## Supplement 1. Qualitative In-Depth Interview Study Flow Diagram

Contacted Eligible Facilities

(*N* = 23)

Excluded (*n* = 11):

Unable to participate due to time constraints (*n* = 2)

Weather damage to facility (*n* = 1)

No response (*n* = 8)

**Enrollment**

Number of Informational Calls Completed

(*n* = 12)

Excluded (*n* = 5):

Study not approved by facility leadership (*n* = 2)

Unable to participate due to time constraints/no response (*n* = 3)

Facilities consented to participate (*n* = 7)

**In-Depth Interviews**

Participants assessed for eligibility (*n* = 41)

**Pregnant and Postpartum People**

**Administrators and Providers**

**Analysis**

Excluded (*n* = 4):

Not pregnant or postpartum within 2 years (*n* = 1)

Incomplete screener (*n* = 3)

Participants assessed for eligibility (*n* = 47)

Excluded (*n* = 13):

Worked < 1 year (*n* = 3)

Training/role is not AP  
(*n* = 6)

Did not consent to recording (*n* = 1)

Incomplete screener (*n* = 3)

Excluded/lost to follow-up

(*n* = 8)

Excluded/lost to follow-up

(*n* = 10)

Eligible participants who completed IDIs   
(*n* = 26)

Eligible participants progressed to IDIs

(*n* = 37)

Eligible participants who completed IDIs  
(*n* = 27)

Eligible participants progressed to IDIs

(*n* = 34)

*Note.* IDI = in-depth interview.

**Supplement 2. In-Depth Interview Discussion Guide for Pregnant and Postpartum People**

*[Note to moderator: Family-centered substance use treatment services will be denoted by the acronym “FCSUT” in the discussion guide. FCSUT services can include a lot of things, but here are some common examples].*

**Section A. Introduction (5 minutes)**

Thank you for speaking with us today. Your time is greatly appreciated. My name is \_\_\_\_\_, and I work for Fors Marsh, which is an independent research company. This means that I’m here to listen to you and what you have to share with me, and I have no stake in how you respond, and I will not judge your responses or anything you say. Today, we would like to hear from you about your experiences using the services at this facility.

We will have about 60 minutes for our discussion.

We are conducting these interviews to understand the services offered for pregnant and postpartum people at substance use treatment facilities like the one you are using or used and to find ways to better support people who are receiving substance use treatment. So, today, I would like to learn more about your experiences receiving substance use treatment at this facility in particular.

Before we get started, I want to go over a few general rules for our discussion today:

* First, there are no wrong answers. My purpose is to hear your perspectives, opinions, and experiences.
* Your participation is voluntary. You have the right to withdraw from the study at any time. You don’t have to answer every question if you don’t want to. You are free to get water or food or to use the restroom at any time. Participating or withdrawing from the study will have zero impact on your treatment at the facility.
* Participating in this study will bring no physical harm to you. We will be discussing your experience using substance use treatments and services. We will not be asking you to discuss your own substance use history. You are in charge of your story and what information you would like to share.
* Your input will greatly help the Centers for Disease Control and Prevention (CDC) understand family-centered substance use treatments (FCSUT) and services for pregnant and postpartum people.
* You will receive a $120 gift card as a token of appreciation. You will receive an electronic gift card in an email within the week.
* Note that others on the research team will be listening to the interview and taking notes so I can be present in our discussion. Please speak openly about your experiences. We want to learn from you, so it is important that you share your honest opinions.
* This study is covered by what’s called a Certificate of Confidentiality. This means that everything you share with me today will be confidential. We will write a final report that will be shared with the CDC Division of Violence Prevention (DVP), but neither your name nor any other personally identifiable information will be included in that report and your responses will not be linked to your identity in any way. We’ll use first names only (no last names) in this interview, or you are welcome to use a pseudonym.
* I will keep all comments secure, but we are mandatory reporters. If you express intent to harm yourself or someone else, we have to report this. In the event, for example, that someone shares an instance of child abuse, in some states we are mandated by law to report the incident.
* To protect your privacy, we ask that you blur your virtual background screen. You may also turn off your camera if you prefer. Would you mind blurring your screen for us now?
* We are also audio recording this session for the purpose of taking notes only. The audio files will be transcribed, however any information that could identify you will be removed from the transcripts. Everything you say will be kept secure and anything that is reported will be done without your name or identifying information. In other words, no one who reads the final report will know or be able to figure out that any of you participated. Is it okay if I start recording?

[MODERATOR STARTS THE RECORDING]

Great, thank you. Before we get started, I just want to confirm:

* Verbal consent:
  + Do you agree to take part in this study?
  + Do you have any questions before we begin?

[Must ask for verbal consent before proceeding. This is the only form of consent we are collecting]

Great, I would first love to start off with an ice breaker to get to know each other a little better. In just a second, if you would be willing to share:

* What is your favorite activity to do with your child or children?
* [IF CURRENTLY PREGNANT]: What are looking forward to the most about parenting?

[“Must hit” questions are **bolded]**

**Section B. Opening Questions (10 minutes)**

1. **First, I am wondering if you could tell me about your experience receiving treatment at the facility.** 
   * PROBE [if participant did not provide a reason for how or why they received care at this facility]: **What made you want to receive treatment here?**
   * PROBE [if participant did not mention specific services]: **What services did you receive while you were receiving treatment?**
   * **PROBE: Were you receiving care in a residential or outpatient setting? Or both?**
   * PROBE [if participant did not mention services we are interested in]: You mentioned you received services like [insert services], I am wondering if you received any other services that were helpful to your treatment or recovery?
     + Examples: What about, childcare? Family counseling? Parenting classes? Prenatal care?

Thank you for sharing. Our discussion today is going to be about your experience receiving family-centered treatment at the facility. By family-centered, I mean substance use treatment that provides a wide range of treatments and services that meet the needs of each member in the family, not only the person requesting care. Family-centered treatment often aims to improve parenting and family relationships. It can also include other services to improve your health (e.g., primary care, maternal health care).

You have already mentioned a few family-centered services, like [Moderator to reference responses from Q1]. Some other examples include childcare, family counseling, family planning services, parent training, prenatal and postnatal care services. *[Note to moderator: Other popular services offered at FCSUT facilities include: Housing support, financial support, peer supporters, community resources, domestic violence counseling].*

**Section C. Reach (15 minutes)**

1. **Now I’d like to discuss more about how you learned about the facility and about the type of services that it offers. Tell me a little more about how you came to receive treatment here.** 
   * PROBE [if participant mentions it was difficult to find out about facility]: It sounds like it was difficult for you to find out about the facility and the types of services they offer. What do you think would have made it easier for you to find out this type of information?
   * **PROBE: How long were you, or have you been, at the facility? How do you feel about the length of time?**
2. **When you began treatment at the facility, how did you and your family members go about getting enrolled in the different treatments and services that were available?** 
   * **MANDATORY: What motivated you to enroll in these services?**
   * **PROBE: Were there any times you wanted to quit the program? What made you want to quit?**
   * **PROBE: What are some reasons why you were, or are, successful in this program if still enrolled?**
   * PROBE [if participant describes services that they were not able to receive]: Why weren’t you able to receive [insert services]?
3. **What requirements were there, if any, for receiving care at this facility?** 
   * PROBE: For example, were there limitations on phone use? Black out/no contact periods with family and friends?
   * PROBE: How has this impacted your recovery journey?

**Section D. Experience with Services and Providers (10 minutes)**

1. **Now we will talk a little bit about some of the specific services you received at the facility. Were there any treatments or services at this facility that you found to be unique?**
   * PROBE [if they don’t mention any services]: Okay, it sounds like there weren’t any services that you found really unique. But were there any services that you found really valuable or any that you really enjoyed?
   * PROBE [if participant doesn’t talk about why these services were beneficial]: How did [insert services] help you in your treatment and recovery? What about with parenting or your relationship with your children? What about your health while you were pregnant or postpartum?
2. **What services were provided at the facility that helped you adjust to being a parent or improved your parenting skills?**
   * PROBE [if participant does not mention any]: It sounds like you didn’t find any services that were helpful with parenting. But what types of services or programs do you think could have been offered that would help others with their parenting skills and relationships with their children?
   * **PROBE: What improvements could be made to improve social services? For example, Child Welfare services? Supplemental Nutrition Assistance Program (SNAP) or food stamps? Temporary Assistance for Needy Families (TANF)? Special Supplemental Program for Women, Infants, and Children (WIC)?**

**Thanks so much for telling me about your experiences with some services at the facility.**

1. **Now I’m wondering about your experiences interacting with and receiving treatments and services from providers at the facility. First, tell me your thoughts about providers’ skills and attitudes that you interacted with at the facility.** 
   * **PROBE: How well did you feel your treatment plan was integrated into the other recovery services you received?**
   * PROBE: What about their interactions were helpful/supportive?
   * PROBE [if not providing an example]: Could you tell me about a time that you felt really supported by staff in your treatment and recovery? Or maybe a time where you did not feel supported, maybe even judged by a provider or another staff member?
   * **PROBE: One of the things we are also curious about is something called cultural competency, so basically being empathetic to everyone’s situation and meeting folks where they’re at. Did you ever feel like you were receiving any kind of stigma or discrimination at the facility?**
   * PROBE [if they share a positive or negative experience]: How did this experience impact your treatment and recovery? PROBE: How did this impact your children or partners’ experiences?
2. **Can you share any other thoughts about providers, the facility itself, or anything else that made it easier to access treatment when you were pregnant or postpartum?** 
   * [PROBE]: **What was the easiest part of accessing treatment that might be useful for others seeking treatment?**
   * [PROBE:] **What was the most difficult part in accessing treatment?**
   * PROBE [if COVID has not yet come up and it’s a good opportunity]: **I’m wondering if the COVID-19 pandemic made it more challenging to receive treatment? What about your family’s ability to be a part of your treatment journey?**
   * [IF BROUGHT UP: PROBE]: What services do you need during recovery?

**Now I’d like to learn a little bit more about how this facility and the treatment you received has had an impact on you and the members of your family.**

**Section E. Impacts and Improvements (15 minutes)**

1. **Since enrolling in treatment at the facility, tell me about how it’s changed your life, your children’s lives, and any other family members important to you.** 
   * PROBE [if they don’t want to talk about themselves]: What do you perceive as the benefits of treatment that involve the whole family?
     + PROBE: What about treatment that integrates other healthcare services, for example, prenatal care for people who are pregnant with a substance use disorder?
     + PROBE: What about treatment facilities that involve or allow children? Partners?
   * PROBE: How will the treatment you received benefit your child and children in the future?

**Now I’d like to shift gears and discuss some drawbacks or any negative experiences you had at the facility while receiving treatment.**

1. **Tell me about any drawbacks to receiving treatment at this facility while pregnant or postpartum.** 
   * **PROBE: Were there any legal, societal, or insurance barriers you faced while receiving treatment?**
   * PROBE: Did you find any services weren’t helpful to your treatment or recovery?
     + PROBE: What made it difficult to receive services?
     + PROBE: What was is about these services, or how they were implemented or delivered, that was not helpful?
     + PROBE: Tell me more about that negative experience.
   * PROBE: What services do you wish you received earlier in your recovery?
2. **\*\*\*Now, tell me about how treatment can be improved at this facility, not only to meet your needs, but also the needs of your children and other family members.**

PROBE: [IF NO IMPROVEMENTS]: **What do you think could be improved to help other people seeking care?**

* + PROBE: **How can treatment and services be improved to better support people once they have graduated from treatment?**
  + PROBE: **What resources or healthcare services do you wish you had now?**

**Section F. Conclusion (5 minutes)**

1. **[TIME PERMITTING] What has surprised you most about your experiences with family-centered services at the facility?**
2. Thank you so much for taking the time out of your day to talk with me and to share your perspectives and experiences. Is there anything else that you would like to share with me?

**[TIME PERMITTING]** If you don’t mind, I am going to take just a moment to see if my team has any additional follow-up questions for you. [Ask any additional questions]

**THANK AND END INTERVIEW**

**Supplement 3. In-Depth Interview Discussion Guide for Administrators and Providers**

*Note to reader: Family-centered substance use treatment services will be denoted by the acronym “FCSUT” in the discussion guide.*

**Section A. Introduction (5 minutes)**

Thank you for speaking with us today. Your time is greatly appreciated. My name is \_\_\_\_\_, and I work for Fors Marsh, which is an independent research company. This means that I’m here to listen to you and what you have to share with me, and I have no stake in how you respond, and I will not judge your responses or anything you say. Today, we would like to hear from you about your experiences as a provider or administrator of family-centered substance use treatment (FCSUT) services at this facility.

We will have about 60 minutes for our discussion.

We are conducting these interviews to learn about the implementation of the services offered for pregnant and postpartum people at your substance use treatment facility.

Before we get started, I want to go over a few general rules for our discussion today:

* First, there are no wrong answers. My purpose is to hear your perspectives, opinions, and experiences.
* Your participation is voluntary. You have the right to withdraw from the study at any time. You don’t have to answer every question if you don’t want to. You are free to get water or food or to use the restroom at any time.
* Your input will greatly help the Centers for Disease Control and Prevention (CDC) understand family-centered substance use treatments (FCSUT) and services for pregnant and postpartum people.
* You will receive a $120 gift card as a token of appreciation. You will receive an electronic gift card in an email within the week.
* Note that others on the research team will be listening to the interview and taking notes so I can be present in our discussion. Please speak openly about your experiences. We want to learn from you, so it is important that you share your honest opinions.
* This study is covered by what’s called a Certificate of Confidentiality. This means that everything you share with me today will be confidential. We will write a final report that will be shared with the CDC Division of Violence Prevention (DVP), but neither your name nor any other personally identifiable information will be included in that report and your responses will not be linked to your identity in any way. We’ll use first names only (no last names) in this interview, or you are welcome to use a pseudonym.
* I will keep all comments secure, but we are mandatory reporters. If you express intent to harm yourself or someone else, we have to report this. In the event, for example, that someone shares an instance of child abuse, in some states we are mandated by law to report the incident.
* To protect your privacy, we ask that you blur your virtual background screen. You may also turn off your camera if you prefer. Would you mind blurring your screen for us now?
* We are also audio recording this session for the purpose of taking notes only. The audio files will be transcribed, however any information that could identify you will be removed from the transcripts. Everything you say will be kept secure and anything that is reported will be done without your name or identifying information. In other words, no one who reads the final report will know or be able to figure out that any of you participated. Is it okay if I start recording?

[MODERATOR STARTS THE RECORDING]

Great, thank you. Before we get started, I just want to confirm:

* Verbal consent:
  + Do you agree to take part in this study?
  + Do you have any questions before we begin?

[Must ask for verbal consent before proceeding. This is the only form of consent we are collecting]

Great, I would first love to start off with an ice breaker to get to know each other a little better. In just a second, if you would be willing to share:

* What is something you like to do in your free time? Favorite hobbies?

[“Must hit” questions are **bolded]**

**Section B. Opening Questions (10 minutes)**

1. **Tell me about the different treatments and services your facility offers to pregnant and postpartum people.** 
   * PROBE: Do you offer mostly residential or outpatient care? Or both?
   * PROBE: Tell me about what your typical day looks like.
   * PROBE: What services are you most involved with?
   * PROBE: Are there any other treatments or services offered to pregnant or postpartum people?
2. **What do you think are the top reasons why pregnant and postpartum people seek care at your facility?**
   * **PROBE: What are the most common treatments and services pregnant and postpartum people use at your facility?**
3. **When you hear the phrase “family-centered substance use treatment” (FCSUT) what does that mean to you?**
   * PROBE: Can you provide some examples of family-centered substance use treatment services provided at this facility?

For our purposes today, I would like you to consider FCSUT services to be: “A wide range of treatments and services that meet the needs of each member in the family, not only the person requesting care. FCSUT services often aim to improve parenting and family relationships. These services can include but are not limited to childcare, family counseling, and parent training.”

**Section C. FCSUT Adoption (5 minutes)**

**Now, I would like to learn more about how your facility started to adopt and implement FCSUT services.**

1. **Tell me about when your facility first started offering FCSUT services.**
   * **PROBE: What motivated your facility to begin offering FCSUTs and related services?**
   * PROBE: When did these changes first start?
   * **PROBE: How were these changes initially implemented? By implementation, we mean putting a plan or intervention into practice.**
   * **PROBE: Who led the push to begin offering FCSUT services?**
   * **PROBE: Tell me about any formal or informal training that you might have received to carry out FCSUTs or services?**
   * **PROBE: What additional training would have been helpful to carry out services or treatments in a family-centered way?**
   * **PROBE [If administrator/ peer recovery specialist]: What types of training do peer recovery specialists receive? If a government agency were to put together a standardized certificate program, do you think you/your staff would be interested in this? If so, what agency would you want this to come from?**

**Section D. FCSUT Implementation (15 minutes)**

1. **What has influenced your ability to implement FCSUTs for pregnant and postpartum people? As a reminder, by implement, we mean putting a plan or intervention into practice. [If unsure: In other words, what influences your ability to perform your day-to -day tasks?].** 
   * PROBE: What factors have made implementation easier?
   * PROBE: What factors have made implementation more difficult?
2. **In what ways has the facility and its partners adapted or modified FCSUTs and/related services to meet the needs of this specific community?**
   * **PROBE: Does your facility or partnering providers offer Medication Assisted Treatment or MAT? If so, what barriers have you encountered? For example, regulatory restrictions? Cultural stigma? Lack of trained providers?**
   * PROBE: How have programs and services changed over time?
   * PROBE: How have you partnered with local communities?
   * PROBE: How have you partnered with local providers and hospitals?
   * PROBE: How has COVID-19 affected FCSUTs and the related services offered to pregnant and postpartum people?
     + **PROBE ONLY IF BROUGHT UP: If they had to cut services for any reason (e.g., funding), how did they decide what to cut? How did they go about setting priorities?**
3. **What factors have influenced the quality of FCSUTs offered for pregnant and postpartum people at this facility?** 
   * PROBE: What characteristics of the facility? For example, funding? Affiliation with other institutions? Leadership of the facility?
   * PROBE: What characteristics of the providers?
   * PROBE: How do you tailor FCSUT services to meet the needs of the client and family? For example, language?
   * **PROBE: How does gender shape a person’s access to this program?**
4. **How does your facility maintain funding to deliver FCSUT services and related services long-term?** 
   * **PROBE: For example, do you receive funding from local, state, or federal government? Funded by grants? Private donors?**
   * **PROBE: Would you say there are enough funding resources for postpartum people compared to pregnant people? Enough funding for aftercare programs, such as housing, peer support?**
   * **PROBE: What resources are necessary for continuing to provide these services?**
   * **PROBE: What do you see as the gaps right now? Physical infrastructure? Technology? Staffing funding?**
   * **PROBE: What additional resources do you need to carry out services and treatments that are culturally competent? Client-centered?**
5. **How do local, state, or federal policies impact the quality of FCSUT services your facility provides?** 
   * **PROBE: What policies would make it easier to implement? What policies would make it easier to reach more people?**
   * **PROBE: What improvements could be made to improve social services? For example, Child Welfare services? Supplemental Nutrition Assistance Program (SNAP) or food stamps? Temporary Assistance for Needy Families (TANF)? Special Supplemental Program for Women, Infants, and Children (WIC)?**
   * **PROBE: How has insurance impacted your ability to provide care?**
   * **PROBE: How has Medicaid expansion impacted your ability to provide care?**

**Section E. FCSUT Effectiveness (15 minutes)**

**Thank you so much for sharing those experiences. I now would like to shift gears and ask more about the impacts of offering FCSUT services.**

1. **How do you measure whether or not the FCSUT services you offer are effective?**
   * PROBE [IF UNSURE]: How do you know you are effecting some kind of change? In other words, what makes your program successful?
   * PROBE: What are the top reasons clients don’t graduate? What are the top reasons clients graduate?
2. **What do you view as the benefits of FCSUTs for pregnant and postpartum people compared to the standard of care? By standard of care, I mean treatment and services that are considered medically proper treatment but do not focus on providing services for the whole family and are more individually focused.**
3. **Tell me about how FCSUTs can be useful in improving maternal and child health?** 
   * **PROBE: How can it improve the health of other family members?**
   * **PROBE: How can it improve Adverse Childhood Experiences (ACEs)? For example, how can FCSUTs improve how parents treat their children and then how children grow up and treat their own children?**

**Section F. FCSUT Reach (5 minutes)**

**Next, I would like to learn more about how your facility spreads awareness about its FCSUT services.**

1. **How many pregnant and postpartum people graduate from your facility each month? Year?** 
   * **PROBE [If unsure number]: How many people can your facility serve at one time?**
   * **PROBE: What is the optimal number of people to serve at one time?**
   * **PROBE: What are the challenges of exceeding that number?**
2. **What requirements are there for accessing FCSUT services for pregnant and postpartum people at your facility?**
   * **PROBE: What improvements could be made at your facility to reach more people in this community?**
   * **PROBE: For example, what are ways to better serve people who don’t speak English? People with a disability?**
   * **PROBE: What other FCSUT services do you wish you could offer?**
3. **In what ways is your facility working to improve awareness of its services and FCSUT model for pregnant and postpartum people?**
   * **PROBE: How do you share information about the FCSUTs you offer?**

**Section G. Wrap-Up (5 minutes)**

1. **Do you have anything else you would like to share?**

**THANK AND END INTERVIEW**

**Supplement 4. Primary Qualitative Themes and Illustrative Quotes**

|  |  |  |
| --- | --- | --- |
| Theme | Summary of Theme | Illustrative Quotes |
| Expanding Reach of Facilities by Maintaining Participants’ Familial Connections | The extent to which pregnant and postpartum people participated in FCSUT was influenced by their ability to maintain connections with their children. Pregnant people may receive priority access to treatment, and this also improves the reach of programs. However, pregnant and postpartum people are often unaware that family-centered services exist. | *“*[I wanted to come here because] *my daughter could be here with me. And there’s not a lot of places that offer that in* [this state]*.”* (Pregnant person in treatment)  *“[It] is actually a very significant gender-biased treatment hurdle specific to women because it is hardly ever the men that have custody of the children... And so, there are women out there literally unable to come into residential treatment unless they give up their child.”* (Facility supervisor).  *“I wanted [sobriety] for myself as well as my children. My children needed their mom… and it was really hard just to quit on my own. I don’t think I could’ve made it if I tried to quit on my own.”* (Postpartum person who completed treatment)  *“I just knew that I wasn’t going to stay sober on my own… And I was bringing a new baby into the world… I needed to find a new way to live. I had no idea what I was walking into, but I was willing to give it a shot and give it everything I had. And the lady at drug and alcohol had mentioned that this place was—they support mothers and children. That’s what they’re all about, which was my main concern was taking care of my daughter.”* (Postpartum person who completed treatment)  *“My daughter had been taken away by [name of state department], and this program said that they could reunite me with my daughter. So that’s what the motivating factor was to come here.”* (Postpartum person in treatment).  *“My daughter was taken out of my care when she was born because it wasn’t a healthy environment… I had tried to get help while I was pregnant, but I had no idea that I could have gotten help at the same place prior to giving birth. I didn’t really know that was a thing, that you could just say, ‘Hey, I’m pregnant. I need help. I can’t stay clean.’ So unfortunately, and fortunately for me, I did end up getting into there shortly after. It’s just kind of a bummer I didn’t know beforehand.”* (Postpartum person who completed treatment) |
| Resources for Implementation and Maintenance of FCSUT | Funding is pivotal in the initial implementation of services, adapting services for clientele, and ensuring sustainment of a family-centered approach. The quality and availability of services often vary by facility due to funding, which ultimately impact a facilities’ clients. Diversifying revenue streams helps to ensure program sustainability and expand program reach. | *“Being part of a larger agency where there is a larger fiscal budget and we can pull from other programs, it allows us to have access to more grants. We have a grant writing team who really goes to bat for our facility in particular. It allows us to connect easier with things like housing because the agency as a whole—it focuses on healthcare, on housing, and on treatment and employment are the four big things that they focus on. So, it allows us to kind of tap into all of those internally rather than trying to find external agencies or partners for that. I know it’s allowed us to tap into county funds a lot easier. So financially, it’s been helpful just having a larger agency to team up with.”* (Facility supervisor and manager)  *“These facilities like this one that are pretty much family-run, and they do it out of their kindness of their heart, because they truly want to better people that struggle with addiction. And so, they have all the moral things that they need, but they just don’t have the finances to get maybe the facility that could house more people.”* (Postpartum person who completed treatment)  *“I think where I would like to see a lot of funding put in is towards the [Black] community because, in general, they don’t seek treatment as much as the [White] community does. And so, I would like to see—there needs to be a really big campaign about breaking the stigma. I know we do some things, but it’s just not enough.”* (Peer Recovery Coach)  *“Community and funding, that's what we need. To be able to reach out to the county if we need something, if we need trainings, if we need to be able to get things for our clients. They have a car seat woman that comes out and she will make sure everybody has a safe new car seat before they're working. That's amazing. People come out for smoking cessations or people who are trying to quit vaping, they come into the house and they do trainings for the girls. We have a yoga instructor that comes in and teaches on health and well-being. So the community really steps up and helps us, and they want to give back and that's how they do it.”* (Facility manager)  *“I wish we had more money to be able to offer the same things [before COVID-19] because it seems like a lot of the funding got cut when we got shut down. It just never started again. And it's difficult because the state wants to push for as few services as possible. And they only want them here for 30, 60, 90 days whereas if you have a parent that's saying, ‘I'm not ready to leave yet,’ … something I'm grateful for this place is that we don't kick them out because their funding runs out. We don't do that. We try to get them in somewhere, or we let them stay, no pay. But then it's harmful for the business model of it, but it's like we can't explain to the state enough that you can't just offer them 21 days of services and then throw them out, especially when we have 10 years of damage that this parent has been doing with their child. That's not how it works. And it's upsetting.”* (Parent advocate) |
| The Importance of Program Adaptation | Family-centered programing was often adapted and implemented based on the needs of communities. Ensuring that staff and services reflect the needs of the community, and pregnant and postpartum people’s unique issues, was important to ensuring program reach and sustainability. | *“The support* [from facility staff] *was the first thing that I noticed because the day that I went in there, I didn’t really have very much. I wasn’t ready to go have a baby, and right then and there, I cried, I remember, because for the first time in a long time, I felt like somebody actually cared, like maybe things are going to be okay.”* (Pregnant person who completed treatment)  *“I’ve also, in the past, received help—or tried to—from people that haven’t been in my shoes, and it just puts a whole different dynamic on it that is not quite as beneficial as having somebody that’s been through a lot of the same situations. And that’s how they know how to help, is because they’ve too gotten this help before.”* (Postpartum person who completed treatment)  *“I think self-experience, what I’ve been through. As a mother who was addicted as well and being able to overcome those obstacles and get all my children to a place where they’re healthy and they’re thriving and being able to be a better parent and a better grandparent has really been inspirational to me to want to be an inspiration to people and let them know that it gets better. It gets better.”* (Substance Abuse Counselor)  *“We have a nurse staff, and the nurse staff is wonderful. She helps us make appointments, get to appointments. Making sure that we’re taking care of dental, the kids’ appointments, everything. At these other facilities, I had to make my appointments and try to get phone time to do so, and there wasn’t a plan in place.”* (Postpartum person in treatment) |
| Gaps in Service Delivery | Gaps in service delivery included limitations for peripheral family members, few services for children, limited involvement of fathers, spouses, and partners in treatment, short duration of treatment, and burdensome requirements to access treatment and services. | *“I feel like we're not just going through* [treatment]*; the kids are too.* [Thefacility] *wasn't giving much resources when it came to [my children]. Yes, my therapist was there to have a family session, but I feel like if you're going to take the children in, I feel like they should at least give them therapy. Their own personal therapy and help them understand what's going on. Instead, I had to wait until after I left the programs to get the services for him.”* (Postpartum person who completed treatment)  “*I just wish that there* [were] *more resources focused on helping the children heal from trauma because we focus on the parents but not too much thought on what the children are dealing with. I mean, we have a youth counselor. But I think that there's not enough resources that go into therapeutic-type strategies for children that have experienced trauma.”* (Facility women and children specialist)  *“We are only equipped for children under the age of 6, and so that’s something that I think prevents a lot of people from coming in. Unfortunately, we don’t have the space or the resources to house and to transport children of that age because usually at that age they’re going to kindergarten on a regular basis and so we just don’t unfortunately have the ability to kind of always provide for children of that age. So, that’s definitely a barrier that I’ve noticed.”* (Facility treatment assistant)  *“I think that resources need to be available to help dads understand how to care for a baby, how to be there, how to support mom, different things like that.”* (Facility women and children specialist)  “*It would be a good idea if there were more treatment facilities that included family. My husband has to go to his own treatment because they don't do family treatment… Because we used together and it would be smart if we got help together, you know what I mean? But there's no resources out there for families to go get treatment.”* (Postpartum person currently receiving services)  *“I think it should definitely be added to involve dads a little more. There’s a lot of guys who really want to be more involved, and typically, they’re not involved because they think they can’t be. There’s a lot of times where they just don’t feel like dads. ‘It’s not about me. It’s about her and the kids.’”* (Facility parent advocate and counselor)  *“I feel like it should be an open window to allow people who are actually trying to help themselves to stay until they get the* [what] *they need.”* (Former Recipient of FCSUT, Postpartum)*.*  *“I think that 6 months is a pretty good length of time for people coming in newly sober because that's when your brain's really starting to learn to fire different stuff. And so, I think that that's a good amount of time for people to have a better chance of success.”* (Postpartum person currently receiving treatment)  *“*[Seven months] *for me it was the perfect amount of time… but I think any shorter wouldn't have been enough, really.”* (Postpartum person who completed treatment)  *“We have to send them through Drug and Alcohol [detox center] before they can come in here. And they’re not always available to do assessments or what they need to, to get people in here. We use the same assessment tool, the ASAM* [American Society of Addiction Medicine]*, to decide where they should be at on the list. But there’s a little bit of a level of lack of objectivity, I guess, but there’s a level of interpretation of where you think each score is. I might rate somebody a 3. They might rate them a 2. And so, they might say that they don’t qualify for this place even though with what we believe, they would definitely qualify for a 3.1 level of care. So that’s been frustrating. We’ve ran into that quite a few times.”* (Facility Licensed Marriage and Family Therapist)  *“I think what that would look like is a detox facility that had an adjacent childcare that was staffed 24/7, where the mom could be receiving all the medical services, and the child could have their needs taken care of, but they could see each other. They could be facilitated to have visits until the mom was at least marginally stabilized. And then they could be transitioned into the residency program together without jeopardizing mom’s custody of that child, which is, of course, their number one fear.”* (Facility administrator) |