Anchor

Touchpoints for Addressing Substance Use Issues in Home Visiting

Pilot Study Interview Protocol: Home Visiting Model Representatives

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Interview protocol: home visiting model representatives

As you may remember, my firm, Mathematica, has been contracted to conduct a pilot study of two performance measures, called Screening for Substance Misuse (SUD-1) and Follow up for Caregivers At Risk of Substance Misuse (SUD-2). In advance of today’s interview, we emailed you a reference document that shows the data used to derive these performance measures.

The purpose of the pilot study is to assess the usefulness of the measures to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees and local implementing agencies for improving home visiting services and identify facilitators and challenges with using the measures. Mathematica is conducting this evaluation on behalf of the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) in collaboration with the Health Resources and Services Administration (HRSA). There are no direct benefits or risks for your participation, but your input will help to determine the feasibility and usefulness of these two performance measures that could be adopted into the MIECHV performance system.

To date, Mathematica has been providing several local implementing agencies with technical assistance on the use of these performance measures. Today, Mathematica is going to ask you to reflect on [HOME VISITING MODEL NAME] guidance and practice along two broad topics: substance use screening and follow up care, and substance use screening measurement and reporting. We expect our discussion to last about 30 to 45 minutes. Your participation is voluntary, and you may skip any question. Mathematica will compile findings from this interview, other home visiting model representatives, state MIECHV awardees, and local implementing agencies. We will provide our aggregated pilot study findings to OPRE and HRSA. Your information will be kept private to the extent permitted by law. We will not name individual staff in our pilot study report. Our main goal is to learn from you! Would it be okay if we recorded the interview? We take notes to capture everything you say but sometimes we miss something important. We listen to recordings in case we want to go back and check something in our notes. We do not share recordings outside of the study team and will destroy recordings when our project ends.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0355 and the expiration date is 05/31/2021. If you have any comments on this collection of information, please contact Melissa Azur.

[If the respondent does not want to be recorded] That’s no problem.

Do you have any questions before we begin?

I. Substance use screening and follow up care

1. I would like to begin by hearing about your role within [ORGANIZATION NAME]. What is your title at [ORGANIZATION NAME]?
2. What is your title relative to [HOME VISITING MODEL NAME]? What are your key responsibilities in this role?
3. How long have you worked in your current role?

I would like to understand the [HOME VISITING MODEL NAME] guidance and resources that are available to local implementing agencies, with respect to substance use screenings and follow up care with a behavioral health specialist after positive screens.

1. First, does [MODEL NAME] recommend screening primary caregivers for substance use?
2. [If yes] Are particular substance use screening tools recommended? If so, which ones?
3. What kinds of professional development materials, trainings, or other guidance resources does [MODEL NAME] make available to agency staff to conduct screenings, make referrals and appointments for follow up care, and use or report out on screening data?

Probe:

1. Purpose or benefits of screening and follow up care
2. Tracking data on screenings, referrals, follow up care appointments and attendance
3. How and when screening is conducted
4. For whom screening is conducted
5. Scoring methods
6. Interpreting the screening results
7. Approaching and engaging in discussions about screening results with primary caregivers when substance misuse is identified
8. Explaining availability and benefits of follow up care
9. Identifying appropriate follow up care providers
10. Conveying positive screening results to behavioral health specialist
11. Timing of meetings with behavioral health specialists, for primary caregivers, and for pregnant mothers (if different)
12. Monitoring and use of screening results
13. Would any additional guidance and resources for [MODEL NAME] help build the knowledge base of staff and improve their practices related to substance use screenings and referrals for follow up care? If so, what might these look like?

Use probes (a) through (l) above.

1. What kinds of professional development materials, trainings, or other guidance resources does [MODEL NAME] make available to local implementing agency staff to help them support primary caregivers with substance use issues?

Probe for primary caregiver supports:

1. Education on the effects of substance use on themselves and their children’s development
2. Positive social support
3. Support for behavior change promotion
4. What additional materials and resources might be beneficial for [MODEL NAME] to provide to home visiting staff to build their knowledge base and improve their practices related to supporting primary caregivers with substance use issues?

Use probes (a) through (c) above.

II. Substance use screening measurement and reporting

Now I would like to discuss local implementing agency measurement of substance use screenings and follow up care, among primary caregivers enrolled in [MODEL NAME].

1. [Ask if data are tracked on substance use screening and follow up care per question 6.b in Section 1] Does this [MODEL NAME] guidance include data specifications, that is, the data elements to collect and associated parameters and definitions?

Probe for each screening measure:

1. Reference period (that is, time frame of interest)
2. Types of substances screened
3. Numerator definition (that is, who in your program is supposed to be screened for substance use)
4. Denominator definition (that is, the pool of eligible primary caregivers)
5. Exclusions from the measure and reporting missing data
6. [Refer the respondent to SUD-1 and SUD-2 measure data specifications that were shared in advance of the interview]

Please take a moment to review the SUD-1 and SUD-2 specifications and compare them to other MIECHV performance measure specifications. Would SUD-1 and SUD-2 collection add substantial difficulty and preparation time for local implementing agency staff? If so, why?

1. Based on your experience, what resources and supports would help local agency staff collect and track data needed for reporting the SUD-1 and SUD-2 measures?

Probe:

1. Forms and/or systems for monitoring and tracking
2. Policies and procedures
3. Organizational leadership
4. Staffing or training
5. Other

Thank you! Those are all the questions I have for you today.

[If the interview was not recorded, ask] Would it be okay to contact you after today with a follow up question or two, in case we missed something in our notes?