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ADDRESSING SUBSTANCE USE DISORDERS AMONG FAMILIES INVOLVED WITH THE  
CHILD WELFARE SYSTEM: CHALLENGES AND PROMISING STRATEGIES IN RURAL  
COMMUNITIES

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Instrument 2.  
Discussion Guide for Key Informant Interviews for Wave 2  
and Site Visit Interviews with Program Administrators

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 60 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 & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

***Instructions for interviewers:***

*Tailor the following discussion guide by (1) skipping sections or questions not relevant for the respondent; or (2) modifying questions to reflect his/her role, his/her professional perspective/ knowledge, or information obtained prior to the interview. Use the follow-up questions or probes (dashed bullets below the numbered question) as needed to obtain additional needed information or clarification. If interview time runs short, you can skip some questions.*

*Send the informed consent to each respondent before the interview (email for telephone interviews, hard copy for in-person). Before beginning, ask the respondent(s) if they read and understood the informed consent, and offer to read the informed consent aloud; then ask the consent questions for participation in the study and for audio-recording. If the interview includes more than one respondent, ask respondents to keep comments from the discussion confidential.*

I. Roles, responsibilities, and experience

1. Can you please tell us about your position, roles, and responsibilities with [*employer name*]?
  - How long have you worked in this position?
  - How many years have you worked in this field, including current and earlier experience?
  - What is your relevant expertise or experience working with rural families that are involved in the child welfare system and have parental substance use?
2. What role does your organization/agency play in regard to child welfare, substance use issues, and especially the intersection between the two?

II. Key issues in rural communities

**A. Community context**

1. What are the community's main issues concerning substance use and child welfare?
2. What do you consider to be your community's strengths?

- Strengths could include a history of cross-agency collaboration, a small-community feel, a strong sense of family, etc.
3. What are the community's greatest needs?
  4. What do you see as the major gaps in social services in your community?
    - Services that are under-resourced, understaffed, or nonexistent (these could be related or unrelated to the child welfare and SUD treatment service systems)
    - What factors drive these gaps (for example, limited qualified providers, facilities, recent events or policies, stringent licensing requirements)?

## **B. Child welfare**

1. What are the key issues your local child welfare system is facing in regard to families struggling with substance use?
  - Issues related to child welfare practices (such as intake, investigation, or differential response procedures), workforce, foster care capacity, or substance use assessments
  - Would you say that these issues are new?
  - Are these issues motivated or driven by legislative, regulatory, or other types of events?
2. How do these issues differ for rural communities compared to urban or suburban ones?
3. How has your organization/agency responded to these issues?
  - What changes (in practice or policy) has your organization/agency made or suggested in response to [the issues raised]?
4. What policies or practices affect the child welfare system's response to the issues raised?
  - These could be policies or practices of the child welfare agency, the court system, and other entities with mandated reporters (schools, hospitals, etc.)
  - For example, practices that determine whether out-of-home placements are made or affect the number of children in foster care

## **C. Substance use and mental health**

1. What can you tell us about the current substance use issues in this area?
  - From your perspective, what are the most common types of substance use and use disorders in this community?
  - How has substance use, especially opioid use, affected your community?
  - Has your community's rural setting played a role in these issues?
2. Do you have a sense for how many clients in your programs have SUD and also mental health or other (physical) health problems?
  - What is your perception of the most common co-occurring conditions?

3. How does your community deal with co-occurring SUD and mental or physical health issues? Has the presence of co-occurring disorders affected the services you offer or the way they are delivered?
4. How does [opioid/prevalent substance] use compare to the use of other substances in terms of its impact on the needs of your clients and families?
5. How have [opioids/prevalent substances] affected the types (for example, neglect versus abuse) and severity of maltreatment reported to the child welfare system?

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**D. Barriers/challenges and strategies/solutions**

1. What are the main barriers and challenges in delivering services to rural families that have parental SUD and are involved in the child welfare system?
  - Workforce issues (for example, staff shortages and turnover, insufficient training); probe for specifics (for example, what types of staff)
  - Infrastructure or technology issues (for example, lack of reliable transportation or internet access)
  - Service system issues (for example, lack of collaboration or information-sharing across systems; onerous regulatory requirements)
  - Treatment capacity (probe for information on specific types of treatment services, waitlists, criteria or requirements for treatment)
2. How do these barriers and challenges differ from those faced by urban and suburban communities?
3. To what extent are these barriers unique to child welfare and substance use relative to other types of human services (such as housing, food, or employment assistance)?
4. How do these barriers differ for opioid use relative to other types of substance use?
5. How can rural communities overcome these challenges?

*Probe for strategies for each challenge mentioned*

- Child welfare issues
- Substance use disorder issues
- Workforce issues
- Infrastructure or technology (distance/remoteness issues)
- Service system issues
- Capacity issues

**III. Promising models/interventions/strategies**

**A. Target population**

1. Please tell us about the population your organization serves.
  - Age, gender, race, ethnicity, linguistic issues, sexual/gender identity
  - Education, income, and health insurance status
  - Prevalence of substance use and intergenerational substance use
  - Parental status and child welfare involvement
  - Other characteristics: homelessness, veteran status, disabilities, community re-entry after criminal justice involvement, etc.
2. What is your organization's geographic catchment area?

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- How far do clients travel to receive services from your organization?
3. Has the population you serve changed? In what ways?
    - Over what period of time?
    - What do you think is causing these changes?
  4. How do the characteristics of your population affect how you deliver services?
    - For example: Do you offer specific services to support parents with SUD? Have you incorporated an SUD assessment into your intake process? Do you provide more in-home services for clients with limited transportation?

**B. Service overview**

1. Please give us a brief overview of the services your organization provides for families involved in the child welfare system and with parental SUD?
2. How do you assess client/parent/family needs?
3. How do you determine which services clients receive?
4. What is the capacity of the program(s)?
  - Are there waitlists? If so, how long are they?

**C. Promising models/interventions/strategies**

1. What promising models/interventions/strategies [are you aware of/does your organization provide] that serve these families in rural settings or might be tailored to rural areas?  
*[Note: Ask the below questions for each model/intervention/strategy mentioned as appropriate.]*
2. How does the model/intervention/strategy meet the needs of your target population?
3. What are the main components of the model/intervention/strategy? (Parenting or family strengthening for child welfare involvement, case management, substance use treatment, court assignment, peer mentoring, etc.)
4. What supportive services are offered? (For example, transportation assistance, child care, incentives.)
5. Who determines which services clients receive? How do they make those decisions?
6. What agencies/organizations are involved in providing these services? What service does each organization provide?
7. Where is the model/intervention/strategy offered?
8. How did you hear of, select, or design this model/intervention/strategy?
  - Which other models/interventions/strategies did you consider but decide not to implement? What were the main factors that went into your decision?
  - Are these models/interventions/strategies based on an existing model?

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- Were there any aspects of the model/intervention/strategy that you tested or piloted before a full rollout? If so, what changes or lessons did you take away?
  - Have you made any changes to the strategies or programs? If so, what kinds of changes and why?
9. What is the evidence base of the model/intervention/strategy?
  10. What financial resources are needed to implement these strategies?
    - How are you currently funding these strategies, including any specialized staff the strategies require?
    - Does your organization have enough support or generate enough revenue (from billing these services) to support/sustain these services?
  11. What types and numbers of staff are needed to implement these strategies?
    - For example, educational level and disciplines, training or certifications, other skills
  12. In your organization, who champions these strategies?
  13. What are the advantages of offering/implementing this model/intervention/strategy in rural areas/for your client population? (It is targeted to this population, is simple to implement, has a strong evidence base, overcomes rural distance issues, etc.)
  14. Are any of the services designed specifically for [parents with SUD/clients with child welfare involvement]?
    - Have you customized the way you deliver the services to better suit [parents with SUD/clients with child welfare involvement]?

**D. Partners and other related organizations**

1. Which agencies or programs in the community also serve your clients (for example, to provide related support, follow-up, or wraparound services)
  - For example, education, law enforcement, court and legal professionals, family advocates, housing, employment
  - Do you collaborate with these partners? If so, in what ways (for example, monthly meetings, working groups)?
2. How are these agencies involved in implementing or supporting your promising strategy/program?

**E. Successful strategies to overcome challenges**

1. How successful have your services/strategies been in meeting the needs of your clients?
  - How do you measure success?
  - Which aspects of these strategies are most important to helping families succeed?
  - What else is needed to make these strategies more successful?
2. What are the challenges to delivering these strategies?

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- Costs/start-up costs
  - Staff training and culture change
  - Other
3. What lessons have you learned about the best way to deliver these services and address the key issues we have been discussing?
  4. What would be needed to scale or replicate these strategies [in other rural communities/for child-welfare-involved families]?
  5. What advice would you give other rural communities interested in these strategies?
  6. What other kinds of solutions are you aware of to address parental SUD in child-welfare-involved families?
    - From which sources? (For example, are peers or other staff talking about it? Do you get information from professional associations, publications, or developers of family support/parenting/treatment models? Policymakers? Researchers? HHS agencies like the Children’s Bureau or SAMHSA?)
    - Where (or to whom) do you go for advice, ideas, or innovations?

**F. Data collection, monitoring, and evaluation**

1. Do you know whether an evaluation of this model/intervention/strategy has been conducted? Have you evaluated this program?
  - If yes, please describe the evaluation and the findings. (Ask for any available evaluation reports or citations.)
  - If no, are you planning to evaluate it? If not, why not?
2. What kinds of information about your model/intervention/strategy are you collecting or tracking?
  - Are you tracking use of services by individual clients or number of referrals?
  - Are you tracking outcomes related to child welfare, substance use, SUD treatment, or other systems?
  - Are you monitoring implementation of the model/intervention/strategy, to assess whether any adjustments are needed?
3. What challenges have you faced with data collection, program monitoring, or evaluation?
4. What lessons have you learned about data collection, program monitoring, or evaluation?

**IV. Opportunities for improvement**

**A. Federal resources**

1. What federal resources or opportunities (initiatives, policies, grants, or other funding, etc.) support your community’s efforts to help rural, child-welfare-involved families with parental substance use?

- Has your organization leveraged any federal funding opportunities (for example, through a Medicaid Section 1115 waiver, the Comprehensive Addiction and Recovery Act, the 21st Century Cures Act, or programs funded by the Substance Abuse and Mental Health Services Administration, such as the State Opioid Response (SOR) initiative)?
  - Is your organization planning to use funds through the Family First Prevention Services Act? If so, how?
2. What are the obstacles to taking advantage of these opportunities?
  3. What can facilitate better use of these opportunities?
  4. How could these resources be used to disseminate promising strategies to other rural communities?
  5. How could these resources be used to address the challenges and key child welfare issues we have been discussing?
  6. What other federal resources could support these programs or your organization?

**B. State and local resources**

1. What state and local resources or opportunities could support your efforts to help child-welfare-involved families in rural communities?
  - *Interviewers will search the respondent organization's website and state/local government websites to identify potential opportunities to include as probes, such as state grants, Medicaid state plan amendments/1115 waivers, interagency data, and other resource-sharing initiatives.*
2. What are the obstacles to taking advantage of these opportunities?
3. What can facilitate better use of these opportunities?
4. How could these resources be used to disseminate promising strategies to other rural communities?
5. How could these resources be used to address the challenges and key child welfare issues we have been discussing?
6. What other local resources could support these programs or your organization?

*Closing remarks: Thank participants for their input and provide contact information for future questions or concerns.*