

Instrument 3 – Interview Guide for Other Health Providers and Judicial Stakeholders

Introduction for:

- *Judicial Stakeholders Interview*
- *Other Health Providers 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, partnerships with Project Connect and other agencies, and policies and system responses to drug use in Rhode Island, among other topics. We will use this information to better understand the [judicial/health] context in which Project Connect is implemented. 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

For all:

1. What is your current title and how long have you held this position?

For health providers:

2. What are your day-to-day responsibilities?

For all:

3. Can you tell me about your familiarity with the various services for substance use?

For health providers:

4. Can you tell me a bit about your education and professional background?

5. Have you worked with child-welfare involved families prior to your current position?
 - a. If so, in what capacity?
6. Have you worked with people who used substances in ways that caused harm or who had substance use disorders before your current position?
 - b. If so, in what capacity?

For all judicial stakeholders:

7. How much of your time is dedicated to child welfare cases?
8. How much of your time is dedicated to substance use matters, regardless of child welfare system affiliation?

Court Procedures

For all judicial stakeholders:

9. After a case gets reported to the child welfare system, at what point does the court get involved?
10. Does the court always get involved?
 - a. PROBE: What would determine if the court gets involved or not? Is there a set of criteria?
 - b. [if no] PROBE: Do you think there are disparities (e.g., differences based on race/ethnicity, previous involvement in the child welfare system, gender of parent) in the cases that have judicial involvement versus those that do not? If so, please explain.
11. [if the court is used in determining the outcome of the case] How often is the court re-involved after the outcome of the case is decided?
 - a. PROBE: Under what circumstances would the court become re-involved?
 - b. PROBE: At any point does re-involvement of the court system result in a greater or different punishment (i.e., being tried in the criminal court system or jail/prison)? Please explain.
12. How might court proceedings differ for a case with a family member who uses substances in a way that causes harm vs. those with no current or historical substance use?
 - a. PROBE: Would court proceedings differ based on the type of substance being used? If so, how?

For judges and state attorneys:

13. How does the child welfare plan get determined (removal/reunification/permanence)? What role does the court system have in determining that?
 - a. PROBE: Is there any input from: child welfare worker; from the family; from caseworkers; from service providers?

For judges:

14. Does the court make direct referrals to services? If so, how is it decided what services a family will be referred to?
 - a. PROBE: Do courts make referrals to evidence based-services? If so, how are evidence-based services defined?
 - b. PROBE: What are the rules for engagement with the family?
 - c. PROBE: What technical or other violations will remove clients from the court track (and towards the justice system track)?

For judges and parent attorneys:

15. How often do you help determine the service plan for individuals who use substances/families with a member who uses substances?
 - a. PROBE [ask of judges if not covered in the section above]: How do you determine the services that a family should be referred to?
16. Please explain how family court proceedings differ for a case with a family member who uses substances in a way that causes harm vs. those with no current or historical substance use.
 - a. Would court proceedings differ based on the type of substance being used? If so, how?

For judges and state attorneys:

17. Have you been trained to take a harm reduction approach to substance use cases? Please explain.

The Referral Process

For health providers:

18. Do you receive referrals from DCYF? If so, about what share of your referrals come from there?
 - a. PROBE: Where else do you receive referrals from? (if not mentioned, probe whether receives referrals from drug courts).
 - b. [if not addressed] PROBE: Do you receive referrals from justice driven diversion programs like police assisted prebooking or prearrest diversion programs?

For all judicial stakeholders:

19. Our understanding is that the court can order a referral to Project Connect. How familiar are you with Project Connect? Can you describe the circumstances where a court-mandated Project Connect referral would be made?
 - a. PROBE: How would the decision to make a court-mandated referral to Project Connect be made?

Service Plan and Program Elements

For other health providers:

20. How does your program determine the services that an individual needs?
 - a. That a parent/guardian needs?
 - b. That a child or children need?
 - c. That other members of the family needs? How is all of this used to determine and decide the services that a family needs?
 - d. How does considering the needs of the whole family play a role in the available services and how these services are paid for? How does it alter available services/payment?
 - e. [If not previously mentioned] What kinds of assessments or screeners do you use to determine needs?
21. As a whole, can you describe how service plans are developed?
22. Tell us about the families you serve from DCYF. Very approximately, what is the racial and ethnic make-up, range of cultures of the families?
 - a. What about the primary languages families speak?
 - b. What is the sexual orientation and gender identity of those that you serve?
 - c. PROBE: Do families referred from DCYF tend to be more- or less- diverse than other people/families you serve? In what ways?
23. How well is your program able to respond to the linguistic and cultural needs of those that you serve?

- a. PROBE: What types of culturally-specific care and services are provided? [probe on other ways services might need to be altered to meet needs, such as urban vs rural geographic location, children in home versus out of home]
 - a. Are there other family or individual variations that necessitate changing how the program/service addresses the needs of those that you serve? If so, what are they?
 - b. Do you feel that you effectively address these needs? If so, how?
 - c. Do you serve people regardless of their documentation (do you serve people who are undocumented)?
 - i. PROBE: How this has changed at all over time?
24. Please give us an overview of [program/service/ agency] and its mission?
25. What are [program/ service/ agency's] main goals?

Partnerships with Project Connect and Other Agencies

For all:

26. How much does your [program/ service/ agency/court] collaborate and coordinate with DCYF? Specifically, in what areas do you coordinate and collaborate with them? Which staff from your organization and from DCYF interact?
- a. How easy or hard is it to get what you need from DCYF, and how easy or hard is it for DCYF to get what they need from you?
 - a. PROBE: What makes the collaboration easy or hard?

For health providers:

27. If someone or a family that you work with is also involved with DCYF, is there a set of DCYF policies that you must follow?

For all:

28. Are there any other organizations/agencies that you closely partner with to deliver services to families in DCYF affected by substance use? If so, what are they?
- a. PROBE: What role do they play?
 - b. PROBE: How would you characterize these relationships?

For health providers:

29. Do you have ideas for improving collaboration or communication, especially on the topic of mothers using substances?
30. We learned earlier that you [receive/don't receive] referrals from drug courts. Can you describe whether and how your staff interacts with the courts and justice system?

For all:

31. Do you have families who are involved in Project Connect?
 - a. PROBE: To what extent does [program/ service/ agency/court] work with Project Connect? Specifically, in what areas do you coordinate and collaborate with them?
32. Which staff from [program/ service/ agency/court] and from Project Connect interact?
33. 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 handle HIPAA requirements with regards to that information?

34. How easy or hard is it to get what you need from Project Connect, and how easy or hard is it for Project Connect to get what they need from you?
35. How would you characterize the strength of your relationship with Project Connect? What makes the collaboration easy or hard?
 - a. PROBE: on the extent of shared data and other information coordination

For all judicial stakeholders:

36. How well do you know Project Connect services?
37. Our understanding also is that Project Connect staff attend court hearings with their cases. Do you think having Project Connect staff there is helpful? Why or why not?
 - a. PROBE: Does having a Project Connect staff member there influence the outcome of a case? If so, how?
38. How knowledgeable are Project Connect staff of court procedures?
39. Do court/judicial staff ever meet with Project Connect staff outside of formal court hearings?
 - b. PROBE: If so, under what circumstances?

Funding

For health providers:

40. Now let's talk a little bit about funding. What are your main sources of funding?
 - a. Does your funding vary from year to year? How so? Why?
41. How do clients, particularly low-income, typically pay for their care?
 - b. PROBE: Do they have health insurance (eg, Medicaid, private insurance)? Do they qualify for state-funded coverage?
 - c. PROBE: Are there any other ways they would pay? [probe on child welfare or other agency covering the costs of treatment and services]
42. (If not mentioned above) We understand that some services are Medicaid reimbursable. if so, which services are Medicaid reimbursable? Are there challenges to receiving Medicaid reimbursement? If so, what are they?
 - d. PROBE: on restrictions to same day visits, not all services being funded the same way (some requiring grant funding)
 - e. PROBE: Are the services someone would receive altered or scaled down in any way if a person does not have insurance?
 - f. PROBE: What additional services do you think should be covered by Medicaid to support families with a member or members using substances in ways that cause harm?

Policy and Substance Use Context

For all:

43. 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)
 - PROBE: Are there differences between justice and public health responses to substance use? If so, can you explain what those disparities/differences are?
 - PROBE: Do you see differences in terms of who receives a justice response whether diversion, arrest, prosecution vs who receives a public health-clinical/social response?
 - PROBE: Disparities by race, ethnicity, type of drug, gender identity, sexual orientation?
 - PROBE: Does substance use always show up on someone's record? Can you describe the situations where it does and doesn't?

- PROBE: If you know, can you discuss the other policies affected by someone having substance use on their record? (probe: ability to get housing, substance use showing up as a felony which affects ability to get jobs, etc)

For all judicial stakeholders:

44. We understand that there are drug courts in Rhode Island. Do drug courts or family drug courts make referrals to substance use programs? If yes, do the courts support evidence-informed services, including medication?
 - a. PROBE: Do the courts decide the treatment plan or refer to providers to work with the individual and devise a plan?
 - b. PROBE: What are the rules of engagement?
 - c. PROBE: What technical or other violations will remove individuals from the drug court track?
 - d. PROBE: If someone received a sentence via drug court and there is drug use after that, would they be sent back to prison? Or through the criminal court system? How is that determined?
 - e. PROBE: How does the drug court attitude/treatment differ for someone with children? Are those with children always referred to family drug court?
45. Are there other justice system driven diversion programs like police assisted prebooking or prearrest diversion programs?
 - f. PROBE: Are they widely accessible?
 - g. PROBE: What types and for whom are they available (ie to moms?)
 - h. PROBE: How would one get referred to a justice system driven diversion program?

For state attorneys:

46. How does parental substance use influence your recommendations to the court regarding removal of children from their families' care?
 - a. PROBE: How does it influence your recommendations regarding service provision to families?
47. How often do you help determine the service plan for individuals who use substances/families with a member who uses substances?
48. How do you determine the services that a family should be referred to?

For all judicial stakeholders:

49. Have you seen or noticed differences or disparities in terms of who received a justice response whether diversion, arrest, prosecution vs. who receives a public health-clinical/social response?
 - PROBE: For disparities by race, ethnicity, type of drug, gender identity, sexual orientation
 - PROBE: Does substance use always show up on someone's record? Can you describe the situations where it does and doesn't?
 - PROBE: If you know, can you discuss the other areas that might be affected by someone having substance use on their record? (probe: ability to get housing, substance use showing up as a felony which affects ability to get jobs, etc)

For all:

50. For people who did enter prison for drug use, does the state have reentry programming available so clients can receive substance services as needed upon release, including access to naloxone (Opioid overdose reversal drug)?
51. Does the state have reentry programming available so that they get assistance finding housing, getting a job, etc?
52. Can you tell me about what types of substance use programs and services (including harm reduction, recovery, and prevention services) exist and how accessible and available they are, particularly for families involved with DCYF?
 - a. PROBE: How does your organization/program/service fit into these services?

Final Thoughts

For health providers:

53. Overall, do you believe [program/service/agency] is achieving its intended goals? If so, what's responsible for the success? What are the biggest challenges if it's not?
54. Is there anything your [program/ service/ agency] could do better or that you would like to change? If so, what is it?

For all:

55. [if this is the case] You've told us about the disparities in the criminal justice system in how substance use is addressed, and the disparities in the services that people receive. How do think that substance use programs and services/the court system can work to rectify these disparities and inequities? What do you think should or could be changed about them to address these disparities more head-on?

For all judicial stakeholders:

56. What are your overall thoughts on the role of the courts and the judicial system in determining child welfare outcomes? Is there anything about the process you would change?

For all:

57. Can you describe the changes to your program since COVID and the challenges that has presented?
58. Can you describe the changes to your job since COVID and the challenges that has presented?
59. How has the COVID-19 pandemic changed the social services landscape?