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Prenatal Alcohol and Other Drug Exposures: Interview Protocol

Key Interview Questions for Data Staff

[NOTE: Text in ***BOLD ITALICS*** represents introductory/explanatory text that should be read aloud by the interviewer. Text in *PLAIN ITALICS* represents interviewer directions that should NOT be read aloud.]

1. Please tell me about your current position within the agency.
 - a. *If unclear, get formal job title.*
2. Briefly describe your duties.
 - a. In what ways do you interact with other staff to accomplish these tasks?

The next set of questions is about your agency's child welfare information management system. As part of this study, we will be reviewing case records, and any information you can give us about the structure and format of the system will greatly help us in our understanding and interpretation of the records.

3. *If not yet known:* What is the name of/what do you call your data/information management system here?
 - a. *NOTE: Use that name throughout the interview in place of [the data system]*
4. It would be very helpful for me to get a sense of how your data are organized. First, can you broadly describe how the data are set up and what the main structure is?
 - a. Are all the pieces of your data system linked together or are some parts in separate files that are not linked?
 - b. Is anything documented in a paper file only? If so, what?
 - i. *If unclear:* Is that able to be linked to the rest of the electronic data?

[Note: If interviews have already been conducted with data staff at other local agencies in the state and broad structure is similar to other local agencies in the state, only ask the main probes (a, b, c, etc.) for Question 5. Do not ask the sub-probes (i, ii, iii, etc.) unless information appears to be different.]

Now, I'm going to ask about some typical case processes. Please remember that we're just trying to learn about current practices, and that it's perfectly fine if some of the things that I ask you about aren't in place, or you aren't sure how your agency would deal with certain situations. We're not evaluating anyone or checking to make sure things are being conducted in a certain way, and everything you share with us will be kept private. Accurately knowing what is and is not documented will be very helpful in considering ways to address these issues for all children, not just at this agency.

5. For each case process, I'll ask you to describe where the information is entered into a file or section within [the data system] and the general structure of that file or section.
 - a. For hotline calls or other intake information, where is that information located?
 - i. [If in the data system] What section of [the agency information system (CCWIS)] is this information located? And what is the structure of this section? [if needed: Is it mostly drop-down options and check lists, or mostly open-ended text fields?]
 - ii. [If NOT in the data system]: Is this information entered into the data system initially? If not, where is that record kept?
 - b. For information about an investigation, where is that information located?
 - i. Does the location of the information depend on the type of data? For example, are the medical or child/family assessment data located separately from contact notes that occurred during the investigation?
 - ii. What section(s) of [the data system] is this information located? And what is the structure of this section? [if needed: Is it mostly drop-down options and check lists, or mostly open-ended text fields?]
 - c. (If applicable; use term used by agency) For information gathered through a differential/alternative response family assessment, where in [the data system] is this information located?
 - i. What is the structure of this section? [if needed: Is it mostly drop-down options and check lists, or mostly open-ended text fields?]
 - d. (Use term used by agency for the process used to determine a child's risk, whether a CPS case should be opened). Are there data entered specifically when [a child and family needs are assessed when an agency is determining whether to file a child protection case in dependency court]?
 - i. Where in [the data system] is this information located?

- ii. What is the structure of this section? [*if needed*: Is it mostly drop-down options and check lists, or mostly open-ended text fields?]
 - e. Are there data entered specifically when a child is removed from their home and enters foster care, pre-adoptive care, or relative care?
 - i. Where in [*the data system*] is this information located?
 - ii. What is the structure of this section? [*if needed*: Is it mostly drop-down options and check lists, or mostly open-ended text fields?]
 - f. For information about an ongoing case, where in [*the data system*] is this information located?
 - i. Does the location of the information depend on the type of data? For example, are the medical or assessment data located separately from contact notes or court reports that occurred during the ongoing case?
 - ii. To the best of your knowledge, how often is this information updated, or new information about an ongoing case recorded?
 - iii. What is the structure of this section? [*if needed*: Is it mostly drop-down options and check lists, or mostly open-ended text fields?]
 - g. Thinking now about children who are in foster care vs. children who remain in their own homes but still receive services; in general, is the amount and availability of data in your data system different for these two groups? Or is it pretty much the same?
 - i. *If needed*: Does the location of this information differ for families receiving in-home services versus out-of-home services?
 - i. *If different*: Can you describe these differences?
 1. What is the structure of these sections?
6. In [*the data system*], are children entered individually, or are families entered together or linked in some way?
- a. Can you describe how this is structured?
 - b. Is all of this information in [*the data system*] or is some of this information documented elsewhere?
7. We know that, when a child or family leaves a state's system and later returns, they may inadvertently get entered as a new case. Can you give an estimate of how many cases you have like this each year?
- a. What strategies are in place to correctly merge files when this is discovered?

Now I'd like to have a better understanding of certain categories of information about the child or children in a case and where in your system that information is located. This may

be within specific case processes, like during investigation, that you've already described. But they might also be collected at different points in a case. Please remember that we're not evaluating anyone or checking to make sure things are being conducted in a certain way.

[Note: You may have already obtained this information. Skip or clarify missing information, such as Part C, if already covered]:

8. Regarding a child's medical information and medical needs, if this information is documented, where would it be located?
 - a. Is it separate from the main data system or documented elsewhere? For example, stored in paper files?
 - b. Does the location of this information vary depending on when the information is discovered during a case?
 - i. *If unclear:* Is it your impression that these fields are used consistently by staff, or that these data are entered consistently?
9. Thinking specifically about a child's mental health and/or behavioral diagnoses, if this information is documented, where would it be located?
 - a. Does this vary depending on when the information is discovered during a case?
 - b. *If unclear:* Is it your impression that these fields are used consistently by staff, or that these data are entered consistently into the data system?
10. Regarding a child's developmental growth and progress, if this information is documented, where would it be located?
 - a. Does the location of this information vary depending on the age of the child or by any other factors that come to mind?
 - b. *If unclear:* Is it your impression that these fields are used consistently by staff, or that these data are entered consistently into the data system?
11. Thinking now about educational information related to IEPs (Individualized Educational Plans) or IFSP (Individual Family Service Plans, for children younger than 3), or other specialized educational needs of a child, if this information is documented, where would it be located?
 - a. Does the location of this information vary depending on the age of the child or by any other factors that comes to mind?

- b. *If unclear:* Is it your impression that these fields are consistently used by staff or that these data are consistently entered into the data system?
12. What about referrals to services for a child? If this information is documented, where would it be located in [data system]?
- a. Does the location of this information differ depending on when a referral is made in a case?
 - b. *If unclear:* Is it your impression that these fields are consistently used by staff or that these data are consistently entered into the data system?

The next few questions are about documentation of a child's known or suspected prenatal exposure to alcohol or other drugs. Again, please remember that we're not evaluating anyone or checking to make sure things are being conducted in a certain way.

[Throughout question 13 and 14, probe if it is unclear which screen or section of the database would house this information.]

13. To the best of your knowledge, where would information about parental substance use or a family's substance abuse history be documented [*in the data system*]?
- a. Would the location of this information vary depending on when it was discovered during a case?
 - b. To the best of your knowledge, would this documentation contain specific information about the type of substances used and the timing and history of use?
 - c. What is the structure of this section(s)? [if needed: Is it mostly drop-down options and check lists, or mostly open-ended text fields?]
14. To the best of your knowledge, where would information about a child's known prenatal exposure to alcohol be located:
- a. If a child has a positive history of prenatal alcohol exposure at birth, either by maternal self-report or corroborated report?
 - i. [*If respondent indicates that this would be in a hotline/intake report, probe about where this would be documented if the case was opened when the child was no longer an infant*]
 - b. If a child has a diagnosis of Fetal Alcohol Spectrum Disorders that was made at birth?
 - c. If a child was diagnosed at an older age with a Fetal Alcohol Spectrum Disorder?

- d. If a case worker knew or suspected that a child was prenatally exposed to alcohol based on a mother's report or history of alcohol use?
 - i. Would the location of this information vary depending on when it was discovered during a case?
 - e. *If needed:* Are these places that you just described open-ended text fields, or close-ended drop-down lists or check boxes?
 - f. *If unclear:* Is it your impression that these fields are used consistently by staff or that this data is entered consistently into the data system?
15. Where would information about a child's known prenatal exposure to drugs, other than alcohol, be located:
- a. If a child had a positive toxicology for drugs at birth?
 - i. *[If respondent indicates that this would be in a hotline/intake report, probe about where this would be documented if the case was opened when the child was no longer an infant]*
If a child is given a diagnosis indicating prenatal exposure to drugs that was evident at birth?
 - b. If a case worker knew or suspected that a child was prenatally exposed to drugs based on a mother's report or history of substance use?
 - i. Would the location of this information vary if the information was discovered at different points in the case process? Tell me more about that.
 - c. *If needed:* Are these places that you just described open-ended text fields, or close-ended drop-down lists or check boxes?
 - d. *If needed:* Is it your impression that these fields are used consistently by staff or that this data is entered consistently into the data system?
16. Where do you think the **best** place to document information on prenatal substance exposure would be?
- a. Could you say a little more about that?
 - b. And who would be the best person to gather and document this information?

*[Ask Q16 if time permits, prioritizing those questions with **asterisks**]: **Now I'd like to ask you about how staff can access information about individual children, or specific families.***

17. **To the best of your knowledge, are data staff able to pull information electronically that allows them to:
- a. **Identify an individual child's birth history?
 - i. *If no, probe to learn if that is because this information is not documented, if it's in narrative reports and therefore not able to be electronically pulled, or something else*
 - ii. *If yes: Would this include information about prenatal exposure to alcohol or other drugs?*
 - iii. *If yes: How easy would this information be to access? (If needed: Is this information all located in one place, or is it typically documented in multiple locations?)*
 - b. **Identify a birth mother's history of alcohol or other drug use?
 - i. *If no, probe to learn why staff cannot pull this information*
 - ii. *If yes: How easy would this information be to access? (If needed: Is this information all located in one place, or is it typically documented in multiple locations?)*
 - c. Identify the birth mother's history of alcohol or other drug use, specifically during pregnancy?
 - i. *If no, probe to learn why staff cannot pull this information*
 - ii. *If yes: How easy would this information be to access? (If needed: Is this information all located in one place, or is it typically documented in multiple locations?)*
 - iii. *If yes: Does this vary depending on if the information is about alcohol use versus other drug use?*
 - d. Identify a child's current medical issues including developmental status and mental health diagnoses?
 - i. *If no, probe to learn why staff cannot pull this information*
 - ii. *If yes: How easy would this information be to access? (If needed: Is this information all located in one place, or is it typically documented in multiple locations?)*

[Ask Q17-20 if time permits, prioritizing those questions with **asterisks**]: Now I'd like to ask you about whether, and how, your agency tracks and reports on information about groups of children, or groups of families. Please remember that everything you share with us will be kept private and that we're not here to evaluate anyone.

18. **To the best of your knowledge, are there existing reports that the agency uses to identify how many children they serve are known to be prenatally exposed to alcohol?
- a. What about to drugs other than alcohol?

- i. *If yes:* Can you tell me more about this? Which substances are specifically reported on?
 - b. *If yes to either:* Does this vary by age? For instance, does the agency track numbers of children reported **at birth** who are identified as having been prenatally exposed to substances versus older children?
 - c. *If yes to either:* How often are these reports run or produced?
 - d. *If yes to either:* To the best of your knowledge, how are these reports used?
- 19. ****Are there existing reports that the agency uses to identify how many birth mothers they work with used alcohol during pregnancy?**
 - a. What about how many used drugs other than alcohol during pregnancy?
 - b. *If yes to either:* How often are these reports run or produced?
 - c. *If yes to either:* To the best of your knowledge, how are these reports used?
- 20. Are there existing reports that the agency uses to identify how many children were removed from the home due to an allegation related to alcohol/substance abuse?
 - a. *If yes:* Can you tell me more about this? Which substances are specifically reported on?
 - b. *If yes:* How often are these reports run or produced?
 - c. *If yes:* To the best of your knowledge, how are these reports used?
- 21. Are there existing reports that the agency uses to identify how many children have at least one parent with a history of alcohol or substance abuse?
 - a. *If yes:* How often are these reports run or produced?
 - b. *If yes:* To the best of your knowledge, how are these reports used?
- 22. Are there other agency reports that are used to inform trends related to child developmental needs and/or relevant therapies that children have accessed?
 - a. *If yes:* Please describe these reports.
 - b. What about reports on children's mental health or behavioral needs and/or treatment?

- c. What about children’s educational needs and/or supports?
- d. *If yes to any:* To the best of your knowledge, how are these reports used?

[Ask of all respondents]: I just have a few more questions before we wrap up.

- 23. Based on your knowledge of the cases in [*the data system*], what percentage of children would you estimate were prenatally exposed to **alcohol**? Just a guess is fine.
 - a. What about other drugs?
- 24. What recommendations, if any, do you have about improving documentation for children with prenatal substance exposure within [*the data system*]?
- 25. What recommendations do you have for improving how data or information could be used to monitor or report on exposures to alcohol or other drugs?
- 26. From your perspective, what are challenges or barriers related to consistently documenting and/or monitoring alcohol and other drug exposures among children in child welfare? Challenges could be at the local or state or federal level.
- 27. The information you have provided is really helpful in advancing our understanding of current practices and documentation of prenatal substance exposure. Is there anything else that you would like to share about collecting data on or documenting prenatal substance exposure that we haven’t already discussed?

Thank you so much for taking the time to share your thoughts. Please remember that what you’ve shared is private and you will not be identified in any reports or publications following this study. If we have follow-up questions or clarifications, may we contact you for that information? [Confirm contact information used for scheduling.] You can also research out if you have additional questions using the contact information included in your copy of the consent form.

End