THE RELATIONSHIP BETWEEN SUBSTANCE USE AND FOSTER CARE

Discussion Guide for Substance Use Treatment 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 in the case of 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 provide substance use treatment services?
- c. How many years have you had experience working with families who are involved with the child welfare system?

B. Substance Abuse Treatment Services and Caseload

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

1. To help us put this information in context and to better understand the data we see, we would like to hear about your experience in providing substance use treatment services to those involved with the child welfare system.

Please describe the substance use treatment services available in your county, as well as those provided by your agency/program.

Possible probes:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0990-0421]. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health and Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington, DC 20201, Attention: PRA Reports Clearance Officer.

- a. What substance use treatment and services does your agency/program provide?
- b. What is your role in providing these services?
- c. Are the services inpatient or outpatient services?
- d. Are the treatments family-friendly treatments (such as those that encourage parents to stay connected with children)?
- e. Do the substance use treatment programs address parenting issues as part of treatment?
- f. How has the nature of the services that you agency provides changed over time?
- g. What is the capacity of your substance use treatment program (number of beds or number of people who can be treated monthly)?
 - Is the capacity sufficient to meet the need?
- h. Are there waitlists for substance use treatment services in agency/program?
 - Do certain individuals have priority status on waitlists? If parents involved in the child welfare system have priority status on waitlists, do you feel that this helps families get into treatment more quickly?
- i. In your opinion, are the available substance abuse treatment services provided by your agency/program effective in addressing the opioid and other substance use problems of families in the county?
- 2. Tell us about your caseload for substance use treatment services.

Possible probes:

- a. What portion of your caseload comprises (1) parents and (2) child welfare-involved parents?
- b. [*If the caseload includes more than child welfare clients*] Do child welfare clients differ in any way from other clients?
 - Does court involvement affect motivation for treatment?
 - Do you spend time preparing reports for family/dependency and/or criminal court?
- C. Substance Use Treatment for Child Welfare-Involved Families
 - 1. We'd like to know more details about your clients who are child welfare-involved families with respect to their experiences with substance abuse treatment.

Possible probes:

Process of Referral:

- a. If you know, how do families engaged in the child welfare system get referred to or come to the attention of substance use treatment providers?
- b. Is this approach the same as or different from how others in the general population get connected to treatment?

- c. Do people voluntarily seek treatment? Are people referred for services? Do other agencies or the courts mandate treatment?
- d. Is there often a mandate from child welfare agencies or other legal authorities for treatment? If so, how does that influence treatment access, outcomes, and the likelihood of relapse?

Services:

- a. What substance abuse treatment services are typically available to child welfare clients?
 - Are these services inpatient or outpatient services?
 - Are these services family-friendly services?
 - Do they address family/parenting issues as part of treatment?
 - Are particular types of substance use treatment modalities preferred for child welfare families by the courts or by the child welfare agency?
 - O Is medically assisted treatment used with child welfare—involved parents? Is this type of treatment sanctioned by the child welfare agency? By the dependency court?
 - O What other recovery supports are available in conjunction with treatment or as aftercare? For instance, 12-step programs, sober housing options, faith based programs, or peer support?
 - O Are there any kinds of treatment modalities that are not recommended by the child welfare agency and/or dependency courts for child welfare involved families?
- b. Does the involvement of the court (or potential for such involvement) seem to influence parents' motivations and ability to seek substance use treatment?
- c. Do families engaged in the child welfare system face similar or different struggles compared to families in the general population regarding participating in treatment and in recovery from substance use?
 - How have these struggles changed over time?
- d. For clients who enter treatment, typically how long are they actively in treatment, that is, attending frequent treatment sessions prior to any long term aftercare component?
- e. In your experience, approximately what proportion of clients in your program completes treatment? Is this proportion the same or different for child welfare-involved parents?
 - How does child welfare agency involvement or the potential for child welfare agency involvement influence parents' motivations and ability to seek substance use treatment?
- f. How does parents' success in treatment generally correspond with decisions in the child welfare system?

• How likely is it that a client who completes treatment will regain custody of a child in foster care? Conversely, when parents fail to complete treatment, to what extent does that failure have implications for child welfare decision making?

Opioid Use and Treatment:

- g. Anecdotally we have heard from other jurisdictions that opioid use and misuse is qualitatively different than other drugs. Other child welfare systems have anecdotally found that they are facing different kinds of challenges with parental use of opioids. We are interested in finding out about your experience.
 - How are the struggles different for those battling opioid use compared to other substances? Describe them.

Cost of Treatment:

- h. How does child welfare-involved parents' health insurance coverage (or lack thereof) relate to parents' ability to access substance use treatment?
- i. If parents do not have health insurance, how is the cost of substance use treatment covered?
- D. Interaction with Child Welfare Agencies and Other Partners
 - 1. In what ways do you interact with the local child welfare agency?

Possible probes:

- a. Please describe how your program works with the child welfare system?
 - Once a parent engages in a treatment program, describe the ongoing interaction between you and the parent's child welfare worker?
- b. Can you describe your current relationship with the local child welfare agency? Has it changed since you have worked in this position? Since you have been in the substance use treatment field?
- 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. Does your program actively work with other service providers who are working with the same families? I'm thinking of such agencies that address behavioral health? Domestic violence issues? Housing? Education? Employment and nutritional Services?
 - What role do these partners play, or what services do they provide?
- b. When there are multiple agencies working with a family does someone coordinate the work? Who?
- c. How do you work with partners to get families the services they need?
- d. How are referrals made to or from partner organizations?
- e. How are partner services coordinated?

- f. What feedback or information is shared?
- g. How do you work with the local court system(s) for child welfare-involved families that you serve?
 - Have you attended family/dependency court with a family?
 - Do you prepare reports for the child welfare worker and/or the court?
- h. Do you share data with the child welfare worker?
 - For instance data regarding urine drops, meeting attendance?
 - If so, how does that occur?
 - If not, why not?
- i. Do you attend community training with child welfare workers? Other community professionals?
- j. What challenges do you encounter in working with the child welfare system on behalf of your treatment clients? Have those challenges changed over time?
- k. What are the benefits or positive aspects of working with the child welfare system?

E. Success and Challenges

1. What strategies or aspects of your work do you see as most successful in addressing the needs of child welfare-involved families?

Possible probes:

- a. Why? What contributes to this success? How is success defined?
- b. What strategies have you found ineffective?
- c. What might the child welfare agency do to help you succeed?
- 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?
- b. What would be most helpful to address these challenges?
- c. How 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 county?
- 3. What would be most helpful to you in working with these families?

Possible probes:

a. 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?

F. Recommendations for Other Respondents

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

Possible probes:

- a. These professionals might include administrators or practitioners in public health, law enforcement, or judicial/legal matters.
- b. For those you 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.