusion over the Steering Committee's role and intended longevity. As an advisory body to the REACH Foundation Board, the members were invited to become part of a committee that "will help guide the development of the initiative and its outcomes, and ultimately be involved in decisions regarding the allocation of resources to advance the project's goals (invitation letter to Steering Committee members, April 22, 2009, emphasis added)."

As REACH was no longer the sole funder and decisions began to be made jointly with other funders, the REACH Foundation-established Steering Committee was no longer an appropriate body for guiding the initiative since there were other funding partners involved. In addition, the primary work of the committee of structuring the initiative had been completed in the first two years.

However, according to some stakeholders, there were committee members who had begun to view the Steering Committee as a community leadership group charged with sustaining long-term work on cultural competency and diversity. Some members interpreted the joint decision of the funders to end the meetings of the Steering Committee as a withdrawal of support of the effort. Members who believed the Steering Committee was the long-term decision-making body of the initiative also felt that the funders' decisions usurped its authority. This difference in perspective was the source of significant tension among subgroups of committee members and TA recipients, and resulted in some politicking by a few stakeholders to try to change the funders' decision.

To address the need for a mechanism for sustaining community support, Steering Committee meetings in mid-2012 shifted to discussions on the evolution of the Steering Committee and an appropriate vehicle for carrying on the work.

In retrospect, REACH staff and other Steering Committee members agree that a clear timeline for the work of the Steering Committee would have avoided the confusion and misinterpretation that resulted as the cultural competency work transitioned from the purview of REACH to the larger community.

B. Technical Assistance

Selection Process

In identifying consultant expertise, REACH Foundation staff explored five organizations/consultants that provide cultural competency consulting and selected Jose Reyes, Ed.D., LPC, principal of Cultural Competency Consulting, LLC. Since the start of his consulting business, Dr. Reyes had been developing processes to promote and ensure cultural competence in numerous settings including federal and state agencies, citizen groups, governing boards, mental health programs, health care service programs, social service agencies, foundations, and other for-profit and nonprofit companies.

REACH Foundation staff met extensively with Dr.

Reyes and his associates and travelled to another locale to hear Dr. Reyes present a workshop on cultural competency to employees of public health organizations. Staff believed Dr. Reyes' style of audience engagement, comprehensive scope of work, and professional experiences and references uniquely qualified him to carry out the bulk of the activities proposed in this initiative.

Role of the Technical Assistance

The core of the Cultural Competency Initiative was to provide 12 months of intensive, tailored technical assistance to each TA recipient organization. A menu of appropriate services that were available from the consultants is listed in Appendix A. In practice, the most common areas of technical assistance were:

- An assessment of organizational policies and procedures regarding compliance issues related to diversity, cultural competence and inclusion resulting in recommendations to the organization;
- Assistance forming a cultural competency/diversity committee at the organization if one did not already exist;
- Assisting the organization in the development of a definition of cultural competency specific to the organization and that fit within their overall goals and operations; and
- Identification of cultural competence indicators for the organization to measure progress.

The work with the TA recipient organizations was done predominantly by Dr. Reyes. Cultural Competency Consulting also had a specialist in Human Resources and EEOC who reviewed organizational policies and procedures as part of the TA. The in-person meetings, which ranged from meetings with staff once a month at some organizations to three or four times a month at others, were led by Dr. Reyes.

About half of the organizations had no existing cultural competency committee prior to the initiative. And in some organizations with existing committees, their responsibilities consisted of "ordering 'I have a Dream' T-shirts or having international food at lunch-and-learn staff meetings." As a result, a great deal of early attention was given to the formation of organizational committees and/or defining organizational roles and expectations.

All TA recipients developed a general definition of cultural competence and a set of detailed activities and goals – cultural competence indicators – to guide their work. The definitions of cultural competence developed by organizations stressed cultural competence as a continuous process, and included a generalized commitment to and goals for cultural competence for the organization. For example, one organizations' definition was:

> *Cultural competence is being aware of and committed to transforming our thoughts, knowledge and understanding of others' uniqueness through an ongoing and intentional attainment of skills. Our organization embraces this process in a community of care that fosters respect for and sensitivity to the needs of children, families, staff and community.*

The cultural competency indicators, on the other hand, provided the specific activities that were to be undertaken to move each organization toward cultural competence. The indicators provided detailed goals for each organization. This is illustrated by one organization's work in Appendix B.

Successes and Challenges

The final evaluation report prepared by RDI contains an assessment of the extent to which each of the TA recipients achieved the desired outcomes of the initiative. To a large extent that report captures the main lessons of the initiative and will be described in greater detail in section C of this summary. However, there are additional lessons learned about the TA component.

A TALE OF TWO ORGANIZATIONS

Organization 1:
A large, family services and healthcare organization from the Year 2 cohort (2011).

The organizational leadership was meeting resistance from some of the senior team around implementing the core values of the organization. Dr. Reyes began his technical assistance at this time and as part of his work met four or five times with the senior management team to define "what are the behaviors that support cultural competency." In the course of trying to define how cultural competence would be measured and how staff would be assessed in this area, there was "fighting and backbiting" among the senior staff. Over the course of the first year of work, four senior people left the organization. This was defined as a success by one of the organization's leaders.

"We were so stuck (because of the resistance of senior managers to the core values of the organization). The facilitation by Jose (Dr. Reyes) was critical. Jose really brought out some discussions. He would antagonize people to get them to be honest. He got people to say what you knew they were thinking but don't say."

According to this leader, by bringing to the surface the core differences in values of the senior staff, they were finally able to move forward after the turnover in the first year. The progress in this organization is defined as highly successful by the evaluator, the funders and the TA provider. The organization was going through a strategic planning process and their participation in this initiative "took the planning to a whole different level."

For example, each of 12 senior managers worked with their team to develop a mission statement, a goal statement, and a list of behaviors needed aligned to the core values of cultural competence. In addition, a Performance Evaluation System was developed based on the list of behaviors identified across the teams.

Organization 2:
A large, health care provider that was also part of the Year 2 cohort (2011).

This organization had hired a senior person in 2010 to develop programming around equity and diversity and they had laid out a blueprint for moving toward cultural competence. The organization had applied for the (Cultural Competency Initiative) technical assistance in order to conduct a cultural competence climate survey with the staff and an organizational assessment of policies and procedures. At the first TA meeting, the staff were told the TA provider was unable to provide assistance with either of these tasks with an organization of their size. The second meeting "was a disaster" according to a senior staff person. The TA provider was trying to convince the organization leaders that their existing plan for moving forward with programming around equity and diversity was "not the right path for them." But the leaders felt they were "already on a path and we were not going to change direction. We needed to make our direction better." So the organization opted out of using the TA provider, although they did participate in the Learning Community (described below).

From all accounts, most of the TA recipients made at least some progress toward cultural competence; some made considerable progress. Much of the success was attributed by the TA recipients to the skills of Dr. Reyes. But the example of the two organizations above points to an initiative lesson.

When the REACH Foundation contracted with Cultural Competency Consulting, it was understood that Dr. Reyes was the primary consultant. However, Foundation staff expected that there would be other associates of the organization available to support the initiative. Dr. Reyes was accompanied frequently by a second consultant, but he was essentially the sole consultant for most of the initiative. Dr. Reyes also was also tasked by REACH staff with facilitating the Steering Committee and eventually (in Year 2 of TA) also led the Learning Community.

When the style and skills of the lead consultant matched the needs of the organization, as in the example of Organization 1, having a single provider presented no problem. But in a case where the skills of the consultant did not meet the needs of the organization, not having a team or alternative option presented a dilemma for the initiative and its funders. Another challenge of using a single consultant was the ability to build relationships with different types of people and organizations. As one TA recipient said: "Jose (Dr. Reyes) is worth his weight in gold – but it's a style not everyone embraces."

A second lesson was that the original plan to fund 12 months of TA per organization did not appear to be enough to move beyond understanding to change. As one funder said:

> *"It takes longer than a year of TA – a year prepares them for what they have to do. Year 2 is where it really gets done – organizational cultural change takes this kind of time and as funders we have to stay the course ourselves."*

While the funders did not adjust the TA opportunity to provide additional years of direct consulting, the issue was addressed by engaging earlier cohorts in the Learning Community after their TA period as a way to provide additional support and assistance.

C. Technical Assistance Recipients/Organizations

Selection Process

As noted above, one of the primary tasks of the Steering Committee was to review the RFAs and make recommendations of TA recipients. In 2010, the first year of TA support, the initiative received applications from eight organizations. Two organizations were omitted because their services did not fit the REACH Foundation's mission and funding criteria. The remaining six applications were assessed according to evidence of organizational readiness, demonstrated understanding of the barriers impeding culturally competent delivery of service, evidence of commitment to continue cultural competency efforts beyond the TA period, and response to the RFP instructions for requested materials. In that first year, all six applicants were recommended for acceptance. In addition, two local Schools of Nursing that were participating in a Nursing Shortage Initiative (supported by REACH and HCF) were invited to participate.

This same process was used to screen applicants for the next two years, yielding the final group of 30 recipients listed in Appendix C. TA recipients varied greatly in a number of ways. They ranged from organizations with only three staff members to organizations with hundreds of staff. The organizations provided direct services to victims of domestic violence, children in residential care, people with mental health concerns and people seeking safety net medical care. They also represented nonprofit organizations, a county government funder, and both county and state institutions of higher education in two states. Finally, they presented a wide variety of cultural competency need and an equally wide array of historical context and prior attempts to address cultural competence, inclusion and issues pertaining to diversity.

Successes and Challenges

In 2009, the Steering Committee developed a list of indicators of culturally competent organizations. In the final evaluation report prepared in 2013, a rubric was presented that categorized the progress of the TA recipients across the five areas of the initiative framework into one of three levels:

> **Testing:** An organization is in the early stages of implementation; treating cultural competency as another "program;" has not begun integrating changes across the organizational framework; or never engaged fully in the TA process.
>
> **Implementation:** An organization is making infrastructural changes, but not yet at a level that can sustain their cultural competency efforts; or not yet integrated across all areas of the organization.
>
> **Integration:** An organization has developed a sustainable infrastructural capacity to function effectively within the context of the changing cultural beliefs, behaviors and needs presented by agency personnel, consumers and their communities.

Qualitative ratings were made by the evaluator based on self-reports by organization staff on surveys,

information from the TA consultants and interviews. The organizations were rated in five areas of the initiative:

1. People/Personnel
2. Organizational Structures
3. Interaction Among and Between Staff and Between Staff and Clients
4. Direct Service Provision
5. Feedback/Ongoing Assessment

These ratings were then combined into one overall implementation progress score.

Twenty-five[1] organizations were rated across three cohorts (2010, 2011 and 2012) and one-third of the organizations (N=9) were rated at the highest level, or "integration" level of cultural competence. One-quarter (N=6) were rated at the lowest level of "testing" cultural competence; of these half were from the 2012 cohort. The remaining 40% (N=10) were at the middle, or "implementation" level of cultural competence.

Over the course of the initiative participants were asked by the evaluators on multiple occasions ***how client services have changed since participating*** in the Cultural Competency Initiative and asked to ***give examples of how participating in the Cultural Competency Learning Community has impacted them and/or their organization.*** Through content analysis the evaluators identified common themes and insights.

> When asked how client services have changed through participation in the initiative, the most common response was around increased awareness or insight in terms of individual and organizational bias, privilege, individual actions and behaviors, and client needs."

The most common theme that emerged across both questions involved increased awareness or insight. Several subthemes involving awareness and insight emerged, including:

- Increased awareness of own and organizational biases
  - "My own understanding of personal biases and self-awareness has increased."
  - "Has allowed me to become more aware of my prejudices and bias as a service provider."
  - "It is making me aware of how cultural competency can sometimes fly in the face of my organization's root beliefs and values."
  - "Staff has become more aware of their own biases which assists them with their interactions with clients."
- Increased awareness or understanding of topic areas such as privilege, bias, etc.
  - "I think AWARENESS is the major impact: awareness of privilege; the breadth diversity that 'culture' encompasses; awareness of our environment."
  - "A better understanding of white privilege."
  - Increased awareness of own actions
  - "Has made me be more aware of my own behavior."
  - "I can be better aware of my actions and really stop to think how is this going to affect my clients and even coworkers."
- Increased insight into others' different views
  - "I have better insight that everyone is going to come from different backgrounds."
  - "I have learned that everyone person I work with is completely different."
  - "Everyone is open-minded and always tries to understand the client fully to better help them without passing judgment."
  - "We just better understand the importance of views and values when working with a diverse population."
- Increased awareness of client needs
  - "More aware of needs and available resources in the community as a whole."
  - "More understanding of the different cultures."
  - "Staff is more aware of client's needs and able to provide those more quickly."

[1] The 2012-2013 evaluation report includes ratings for 25 of the 28 grantees. There is no explanation for the discrepancy.

A third theme that emerged across both questions was that it was ***too early in the process*** to know.

- "Our committee is made up of some very enthusiastic and dedicated staff. Though we are still in the early phase, we have each expressed ways in which we have already grown individually. We've not yet "taken" it to the agency as a whole as we are still in the planning stages."

- "We are still in the beginning phase of developing our culture competency."

A final theme that emerged across both questions identified ***unresolved internal barriers.***

- "The technical assistance was great. Our organization had many stumbling blocks and much of it came to fruition during our technical assistance time. Now that there is new leadership, I am hoping we can revive the cultural competence committee and create an environment where staff and clients thrive."

- "I participated in the first Cultural Competency Committee, enjoyed our meetings and discussions, and was hopeful about broadening the conversation among staff. Even though new committee members were to continue the conversation, I have never heard the topic of cultural competency ever mentioned again."

- "I believe that a lot of my fellow employees were already culturally competent due to our educational background and life experiences. However, I think that many other employees, and especially our volunteers, need some serious training. We have volunteers who are the first contact with the public, and they are often very judgmental."

- "I am disappointed that cultural competency did not seem to take hold here. I am still impressed by the care and sensitivity that service providers extend to our clients, but still think the organization lags behind in terms of staff, board diversity, organizational policies, and willingness to talk about difficult issues."

One of the ongoing challenges for the recipient organizations identified by stakeholders is developing the capacity to collect ongoing data about the success of their cultural competence activities (e.g., feedback from clients and staff, statistical data on unmet needs, etc.).

D. Cultural Competency Learning Community

One of the desired outcomes of the initiative was to *establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative*. To this end the Cultural Competency Learning Community was established in early 2011. The purpose of the formation of this Learning Community was to provide participants with education, give opportunities to share experiences, foster networking between the organizations and deepen knowledge of cultural competency. The monthly meeting topics focused on best practices in cultural competency education. Participants learned from each other and shared strategies for advancing their own efforts.

By March 2011 a Learning Community Education Calendar was presented to the Steering Committee for feedback and approval. Committee members had the opportunity to present on particular topics. Dr. Reyes developed the calendar and resources and facilitated the meetings. In the beginning, the Learning Community met monthly at the REACH Foundation.

Over the intervening years, the Learning Community evolved and grew with the initiative. In its first years, the Learning Community functioned as a source of additional education in specific topics related to cultural competency and inclusion (See Appendix B for a list of educational topics). As more cohorts were added, it evolved into a professional learning community model where cross-learning occurs through inter-organizational sharing, brain-storming and discussion. In developing this report, the funders expressed a desire that the Learning Community lead and grow cultural competency efforts in the Kansas City region after the initiative has formally ended.

Successes and Challenges

The evaluators asked the TA recipients to reflect on how participation in the Learning Community affected their work. One major theme that emerged involved providing participants with increased and renewed motivation to continue the work at the agency level.

- "Participating in the (Cultural Competency) learning

community has enhanced and developed an appetite to systematically bring permanent change."

- "The learning community has helped us to normalize many of our struggles and also helped us to envision new pathways to meeting those struggles."

- "The learning community consistently reminds me to keep cultural competence in my consciousness and not let it become a 'back-burner issue.'"

- "The learning community helps me to continue to address the issue and helps me feel OK about the fact that changes happen incrementally, and organizational change takes a long time."

- "I was never very hopeful about true and sustained change happening. But I am now very hopeful, even confident."

Another major theme that emerged involved increased opportunity for dialogue or to discuss difficult issues. Two subthemes involving dialogue and discussion of difficult issues emerged, including:

- Providing a safe place for dialogue
  - "The learning community is the safest place I have to discuss difficult issues."
  - "It gave us a safe place to discuss rifts occurring in the organization as well as in the community that marginalize and minimize people."
  - "The safety and trust has developed enough to allow myself to be vulnerable with team members and openly share struggles."
  - "Created safe place to talk about differences among staff, clients, community, etc."
- Opportunity to have open and tough discussions
  - "The learning community has helped us launch tough discussions in our committee and begin to discuss strategies to go agency wide."
  - "Allowed for a consistent and transparent dialogue with my colleagues."
  - "It offered an arena to address some diversity issues and offered training to help people become more aware of individual biases and prejudices."
  - "It has provided a dialog that will continue beyond the technical assistance."

A third theme that emerged involved ***learning from others.***

  - "The impact came from the interactions and feedback of other members issues at their workplaces, mistakes and achievements examples are golden for our initiative and own growth."
  - "Several of the topics discussed and resources shared at the Learning Community Meetings have been incorporated into agency personnel trainings."
  - "Loved the opportunity to participate through the TA grant, and our ongoing opportunities even this year to network and continue our learning in the larger group."

A final theme that emerged from TA recipients involved ***increased resources.***

  - "The learning community provides resourceful tools to take back to my organization.
  - "I am able to influence change based on educational opportunities provided."
  - "Integrated cultural competency into trauma informed care plan and trainings."

E. Funding Organizations

As described, the REACH Foundation originally undertook the Cultural Competency Initiative as a three-year project, with one year for planning and two successive cohorts of TA recipients to receive tailored technical assistance. Another goal of the initiative was to "engage other foundations in the Greater Kansas City area that share an understanding of cultural competency and seek their commitment to explore collaborative efforts in this area." To accomplish this, Foundation staff and the TA consultant convened funders and offered presentations to foundation boards of directors[2] around cultural competency and the initiative.

In fall 2010, the Health Care Foundation of Greater Kansas City (HCF) joined as a partner, which allowed an expansion of the number of TA grants in 2011. The Jackson County Community Mental Health Fund joined in spring 2012, further expanding the TA grants for 2012. The Shumaker Family Foundation joined the funding group in 2013 with an expressed interest in leadership development, capacity building and developing a mentoring program. As the initiative partners and resources expanded, the funders placed more emphasis on its sustainability.

[2] These included Health Care Foundation (HCF), Sunflower Foundation, Wyandotte Health Foundation, H&R Block Foundation, Francis Family Foundation, The Shumaker Foundation, and others.

Program staff at the Health Care Foundation of Greater Kansas City wanted to see greater focus on development of internal champions for the work of the initiative in the participating organizations. Staff expressed dissatisfaction with the way cultural competence was addressed in the RFA narrative. They were receiving "... by-laws, EEO statements, etc., not anything showing commitment."

The Jackson County Mental Health Fund initially became involved in the initiative as a TA recipient organization. The Mental Health Fund staff felt that the cultural competency plans of mental health service providers were inadequate, but believed their organization should first assess its own cultural competence by engaging in the process. The Mental Health Fund participated in the TA process in 2011 – marking the first time the organization's Board had received outside technical assistance in this area. One of their outcomes was the formation of a Cultural Competence Consulting Committee to the Board tasked with laying out cultural competence/diversity requirements, and rewards and consequences for the recipients of its mental health grants. Another outcome was the Board's commitment to investing in cultural competency and the decision to join the initiative as a funding partner.

The staff at the Shumaker Family Foundation saw the initiative as an avenue to advance one of their strategic priorities – leadership development of people from disadvantaged backgrounds. The foundation's staff representative believed that this leadership development could better occur if people worked in environments that were culturally competent.

Overall the REACH Foundation invested $643,000 as part of its efforts to improve cultural competency in the health and human services sector. HCF invested $300,000 between 2010 and 2013, the Jackson County Community Mental Health Fund invested $76,000, and the Shumaker Family Foundation invested $44,000, yielding a collective investment of just over $1,000,000 during the years 2008-2013. Regarding the TA recipient organizations, the funders communicated their belief that the initiative improved organizations' approach and language around cultural competence. "All are at different levels, but the commitment to inclusion and diversity (is there). We have seen it in Board policies, make-up of the Board, procedures and policies. The applications (we receive) show who has been part of the initiative and who has not."

IV. Lessons Learned

The Cultural Competency Initiative accomplished the goal of creating a broad community belief in, and commitment to, cultural competency among many Greater Kansas City health care providers and funders. The inclusion of a Steering Committee comprised of local experts and leaders in the area of diversity and inclusion also produced strong community involvement and reach. The initiative also has sown seeds of community ownership of cultural competency through creating the Learning Community. This forum has built relationships across the community that are being mined for leadership to guide ongoing efforts.

The initiative also made progress toward improving the quality of direct health services to minority populations. Not all recipient organizations progressed in this area or to the same level, but a number of them have addressed their direct service provision. As examples:

- A residential treatment center for children revised their clinical assessment process to be more culturally appropriate.
- A medical training facility created eight scholarships for minority students for the first time; established a partnership with a high school serving primarily minority students to provide free medical services and recruit new students; and are changing their cultural competency committee to an Office of Diversity.
- A funding entity created their first community advisory committee for cultural competency and changed the way they structure site visits to TA recipients in order to be less proprietary based on a new understanding of privilege.
- A homeless services organization adjusted shelter procedures for working with transgendered individuals; implemented a new procedure to reserve a certain number of lower bunk beds for senior clients; and are being more inclusive in terms of religious accommodations.

Key Lessons

The initiative met all of its early goals and is firmly on the path to creating the mechanisms to sustain the progress made. As is the case with most community collaborations, there were implementation "bumps" along the way. The challenges the stakeholders encountered offer insights for future work in the community. These are described below.

Diversity in Technical Assistance Provider(s)

For an initiative in which the core intervention is technical assistance, there needs to be more than one option for that assistance. With the diversity of types of organizations and the growth in the number of organizations, there was a need for a range of styles and skill sets in the TA provider. The central philosophy about the TA was that it should be "personalized" for each organization. Offering only one resource option resource limits the ability to meet the diverse needs and requirements. In hindsight, the funders reported they would have placed greater emphasis on developing local TA resources in order to build sustainability from the outset.

Role clarity

There was a need for greater role clarity for the TA provider, the evaluator and the Steering Committee. Dr. Reyes' formal roles included providing TA to all of the grantee organizations, facilitating Steering Committee meetings, running the Learning Community, presenting to potential funders and advising the foundations. These multiple assignments created a situation where "one person became the face of cultural competence in the community." Over time, recognition of this difficulty contributed to the funders deciding to contract with an organization to serve as an administrative entity for the initiative.

The evaluator also played multiple roles within the initiative. In addition to collecting data for the evaluation, the evaluator attended all Steering Committee meetings and facilitated some of those convenings (e.g., identifying outcomes and indicators). The evaluator also attended all Learning Community meetings and presented at some, and worked closely with the TA provider. When the evaluator is also supporting project implementation, it may confuse understanding of the evaluation role and responsibilities.

As described previously, there were some differences in understanding among Steering Committee members as to their roles, which extended to other stakeholders in the initiative. The addition of other funders to the initiative also necessitated a change in the governance structure to recognize that broader partnership. As originally formed, the Steering Committee was intended to serve as an advisory body to the REACH Foundation and not intended to function as a permanent body. In retrospect, the purpose and role of that group needed to be more clearly addressed with stakeholders early and often.

Alignment of Expectations

The intensity and frequency of TA varied from organization to organization, as did the starting point for each organization. These variations affected the pace of progress. So while the intent was for TA to occur over a calendar year, timelines needed to be stretched for some organizations, leading to TA extensions and follow-up support after the initial participation year. Ultimately, the Learning Community offered a vehicle to continue technical support after the TA year.

Need for a Managing Entity

When the initiative was designed, the REACH Foundation was to serve as the managing entity. As the initiative evolved and the Learning Community was added, the TA provider assumed additional responsibilities, increasing the consultant's influence on the work. Having a locally based managing entity might have lessened the emphasis on the TA consultant. There also was a need for a facilitator external to the foundations and TA consultant to guide discussions and decisions regarding the evolving role of the Steering Committee.

Additionally, as the initiative grew in terms of funders and TA recipients, there was a need to centralize management. The foundations contracted separately with Dr. Reyes for various work, leading to confusion about expectations, work products and accountability.

In 2013, the Steering Committee selected an organization to perform this administrative function, but it was not a successful partnership. As of this report, the foundations have contracted with a well-established nonprofit capacity building organization to manage the work and facilitate strategic planning regarding community-based cultural competency endeavors for the future. According to one funder "(my) main do-over is to push for an outside leadership organization much, much sooner."

Sustainability

While sustainability plans are expected of most initiatives, these are often challenging to design and implement. The long-term goal of transitioning efforts from the foundations' oversight to the community was a stated priority from the outset. The expansion of the initiative in its first three years may have delayed the timeline, but the stakeholders seem to be well-positioned for strategic planning for the future with a diverse, committed group of nonprofit leaders. The funders also appear to be committed to supporting the resulting plan and future work around diversity.

Funder Coordination

Representatives of the funders have acknowledged that coordination of the initiative became more challenging as their partnership grew. Each funder reported that their individually executed contracts with the TA provider contributed to a "silo" effect. The result of multiple contracts fostered independent projects that may not have been fully aligned with the purpose and goals of the overall initiative. For example, a mentoring program funded by the Shumaker Family Foundation was not vetted with the other funders and consequently did not align with other planned efforts around sustainability that had been incorporated into the initiative design. In the end, the mentoring program failed to take root and withered. The funders recognize this as a misstep in their efforts to establish a consistent framework, coordinated messaging and activity, and a fully aligned initiative.

FOR MORE INFORMATION

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APPENDIX A: SERVICES OFFERED TO GRANTEE ORGANIZATIONS

- Consultations on program development
- Provision of resources such as access point information to facilitate service for diverse clients (issues of LEP clients, dictionaries, language identification card training, interpreter training information and resources)
- Board training
- Staff training
- Lunch and learn resources/participation
- Ongoing journal article dissemination on cultural competency best practices
- Case discussions and consultation
- Cultural Competency Committee Development and attendance at all committee meetings
- Cultural Competency Organizational Climate survey, construction, development and reporting
- Development of cultural competence indicators
- Diversity, inclusion and HR policy review and recommendations
- Meetings with evaluation team
- Phone consultations
- Participation/planning and facilitation of the Learning Community meetings
- Consultation on EEOC issues
- Risk management consultation
- Consultation on integration of cultural competence in current treatment modalities
- Conflict resolution

APPENDIX B: SAMPLE ORGANIZATION CULTURAL COMPETENCY INDICATORS

Staff/Board of Directors Diversity/Recruitment of Interns

- We recruit staff, board and interns that reflect the diversity of the community we serve.
- We hire or contract bilingual staff to provide services for LEP clients.
- We include cultural competency as part of the criteria for hiring new staff.
- The board nominating committee has specific criteria for recruiting diverse members.

Training

- We provide ongoing trainings on the topics of cultural competence, diversity and inclusion.
- We measure the knowledge staff gains from trainings and their impact.
- Cultural competency training is included in staff orientations and board orientations.

Services

- We offer bilingual services to LEP clients.
- Assessments and service will be conducted in ways that provide the opportunity for clients to share and educate providers on their life experiences.
- We accommodate client needs and are flexible to reduce barriers to service.
- Our organizational policies integrate the client's trauma history as an aspect of diversity.

Infrastructure

- Cultural competence is integrated into the staff yearly performance reviews.
- We have an organizational cultural competency committee that meets and oversees the facilitation and ongoing development of the organization's CC Plan.

Data

- We collect diversity data to help inform us about the potential cultural factors that impact how service is offered.
- We ask specific questions related to culture and language to help us serve the needs of clients.
- We gather cultural information about the clients who receive services.
- We collect client satisfaction data regarding the client's perception of agency's sensitivity to their cultural needs.

Marketing

- We create messages and campaigns that celebrate uniqueness and a diverse community.
- We create messages that are respectful of the experiences of trauma survivors, in an effort to reduce stereotypes.
- We market to reach individuals from a variety of lifestyles and cultural backgrounds.

APPENDIX C: CULTURAL COMPETENCY INITIATIVE GRANTEES

2010 Technical Assistance Recipients	*Service Area*
Cabot Westside Health Center	Medical and Dental Services
Hope House	Domestic Violence Services
Jackson County Community Mental Health Fund	Funder (Mental Health)
Pathways Community Behavioral Healthcare	Community Mental Health Services
Spofford	Residential Treatment for Children
UMKC School of Dentistry	Dental Education
KCK School of Nursing	Nursing Education
MCC-Penn Valley School of Nursing	Nursing Education

2011 Technical Assistance Recipients	*Service Area*
Catholic Charities of Northeast Kansas	Family Services and Healthcare
Children's Mercy Hospital and Clinics	Medical Services for Children
The Children's Place	Treatment of Abused Children
El Centro, Inc.	Social Services for Hispanic Families
Harvesters	Food Bank
MCC-Penn Valley Health Science Institute	Medical Education
Operation Breakthrough, Inc.	Early Education, Child Care & Social Services
ReStart, Inc.	Housing and Homeless Services

2012 Technical Assistance Recipients	*Service Area*
Child Abuse Prevention Association	Child Abuse Treatment and Prevention
Cornerstones of Care	Prevention and Treatment Services for Children and Families
Children's Therapeutic Learning Center	Therapeutic and Educational Services for Children With Disabilities
Johnson County Mental Health Center	Community Mental Health Services
KidsTLC, Inc.	Children's Mental Health and Wellness
Mattie Rhodes	Social and Mental Health Services
Niles Home for Children	Residential and Day Treatment for Children
ReDiscover	Community Mental Health Center
Rose Brooks Center, Inc.	Domestic Violence Services
University of Kansas School of Medicine	Medical Education

2012 Technical Assistance Recipients	*Service Area*
Benilde Hall	Housing and Substance Abuse Services
Child Protection Center	Forensic Interviewing and Family Support Services
Comprehensive Mental Health Services	Community Mental Health Services
Kansas City, Missouri Health Department	Medical Prevention and Treatment

APPENDIX D: LEARNING COMMUNITY EDUCATION TOPICS

2011 Topics

- Regional Health Assessment Report – Live Presentation
- System Factors, Discrimination and Health Disparities: The Role of Law, Policies and Institutional Practices – Webcast
- Inclusion, Diversity and a Respectful Work Environment: Practical Applications for TA Recipients – Live Presentation
- Health Disparities and Social Determinants of Health – Live Presentation
- Developing Linguistically Appropriate Services – Compliance and National Trends – Live Presentation
- Targeted Cultural Competency Curriculum for Your Organization – Live Presentation
- Developing Indicators for Cultural Competence – Live Presentation
- Implicit vs. Explicit Attitudes, Biases and Stereotypes: Implications for Service Providers – Webcast

2012 Topics

- Cultural Competency Initiative Third Year Outcomes Report
- The Bro-Code – How Contemporary Culture Creates Sexism in Men
- Lessons Learned Focus Group – Welcome 2012 TA Recipients
- Micro-Aggressions – How to Communicate Inclusion in the Workplace
- Oppression, Classism and Racism – Impact on Self -Worth and Mental Health
- Understanding Outcomes in Cultural Competence
- Diversity and Inclusion in Your Program Policies – A Foundation for Cultural Competence
- A Candid Conversation About Success and Challenges in Infusing Cultural Competence in your Board of Directors
- Community Engagement and Reducing Health Disparities – What is our role?
- Inclusion and Differing Abilities
- Why Study Discrimination? – Webcast Presentation