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Opioid State Targeted Response (STR) Evaluation

State STR Director Time 2
Interview Protocol

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CHAPTER I: INFORMATION AND DIRECTIONS

Purpose. The primary purpose of this protocol is to:

- Collect important grantee-level information about the implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid State Targeted Response (STR) grant. Evaluation questions focus on opioid use disorder* services and activities in your state/territory before receiving Opioid STR funding, and planned services and activities to address opioid use disorder using Opioid STR funds.
- Gain insights to improve Opioid STR grant processes and future efforts to address opioid use disorder prevention strategies, treatment and recovery services.
- The interview portion of this protocol will confirm and clarify responses to the State Director Baseline Survey (as needed) and gather additional qualitative data to identify and document the characteristics of the substance abuse treatment system before and after Opioid STR funding.

* Except where noted, all questions refer to prevention strategies, treatment and/or recovery services for opioid use disorder and related conditions (e.g., non-medical use of prescription pain medication, heroin users, one-time users, overdose, etc.) in the state/territory during the period the state/territory received Opioid STR funding.

Content. Specific topics include infrastructure and capacity, barriers and facilitators, leveraging funding and resources, use of evidence-based interventions, and monitoring of state-specific opioid-related activities and data

Pre-Interview. The interviewer will prepare for the interviews by:

- Scheduling phone interviews in early 2018 with State Directors who were willing to be interviewed;
- Reviewing State Baseline Interview, and State Baseline and Time 2 Instruments responses and other relevant documents.

Phone Interview. Phone interviews will consist of individual phone conversations with the State STR Director. The interviewer will record data using questions/items found in this protocol. Interviews may be audio-recorded, pending consent (see Preparation for Interviews above), to ensure data integrity. The audio-recordings and completed interviews will be secured on password protected network drives to ensure confidentiality. Any information or quotes used from the interview and included in evaluation reports shall remain anonymous as to the individual and their job title in the state/territory.

Post-Interview. The interviewer will complete the interview process by:

- Transcribing the audio-recordings;
- Comparing the audio-recordings to the written interview responses for accuracy;
- Providing a draft copy of the interview notes to the interviewee for clarification (if needed);
- Contacting interviewees to clarify responses or to obtain additional information (if needed);
- Obtaining any feedback from the interviewees and making any additions to the notes;
- Destroying the audio-recording; and
- Filing any written materials obtained from the grantee.
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INTERVIEWER: READ THE FOLLOWING INTRODUCTION VERBATIM TO THE INTERVIEWEE

Hello, my name is _____ and I work for the [INSERT CONTRACTOR NAME] as part of the team conducting an evaluation of the Opioid State Targeted Response Grant, commonly known as the Opioid STR grants, which is sponsored by the Substance Abuse and Mental Health Services Administration, or SAMHSA. You might recall that we interviewed you to get your state/territory's perspectives on several important topics related to the provision of prevention, treatment and recovery strategies/services to address opioid use disorder.

As you may recall, the primary purpose of this interview is to collect important grantee-level information about the implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid State Targeted Response (STR) grant. Questions focus on opioid use disorder* services and activities in your state/territory during the period your state/territory received Opioid STR funding, and services and activities to address opioid use disorder using Opioid STR funds.

This is the second interview that will be conducted as part of the Opioid STR program evaluation process. All State STR Directors will be asked the same questions. Interview results may be reported in the Opioid STR evaluation report and the state/territory reports, but information and quotes will not be attributed to you or your position as your name and role in the program will not be identified in any report. We may ask for clarification of our some of our interview notes when needed.

As we progress through the interview, we will ask about how your service system has operated and how the Opioid STR funding has been used to enhance opioid prevention, treatment, and recovery strategies/services. Please think about what helped and hindered your state/territory in implementing and delivering opioid prevention, treatment, and recovery strategies/services during the period since receiving STR funding (from May 1, 2017 until now). We are especially interested in hearing your success stories and lessons-learned that could help other states/territories. If your state/territory has developed any innovative approaches, please share them during the interview.

Prior to this interview, we referred to our notes from the interview we conducted with you and your colleagues in January 2018. We will refer to those responses as a part of our questions.

This interview will take about 1 hour and 30 minutes. In addition, we may contact you after this interview to clarify responses or to obtain additional information. In preparation for this interview, you consented to audio-recording. We are audio-recording this interview as a backup to our written/typed notes. The audio-recording will remain confidential and be destroyed after the interview notes are finalized.

Is it OK if I begin recording now?

[IF YES, START RECORDING.]

Thank you for agreeing to participate in this interview. Do you have any questions for me before we begin?

SECTION I. ROLES & RESPONSIBILITIES

Before we begin, we would like to ask you a little about yourself.

1. What is your current position title? _____.
2. How long have you been in this position? _____ (ENTER # FOLLOWED BY MONTH OR YEAR, IF <6 MONTHS ENTER 0)
3. In what capacity have you been involved with addressing opioid use disorder in your state/territory?

SECTION II. PLANNING, DECISIONS, BARRIERS AND FACILITATORS

We would like to learn more about your state/territory's process for planning prevention strategies and treatment and/or recovery services to address opioid use disorder.

4. In January 2018, you described decisions about the creation or expansion of **prevention** strategies as being made through [enter brief description before interview]. Has this changed during the period that you have received Opioid STR funding?

PROBES: (Option 1): If there was a change in the process that was used to plan for the creation or expansion of prevention strategies:

- What did the process entail (e.g., surveillance activities, creation/expansion of an opioid-specific advisory board, public comment on a strategic plan)?
- Who was involved in the process?
- How were final decision(s) made? Who made the final decision(s)?

PROBES: (Option 2): If there was not a change in the process that was used to plan for the creation or expansion of prevention strategies:

- How were decisions made?
- Who made the decisions?

5. In January 2018, you described decisions about the creation or expansion of **treatment and recovery** services as being made through [enter brief description before interview]. Has this changed during the period that you have received Opioid STR funding?

PROBES: (Option 1): If there was a change in the process that was used to plan for the creation or expansion of treatment and recovery services:

- What did the process entail (e.g., surveillance activities, creation/expansion of an opioid-specific advisory board, public comment on a strategic plan)?
- Who was involved in the process?
- How were final decision(s) made? Who made the final decision(s)?

PROBES: (Option 2): If there was not a change in the process that was used to plan for the creation or expansion of treatment and recovery services:

- How were decisions made?
- Who made the decisions?

6. In January 2018, you described decisions about how data, funding possibilities, and public or expert comments were reviewed to prioritize **prevention strategies** for implementation as [enter brief description before interview]. Has this changed during the period that you have received Opioid STR funding?

PROBES: (Option 1): If there was a change in the process where data, funding possibilities and public or expert comments were reviewed to prioritize prevention strategies for implementation:

- What did the process entail (e.g., what data and other information guided your decision process?)
- Who was involved in the process?
- How did your state/territory prioritize what to implement?
- How were final decision(s) made? Who made the final decision(s)?

Note: If data/datasets are mentioned – record the information and inform the participant that we will go into more detail a little later in the interview (Section IV).

PROBES: (Option 2): If there was not a change in the process where data, funding possibilities and public or expert comments were reviewed to prioritize prevention strategies:

- How were decisions made?
- Who made the decisions?

7. In January 2018, you described decisions about how data, funding possibilities and public or expert comments were reviewed to prioritize **treatment and/or recovery services** for implementation as [enter brief description before interview]. Has this changed during the period that you have received Opioid STR funding?

PROBES: (Option1): If there was a change in the process where data, funding possibilities and public or expert comments were reviewed to prioritize treatment and recovery services for implementation:

- What did the process entail (e.g., what data and other information guided your decision process?)
- Who was involved in the process?
- How did your state/territory prioritize what to implement?
- How were final decision(s) made? Who made the final decision(s)?

Note: If data/datasets are mentioned – record the information and inform the participant that we will go into more detail a little later in the interview (Section IV).

PROBES: (Option 2): If there was no change in the process where data, funding possibilities and public or expert comments were reviewed to prioritize treatment and recovery services for implementation:

- How were decisions made?
- Who made the decisions?

8. **SELECT 8a or 8b contingent on baseline responses:**

8a. (Baseline response indicated state had opioid workgroup). In January 2018, you indicated that your state/territory had a state-level opioid workgroup that met regularly (e.g., every two weeks, monthly, quarterly). Is this state-level opioid workgroup still in operation?

PROBES: (Option A): If the state-level opioid workgroup is still in operation:

- Who are the members of the workgroup?
- Has there been any change to how often they meet since we last talked?
- Since May 2017 until now, what has been the workgroup's biggest accomplishments?
- Will the workgroup continue after Opioid STR funding ends?

PROBES: (Option B): If the state-level opioid workgroup is not in operation:

- When was the workgroup disbanded?
- Why was the workgroup disbanded?
- What had been the workgroup's biggest accomplishments?
- Are there plans to develop another one?

8b. (Baseline response indicated state did not have an opioid workgroup). In January 2018, you indicated that your state/territory did not have a state-level opioid workgroup. Is this still the case?

PROBES: (Option A): If there is still no state-level opioid workgroup in the state/territory:

- Does your state/territory plan to develop an opioid workgroup?
 - o If yes, when do you plan to develop it?
 - o If no, why not?

PROBES: (Option B): If there is now a state-level opioid workgroup in the state/territory:

- When did your state/territory develop the opioid workgroup?
- Who are the members of the workgroup?
- How often has the workgroup met since it began?
- Since Opioid STR funding, what have been the workgroup's biggest accomplishments so far?
- Will the workgroup continue after Opioid STR funding ends?

9. In January 2018, you indicated that your state/territory had a strategic plan to address opioid use disorder prevention strategies, treatment, and/or recovery services prior to STR funding. Since then has your strategic plan been updated? What were the updates?

PROBES:

- From May 1, 2017 until now, did your strategic plan guide your activities? Were there any components that were particularly difficult to address?
- From May 1, 2017 until now, what has been accomplished in the plan?
- How will the strategic plan continue to guide your work after Opioid STR funding ends?

10. In January 2018, you indicated that your state/territory implemented prevention strategies that included [enter brief description before interview]. From May 1, 2017 until now, since receiving Opioid STR funding, how has implementation of these prevention strategies changed? [Specify how these strategies changed (e.g., discontinued, expanded, new strategies added).]

PROBES:

- What challenges or barriers did your state/territory encounter in providing these prevention strategies? Were there certain prevention strategies that encountered more barriers than others?
- What factors helped or facilitated your state/territory's ability to provide these prevention strategies?

11. In January 2018, you indicated that your state/territory implemented treatment services that included [enter brief description before interview]. From May 1, 2017 until now, since receiving Opioid STR funding, how has implementation of these treatment services changed? [Specify how these services changed (e.g., discontinued, expanded, new services added).]

PROBES:

- What challenges or barriers did your state/territory encounter in providing these treatment services? Were there certain treatment services that encountered more barriers than others?
- What factors helped or facilitated your state/territory's ability to provide these treatment services?

12. In January 2018, you indicated that your state/territory implemented recovery services that included [enter brief description before interview]. From May 1, 2017 until now, since receiving Opioid STR funding,, how has implementation of these recovery services changed? [Specify how these services changed (e.g., discontinued, expanded, new services added).]

PROBES:

- What challenges or barriers did your state/territory encounter in providing these recovery services? Were there certain treatment services that encountered more barriers than others?
- What factors helped or facilitated your state/territory's ability to provide these treatment services?

SECTION III. FINANCIAL AND NON-FINANCIAL RESOURCES

Now, I'd like to get some additional information on the financial resources that your state/territory used to address prevention strategies, treatment and/or recovery services for opioid use disorder from May 1, 2107 until now.

13. In January 2018, you mentioned leveraging financial resources such as, [enter brief description before interview] to build/enhance opioid use disorder prevention strategies, treatment and/or recovery services. How have these changed since receiving Opioid STR funding (from May 1, 2017 until now)?

PROBE:

- What funding streams were leveraged and how were they leveraged (be as specific as possible)?

Now, I'd like to get your thoughts on other **non-financial resources** that your state/territory may have used to address prevention strategies, treatment and/or recovery services for opioid use disorder since receiving Opioid STR funding.

14. In January 2018, you mentioned leveraging non-financial resources such as [enter brief description before interview] to build/enhance opioid use disorder prevention strategies. How have these changed since receiving Opioid STR funding (from May 1, 2017 until now)?

PROBES:

- With what organizations did the state leverage resources?
- What non-financial resources were leveraged?
- How were these non-financial resources leveraged?

15. In January 2018, you mentioned leveraging [enter brief description before interview] to build/enhance opioid use disorder treatment and/or recovery services. Have these changed since receiving Opioid STR funding (from May 1, 2017 until now)? If so, how did they change?

PROBES:

- With what organizations did the state leverage resources?
- What non-financial resources were leveraged?
- How were these non-financial resources leveraged?

16. In January 2018, you mentioned working with [enter brief description before interview] prevention, treatment and/or recovery providers/coordinators from other funding sources to address opioid use disorder treatment and/or recovery strategies. How have these changed since receiving Opioid STR funding (from May 1, 2017 until now)?

PROBES:

- Which agencies did you collaborate with and how did you collaborate?
- Which providers were involved?
- To what extent or capacity were they involved?

17. In January 2018, you mentioned disseminating Prescription Drug Monitoring Program data as follows [enter brief description before interview]. Has any of this changed since receiving Opioid STR funding (from May 1, 2017 until now)? If so, how did it change?

PROBES:

- How were data reported (e.g., public testimony, written reports that were publicly available)?
 - How frequently were data disseminated?
 - To whom were the data disseminated (e.g., state officials, federal agencies, general public)?
18. In January 2018, you noted that service system issues such as, [enter brief description before interview] impacted your state's ability to deliver opioid use disorder **prevention strategies** (e.g., not enough prevention providers). Has any of this changed since receiving Opioid STR funding (from May 1, 2017 until now)? If so, how did it change?
19. In January 2018, you mentioned that service system issues such as, [enter brief description before interview] impacted your state/territory's ability to deliver opioid use disorder **treatment and recovery services**. Has any of this changed since receiving Opioid STR funding (from May 1, 2017 until now)? If so, how did it change?
20. In January 2018, you reported that [enter brief description before interview] were some of the workforce issues that impacted your state's ability to deliver opioid use disorder **prevention strategies**. Has any of this changed since receiving Opioid STR funding (from May 1, 2017 until now)? If so, how did it change?
21. In January 2018, you mentioned that [enter brief description before interview] were some of the workforce issues that impacted your state's ability to deliver opioid use disorder **treatment and recovery services**. Has any of this changed since receiving Opioid STR funding (from May 1, 2017 until now)? If so, how did it change?
9. In January 2018, you mentioned that financial constraints [DID/DID NOT] impact your state's ability to deliver opioid use disorder **prevention strategies**. How has this changed since receiving Opioid STR funding (from May 1, 2017 until now)?

PROBE:

- Were there any additional financial constraints other than [enter brief description from baseline interview] that impacted your state's ability to deliver prevention strategies?
22. In January 2018, you mentioned that financial constraints [DID/DID NOT] impact your state's ability to deliver opioid use disorder **treatment and recovery services**. How has this changed since receiving Opioid STR funding (from May 1, 2017 until now)?

PROBE:

- Were there any additional financial constraints other than [enter brief description from baseline interview] that impacted your state's ability to deliver treatment/recovery services?
23. In January 2018, you mentioned that [add brief description about the ability to differentiate resources targeted to opioid prevention versus general prevention before interview]. Since receiving Opioid STR funding (from May 1, 2017 until now), how has your ability (or lack of ability) to differentiate resources targeted specifically to opioid prevention versus general prevention changed?
24. In January 2018, you mentioned that [add brief description about the ability to differentiate resources targeted to opioid treatment and recovery services versus general substance abuse services before interview]. Since receiving Opioid STR funding (from May 1, 2017 until now), how has your ability to differentiate resources targeted specifically to opioid treatment and recovery services versus general treatment and recovery services changed?

SECTION IV. USE OF DATA

Next, I'd like to hear more about data resources your state/territory used to help plan and implement strategies or services to address opioid use disorder since receiving Opioid STR funding (May 1, 2017 until now).

25. In January 2018, you described your state/territory's use of data to make decisions about prevention strategies as [enter brief description before interview]. How has this changed over the period that your state/territory has received Opioid STR funding?

PROBE:

- How did your state/territory use data sources to make decisions about opioid use disorder treatment and/or recovery services?
- Are there any additional data resources that might have helped your state/territory make decisions about opioid use disorder prevention strategies?
- What prevented your state/territory from using data to make decisions about opioid use disorder treatment and/or recovery services?
- If data was not used:
 - How did your community or program make decisions about opioid use disorder treatment and/or recovery services?
 - How might your state/territory have used such data resources in making decisions about opioid use disorder treatment and/or recovery services?

26. In January 2018, you described your state/territory's use of data to make decisions about treatment and/or recovery services as [enter brief description before interview]. How has this changed over the period that your state/territory has received Opioid STR funding?

PROBES:

- How did your state/territory use data sources to make decisions about opioid use disorder treatment and/or recovery services?
- Are there any additional data resources that might have helped your state/territory make decisions about opioid use disorder treatment and/or recovery services?
- What prevented your state/territory from using data to make decisions about opioid use disorder treatment and/or recovery services?
- If data was not used:
 - How did your community or program make decisions about opioid use disorder treatment and/or recovery services?
 - How might your state/territory have used such data resources in making decisions about opioid use disorder treatment and/or recovery services?

27. In January 2018, you indicated that your state/territory [DID/DID NOT] use data to monitor the progress of your efforts. How has this changed over the period that your state/territory has received Opioid STR funding?

PROBE:

- From May 1, 2107 until now, did your state/territory report any opioid use disorder quality measures such as the Pharmacy Quality Alliance's Use of Opioids at High Dosages measure?

28. In January 2018, you described how your state/territory used technology, policies, or supports to help providers share data or other information relevant to opioid use disorders with other treatment or

recovery providers, service systems (e.g., justice system), or the state as [enter brief description here].
How has this changed over the period that your state/territory has received Opioid STR funding?

SECTION V. EVIDENCE-BASED PROGRAMS, POLICIES, AND PRACTICES

Now I'd like to ask you about your state/territory's use of evidence-based programs, policies, and practices (EBPPPs) to address opioid use disorder during since receiving Opioid STR funding (May 1, 2017 until now).

29. In January 2018, you described your state/territory's experiences implementing EBPPPs relevant to opioid use disorder prevention strategies, treatment and recovery services as [enter brief description here]. How has this changed over the period that your state/territory has received Opioid STR funding?

PROBES:

- What groups external to the drug and alcohol treatment system did you partner with (e.g., medial community, Recovery, National Association of State Alcohol and Drug Abuse Directors (NASADAD))?
- What lessons did you learn?
- What would you have done differently (e.g., slower roll-out, different selection of EBPPPs, etc.)

30. In January 2018, you described your state/territory's policies with respect to the requirements for/funding for prevention EBPPPs as [enter brief description here]. How has this changed over the period that your state/territory have received Opioid STR funding?

31. In January 2018, you described your state/territory's policies with respect to requirements for/funding for treatment and/or recovery EBPPPs as [enter brief description here]. How has this changed over the period that your state/territory has received Opioid STR funding?

32. In January 2018, you indicated that your state/territory [DID/DID NOT] use resources and/or TA to help select, implement, or adapt EBPPPs. How has this changed over the period that your state/territory has received Opioid STR funding?

PROBES: (Option 1): If resources/TA were used/received:

- What resources or TA did your community/program use to adapt EBPPPs for preventing, treating, or helping individuals recover from opioid use disorder?
- Who provided the resources/TA?
- How helpful were these resources or technical assistance in developing, adopting, selecting, implementing, and adapting EBPPPs?
 - If not, what additional resources or TA do you wish you had received?

PROBES: (Option 2): If resources/TA were not used/received:

- Did your state/territory have access to any resources or TA to help select, implement, or adapt EBPPPs for preventing, treating, or helping individuals' recovery from opioid use disorder?
 - If so, why did your state/territory choose not to use these resources/TA?

SECTION VI. HEALTH DISPARITIES AND THE NATIONAL CLAS STANDARDS

Next, I'd like to talk more about how your state/territory addressed disparities in service access, use, and outcomes when selecting and implementing prevention, treatment, and recovery services for your population of interest since you began receiving opioid STR funding. Health disparities subpopulations refer to specific demographic, language, age, socioeconomic status, sexual identity, or literacy groups that experience limited availability of or access to opioid use disorder prevention, treatment, and/or recovery strategies OR who experience worse outcomes.

33. In January 2018, you indicated that your state/territory [DID/DID NOT] consider health disparities when providing opioid use disorder **prevention strategies**. How has this changed over the period that your state/territory has received Opioid STR funding?

PROBES: (Option 1): If health disparities were considered:

- What health disparities did your state/territory consider when selecting and implementing opioid use disorder prevention strategies?
- How did your state/territory address these disparities when selecting and implementing opioid use disorder prevention strategies?

PROBE: (Option 2): If health disparities were not considered:

- Why were health disparities not considered when selecting or implementing opioid use disorder prevention strategies?

34. In January 2018, you indicated that your state/territory's consideration of health disparities when selecting and implementing opioid use disorder treatment and/or recovery strategies as [enter brief description here]. How has this changed over the period that your state/territory has received Opioid STR funding?

PROBES: (Option 1): If health disparities were considered:

- What health disparities did your state/territory consider when selecting and implementing opioid use disorder treatment and/or recovery services?
- How did your state/territory address these disparities when selecting and implementing opioid use disorder treatment and/or recovery services?

PROBE: (Option 2): If health disparities were not considered:

- Why were health disparities not considered when selecting or implementing opioid use disorder treatment and/or recovery services?

35. In January 2018, you described your state/territory's process(es) that you used to ensure that your prevention, treatment, and/or recovery strategies/services reached the individuals or groups that experience health disparities as [enter brief description here]. How has this changed over the period that your state/territory has received Opioid STR funding?

36. In January 2018, you described your state/territory's efforts to implement the *National CLAS Standards* when providing prevention strategies, treatment and recovery services to address opioid use disorder that you used, if any, to ensure that your prevention, treatment, and/or recovery strategies/services as [enter brief description here]. How has this changed over the period that your state/territory has received Opioid STR funding?

SECTION VII. PLANS FOR USING OPIOID STR FUNDING

We're at our final set of questions which focuses on the opioid use disorder prevention strategies, treatment, and/or recovery services in your state/territory that you developed, enhanced, or expanded using Opioid STR funding.

37. In January 2018, you indicated that your state/territory planned to implement [name(s) of prevention strategies] using Opioid STR funding. During the period that your state/territory received Opioid STR funding, were the prevention strategies implemented in your state/territory as planned?

PROBES: (Option 1): If the prevention strategies were implemented as planned:

- Did the geographic area(s) that the state targeted for prevention strategies change over time?
 - If yes, how did you make this decision?
 - If yes, who made the decision to change the geographic areas?
- Did the target population(s) that the state targeted for prevention strategies change over time?
 - If yes, how did you decide to target them?
 - If yes, who made the decision to change the target population?
- What made implementation of these strategies easier?
- What made implementation of these strategies more difficult?
- Were there any adaptations or changes made to the intervention?
- How well did the strategies meet the needs of the individuals your program served?
- What made the strategies successful?
- What will make implementing the strategies more successful for your program in the future?
- How will your community/program sustain the implementation of these strategies?

PROBES: (Option 2): If the prevention strategies were not implemented as planned:

- What changes were made to how the state implemented the prevention strategies implemented?
- What made the changes necessary?
- Who made the decision to change the planned implementation?
- Was the strategy successful?
 - What made it successful?
 - What made it unsuccessful?
- What will make implementing the strategies more successful for your program in the future?
- How will your state/territory sustain the implementation of these strategies?

38. Now, let's talk about treatment and recovery interventions that your state/territory implemented using Opioid STR funding. In January 2018, you indicated that your state/territory planned to implement [name of treatment and recovery interventions] using Opioid STR funding. During the period that your state/territory received Opioid STR funding, were the treatment and recovery interventions implemented in your state/territory as planned?

PROBES: (Option 1): If the treatment and recovery interventions were implemented as planned:

- Did the geographic area(s) in the state targeted for treatment and recovery interventions change over time?
 - If yes, how did you make this decision?
 - If yes, who made the decision to change the geographic areas?
- Did the target population(s) that the state targeted for treatment interventions change over time?

- If yes, how did you decide to target them?
- If yes, who made the decision to change the target population?
- What made implementation of these interventions easier?
- What made implementation of these interventions more difficult?
- Were there any adaptations or changes made to the intervention?
- How well did the interventions meet the needs of the individuals your program served?
- What made the interventions successful?
- What will make implementing the interventions more successful for your program in the future?
- How will your state/territory sustain the implementation of these interventions?

PROBES: (Option 2): If the treatment and recovery interventions were not implemented as planned:

- What changes were made to how the state implemented the treatment interventions implemented?
- What made the changes necessary?
- Who made the decision to change the planned implementation?
- Were the interventions successful?
 - What made them successful?
 - What made them unsuccessful?
- What will make implementing the interventions more successful for your program in the future?
- How will your state/territory sustain the implementation of these interventions?

39. Let's talk about whether and how you built the capacity of your state/territory's workforce using Opioid STR funding. In January 2018, you indicated that your state/territory built the capacity of your workforce through activities such as, [enter brief description here]. How did this change over the period that your state/territory has received Opioid STR funding?

PROBES:

- Were there certain types of staff that you targeted for workforce development activities, such as training?
 - Did the target population(s) change?
 - Did you support career advancement or leadership development for the workforce?
 - Did you provide opportunities for your workforce to build their evaluation capacity and for multidisciplinary cross-training?
 - Did you implement mechanisms to increase the cultural diversity of your staff and/or enhance the cultural and linguistic competence of your staff?
 - Were there any other workforce development activities that you supported using Opioid STR funding?
 - How do you plan to sustain any improvements, expansion, etc. in workforce development after Opioid STR funding?
 - What specific strategies are you considering/have begun to implement?

40. Our final question(s). From your perspective, did the Opioid STR funding help your state/territory address opioid use disorder prevention, treatment and/or recovery services?

PROBES:

- What lasting impact(s) do you anticipate?
- What are you most concerned about not being able to maintain?
- What sustainability strategies do you have planned? Have implemented (e.g., differential EBP rates, institutionalizing policies)?

Would you like to add anything else that we did not talk about regarding your state/territory's use of Opioid STR funding to provide opioid use disorder prevention, treatment and/or recovery services?

[IF YES, PROBE AND RECORD AS NEEDED]

If you have any questions or concerns about this interview, please contact [INSERT NAME] by telephone message (at XXX-XXX-XXXX), or by email (to email address). You can request assistance at any time and someone will respond to you on the next business day.

Thank you for your time.

[STOP RECORDING]