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Prenatal Alcohol and Other Drug Exposures: A Child Welfare Practice Toolkit Focus Group Protocol on Implementation

Thank you for considering participation in this focus group, a component of the U.S. Department of Health and Human Services' evaluation of the *Prenatal Alcohol and Other Drug Exposures: A Child Welfare Toolkit*. This focus group is an opportunity for the evaluation team to understand agency staff perspective about the extent to which the toolkit is relevant and applicable to your work and to what extent the toolkit has increased staff knowledge about prenatal alcohol exposure and fetal alcohol spectrum disorders (FASD).

We realize how limited your time is; the focus group should take approximately 90 minutes to complete. Your participation in the focus group is voluntary. You may decline to answer any question you do not wish to answer and choose to listen to the discussion instead. There are no risks involved in participating in the focus group. While you will not receive any direct benefits from participating in this focus group, your responses will help us learn more about the relevance of the toolkit.

We will be recording our conversation today. That recording will be transcribed and de-identified. That means that your name, agency name, and any other identifiable information will be removed from the transcript. That clean transcript will then be stored in a password-protected electronic file. Only evaluation team members from the contract staff of JBA and ICF will be able to access the transcript. Your name, or any other personally identifying information, will not appear in any report. Be assured that your individual responses will not be shared with your colleagues, supervisors, leadership, or any other staff of your agency outside of those colleagues participating in this focus group. Although we ask that you all in this group do not share what you've heard in this group with others, we cannot guarantee confidentiality from other participants. However, on our part, your focus group responses will remain private to the extent permitted by law.

If you have questions or concerns about the focus group or the evaluation, you may contact Project Director Erin Ingoldsby at ingoldsby@jbassoc.com.

I'll now ask each of you if you agree to participate in our discussion and agree to be recorded.

Focus Group with Child Welfare Professionals

1. Could you each please describe your position at your agency and how long you've been there?
2. How knowledgeable do you feel about prenatal alcohol exposure (PAE)/Fetal Alcohol Spectrum Disorders (FASDs) after reviewing the toolkit?
 - a. *Have you been able to reflect this knowledge in your work?*
 - b. *What gaps in knowledge do you feel like you still have?*
3. Do you feel like the content in the toolkit aligns with your agency's values and objectives?
 - a. *Why or why not?*
4. How useful is the toolkit content to the work that you all do – specifically for case management and ongoing support of families?
 - a. [If needed: Ask participants to remind us of their role when answering this question]
 - b. *Did you see where you could apply the information about PAE/FASD for children/families on your caseload?*
 - c. *Did you provide any of the resources regarding PAE/FASD to caregivers (i.e. handouts, guides, etc.)? If yes: What types of caregivers?*
 - i. *Did you feel those resources were culturally appropriate?*
5. Can you walk us through how you use the knowledge you gained from the toolkit in your everyday practice?
 - a. *Has it changed your practice approach at all, specifically around recognizing PAE/FASD? If so, in what ways? If not, why not?*
 - b. *Has it affected the way you interact with marginalized families? If so, in what ways?*
6. Have you been able to identify a community resource to refer to assess clients for PAE/FASD? To provide services for PAE/FASD?
 - a. *If so, have any of the assessments resulted in a client receiving a diagnosis?*
 - b. *What has been your experience in finding culturally appropriate services? How about in rural and remote communities?*
7. What challenges have you experienced in trying to identify PAE/FASD services?
8. How has the knowledge gained from the toolkit changed the referral process when PAE/FASD is thought to be present?
 - a. *Does the change within the referral process seem reasonable considering your daily work demands? Why or why not?*
 - b. *What steps do you take for identifying any PAE/FASD related supports that the family may need throughout the referral and assessment process?*

9. When considering PAE/FASD, what safeguards do you have in place to minimize harm against families within the referral and assessment process?
 - a. *How do you determine your internal biases are not causing harm in your work with marginalized families?*

10. Is there anything else you'd like to tell us?

Thank you for your time!