

THE RELATIONSHIP BETWEEN FOSTER CARE AND SUBSTANCE USE

Discussion Guide for Child Welfare Practitioners

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.

In a few sites, where there are several practitioners whom we would like to include in our study, we may conduct small group interviews instead of individual interviews. In those cases, we will use this discussion guide for the small group interviews but will prioritize the most relevant questions for discussion.

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. [Ask only if this is an individual interview, but skip if this is a small discussion group for sake of time.] Can you please tell us about your position and role or responsibility with [employer name]?**

Possible probes:

- a. How long have you worked in this position?*
- b. Including current and earlier experience, how many years have you worked with agencies/organizations that serve the child welfare population?*

B. Context and Caseload

We're seeing [highlight key findings regarding foster care and substance use from data fact sheet specific to each site] in data for your county.

- 1. [If there is an increase in foster care caseloads in the site] We know that there are many aspects of a child welfare system that could cause an increase in the number of children in foster care.**

What do you believe has caused the increase in foster care caseloads in your county (counties)?

Possible probes:

- a. Are there child welfare policy or practice changes that may have affected these numbers? If so, what type? At what level?*

- b. Are there leadership or management changes that may have affected these numbers? If so, what type? At what level?
- c. Was there a change in resources? If so, what resources changed and why? How did the change affect the numbers?
- d. Are there judicial or legal changes that may have occurred? If so, what type? At what level?
- e. Are there other factors?
- f. Of those factors that you mentioned, what would you consider to be the most important?

2. We'd like to hear about your experience with child welfare cases to help put this information into context or understand how families may be struggling with substance use.

Can you tell me about your child welfare caseload (without specifics that would identify any individuals)?

Possible probes:

- a. How big is your caseload?
- b. Is it specialized in any way (such as including specific types of cases)?
- c. What percentage of your caseload includes people struggling with substance use–related problems?
 - Has the percentage changed over time?
- d. How has substance use influenced your caseload size?
- e. What are the most common types of substance use and use disorders you see among clients in your caseload?
 - What are the primary drugs?
 - Is it legal or prescription medication, or it is illegal substance use?
 - Has that changed over time?
 - Difference in addiction? Difference in amount of addiction? Difference in types of parenting challenges that result?
 - How does opioid use compare to the use of other substances? Is there a substantive difference between families using opioids and families using meth and/or crack-cocaine?
- f. To what extent is substance use (*especially opioid use if mentioned by respondent*) concurrent with other health or mental health problems in the families you serve?

C. Child Welfare Practice

1. Can you tell us about your practice approach to working with families struggling with substance use?

Possible probes:

- a. How are cases assessed for substance use–related risk once a report of child maltreatment has been made?
 - When does assessment take place (during investigation or at a later point once case is open)?
 - Are families routinely assessed for substance use, or is this done only if it is part of the incoming allegation or if there is suspicion based on something you observe during your initial contacts with the family?
 - In your view, are the current assessment practices/tools effective?
- b. Please describe what typically happens when you learn about substance use–related risks in a family.
 - Are families with substance use–related risk ever diverted to an alternative or differential response (if the child welfare agency uses such practices)?
 - Are children typically removed and placed in foster care?
 - Are there units or caseworkers specifically assigned to families struggling with substance use?
 - Is this approach different from the past approach to substance use–related cases? If so, how is it different? What led to the change?
 - What do you have to do differently when working with families with substance use challenges in comparison to other families without substance use challenges? Has this changed over time?
- c. What percentage of children in your caseload was substance-exposed in utero?
 - Do these children typically become involved in the child welfare system as infants or later on? If later, how does the in utero exposure affect your work with the family?
 - How does the child welfare agency respond to substance-exposed infants? Are plans of safe care developed for these infants? By your agency or someone else? What do these plans typically include?
 - How do risk and safety assessments differ for substance-exposed infants versus for any other child?
- d. Are you seeing more families with intergenerational substance use problems?
 - How does that affect your work with those families?
 - Has intergenerational substance use influenced the availability or use of relative/kinship placements?
- e. To what extent does your child welfare system make use of relative/kinship placements, either as foster homes or as diversions from foster care? Has this changed in recent years? If so, what led to the change?

D. Substance Use Treatment for Child Welfare–Involved Families

1. What substance use treatment resources do you use to assist families struggling with substance use?

Possible probes:

- a. What services are most important to helping families heal and reunify?
 - How do you select the particular interventions typically used with families struggling with substance use? Are the interventions evidence-based or evidence-informed?
- b. What substance use treatment providers do you use with families in your caseload?
 - What services do they provide? Are these services inpatient or outpatient services? Are there family-friendly treatments (such as those that allow parents to stay connected with children)?
 - Do these substance use treatment programs address parenting issues as part of treatment?
- c. Are these providers/organizations located nearby? Specifically, are substance abuse treatment facilities located in the county?
- d. Is treatment widely available or scarce? Does availability vary across the county (counties)? Does that vary by type of treatment?
 - Are there waitlists for substance use treatment services?
 - If so, do any people receive priority status? If parents involved in the child welfare system have priority status, is this an effective way to get parents into treatment sooner?
 - How do waitlists or lack of access to immediate services influence parents' ability to meet child welfare case plan goals in a timely manner?
 - Does the availability of substance use treatment influence how you respond to families struggling with substance use–related risks?
- e. What happens if treatment isn't readily available (for instance, in the case of waiting lists)? How does that change your decision making about safety and your work with the family?
- f. Has any of your clients used medication-assisted treatment? For which drugs?
 - In your experience, are there benefits and challenges associated with medication-assisted treatment among the families you serve?
 - Have issues arisen in other systems (i.e., courts, substance use treatment providers) regarding the use of medication-assisted treatment? (For instance, do other portions of the system distrust or resist medication-assisted treatment?)

2. Can you tell me how families are engaged in a parent's substance use treatment, including how their participation in treatment relates to their child welfare involvement?

Possible probes:

- a. What is the process for getting a family into treatment?
 - How is a treatment provider selected?
- b. Once a parent engages in a treatment program, is there ongoing interaction between the child welfare worker and the treatment provider?
- c. Does the involvement of the court (or potential for such involvement) seem to influence parents' motivations and ability to seek substance use treatment?
- d. For clients who enter treatment, typically how long are they actively in treatment?
 - How does the length of time for successful completion of treatment relate to timelines for child welfare decision making for (often an 18-month timeline for reunification)?
 - How does the type of treatment (such as medication-assisted treatment) relate to timeliness of child welfare permanency?
- e. What other supports for recovery are available in addition to treatment for families with substance use disorders?
 - For instance, sober housing options, 12-step programs, faith-based programs?

E. Other Partners**1. In what ways do you collaborate with other types of service providers or other systems when working with families struggling with substance use?***Possible probes:*

- a. What services do they provide?
- b. What is the nature of the collaboration?
 - Referrals
 - Ongoing contact
 - Joint visits
 - Information exchange/means of exchange
 - Reinforcing the work together with the family
 - Serving families in parallel or collaboratively (provide example)

F. Success and Challenges**1. What strategies or aspects of your work do you see as most successful in addressing the needs of families struggling with substance use?***Possible probes:*

- a. Why? What contributes to this 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 work with 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?
 - o What suggestions would be most helpful to address these challenges?
- b. How do these barriers/challenges differ because of opioid use compared to other substance use?
 - o How have these barriers/challenges changed over time?
 - o How common are these barriers/challenges?
 - o Do other communities share the same barriers/challenges, or are the barriers/challenges unique to your community?

3. What would be most helpful to you in working with these families?

Possible probes:

- a. What else is needed to help assess the risk of substance use among families?
- b. If you had a magic wand, aside from additional financial resources, what would you do to help meet the needs of parents and children affected by substance use and involved in the child welfare system?

G. Recommendations for Other Respondents

1. Do you regularly work with certain substance use treatment providers or other service providers in your county to support these families? If so, who are these providers?

Possible probes:

- a. Whom could you recommend that we speak with who can offer their perspective on providing substance use treatment or other services to child welfare-involved families?
- b. For those you would recommend, would you be able to provide us with their contact information (email and telephone number)?

2. Is there anyone else would you recommend that we speak with who can offer their professional perspective on the relationship between child welfare and substance use in the county?

Possible probes:

- a. These professionals might include law enforcement or judicial/legal officials.
- 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.