

Instrument 4. Discussion Guide for Site Visit Interviews with Partners and Other Related Organizations

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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 information or clarification. If interview time runs short, you can skip some questions. Because of the range of potential partners and other related organizations, not all sections will be relevant for every respondent.

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; offer to read the informed consent; 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?
 - What is your educational background (degree and discipline)?
 - 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 have parental substance abuse and are involved in the child welfare system?
2. Can you provide a very brief overview of your organization's mission and the services it provides?
3. Please tell us about the population your organization/program serves.
 - Age, gender, race, ethnicity, linguistic issues, sexual/gender identity

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- 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.)

II. Key issues in rural communities

A. Community context

1. What are the main issues concerning substance use and child welfare that your community is facing?
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 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 specific issues is your local child welfare system 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.)

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- 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?
 - What do you see as 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 of the clients in your programs have mental health or other (physical) health problems at the same time as SUD?
 - What are the most common co-occurring conditions?
3. How has the presence of substance use and mental health disorders affected the services you offer or the way they are delivered?
4. In terms of its impact on the needs of your clients and families, how does [opioid/prevalent substance] use compare to the use of other substances?
5. How have [opioids/prevalent substances] affected the types (for example, neglect versus abuse) and severity of maltreatment among those reported to the child welfare system with substance-use-related risks?

III. Promising models/interventions/strategies

A. Service overview

1. Can you tell us more about the direct services you provide for families that have parental SUD and are involved in the child welfare system?
 - Which of these services are designed specifically for the child welfare population with parental SUD?
 - Have you customized the way you deliver the services to better suit this population or families in rural areas?
2. How do clients get referred to your organization?
3. How do you assess client/parent/family needs?
4. How do you determine which services clients receive?
5. What is the capacity of the program(s)?
 - Are there waitlists? If so, how long are they?
6. Which services are most important for helping families in rural communities have better child welfare outcomes?
 - Probe separately about treatment services, recovery services, and support services (such as housing, transportation, employment, food assistance, child care)

OMB control Number

Expiration Date: October 12, 2020

7. Would any specific components of these services be difficult to implement in another rural community?
 - For example, specific types of support services (such as recovery housing that accepts MAT) or specific organizations (local business/industry or philanthropy) that might not be readily available in other locations

B. Training

1. What kinds of training did you receive to provide these services?
 - Content, mode, length, and frequency of training
 - Do you feel the training prepared you to carry out your responsibilities?
 - Does implementation of this particular strategy require specific training or knowledge?
2. Do you use a manual, structured curriculum, or other tool to provide these services?
 - How useful are these materials?
 - Have you had to tailor or modify the services as outlined in these materials in any way to better suit your clients in rural areas (for example, do clients have fewer in-person requirements)?
3. What supervision or feedback do you receive about the way you provide these services?
 - Who provides the supervision or feedback and how frequently? What information is provided?

C. Coordination with the lead organization

Note: Depending on the model/strategy, the lead organization could be the child welfare agency, the SUD provider, or another leader of the particular strategy of interest.

1. How does your agency/program interact with the [lead organization]?
 - How do you work with the [lead organization] to meet families' needs?
2. Please describe the referral process to/from the [lead organization].
 - Do you conduct warm hand-offs (either in person or by telephone)?
 - Do you follow up with the [lead organization] or your clients to see whether they received the services?
3. After the referral is made and services begin, how do you collaborate with these organizations?
 - What feedback or information is shared? Is the information-sharing bidirectional?
 - Do you develop any client or family goals together with the [lead organization]?
 - Other
4. What are the greatest benefits and challenges of working with the [lead organization]?

D. Other partners and other related organizations

1. Which other agencies or programs in the community also serve your clients?
 - For example, schools, child care, 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. What services do these organizations provide?
 - Do they provide family-friendly services (such as those that allow parents to stay connected with children)?
 - Where are these organizations located? Are they accessible by public transportation? How do your clients get to them?
3. Please describe how you make referrals to these community organizations, or how they make referrals to you.
 - Do you conduct warm hand-offs (either in person or by telephone)?
 - Do you follow up with these organizations or your clients to see whether they received the services? How?
4. Are the organizations that provide these services able to meet the demand?
 - Are there waiting lists for these services? If so, does the referral process change?
 - Do these organizations prioritize certain types of clients (pregnant women, ex-offenders, etc.)?
5. After the referral is made and services begin with these community organizations, how do you collaborate with them?
 - What feedback or information is shared? Is the information-sharing bidirectional?
 - Do you develop any client or family goals together with these organizations?
6. What are the greatest benefits and challenges of working with these organizations?

E. Barriers and challenges

1. What are the main barriers and challenges in your work helping 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, types of staff or training)
 - Infrastructure or technology issues, such as 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
- Service system issues
- Capacity issues

6. What have you (or your organization) tried to address these barriers?

- What have you found that works in a rural community?
- What have you tried that does not work in a rural community?

F. Successful strategies to overcome challenges

1. How well is your agency meeting the needs of your clients?

- How do you measure success?
- Which specific aspects of the services you provide are key to helping families succeed?
- What else is needed to make these strategies more successful?

2. What lessons have you learned about the best way to deliver these services in rural communities?

3. What would be needed to scale or replicate these strategies [in other rural communities/for child-welfare-involved families]?

4. What advice would you give other rural communities interested in these strategies?

5. 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 staff talking about it? Do you get information from professional associations, publications, and developers of family support/parenting/treatment models? Policymakers? Researchers? HHS agencies like the Children's Bureau or SAMHSA?)

G. Data collection, monitoring, and evaluation

1. Do you know whether an evaluation of this model/intervention/strategy has already been conducted?

- If yes, please describe the evaluation and the findings. (Ask for any available evaluation reports or citations.)

2. What kinds of information about this 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?
 - Who collects this information?
 - Do you track this information in a spreadsheet or database?
3. Do you seek feedback about the program? If so, from whom? What kind of feedback (on process information or experiences with the program)? How do you gather this feedback (survey, interview, informal verbal feedback, etc.)? What do you do with the information?
 4. What other information do you use to monitor implementation of your program to assess whether any adjustments are needed?
 - Do you share information about individual or program progress or results with the practitioners or clients? Funders? Other stakeholders?
 - To your knowledge, do any benchmarks exist to compare outcomes or performance metrics with other populations or entities?
 5. What challenges have you faced with data collection, program monitoring, or evaluation?
 6. 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, grant, or other funding, etc.) could support your community's efforts to help child-welfare-involved families with parental substance use in rural communities?
 - Has your organization leveraged any federal funding opportunities (for example, through a Medicaid Section 1115 waiver, the Comprehensive Addiction and Recovery Act, or the 21st Century Cures Act, or through programs funded by the Substance Abuse and Mental Health Services Administration, such as the State Opioid Response (SOR) initiative)?
 - Is your organization planning to make use of 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 areas?
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 spread or 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 your work?

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