

## Instrument 1 – Interview Guide for PC administrators, DCYF administrators and Central Referral Unit (CRU) staff

### *Introduction for:*

- *Project Connect (PC) Administrator Interview*
- *Child Welfare Agency (Department of Children, Youth, and Families; DCYF) Administrator Interview*
- *Child Welfare Central Referral Unit (CRU) Staff Interview*

Thank you for joining us today. We would like to invite you to participate in an interview that will last about 60 minutes. We are conducting an evaluation of Project Connect, and today we'd like to learn more about service provision for families involved with DCYF and your role in the process. Specifically, we will talk about your role and responsibilities, the referral process, and service provision, among other topics. We will use this information to better understand how the Project Connect program is implemented in Rhode Island and the services and service provision that families are referred to in the absence of Project Connect. Before we begin, let's review the informed consent document (review informed consent).

As noted in the consent form, your participation in this interview is voluntary. You can choose not to answer any question or not participate in the interview at all. There will be no consequences to you if you choose not to participate. We will keep the information you provide private and will not share it with anyone except for research staff working on the study. Additionally, federal law states that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this data collection is 0970-0XXX and the expiration date is XX/XX/XXXX.

We recognize that this past year or so has been unprecedented with the COVID-19 pandemic. For the purpose of this interview, we would like for you to think about what was typical for your [agency/program] to do prior to COVID-19, but then also explain how that might be different under the current circumstances.

Before we begin, I want to make sure we're on the same page with the terms we'll be using today. We'll be talking about families who are involved in the child welfare system because someone in the family uses substances in ways that cause harm or have been diagnosed with substance use disorder. We may refer to these families in the following ways during our interview: substance affected families, substance use disorder, use of substances in ways that cause harm, or unhealthy substance use. When we say any of these terms, we mean the same thing. Are these terms okay with you? Do you think anything is missing, or do any of these feel non-inclusive or judgmental?

### **Background and Roles/Responsibilities**

#### *Current Position and Professional Experiences*

#### **For Project Connect admin, DCYF admin, and CRU staff:**

1. Please tell me your current title and how long you have held the position?
2. How long have you worked at [DCYF/Project Connect] and what positions have you held?

3. What are your day-to-day duties and main responsibilities?
4. Tell me a little bit about your education and work experience. Is there a degree/credential or experience requirement for your position? What is it?

#### *Caseload details/work with families*

##### **For DCYF Admin:**

5. Do you know approximately the number of families served that have a member that uses substances?

#### *Agency/Program Background*

##### **For DCYF admin staff:**

6. Briefly, what is DCYF's mission and goals?
7. When you think of that mission, what does DCYF do well?
8. When you think of that mission, what could DCYF do better?

##### **For Project Connect and DCYF admin:**

9. How would you characterize [DCYF/Project Connect's] risk tolerance and ability to support families whose children remain at home?

#### *Staff Training and Onboarding*

##### **For DCYF/Project Connect admin:**

10. What is the staffing structure for [Project Connect/DCYF]?
11. How are [Project Connect/DCYF] staff recruited and trained?
12. How much leeway would you say [Project Connect/DCYF] frontline staff have in delivering the program?
  - PROBE: If they need to amend the program protocol to better serve families, is that encouraged? What types of adjustments might be encouraged? What would not be encouraged?
  - PROBE: Do you think staff are aware of which adjustments they can and should not make? If so, how has that information been communicated to staff?

#### **Agency and Court Procedures**

##### *Procedures*

##### **For DCYF admin only:**

I would like to understand how your child welfare system works (before, during, [and if relevant at time of interview after/since] the COVID-19 pandemic).

13. Please describe how reports of abuse and neglect come into your system. How would a child or family come to the attention of your agency?
  - a. PROBE: Did any of this change during or after the pandemic?
14. What is the process for responding to reports? (e.g., immediate investigation and by whom?)
15. Does RI use alternative response to offer services to divert families from the system? If so, please describe.

16. Do you have an approximate sense of how many reports you've typically received in the past few years or so (2019/2020), and generally what proportion of reports are investigated? (If team can find the numbers, report the numbers we see from that year).
  - a. PROBE: Did any of this change during or after the pandemic?
17. What are the possible outcomes of an investigation? (e.g., case opened with services (child remains at home); case not open, but family receives services)
  - a. PROBE: Is the court involved in the process? If so, when does the court become involved and how?
  - b. PROBE: Can you describe how court involvement for families with a member who has substance use disorder or unhealthy substance use might differ from other child welfare cases? [probe on drug court, If they see disparities on who receives a public health response or a justice response]
  - c. PROBE: When thinking about which substance-affected families become court involved, are there inequities based on race/ethnicity/gender identity/sexual orientation in court responses?
  - d. PROBE: How does DCYF decide which families remain in the system (i.e., have an open case), but remain intact ("preservation families"), and under which conditions a child is removed from the home ("reunification families")?
18. What does the reunification process entail?
  - a. PROBE: What does the court do; what does the child welfare agency do; does reunification need to occur within a particular timeframe?
  - b. PROBE: if still applicable, how have things have changed since the COVID-19 pandemic?

### **The Referral Process**

*Description of referral process for DCYF/Project Connect/role in the process*

#### **For all:**

19. Can you walk us through how a referral is made?
  - a. For CRU, PROBE: For receiving the home-based services referral form, how it's reviewed/what factors are taken into account, how decision is ultimately made – all focusing on families with substance use issues

#### **For CRU staff:**

20. We understand the CRU is relatively new. What was the process like before the CRU was implemented?
  - a. PROBE: How are they different? How are they similar?

#### **For CRU staff and DCYF admin:**

21. What are some advantages, if any, of the CRU?
22. What are some disadvantages, if any, of the CRU?

#### **For DCYF admin:**

23. We understand that families are referred to all services via the CRU. Can you describe in general the CRU process?
  - a. Are there any other decisions that the CRU staff weighs when deciding the services to refer someone to (i.e. are more likely to refer to services without waiting lists)?

- b. How does considering the needs of the whole family play a role in where families are referred for services?

**For all:**

- 24. Can you describe how [DCYF/Project Connect/the CRU] refers to other services?

**For CRU staff:**

- 25. What services are available for families affected by substance use?

*Completing the Home-Based Services Referral Form*

**For DCYF admin/CRU staff:**

- 26. Can you describe any training for filling out the Home-Based Services Referral Form?
- 27. Do you believe there is cohesion among Family Support Unit (FSU) workers who fill it out?

*Eligibility requirements*

**For all:**

- 28. To the best of your knowledge, what are the eligibility requirements for Project Connect?

**For CRU staff:**

- 29. Do you have challenges identifying eligible families for Project Connect?

**For Project Connect and DCYF admin:**

- 30. Do you ever receive referrals that do not comply with the eligibility requirements?
  - a. PROBE: How often this happen?
  - b. PROBE: What do you do with these families that don't meet eligibility requirements?
- 31. In your opinion, are there demographic disparities in the services that people are referred to?
  - a. PROBE: If so, in what ways?
- 32. Are there disparities in those who receive a service referral versus those who might receive a justice system response?
  - a. PROBE: If so, in what ways?
  - b. PROBE: If so, is there anything DCYF can do about that?

*Project Connect Referrals*

**For Project Connect admin/CRU staff:**

- 33. Can you describe the process for identifying Project Connect eligible families?

**For CRU staff:**

- 34. Can you describe a family's service delivery path? What does it look like?

**Service Provision/Program Elements**

*Service Plan Overview*

**For DCYF/ Project Connect admin:**

35. What is a typical plan of service for families with a member who uses substances in a way that causes harm? Can you describe how this plan is determined?

**For DCYF admin:**

36. What types of services are available for families with a member who uses substances?
- PROBE: Does DCYF make referrals to other substance use services like harm reduction or recovery services and if so, what types?
  - PROBE: Does DCYF make referrals to mental health or physical health services?
  - PROBE: Does DCYF make referrals to services that provide medications for Opioid Use Disorder (such a Suboxone), Alcohol Use Disorder, or Tobacco Use Disorder?
37. How available are services/service providers?
- PROBE: How, if at all, does service availability vary across the state? What affects the availability of services or service providers?
  - PROBE: How long do parents typically have to wait for substance abuse services- e.g., are wait lists typical? and how long typically?

**For Project Connect admin:**

38. What is the level of intensity of the services (i.e., how often do staff meet with families, what modes of communication are used [i.e., phone, in person, text])?
- PROBE: How long, on average, do these encounters last?

**For DCYF/ Project Connect admin:**

39. How long are services provided? How is it determined when a family stops receiving services?

*Family Needs and Engagement*

**For DCYF/ Project Connect admin:**

40. Is [DCYF/Rhode Island/Project Connect] able to meet the needs of families with a member who uses substances in a way that causes harm, in your view? If yes, what has DCYF been doing well? If not, what could DCYF do better?

*Services for PC families (from the DCYF perspective)*

**For CRU staff:**

- How did you first learn about the Project Connect program?
- How long have you been referring families to Project Connect?
- Do you feel like you know the Project Connect program well?

*Other Services*

**For DCYF admin:**

44. Does DCYF have many individuals in justice system driven diversion programs like police assisted prebooking or prearrest diversion programs? Can one be involved in these programs and be receiving DCYF services?

*Program Elements*

**For Project Connect admin:**

45. What are the main components and program features of Project Connect?
46. Tell me about the families you serve. Very approximately, what is the racial and ethnic make-up and range of cultures of the families? What about the primary languages families speak? What is the sexual orientation and gender identity of those that you serve?
  - a. PROBE: Have you noticed differences in the needs of families from different racial and ethnic groups, cultures, or who speak languages other than English? If so, does your program address these differences or operate differently as a result, and if so how?
    - i. PROBE: urban vs rural geographic location, linguistic needs of families, cultural needs of families, children in home versus out of home
  - b. PROBE: Are there other characteristics of families that necessitate changing how the program addresses the needs of families, and if so what are they? Do you feel that you effectively address these needs? If so, how?
  - c. PROBE: Do you serve unauthorized or undocumented immigrants (people who entered the US without legal status, overstayed a visa, or are otherwise unauthorized to work in the US) regardless of their documentation?

#### *Program Outcomes and Goals*

##### **For Project Connect admin:**

47. What is the goal of Project Connect?
  - a. PROBE: Have these changed during/since the pandemic?
48. [Bring/ show copy of the logic model] We have been shown this logic model- does this reflect inputs, outputs and outcomes in early 2020? If not, what would you add or take away from this model to make it more accurate?
  - a. How are these outcomes measured and tracked?

#### *Delivery challenges:*

##### **For Project Connect admin:**

49. How, if at all, has the evaluation impacted service delivery?

#### **Substance use among those receiving services**

##### **For DCYF admin:**

50. In general, how prevalent is substance use in a way that causes harm by a family member coming to the attention of DCYF? To what extent is it a leading factor contributing to families entering the system?
51. What types of substances do you see used most often and how would you characterize the patterns of use (e.g., habitual, sporadic, other)?
  - a. PROBE: Has that changed in recent years?
  - b. PROBE: Are there certain drugs (or alcohol) that from the DCYF perspective pose greater risks to children, that may result in swifter or different response from the courts or DCYF workers?
  - c. PROBE: Are there certain drugs that are more likely to get DCYF/social responses versus a justice response?
    - i. PROBE: What are they, and what are the particular risks these substances pose? Are these risks greater or more prevalent among children of different ages, such as infants/toddlers, vs school age and teenagers?

- d. PROBE: Do you find that types of substances used are associated with certain demographic characteristics, like race/ethnicity, gender, or cultural background? If so, please explain.
52. How does DCYF typically handle cases involving parental substance use compared to cases involving other risk factors?
- a. PROBE: Have you noticed differences including inequities in the way cases are handled by race/ethnicity/gender/sexual orientation? If so, in what ways? Does DCYF take steps or have procedures to address those disparities? If so, what are they?
53. How do the courts typically handle cases involving parental substance use compared to cases involving other risk factors?
- a. PROBE: Have you noticed differences including inequities in the way cases are handled by race/ethnicity/gender/sexual orientation?
54. How do outcomes for families affected by substance use compare to outcomes for other families in DCYF?
- a. PROBE: How does time in care for families with a member who has substance use disorder compare to families without?
    - ii. PROBE: on time to reunification, time to permanency through adoption or guardianship
  - b. PROBE: How does the likelihood of removal compare for families with a member who has substance use disorder versus without?
  - c. PROBE: How do rates of maltreatment after case closure compare for families with a member who has substance use disorder to those without?
  - d. PROBE: How do rates of cases reopening to DCYF compare for families with a member who has substance use disorder to those without?
  - e. *[If RI uses alternative response]* Under what circumstances might families affected by substance use be referred to alternative response, and under what circumstances are they more likely to come into the system? How common is alternative response for where a member uses substances in a way that causes harm?
  - f. In what ways do you see disparities or inequities by race/ethnicity/gender identity/sexual orientation in any of these outcomes? If so, who receives alternative response or who doesn't? Please describe.

## **Partnership with Project Connect and Other Agencies**

### *Partnership with Other Agencies*

#### **For Project Connect admin:**

55. Can you tell me a bit about your relationship with DCYF and describe how you interact currently? [probe for frequency and mode of communication]. How much does DCYF usually coordinate and collaborate with Project Connect/Children's Friend?
- a. PROBE: What makes the collaboration easy or hard?
56. How would you characterize the strength of your relationship with DCYF?
- a. PROBE: Is there strong communication? Is there trust between the agencies?
57. Is there a set of DCYF policies you must follow?
- a. PROBE: If so, what are those policies?
  - b. PROBE: Do those policies make it easier or harder to provide needed services?

**For DCYF and Project Connect admin:**

58. Are you collaborating with other agencies, organizations, or judicial systems around [Project Connect/your services]?
- PROBE: If so, what role does that organization play?
  - PROBE: What does that collaboration look like?
  - PROBE: How would you characterize the strength of that relationship?
  - PROBE: How did these collaborations come about?
59. To what extent does [DCYF/Project Connect] interact with the family court system?

*Partnership/Relationship with Project Connect*

**For DCYF admin:**

60. How familiar are you with Project Connect? How long have you been aware of the program?
61. How would you characterize DCYF's relationship with Project Connect and with Children's Friend?
- PROBE: How much does DCYF usually coordinate and collaborate with Project Connect/Children's Friend?
  - PROBE: To what extent do DCYF staff and Project Connect staff interact and/or collaborate on a family's case, including around court appearances, and service plans etc?
  - PROBE: What information do you need to provide for Project Connect on the families that you are serving? What information do they provide you? How do you get around HIPAA with regards to that information?
62. How similar or different is the relationship with Project Connect/Children's Friend to other contracted substance use providers? (if warranted, ask if can give a specific example of what PC might do that others might not)

**For Project Connect admin:**

63. How much involvement do Project Connect staff have with the courts? What are some examples of how Project Connect families and staff interact with the courts?
- PROBE: How often do they interact with the courts?
  - PROBE: Are Project Connect staff involved in supporting and advocating for families as they interact with and navigate the court system? If so, in what ways?
  - PROBE: Substance use treatment compliance is a big influence on judicial decision-making. Does Project Connect staff share information on treatment progress with the court? If so, do they report directly or only through DCYF staff?

**Funding**

*Funding Services*

**For DCYF and Project Connect admin:**

64. What different sources of funding cover substance use services in [DCYF/Project Connect] and what do the different funds pay for?
65. How does Medicaid reimbursement within the state shape the services available to families?
- PROBE: What additional services do you think should be covered by Medicaid to support families with a member or members using substances in a way that causes harm?
  - PROBE: How if at all have these reimbursements changed over the last 5 years? And what has been the effect?



### *Funding Challenges*

#### **For DCYF and Project Connect admin:**

66. Besides Medicaid reimbursement, how do you find ways to help families cover the cost of their services? How often does DCYF cover the cost of services?
  - a. PROBE: Are the services someone would receive be altered or scaled down in any way if a person does not have insurance?
67. Does addressing the needs of all family members affect how services are paid for?

### *Data Systems*

#### **For DCYF and Project Connect admin:**

68. What type of data system do you use to record data for all of your cases?

#### **For Project Connect admin:**

69. What types of information do you track?

#### **For DCYF and Project Connect admin:**

70. Who is responsible for entering/tracking the information?

### **Policy and State Service Context**

#### **For DCYF and Project Connect admin:**

71. How would you characterize DCYF's ability to support families whose children remain at home?

#### **For Project Connect admin:**

72. How do you believe people who use substances are generally viewed in Rhode Island?
  - a. PROBE: How are people who use substances generally treated in Rhode Island? (i.e. has society criminalized those who use substances? Are they treated like they have an illness?)
  - b. PROBE: For as long as you've been working in your field, have you seen this change at all?
  - c. PROBE: How have views have changed before/during the pandemic?
    - a. PROBE: on changes in how the state sees substance use, changes in criminalizing substance use, changes in prevention vs. treatment, harm reduction and likely recovery

### **Interactions with the Courts/Justice System**

#### **For Project Connect admin:**

73. How do you feel about the Family Courts' and drug courts' handling of cases involving parental substance use? What does 'appropriate' handling look like to you? In what ways would you want the courts to operate differently? Would that help families, and if so, how?
  - a. PROBE: What are the general court attitudes around substance use? How do the courts treat individuals who use substances/families with a member who uses substances? [Probes: Do they support evidence-based treatment such as medication? Do they take a harm reduction approach? To what extent do they criminalize substance use? Are individuals sent back through the court system/prison/jail if there is additional drug use? Please describe]
  - b. PROBE: In your opinion, are there any disparities/inequities in how these cases are handled?

74. What is the justice response to drug use or possession? Has this changed with the opioid crisis and does this differ by drug being used? (for example, marijuana is decriminalized for adults but not for kids)

a. PROBE: How does the justice response differ for someone with or without children?

**Final Thoughts/Reflections on COVID/Closing**

**For Project Connect and DCYF admin:**

75. What problems have child welfare involved families had in dealing with substance use, and to what extent do you believe DCYF/Project Connect addresses these problems?

**For CRU staff:**

76. Can you describe the changes to your program since COVID and the challenges that has presented?

77. Can you describe the changes to your job since COVID and the challenges that has presented?

**For all:**

78. How has the COVID-19 pandemic changed the social services landscape?