

Purpose: To assess local capacity for providing home visiting services to high risk pregnant women and women with young children

Availability/Accessibility of Services

- Tell me a little bit about the role that SRS Child and Family Services plays in your community.
- Are referrals handled differently based on presenting risk factors (i.e. substance use, maltreatment/physical abuse, neglect, etc)?
 - For example, could you explain the process that would be followed if a substance-using pregnant women was referred?
 - How is Family Preservation’s new service for Pregnant Women Using Substances being used in your community? What is working well? What are the challenges?
 - Could you explain the process that would be followed if a family with young children (b-5) was referred due to substance use in the home?
- Can you describe when you would open a child protection case, refer to family preservation, or refer to outside services?
 - If the case is unsubstantiated, are those families referred to any services? If so, how is need assessed to determine what services are needed?
 - For families with a need for substance use disorder treatment, are those services readily available in your community?
- What are the challenges of meeting the needs for child welfare services in your community?
 - How does this impact your “ideal” service-delivery model?
- What is the child welfare response in your community if a child is born substance exposed?
 - How does the community structure (i.e. DA, courts, etc) influence the process for substance exposed newborns?
 - Is there an established process for identifying substance exposed newborns at birth?
- Has the change in the Child Protection Reporting Center impacted community-level relations/referrals/communication?

Assessment and Referral Coordination with HV programs/Service Capacity

- How do you coordinate services for pregnant women or mothers with young children within your own agency and contractors?

- Do you specifically coordinate services with home visitation programs? What does the coordination among the programs look like?
 - Is HV ever a court-ordered service for high risk families?
 - Do you refer to HV services for pregnant women and women with young children?
 - If so, which HV programs do you most frequently refer to? Why?
 - About how many women do you refer to all HV programs in a given month?
- Is there collaboration between SRS staff/contractors and HV staff? At what levels?
- What are the reasons that you would refer to home visiting programs? When would you refrain from referring?
- How might home visiting programs in your community build capacity to serve multi-risk families?
- What challenges exist for home visiting programs to serve high risk pregnant women and women with children?
- How do you address the needs of diverse populations?

General

- What would your community need to improve birth outcomes and reduce childhood exposure to risk factors such as substance use, domestic violence, etc?