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

Instrument 3. Discussion Guide for Site Visit Interviews with Practitioners

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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 needed information or clarification. If interview time runs short, you can skip some questions.

If there are several practitioners at one agency, conduct small-group instead of individual interviews. In those cases, drop some items from this discussion guide, keeping the most relevant questions for that agency. Ask respondents to keep comments from the discussion confidential.

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 aloud; then ask the consent questions for participation in the study and for audio-recording.

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 experience working with rural families that are involved in the child welfare system and have parental substance use? Have you worked in a similar role in non-rural communities or with different populations?
2. How large is your typical caseload, and what are its characteristics (without specifics that would identify any individuals)?
 - Is it specialized in any way (such as including specific types of cases)?

- About what percentage of your caseload includes [people struggling with substance-use-related problems/parents involved in the child welfare system]?
- What are the most common types of substance use issues among your clients?
- What are the most common substances?
- What are the most common child welfare issues?
- How many of your clients with SUD also have mental health or other health (physical) problems?

II. **Community context**

1. What are the community's main issues in regard to substance use and child welfare?
2. What are the key issues your local child welfare system is facing in regard to families struggling with substance use?

III. Promising models/interventions/strategies

A. **Client flow and service provision**

1. We would like to understand how clients flow through your organization. Can you walk us through how a typical client might be referred to your organization and move through the steps within it, from intake through discharge?

Interviewers should understand or ask follow-up questions to make sure they understand:

- *How client flow and next steps might be different for parents with SUD (for child welfare agencies), or for clients with child welfare involvement (for SUD treatment providers), or for clients without transportation*
 - *Which staff conduct assessments for SUD*
 - *How client/parent/family needs are assessed*
 - *How the organization determines which services clients receive (for example, if resources are limited); whether/how they prioritize clients; whether waiting lists exist*
2. Can you briefly describe the services in which you are directly involved that provide for families that have parental SUD and are involved with the child welfare system?
 - Are any of the services that you provide new?
 - If any of the services are new, how do they compare with the types of services you offered previously, in terms of meeting the needs of your clients? What gaps are the new services intended to fill or address?
 3. Are any of the services in which you are directly involved 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]?

4. How do your clients view these services?
 - Which services seem the most effective in engaging your clients?
 - What motivates clients in rural areas to participate?
 - What are their biggest barriers to participation?
5. Which services are the most important for helping rural families have better child welfare outcomes (in contrast to families in more populous areas)?

B. Promising models/interventions

1. Do you provide any models/interventions/strategies that you would consider promising to serve these families in rural settings? If so, please describe them.
2. What supportive services are offered (for example, transportation assistance, child care, incentives)?
3. Would any specific components be difficult to implement in another rural community?
 - For example, specific types of support services or specific organizations (local business, industry, philanthropy, etc.) that might not be readily available in other locations.

C. Training and supervision

1. What kinds of training did you receive, either directly or through attending external training, to provide these services?
 - Content, mode, length, and frequency of training
 - Do you feel the training prepared you to carry out your responsibilities?
 - Do staff working with families in rural areas need any specific training or knowledge?
 - What other training do you need?
2. Do you use a manual, structured curriculum, or other tools 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 rural clients (for example, do you give clients more “homework” or activities to do on their own if they come to your agency less frequently)?
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?

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
2. How do these agencies work with your clients?
- What types of 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)?
 - *If the practitioner refers clients to these organizations:* Do you follow up with these organizations or your clients to see whether they received the services? If so, 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 agencies, 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 these agencies?
6. What are your greatest benefits and challenges working with these community agencies?

E. Barriers and challenges

1. What are the main barriers in your work helping rural families that have parental SUD and are involved in the child welfare system?
 - Staff and training issues, such as staff shortages and turnover at treatment facilities or partner agencies, lack of training (probe for specifics about 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 agencies or 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 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. 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 successful is your practice in meeting the needs of your (rural) clients?
 - What does success look like for your clients?
 - Which specific aspects of your work do you think are key to helping your clients succeed?
 - What else would be needed to make your practice/work more successful?
2. What community characteristics or factors have helped you better serve families?
 - These could be social or cultural (strong sense of family or community), economic (inexpensive housing), service-related (such as a robust food pantry network), or more general, for example, support from elected officials (mayor, county supervisor) or other entities (businesses, hospitals, charities, or philanthropic organizations)
3. What lessons have you learned about the best way to deliver services to your clients?
4. What advice would you give other rural communities interested in providing similar services?

IV. Opportunities for improvement

1. What resources support your efforts to help families with child welfare involvement and parental substance use?
 - These could be local, state, or federal initiatives; policies; grants; other funding
2. Are you aware of any other federal, state, or local opportunities (initiatives, policies, funding, etc.) that could be used support your efforts to help child-welfare-involved families with parental substance use in rural communities?

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