

## Instrument 2 – Focus Group Guide for Front Line staff

### *Introduction for:*

- *Child Welfare Agency (Department of Children, Youth, and Families; DCYF) staff Focus Groups*
- *Project Connect (PC) Staff Focus Groups*

Thank you for joining us today. We would like to invite you to participate in a focus group that will last about 90 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, partnerships among agencies and programs, and the policy and state service context. 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 focus group is voluntary. You can choose not to answer any question or not participate in the focus group 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. We ask that you do not repeat anything heard in this discussion outside the group. While the Urban Institute promises to respect your privacy, we must note that your fellow participants may not. 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 focus group, 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. Finally, I want to draw your attention to one of the most important parts of a focus group experience. We will be assisting the conversation – asking questions, sometimes changing direction or topic a bit—but ultimately, you are talking not only to us, but to one another. We will do a round of introductions to start, but keep in mind that the folks in this room share something important in common—each of you is here because you have something important to contribute to our understanding of what it is like to work with families involved with [Project Connect/DCYF]. This is a wonderful opportunity for us all to share in a safe space and to learn from one another.

### **Introduction:**

*Welcome everyone and thank you for joining us today. Let's go around the room and briefly introduce ourselves. I'll start [facilitator introduces self]. Please share:*

- Your name
- Role
- How long you've been in this role
- Size of your case load
- Estimate % of families with a history of substance use you currently work with

Thank you for sharing. 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 has 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?

[FOR DCYF Only] Thank you for sharing. We're going to cover a lot of ground today and are excited to hear your thoughts and ideas. As you know, we're interested in learning more about your experiences as an FSU worker, especially with substance-affected families. We'll want to hear about your roles and responsibilities as an FSU worker and the process referring families to different services and supports. We'll also be interested in hearing about what types of services are available for substance-affected families, as well as the challenges and needs of these families. We are interested to hear your insights and thoughts on Project Connect, as well as learn more about the broader context of substance use treatment in Rhode Island. We'll wrap up with a few questions about whether or not COVID19 has changed the way you do your job, or the challenges you experience in your job. Let's get started!

[For PC Only] Thank you for sharing. We're going to cover a lot of ground today and are excited to hear your thoughts and ideas. As you know, we're interested in learning more about your experiences working with Project Connect, as well as the experience of what it's like to be a family in Project Connect. We'll start by talking a bit more about how families are enrolled in Project Connect, as well as what types of families typically engage with Project Connect. We'll also be interested to hear about your own experience working with Project Connect, and how you may interact with DCYF. We'll finish by talking broadly about how substance use is treated and viewed in Rhode Island, and what this may mean for the families you serve. Let's get started!

## **Background**

*Current Position and roles/responsibilities*

### **DCYF ONLY**

1. To start off, will someone please tell us in your own words what an FSU worker is and does?
  - a. PROBE: What are your day-to-day responsibilities and duties?

### **Project Connect ONLY**

2. To start off, will someone please tell us in your own words what a Project Connect staff member is and does?
  - a. PROBE: What are your day-to-day responsibilities and duties?

*Caseload Details/work with families*

### **DCYF ONLY**

3. What's an average caseload size and how has that changed since COVID19?
4. What's the first thing you do with families?
  - a. PROBE: How would you contact them, and what would a first meeting be like? How has this contact changed since COVID19?
5. How often are you required to meet with families?
6. And briefly, what's the typical path for a family that's been investigated by the child protection unit?
  - b. PROBE: When is a family assigned an FSU worker? How are families assigned?

## *Staff Training and Onboarding*

### **Project Connect ONLY**

7. What's the onboarding process for new Project Connect staff? Describe the first days on the job, what you did, and how you were trained.
8. Is the process generally similar for all new staff?
  - a. PROBE: What does the training you receive depend on?
9. How ready did you feel once you started working with your first families? Was there anything you didn't anticipate that happened in your first weeks?
10. Do you ever make any modification to the program protocol or model to better serve families?

## **The Referral Process**

### **DCYF ONLY**

11. Will someone walk us through how a family is referred for a service, and what your part is in the referral process is?
12. When filling out the home-based services referral form, do you check only what you see as the most important needs for the parent/child, or do you tend to check all that apply?
13. In your opinion, do you think all FSU workers tend to complete the form in the same way (or do you think different workers may fill it out differently)? If so, how?
14. We understand the CRU (i.e., the DCYF central referral unit) is relatively new. What was the process like before the CRU was implemented?
  - a. PROBE: How are the processes different? How are they similar?
  - b. PROBE: What are some advantages, if any, of this new system (CRU)?
  - c. PROBE: What are some disadvantages, if any, of this new system (CRU)?
  - d. PROBE: Is there anything you would change about how families are assessed or referred to services?
15. Do you ever request a specific service for a family? If so, how is that taken into account by the CRU?
  - a. PROBE: Did this change with the process since the implementation of the CRU?
16. When you see a family with unhealthy substance use or risks associated with substance use, what are your options for services that you can refer them to?

### **Project Connect ONLY**

*We want to understand a family's path through Project Connect, from being referred to closing their case.*

17. Who do families meet with first? What's important to know about this first point of contact (i.e. anything specifically important to do during this first meeting, how introduce Project Connect to the family, etc.?)
  - a. PROBE: What's the process for enrolling and orienting families to the program?
  - b. PROBE: What do you tell families about the program?
18. After that first meeting, who do the families work with and when?

## **Service Provision/Program Elements**

### *Service Plan Overview*

### **DCYF ONLY**

Now we'd like to make sure we understand DCYF services for families affected by substance use.

19. How do you develop a service plan for a family with substance use? What is typically included in the plan?

20. Do you think there are enough services for families affected by substance use available? Why or why not?
21. Do you think the services that are available for families affected by substance use are sufficient? Why or why not?

**Project Connect ONLY**

22. What services are provided “in-house,” and what services require outside referrals?
23. How do you develop a service plan?
24. What triggers closing a Project Connect case?
25. How typical is it for families to stop and start Project Connect? Is there a time during service delivery when this is more likely to happen (i.e., earlier vs later)?
26. How long is a typical case?

**BOTH Project Connect and DCYF**

*Family Needs and Engagement*

27. When thinking about families affected by substance use, do they have unique needs that require additional services than other child welfare involved families?
  - a. PROBE: What do you think are the biggest needs families with a history of or current substance use have?
28. What do you think impacts whether a family affected by substance use engages with services?

**Project Connect ONLY**

29. Do you think Project Connect is able to meet all of the needs of the families you work with? If not, what other supports might families need?
30. Have you noticed any differences in the (types of) families you serve since the beginning of this study?
31. Have you noticed any difference in where families are in their DCYF cases since the beginning of the study (e.g., are you now seeing more families whose cases just opened, or more families whose cases have been open for several months, or closer to closing, or no difference?)
32. How typical is it for families to stop and start Project Connect? Is there a time during service delivery where this is more likely to happen (i.e., earlier vs later)?

**DCYF ONLY**

*Services for PC Families (DCYF Only)*

Now we'd like to ask a few questions about a specific service, Project Connect.

33. What do you know about Project Connect, or what have you heard?
34. Do you provide different or additional services for families in Project Connect compared to other families involved in the child welfare system who are not participating in Project Connect? If so, what?

**Project Connect ONLY**

*Program Elements*

35. What screening options/assessments are available to use with families in Project Connect?
36. On average, how often are families visited at home in a month?
  - a. PROBE: pre-COVID19 vs during COVID19
  - b. PROBE: How long do these visits typically last?

37. On average, how often do you communicate with families outside of home visits in a month? I mean through phone calls, emails, texts, video conferencing, etc.

*Program Outcomes/Goals*

**Project Connect ONLY**

38. What triggers closing a Project Connect case?
39. We understand that family engagement is the primary component of the Project Connect model. How do you develop, grow, and maintain a client's trust and engagement?
40. We see that teamwork, modeling, and relationships are also components of the Project Connect operational model. How do you support the development of teamwork in your work with Project Connect? How do you model behaviors for family members in your work with Project Connect? How do you focus on relationship building in your work with Project Connect?
41. The Project Connect model emphasizes the health, safety, well-being, and permanency of children. How well does Project Connect help families achieve these outcomes?
- c. What are the biggest challenges to helping families achieve those outcomes?
  - d. What does Project Connect do especially well?

**DCYF ONLY**

42. What types of things do you think impact whether or not parents are successful in keeping or reunifying with their child?

*Delivery Challenges*

**Project Connect ONLY**

43. What challenges do you encounter when delivering the Project Connect program?
- a. PROBE: Do you notice any difference in family engagement in the beginning, middle, or end of service delivery?
  - a. PROBE: How did you overcome those challenges?
44. Have you noticed any new challenges since the beginning of this study?
45. Have any procedures in how Project Connect is delivered changed since the beginning of this study?

**DCYF ONLY**

46. What are some of the challenges you face working with families with a history of or current substance use on a day to day basis?

**Substance Use Among Those Receiving Services**

**DCYF ONLY**

47. How prevalent is substance use disorder and unhealthy substance use among families in DCYF? That is, for what share is substance use a big part of their involvement with DCYF, such that they require services in order to successfully end their involvement with the child welfare system?
48. What are the most common substances families on your caseload are affected by (including alcohol and drugs)?

**Partnerships with Project Connect and Other Agencies**

*Partnership with other agencies*

**Project Connect ONLY**

49. For the Project Connect families you work with, how often are you in touch with DCYF staff?

50. What other partners and agencies do you work with to support families in Project Connect?
51. How much involvement do you have with the court system and judges? What's been your experience with the courts concerning families affected by substance use? Do you feel the goals and approach of the courts align with the goals and process of Project Connect? What makes you say that?

*Partnership/Relationship with Project Connect*

**DCYF ONLY**

52. How much interaction do you have with Project Connect staff?
53. How do your interactions with Project Connect staff compare to your interactions with staff from other programs/services?

**Policy and State Service Context**

**BOTH Project Connect and DCYF**

54. How well equipped is Rhode Island to address the needs of families in DCYF affected by substance use? What makes you say that?
55. In your experience, how does the child welfare court system generally treat families affected with substance use?

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

**BOTH Project Connect and DCYF**

56. Have the challenges you experienced in your job changed at all during COVID-19? If so how?
57. Has the social services landscape changed at all during COVID-19? If so how?