

Capacity Building Center for States Podcast
HOW WE PARTNER WITH THE COMMUNITY TO IMPROVE SERVICE OPTIONS
4: Shifting to a Family-Focused Organizational Culture
TRANSCRIPT

ERIN SMEAD [00:07]: Yeah, so I think part of is really thinking about that it's a commitment. So, it's kind of-- it's really a systems change model. And so, it's not something that you're going to begin and implement the next day. It's-- you know, you need to understand that it takes some time to begin building, build that capacity. And then it takes time to get to fidelity, to really being able to do the model with fidelity.

NARRATOR [00:30]: That was Erin Smead in Kentucky, talking about the START model, a program that incorporates addiction-services treatment, good child welfare practice, and family preservation into a case management program. I'll be talking with her throughout this episode of "How We Partner With the Community to Improve Service Options". I'm Betsy Lerner, and in this podcast series, we're talking with child welfare agencies and their community partners who are working to develop a service array that's responsive to families and youth, and asking the question, what strategies are helping them change their organizational culture to support putting families at the center of their work? Take a listen to episode four.

[01:11]: [Music introduction]

NARRATOR [01:16]: In the previous episode, you heard about how agencies, collaboratives, and others are bringing bring youth, families, and communities to the table as they strive to improve the child welfare system. As Kentucky examined how to make transformational changes to its child welfare system, they identified one program that exemplified the changes they wanted to make. In this episode, you'll hear about a highly effective child welfare program called Sobriety Treatment and Recovery Teams, or START. START embodies a shift in organizational culture to a focus on family and is an example of a truly collaborative team comprised of the child welfare agency, behavioral health, treatment providers, family mentors, and the court system who use an early intervention and shared decision-making model to work with families. It is also a good example of how the positive changes in organizational culture spread outwards to influence the larger system.

[02:22]: I was interested in learning more about how the implementation of START makes for a change in agency culture. I talked with the program's director about how START came to Kentucky and how it has positively influenced practice throughout the region.

[02:37]: [Audio of Erin walking down the hall greeting people]

ERIN SMEAD [02:46]: Sure. So, I'm Erin Smead, and I am the director for the START program, which is the Sobriety Treatment and Recovery Teams, in Kentucky.

[02:54]: In 2006, Kentucky was struggling with high numbers of children coming into out-of-home care in high numbers due to parental substance use. And so, we recognized we needed to do something different.

[03:06]: We began planning to bring START to Kentucky and began implementing the model in Kentucky. We realized we also had some work to do between our child welfare and behavioral health providers, looking at sometimes, historically, that child welfare seems to be child focused. The treatment folks are very adult focused. And so, we realized we needed to look at changing that system to be family focused and moving into that type of service delivery system.

[03:35]: So we implemented START. We have implemented in six counties across Kentucky. We are expanding to two additional counties in our Northern Kentucky area as well. And START was implemented in six unique counties to really become kind of a hub of influence for those areas to spread practice not only within that one site, but really across the region that START was operating in. And so, we really utilize best practices across all of the systems, looking at the behavioral health, child welfare, as well as the courts.

[04:11]: Our START teams are made up of a specially trained social worker and a family mentor, and the family mentor is somebody who is in long-term recovery themselves who has had their own child welfare experience sensitized to that. So, they're truly able to walk the parent through that process. And so I say this often, but there's truly something to be said about that family coming into that meeting, hopefully with all of their own supports, but being able to meet that family mentor that truly is able to say, I've walked in your shoes, and that early engagement which is so critical.

[04:44]: The family mentor also picks them up and takes them to that initial assessment. So, it's not the kind of, I'll see you Tuesday, or, here's the name and phone number for the treatment agency. It is truly, here is your appointment, and I'm going to come pick you up tomorrow, and that warm handoff to treatment. They also take them to their initial treatment sessions after that. So, if they were in intensive outpatient treatment, they would take them to those appointments, helping them overcome barriers to anything, like child care, all of those other barriers that might be in place, and then that early engagement that's so important.

[05:16]: So we're able to, because of all of that and because of we see the families a lot more often--so we're out their weekly, assessing families and providing services. And so, because of all of that--that early intervention and wrapping services around families--we really try to keep families together, to keep children in the home when we can safely do that, and then the parent can walk through the recovery process.

[05:39]: I think because we're able to provide some of those services, because we're able to get that intensity moving very quickly--the quick access and the intensive treatment--that we do have that opportunity to be able to make some different creative safety planning. What we have found, though, also is that--and again, because of the work, especially that we're doing with those frontline investigative workers--we're seeing some of that practice really begin to spread in areas where we have START.

[06:07]: One of the cornerstones of our model is that shared decision-making. That can be different and scary for folks who haven't been used to doing that. And so, as we've moved into new sites, sometimes you feel a little resistance. And it doesn't feel very comfortable making live decisions and making decisions with families.

[06:25]: But when you're truly able to bring all of those supports together--have the family at the center of that plan, bring the family supports there, bring other treatment providers to the table--then you're able to be able to make some creative safety planning because we know we can't do the work alone. So, if you just had a family there and your child welfare worker, you're not going to be able to move things forward as well, but we have begun to see that practice spread and change.

[06:52]: [AUDIO FROM START TEAM MEETING-- 4 people talking about arranging services for a new family]

NARRATOR [07:04]: I also asked Erin to speak about how the communication between staff at the child welfare agencies, behavioral health agencies, and drug treatment programs has changed because of START.

ERIN SMEAD [07:16]: In START, we have a lot of communication with our behavioral health providers. We actually have at least weekly communication, which even happens more often than that. But we have seen that collaboration begin to spread within those regions as well. The work that we do with those providers, we have, we call it, a direct line meeting, which is a monthly community collaborative meeting. And so, we bring partners. We have our START teams, our START child welfare frontline folks there, and then we have behavioral health providers, including medication-assisted treatment providers and other community providers at those tables.

[07:56]: And we work on any communication issues that we're having. We report--which we keep on the agenda every time. We also discuss new services. So, we bring in--as we hear of new services or new services that are offered at all of the agencies that we're working with currently.

[08:14]: And we have begun to do more outreach with all of our child welfare folks to make sure that they can be part of those meetings as well so they can hear that information--begin to build those direct relationships with those providers. Because I would say it's much easier not to return a phone call to someone that you don't have a face to go along with than it is if you've built that relationship with those providers.

[08:39]: Our family mentors really become a huge resource for the child welfare office overall. Our investigative workers utilize them to ask questions both about addiction and recovery. They also really serve as--I think especially for our investigative workers, who sometimes just see the family in crisis, they serve as that recovery role model, to be able to say, recovery can happen, and, look, it happened for these folks who had some real struggles as they walked through.

[09:09]: One of our researchers had done a qualitative study about that very issue, and it was called Like a Marriage. Exactly that. It's called like a marriage because we often refer to it as like a marriage, that relationship between that social worker and that family mentor. And it very much is. It's a very close relationship. They are fully members of the team. They fully share those caseloads together.

[09:33]: But what we found, through that study, was that having those partnerships for our START workers really increased their empathy for families because of understanding the stories of the family mentors and in learning every day from our family mentors like we do. And it increased the empathy

that they had for the families they worked with, which in turn gives better services to those families. So yes, we definitely see that across the board.

[10:01]: Because it's pretty powerful to have been a recipient of child welfare services and then come work on that other side. And so, we really have to explore that with them, because some of them may not have had the best experience in child welfare as well. So, thinking about becoming on that other side, and being able--being the ones to say yes I am part of this team from child welfare.

[10:22]: We really have to explore that with them before we even bring them on board. But I think because they see--I think those families coming in that especially have that additional distrust, I think when they see that collaboration between the social worker and the family mentor, that's when they begin to build that trust. And with our service providers, they see that collaboration, they see us all being on the same team and you know, really wanting to help their family.

[10:50]: It's something that we always want to make sure that we're preparing the local offices for and having some discussion around that. Because there can be some worry among other child welfare workers of, well, I'm not sure about this person coming in. And they may have their own questions or concerns.

[11:09]: So helping prepare the child welfare office as well for the hiring of family mentors. They're going to be working right down the hall from you. They are going to be part of that team. But I really think after we do have some of those early discussions, I think they're able to, for the most part, truly become that resource for those--even maybe some of those workers that were much more skeptical.

[11:35]: They become a resource for those. And I would say even within our courts, with our providers as well. They have gone out and done some community education as well, which has been really important. Schools, hospitals, we do a presentation--we've done several times with--a panel presentation with some of our family mentors.

[11:58]: And they've been--we've kind of shared some information about peer support. And then they've also been able to share some of their journey and then discussing on the other side. And we leave, usually leave, that panel with, what information do you think is important for the rest--the audience to understand and to hear?

[12:18]: So why was that decision made on the child welfare end? And then maybe why was that level of care decision made or why was that treatment decision made? We've really worked on developing those relationships to be able to have those difficult discussions so that we can truly understand each other's systems and understand why decisions would be made the way that they are. I think that cross training is huge.

NARRATOR [12:39]: At times, representatives of the court system are included in these difficult discussions. I asked Erin to elaborate on their involvement.

ERIN SMEAD [12:48]: The court systems vary in different areas. In some of our regions there tends to be more court involvement and some of them there's not as much. But we knew that that was very

important to go ahead and initiate those discussions with the court. Oftentimes we have some excitement around the service, but also some fear around keeping children in the home with their parents.

[13:15]: Some of the judges have actually reached out to each other when we've expanded. And so especially the ones that have developed START, that have developed START dockets, if they have--they'll reach out to some of those other judges to understand how they structure their docket. What kinds of things that they do with those families. And so that's been really beneficial.

NARRATOR [13:37]: It's clear that establishing relationships and regular communication are foundational to collaborative efforts like START. But I wondered, what does it take to get a START site off the ground?

ERIN SMEAD [13:51]: When we look at developing a new site, we're going to look at the need in that area. Also, so looking at the need for how many families are coming in. And what is the need for families with young children and that meet that criteria. We also are looking at some of the relationships and collaboration that is already in place.

[14:14]: Because we know that that in and of itself can take a long time to begin to build. And so, we're kind of assessing that piece as well. We also assess the courts in that area to see kind of the openness to those new programs and to that collaboration as well. And so, we're going to talk with--our central office is of course very involved in that decision and discussions.

[14:40]: And then all of our service region administrators would be part of that discussion initially to help make those decisions. And then as we come on board to be able to talk with staff about their thoughts, their concerns, as we're kind of moving into those different areas. As well as the treatment providers. So, we kind of start large and then begin to build down across the board.

[15:07] You think, well is this going to work? Are we going to be able to bring these folks on board and really be able to make this program work? Because you've got to get some buy in. You have to get the buy in from the staff, you have to get the buy in from leadership. We had some good buy in from leadership. But you have to get the buy in of staff too, to really make sure that they're going to make the referrals and that they're going to really kind of sell this to families as well.

[15:33]: I think it was really exciting to see that beginning to happen, as it did when you weren't so sure when you were having some of those early discussions of, eh, I'm very leery about this. And hearing about the program and knowing at least there was already some evidence beginning. And we've begun to build up some more evidence. But that was very exciting to see as we began to really get that buy in.

[16:01]: We recognized that there was a need. But it also meant that we had capacity issues. And so, there were times where we weren't able to take a family. And what you heard when we heard from certain investigative workers--and some of those that may have been initially leery coming in--and they would refer a case and if we weren't able to accept it into START, that family was still getting ongoing services.

[16:21]: But they weren't getting START services, and that investigative worker would be so disappointed that there wasn't an opening for that family. And so, you knew at that--you really knew that that investigative worker had bought in. Because they truly--they would say, oh, this is the perfect family. They would really benefit from this service. And so, hearing that really would make you understand that there had been that transition.

NARRATOR [16:46]: The START program has made an impact on the lives of many in Kentucky. As part of child welfare transformation, it is expanding into two more counties. I asked Erin to share some data that supports this expansion.

ERIN SMEAD [17:02]: We do have some positive outcomes that we do like to share as far as we have-- and I'll just share those right now. We have, for our moms in START, what we found is about double the sobriety rates for START versus their non-START counterparts. We've found that children in START are about half as likely to come into foster care.

[17:23]: And at the end of the case with START, about 75% to 78% of those children either remained in the home with their families or were reunited with their families by the end of that case. We also have that cost saving piece, which is always important, that for every dollar we spend on START, we offset about \$2.22 in foster care costs as well.

[17:46]: All of our teams understand the importance of that data and of keeping that data and that evaluation piece and understanding that all of those numbers are the families that we work with. It's the work that's being done every day by our families, with our families. And so, understanding how important that is as well, and understanding to be able to share that information and to be able to say, yes, the program's working.

[18:15]: Many ways anecdotally that we know. And then also from a data standpoint as well. We have received a lot of support from our central office, which has been so important. We actually had two regional partnership grants in START where we received a lot of ongoing consultation and support. I think there was a lot of support from that at a national level. And then also at the central office level.

NARRATOR [18:43]: Erin added that she has also seen a shift in attitudes towards families that come in with substance use disorder because of START.

ERIN SMEAD [18:51]: Yeah, I think the family mentors do play a role in that. I hope that the additional training that workers are getting and that discussion around protective factors for families and stigma, and how we need to really be aware of our own biases coming in. I hope that that has shifted. It is difficult with--when you have new workforce coming in, because you have to continue to reach back out and do that education for families.

[19:22]: But I think that what we've seen when we utilize that shared decision-making model also is that I think some of that shifts as well. And they're truly able to see that the families being able to really be at the center of those plans. And see that they can build on their own strengths. And so, I think that that begins to lessen the stigma. I think we have ongoing work and discussion to do across the board, but I think that all of those things that are helping.

NARRATOR [19:53]: Erin has seen firsthand the value of putting families at the center of decision making.

ERIN SMEAD [19:59]: In START we do the shared decision-making. It looks a little bit different with some of our teams across the state. But in START we always we utilize that shared decision-making model. I think again for those, as we've moved into new areas where that was not the way that they were making decisions, they needed to make decisions quickly, they may not have necessarily thought, I have--do I have time to bring this family together?

[20:30]: Do I just need to go ahead and make this decision and not necessarily having the family at the center of that. But what we found for some of our--some, as we've moved into different regions and begun to utilize this approach, we found especially those investigative workers who weren't used to that shared decision making model--and again, who were maybe coming into this meeting thinking, well I have to make this decision. I've already made this decision. This is what we have to go with.

[20:57]: And they were able to come into the meeting and say, oh wow, so I can learn some new information here. And I can begin to utilize everybody that's in this meeting to be able to build this good protective plan around this family. And we've gotten some good feedback from those investigative workers that, wow, this is a really nice process to be able to utilize. So we've seen that shift. And I think we want to continue to have that spread--it happens beyond our START teams but continue to have that spread across the board.

NARRATOR [21:29]: START's implementation in Kentucky shows that a shift towards focusing on family will result in positive outcomes. This one program incorporates the changes that Kentucky wants to see throughout its child welfare system. The program models inclusion of family voice with its base of shared decision making and family mentors; early intervention; collaborative service planning; and regular, transparent communication with all partners. You've heard how the buy-in of agency staff is key to ensuring the program is successful and START has many champions who have seen the benefits and help to spread best practices beyond the program.

[22:14]: What is working well in your agency that you can build upon? How can your agency recognize and expand on successful initiatives and programs to create a more family-focused service array?

[22:27]: Thanks for listening to the fourth episode of the podcast series How We Partner With the Community to Improve Service Options. I hope it's left you inspired and sparked ideas that you can put into practice at your agency.

[22:41]: Listen on for a brief snippet from the next episode: Data Sharing for Planning and Decision Making. Until next time.

JESSICA BROWN [22:51]: It's not just what does the number tell us? It's what's behind that number? What's the story?

[22:57]: And once you get the story behind it, then you can start addressing what's really problematic in the system.

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