

THE RELATIONSHIP BETWEEN SUBSTANCE USE AND FOSTER CARE

Discussion Guide for Other Administrators and Practitioners

Instructions for interviewer

The following semistructured discussion guide is designed to be tailored as appropriate to the professional perspective and knowledge of respondents. Sections or specific questions may be adapted or skipped based on the background and knowledge of the respondent. In particular, additional discussion questions for practitioner are noted where appropriate. Due to time constraints, researchers may prioritize and skip some questions.

Before beginning, interviewers will read the verbal consent script (see attachment) to provide information about the study and to ask consent questions for participation in the study and for audio-recording.

A. Work History/Experience

- 1. Can you please tell us about your position and role or responsibility with [employer name]?**

Possible probes:

- a. How long have you worked in this position?
- b. Including current and earlier experience, how many years have you worked with these types of agencies/organizations?
- c. What has been your experience in working with child welfare systems and/or families?
 - How does your current position/agency interact/collaborate with child welfare systems/families?

B. Context

- 1. We're seeing [describe key findings regarding foster care and substance use from data fact sheet specific to each site] in data for your county. Is that consistent with your experience?**

Possible probes:

- a. In your experience, what are the most common types of substance use and use disorders in the county?
 - How has it changed over the past five years?
 - How does opioid use compare to the use of other substances?
 - If opioid use is the primary problem, are individuals using primarily prescription opioids or heroin and other illegal forms of these drugs?
- b. How has substance use, especially opioid use and use disorder, affected the county?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0990-0421]. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health and Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington, DC 20201, Attention: PRA Reports Clearance Officer.

- How has opioid use and use disorder influenced the county differently than other types of substance use and use disorder?
- c. Are there differences in various parts of the county, that is, between more urban and more rural communities? Are there differences by other factors in the county such as:
 - Demographics or socioeconomic factors (income, poverty, unemployment)?
 - Availability (or lack) of substance use treatment services?
 - Availability of opioids (legal or illegal) and other substances?
 - Other factors (uninsured, disability, occupational injuries, incarceration)?

C. Other Service Providers

[To be asked of other service providers and adapted to specific types of services (such as public health, mental health, or other services).]

1. [For practitioners] Please describe your agency/personal caseload.

Possible probes:

- a. How many individuals/families are in your agency/personal caseload?
- b. How frequently do you work with clients who are involved with child welfare?
- c. How frequently do you work with clients struggling with substance use? Has this changed over time?

2. Please describe the services provided by your agency/program.

Possible probes:

- a. What services does your agency/program provide?
 - [For practitioners] What services do you provide to clients?
 - What services are most relevant for child welfare–involved families struggling with substance use?
 - In what ways do your services address the needs of parents with substance use disorders?
 - Are these treatments family-friendly treatments (such as those that allow parents to stay connected with children)? Do these services include a parenting component?
 - Has the nature of the services changed over time?
- b. How do individuals access/receive your services?
 - Do people voluntarily seek treatment? Are people referred for services? Do other agencies or the courts mandate services?
 - Do the means by which people seek treatment (voluntary or otherwise) affect their engagement in services? Does it affect their service outcomes?

- c. [For practitioners] Regarding the need for services, do families engaged in the child welfare system face struggles that are similar to or different from the struggles faced by other families you serve?
- Are these struggles different for those battling opioid use versus other substances?
 - How have the struggles changed over time?

3. How has demand for your services and your ability to meet clients' needs been affected by recent changes in substance use patterns in your county (e.g., increases in opioid use)?

Possible probes:

- a. Have the changing patterns of drug use translated into demand for different service types and amounts?
- b. What is the capacity for these services in the county?
- c. What is the capacity of your own agency/program?
- Is the capacity of your program sufficient to meet the need? Are there enough spots available in your program?
 - If demand has increased, have you been able to increase service capacity to meet the need? Why or why not?
- d. Are there waitlists for the services provided by your agency/program?
- Do certain individuals receive priority status on waitlists? If parents involved in the child welfare system have priority status on waitlists, is this an effective way to get parents services sooner?
- e. What is the percentage of participants successfully complete your programs?
- For instance, how frequently do clients successfully complete services?
- f. How have these services been affected by the needs of families struggling with substance use, especially opioid use and use disorder? How have service providers responded?
- How have the services or service providers changed over time?
- g. What local policies/practices or county factors may contribute to how recent substance use, particularly opioid use, have influenced these services?
- h. How are your services financed (e.g., child welfare agency purchases the service, Medicaid pays, other public funds, fees, etc.)?
- Are families required to pay a portion?
 - Are families denied access to services based on their inability to pay?

4. In what ways does your agency/program interact with the local child welfare agency?

Possible probes:

- a. How do you partner/work with the child welfare agency to meet families' needs?
 - How are referrals made? How often does the child welfare agency refer clients to you?
 - How are services coordinated?
 - What feedback or information is shared?
 - [For practitioners] Do you communicate to child welfare regularly on participant's progress in your program? How is that done?
 - b. [For practitioners] How does a client's involvement with child welfare influence your work with a parent?
 - c. [For practitioners] Does a client's participation or success (or lack of success) in your program typically influence his or her child welfare case? In what ways?
- 5. What other agencies or organizations do you work with that are involved in responding to substance use issues among child welfare system-involved parents?**

Possible probes:

- a. Who are your key partners in responding to child welfare-involved families with substance use disorders (law enforcement, medical or mental health providers, schools, etc.)?
 - How do you collaborate with those partners on behalf of individual families?
 - How are referrals made with partner organizations?
 - What feedback/data or information is shared?

D. Law Enforcement

[To be asked of law enforcement professionals and adapted as needed.]

- 1. Please describe the roles law enforcement agencies in your county play in responding to situations in which children may be endangered by parents' substance misuse.**

Possible probes:

- a. How do law enforcement agencies respond? How are they similar or different from each other in their response?
- b. How frequently do law enforcement personnel encounter children when conducting law enforcement activities related to drug offenses?
 - Has this changed over time?
- c. How does your agency respond when coming across such children?
 - Do officers frequently make child protective services reports? Play a role in CPS investigations? Take temporary custody of children under some circumstances?
 - Have these responses changed over time?

- d. In what other ways do you [or your staff] interact directly or indirectly with families struggling with substance use or engaged in the child welfare system?
 - What types of cases seen by local law enforcement are related to substance use, especially opioid use? How has this changed over time?
 - To what extent do these cases involve child welfare issues (child is harmed or at risk of harm)?
 - How frequently do you work with child welfare–involved families? How has this changed over time?

2. How has local law enforcement been affected by and responded to families struggling with substance use, especially opioid use and use disorder?

Possible probe:

- a. Has substance use or use disorder led to any changes in the number of reports/calls to law enforcement?
 - If so, how has the number changed over time?
 - If there has been an increase in substance use or use disorder, does local law enforcement have the resources (staff, funding, etc.) to respond to an increase in reports related to substance use?
 - Do law enforcement officers carry and administer Naloxone to treat overdoses? Why or why not?

3. How has local law enforcement worked with child welfare agencies to address the needs of families struggling with substance use?

Possible probes:

- a. Do you think there been any change in the number of reports to child welfare made by law enforcement?
 - To what extent is the change attributable to substance use, especially opioid use?
 - How has the number changed over time?
- b. Is there a drug endangered children coalition in your county?
- c. Has local law enforcement received any specialized training to respond to substance abuse cases? To cases involving child maltreatment?
 - How has the training affected local law enforcement practices?

4. Has local law enforcement coordinated with other agencies or service systems to focus on identifying children at risk of maltreatment due to substance use, especially opioid use? If so, please describe.

Possible probes:

- a. Has such coordination affected the number of child welfare reports?

- b. Do you think the local law enforcement system been affected by and responded to substance use and use disorder?
 - For example, has substance use or use disorder led to jail crowding issues?
- c. What local policies/practices or community factors may contribute to how law enforcement responds to cases involving substance use, particularly opioid use, and child welfare?

E. Court Professionals

[To be asked of court professionals and adapted as needed.]

1. Please describe the local court system(s) that would respond to drug related offenses and child welfare cases in the county.

Possible probes:

- a. What are the various courts/court systems that would be relevant for the affected families?
- b. In what ways do different court systems work differently with substance use versus child welfare cases?

2. Please tell me about the operations of the courts that hear child family/dependency cases. What are those courts called in this jurisdiction?

Possible probes:

- a. How are these courts structured? Do specialized judges or a rotation of judges from other courts staff the courts that hear child welfare cases?
- b. Do these courts serve all families involved in the child welfare system (or just those in foster care)?
- c. How does the family/dependency court influence access to substance use treatment for parents who need it?
- d. Are there particular court practices that may shorten or lengthen the time children spend in foster care?
- e. How does the family/dependency court influence families' ability to achieve success with substance use treatment?
- f. How does the family court influence families' ability to achieve reunification?

3. Does the local county have a family drug treatment court?

Possible probes:

- a. If so, tell me about how the family drug treatment court works.
- b. Are family drug treatment courts available to all child welfare involved–families with substance use problems, or are the courts limited to certain jurisdictions or populations?

- c. How does families' involvement in family drug treatment court differ from that of involvement in the traditional court system? How do family drug treatment courts relate to other courts (family court, criminal court)?
 - d. How does the family drug treatment court influence access to substance use treatment or access to child welfare services?
 - e. How does the family drug treatment court influence the length of time a family may be engaged in foster care/child welfare?
 - f. How does the family drug treatment court influence families' ability to achieve success with substance use treatment?
 - g. How does the family drug treatment court influence families' ability to achieve reunification?
- 4. How has the local court system (criminal court, family drug treatment court, family courts) been affected by and responded to families struggling with substance use, especially opioid use and use disorder?**

Possible probes:

- a. Has there been a change in the number of cases seen by the court system (criminal court, family drug court, family courts) that involve substance use or use disorder-related issues? How has the number changed over time?
 - b. What types of cases have been seen by the court system (criminal court, family drug treatment court, family courts) related to substance use, especially opioid use?
 - To what extent do these cases involve child welfare issues (child is harmed or at risk of harm)?
 - How has this changed over time?
 - c. Have court professionals (judges, lawyers) received any specialized training to respond to substance abuse cases? To cases involving child maltreatment?
 - How has the training affected legal practices/procedures?
 - d. What local policies/practices or county factors may contribute to how the courts work with cases involving substance use, particularly opioid use?
- 5. How has the court system interacted or coordinated with the child welfare agency regarding cases of children from families struggling with substance use?**
- 6. Has the court system (criminal court, family drug treatment court, family courts) coordinated with other agencies or service systems to focus on identifying and handling cases of children at risk of maltreatment due to substance use, especially opioid use?**

Possible probes:

- a. How has this coordination affected the number of child welfare reports?
- b. How has this coordination affected the number of children in foster care?

7. *[For judges]* **How do you take success or failure in substance abuse treatment into account in decision making about child welfare issues?**

F. Success and Challenges

1. **What aspects of your agency/organization’s response have been successful in assisting families struggling with substance use?**

Possible probes:

- a. What strategies or aspects do you see as most successful in addressing the needs of these families? Why? What contributes to this success? How is success defined?
- b. What strategies have you found ineffective?
- c. How can the child welfare agency’s response be more successful?

2. **In your opinion, what are the primary challenges to, or missing pieces in, your county’s response to families struggling with substance use?**

Possible probes:

- a. What is one thing that gets in the way (a barrier or challenge) that you most wish you could address?
- b. What services or supports are missing or in short supply in your county?
- c. What suggestions would be most helpful to address these challenges?
- d. Does your agency/program/court system have enough resources and the types of resources needed to respond to families struggling with substance use? If not, what resources are needed?
- e. How do these barriers/challenges differ because of opioid use versus other substance use?
 - How have these barriers/challenges changed over time?
 - How common are these barriers/challenges?
 - Do other communities share the same barriers/challenges, or are the barriers/challenges unique to your community?
- f. If you had a magic wand, aside from additional financial resources, what would you do to help meet the needs of parents and children affected by substance use?

3. **Is there anything else that we haven’t discussed that you think would help us understand your county/region’s experience with these issues?**

G. Recommendations for Other Respondents

1. **Whom would you recommend that we speak with who can offer additional perspectives on the relationship between child welfare and substance use in the county?**

- a. These professionals might include administrators or practitioners in child welfare, substance use treatment, public health, law enforcement, or judicial/legal matters.

- b. For those you would recommend, would you be able to provide us with their contact information (email and telephone number)?

The closing remarks will include the following: thank you for participating, providing reassurance about confidentiality, reminding participants how the audio recording will be used, soliciting any questions, and providing contact information.