

Home Visitation Service Availability for High Risk Pregnant Women with Substance Use Disorders- State Level

2010

Purpose: To assess state capacity for providing home visiting services to high risk pregnant women with substance use disorders

*Note: Target communities have not been selected yet by KDHE, we will follow up on specific questions identified with an * once those communities have been identified.*

Assessment and Referral Coordination with existing Home Visiting Programs

1. Could you talk about the general process of a client accessing recovery services? What are the typical entry points for clients coming into care?
2. What are the standardized assessment tools used by RADAC to identify those needing treatment?
3. What is the average wait time between referral and assessment through RADAC? How does this vary by community?*
4. Do you have data on the number of referrals **to** RADAC assessment **from** existing HV programs within state/community?
5. Do you have data on the number of referrals **from** RADAC services **to** existing HV programs within state/community?
6. Do RADAC staff utilize other input (e.g. from HV staff) to identify the most appropriate level of recovery services for a given client?
7. Can you describe the collaboration between RADAC, community recovery service providers and HV staff? At what levels?
8. Do recovery service providers share information about client progress with home visitation staff who is working with that client? What are the barriers to sharing this information?

Recovery Service Capacity & Accessibility

9. How many total slots are there available within the target communities? *
10. In general, are available recovery services in communities matched with forecasts of treatment need in those communities?
11. How does treatment need in the target communities compare with utilization of AAPS funded slots?*
12. What is the average wait time between assessment and entry into recovery services?
13. What are the identified priority populations for recovery services? How many slots are set aside for priority populations?
14. Are there any programs addressing specific target populations (e.g. gender specific, cultural populations, substance specific)?
15. How many state-funded recovery service providers have child-care resources available for clients?

Home Visitation Service Availability for High Risk Pregnant Women with Substance Use Disorders- State Level

2010

Gaps and Barriers to Accessing Services

16. In your opinion, what are the perceived gaps in available resources for people in need of recovery services across the state? Within the identified communities?*
17. In your opinion, what are the biggest barriers or challenges a client in home visiting services might face to accessing recovery services?
18. Specific to the home visiting model, how might the state and local community providers work together to coordinate services?