

THE RELATIONSHIP BETWEEN SUBSTANCE USE AND FOSTER CARE

Discussion Guide for Child Welfare Administrators

Instructions for interviewer

The following semistructured discussion guide is designed to be tailored as appropriate to the professional perspective and knowledge of respondents. Each of the bolded discussion questions will be asked of the respondents, and possible probes for each will be used as needed to obtain additional information or clarification. Due to time constraints, researchers may prioritize and skip some questions.

Before beginning, interviewers will read the verbal consent script (see attachment) to provide information about the study and to ask consent questions for participation in the study and for audio-recording.

A. Work History/Experience

- 1. Can you please tell us about your position and roles or responsibility with [employer name]?**
 - How long have you worked in this position?
 - Including current and earlier experience, how many years have you worked with agencies/organizations that serve the child welfare population?
 - Can you describe any experience you have working with those affected by substance use?

B. Context

- 1. We're seeing [fill in key findings regarding foster care from data fact sheet specific to each site] in data for your county. Is that consistent with your experience? Could you discuss factors that might relate to what the data are showing?**
- 2. [If there is an increase in foster care caseloads in the site] We know that there are many aspects of the child welfare system that could cause an increase in the number of children in foster care. What do you believe has caused the increases in your state/county?**

Possible probes:

- a. Are there policy changes that may have occurred that may affect these numbers? If so, what type? At what level?
- b. Are there judicial or legal changes that may have occurred? If so, what type? At what level?
- c. Are there any data collection or data quality changes that may have occurred? If so, what type?

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- d. Did other changes in the child welfare system's environment have an impact on the number of children in foster care?
- e. Was there a change in resources? If so, what resources changed and why? How would the change affect the number of children in foster care?
- f. Are there leadership changes that may have occurred that may impact these numbers? If so, what kind? At what level?
- g. *[If there are increases in foster care caseload]* Are there other factors that may have been responsible for these increases that we haven't mentioned?
 - In response to the increases, have you made any programmatic changes?
 - What programmatic/practice changes did you make? Supervisor/worker levels?
- h. Of those factors behind the increase in foster care caseload that you mentioned, what would you consider to be the most important or relevant?

3. To build on what we already discussed regarding what we're seeing with the data, can you tell us about the key issues your county's child welfare system is now facing.

Possible probes:

- a. What [other] aspects of your county's child welfare situation have changed in recent years?
- b. What changes in practice or policy has your agency made in response to [the issue raised]?
- c. What are some examples or types of presenting maltreatment types and other challenges for families struggling with substance use?
- d. Has there been a change in the number of reports of child maltreatment? Are more of these reports due to substance use?
- e. Have you seen an increase in the number of infants reported to child welfare who have been exposed to substances in utero? Or because of parent overdoses?
- f. Has the number of children in foster care changed over the past five years? If so, is the change due more to increased/decreased entries or to longer stays among children who enter foster care?
- g.
- h. Have changes in the challenges your agency is addressing in recent years led to new initiatives or emphases regarding working with families struggling with substance use?

4. Can you tell us about the current substance use issues in the county? In what ways is the current child welfare situation related to changing dynamics regarding substance use?

Possible probes:

- a. What are the most common types of substance use and use disorders in the county?

- How have they changed over the past five years?
 - How does opioid use compare to the use of other substances among families that are reported to the child welfare system?
- b. How has substance use, especially opioid use and use disorder, affected the county?
- Has opioid misuse and use disorder influenced the county differently than other types of substance use and use disorder?
- c. The challenges in coping with substance use can be substantial. What challenges do families struggling with substance use face that may be different from the challenges faced by other families in the child welfare system?
- Do families struggling with substance use, especially opioid use and use disorder, face the same impairments and challenges in regard to child safety as those faced by other families engaged in the child welfare system? If so, why or why not?
 - How is this changing your practice in your agency? How is this changing resource allocation decisions?
- d. How have opioids affected the types/severity of maltreatment among those reported to the child welfare system with substance use–related risks? Are the reports more likely to be abuse reports or neglect reports?
- e. To what extent is the opioid epidemic bringing in the same general population of families that has typically been involved with child welfare services, or is this a new population that previously was not involved with child welfare services?

C. Child Welfare System Responses to Substance Use Disorders

We'd like to learn about how the child welfare system and its partners respond to families with co-occurring substance abuse and child maltreatment issues.

1. How does the local child welfare system typically respond to the needs of families struggling with substance use, especially opioid use disorder? How has this changed over time?

Possible probes:

- a. How are cases assessed for substance use–related risk?
- At what point in an investigation or while a case is open is substance use among parents typically discovered?
 - Is screening for substance use issues routine, or does it occur primarily when the caseworker suspects substance use based either on the information in the initial maltreatment report on the child or factors observed during initial contacts with the family?
 - Are these current assessment practices/tools effective? What else is needed to help assess for substance use risk among families?
 - Are reports with substance use–related risks more likely to be substantiated? If so, why? How has this changed over time?

- b. Does your county use a differential response system in which a non-investigation alternative is used to respond to some child maltreatment reports? If so, to what extent are families with substance use–related risk diverted to the alternative or differential response?
- If families are diverted, have you found the approach to be effective in meeting the needs of at-risk families and keeping children safe?
 - Is this approach different from the past approach to substance use–related cases? If so, how is it different? What led to the change?
- c. Please describe what typically happens when a caseworker finds out that there are substance use–related risks in a family.
- Are children typically removed and placed in foster care?
 - Are units or caseworkers specifically assigned to families struggling with substance use?
 - How did your agency select the particular interventions typically used with these families? Are the interventions evidence-based or evidence-informed?
- d. How does the child welfare agency respond to substance-exposed infants?
- Has the number of reports of substance-exposed infants in your county been rising or falling in the last 5 years?
 - How is the response similar to or different from other cases involving substance use?
 - Are safety plans put in place for substance exposed-infants who may remain at home? If so, how are the plans typically developed and used? Does your agency develop the plans? If not, which agency in your community has responsibility for doing so?
 - Do you believe that all infants who should be reported in fact are being reported?
 - o What have you done to facilitate this process?
 - o What have you found that has hindered the process?
- e. Are there certain services that are typically provided to parents/caretakers struggling with substance use? If so, what types of services? How are the services identified/determined?
- f. Does the availability of substance use treatment providers in a county influence how the child welfare agency responds to families with substance use–related risks?
- How is the availability of substance use treatment related to the number of reports of child maltreatment due to substance use–related risks?
- g. How has substance use, particularly opioid use, influenced the type of foster care placements for children? For instance, has substance use, particularly opioid use, influenced the availability or use of relative/kinship placements?

- h. To what extent is substance use, especially opioid use, concurrent with other health or mental health problems? What are the most common concurrent conditions?
 - i. Do child welfare agencies require substance use–involved families to obtain substance use treatment? If so, how does that requirement influence treatment and outcomes?
 - j. How does child welfare agency or court involvement or the potential for child welfare agency involvement influence parents’ motivations and ability to seek substance use treatment?
 - k. What local or county policies or practices contribute to how substance use has influenced the child welfare system, especially the number of children in foster care?
 - How have the following child welfare policies/practices contributed to how substance use has influenced the child welfare system, especially foster care caseloads:
 - o Intake/screening of reports
 - o Investigations
 - o Alternative/differential response
 - o Response to substance-exposed newborns (e.g., requirement for medical providers to notify child protective services)
 - o Use of kinship care
 - o Other policies/practices
 - How have the following contextual factors contributed to how substance use has influenced the child welfare system, especially foster care caseloads?
 - o Local demographics (age, gender, race, tribal communities)
 - o Socioeconomic conditions (income, poverty, unemployment)
 - o Urban or rural status
 - o Availability (or lack) of substance use treatment services
 - o Availability of opioids (legal or illegal) and other substances
 - o Other factors (uninsured, disability, occupational injuries, incarceration)
 - Have the various factors remained stable, or have they changed over time?
- 2. What other agencies or organizations are involved in responding to substance use issues among parents involved with the child welfare system?**

Possible probes:

- a. What agencies are the child welfare agency’s key partners in responding to child welfare-involved families with substance use disorders?
 - What services do those agencies provide?

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- b. How does the child welfare agency work with partners to get families treatment services?
- How are referrals made between the child welfare agency and partner organizations?
 - How are partner services coordinated with child welfare services?
 - What feedback or information is communicated to the child welfare agency?
- c. What substance abuse treatment services are typically available to child welfare clients?
- Are these inpatient or outpatient services?
 - Are the services family-friendly? Do they address family/parenting issues as part of treatment?
 - Are particular types of substance use treatment more/less appropriate for child welfare-involved families?
 - Is medically assisted treatment used with child welfare-involved parents? If so, how does it relate to the ability of families to reunify?
 - What is the capacity of available substance use treatment providers (number of beds or number of people who can be treated monthly)?
 - Is the capacity sufficient to meet the need? Are there enough providers? Are there enough beds?
 - Does capacity vary across the county (or counties)?
 - Are child welfare-involved parents able to access substance abuse services?
 - Do parents involved in the child welfare system have priority status on waitlists?
- d. Please describe the local court system(s) that would respond to substance use or child welfare cases in your county.
- What court handles child welfare cases in your county? Are there drug treatment courts and if so, do they deal with families involved in the child welfare system?
 - How do they work with child welfare cases involving substance use?
- e. In what ways, if any, have other “systems” (such as medical or mental health providers, schools, law enforcement, etc.) contributed to any increases in the number of child welfare reports or foster care entries? Or to your agency’s responses to recent child welfare challenges?
- f. Are there any cross-system or targeted efforts being implemented in your state/county that may have influenced the number of child welfare reports or foster care entries? Influenced how child welfare-involved families struggling with substance use are served?
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D. Success and Challenges

1. How successful have child welfare responses been in assisting families struggling with substance use?

Possible probes:

- a. What strategies or aspects do you see as most successful in addressing the needs of these families? Why? What contributes to the success? How is success defined?
- b. What strategies have you found ineffective?
- c. How can the child welfare agency's response be more successful?

2. In your opinion, what are the primary challenges to, or missing pieces in, your county's response to families struggling with substance use?

Possible probes:

- a. What is one thing that gets in the way (a barrier or challenge) that you most wish you could address?
- b. What other changes would be most helpful to address these challenges?
- c. Does the child welfare agency have enough resources and the types of resources needed to respond to these families' needs? If not, what resources are needed?
- d. How, if at all, do these barriers/challenges differ because of opioid use compared to other substance use?
 - How have these barriers/challenges changed over time?
 - How common are these barriers/challenges?
 - Do other communities share the same barriers/challenges, or are the barriers/challenges unique to your community?

3. Is there anything else that we haven't discussed that you think would help us understand your county's experience with the child welfare system and substance use?

E. Recommendations for Other Respondents

1. Whom would you recommend that we speak with who can offer their perspective on the relationship between child welfare and substance use in the county?

Possible probes:

- a. These professionals might include administrators or practitioners in child welfare, substance use treatment, public health, law enforcement, or judicial/legal matters.
- b. For those you would recommend, would you be able to provide us with their contact information (email and telephone number)?

The closing remarks will include the following: thank you for participating, providing reassurance about confidentiality, reminding participants how the audio recording will be used, soliciting any questions, and providing contact information.