# Opioid State Targeted Response

# (STR) Evaluation

# State STR Director Baseline Interview Protocol

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB control number for this project is 0930-0xxx.  Public reporting burden for this collection of information is estimated to average 90 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

**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 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 BEFORE receiving Opioid STR funding.

**Content**. Specific topics include infrastructure and capacity, barriers and facilitators to implementation, 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 Instrument 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.

**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 State Targeted Response to Opioid Abuse Grants, commonly known as the Opioid STR grants, which is sponsored by the Substance Abuse and Mental Health Services Administration, or SAMHSA. We are contacting State STR Directors to get their unique perspectives on several important topics related to the provision of prevention, treatment and recovery strategies/services to address opioid use disorder.

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. 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.

This is the first interview that will be conducted as part of the Opioid STR program evaluation process. All State STR Directors who participate 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 operates and how the Opioid STR funding will be 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. 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.

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.

1. During the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017), was there a process your state/territory used to plan for opioid use disorder prevention strategies?

 **PROBE:** (Option 1): If there was a process that you used to plan for the creation, expansion, etc. 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)?

**PROBE:** (Option 2): If there was not a process that you used to plan for the creation, expansion, etc. of prevention strategies:

* How were decisions made? Who made them?
1. During the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017), was there a process your state/territory used to plan for opioid use disorder treatment and recovery services?

 **PROBE:** (Option 1): If there was a process that you used to plan for the creation, expansion, etc. 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)?

 **PROBE:** (Option 2): If there was a process that you used to plan for the creation, expansion, etc. of treatment and recovery services:

* How were decisions made? Who made them?
1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), how did your state/territory use data and seek input from stakeholders to determine what prevention strategies to implement?

 **PROBE:** (Option 1): If there was a 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).**

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

* How were decisions made?
* Who made them?
1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), how did your state/territory use data and seek input from stakeholders to determine what treatment, and/or recovery services to fund/implement?

 **PROBE:** (Option1): If there was a 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).**

 **PROBE:** (Option 2): If there was not a 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 them?
1. **SELECT 8a or 8b contingent on state survey responses:**
	* **8a. (Survey response indicated state had opioid workgroup).** Your survey response indicated that as of March 1, 2017, your state/territory had a state-level opioid workgroup that met regularly (e.g., every two weeks, monthly, quarterly)?

**PROBE**:

* Who were the members of the workgroup?
* How often did the workgroup meet?
* As of March 1, 2017 (prior to Opioid STR funding) been the workgroup’s biggest accomplishments so far?
* What does the workgroup plan to address with STR funding in the next year?

**8b. (Survey response indicated state did not have opioid workgroup).** Your survey response indicated that as of March 1, 2017 (prior to STR funding), your state/territory did not have a state-level opioid workgroup that met regularly (e.g., every two weeks, monthly, quarterly)?

**PROBE**:

* Does your state/territory plan to develop an opioid workgroup?
	+ If yes, when do you plan to develop it?
	+ If no, why not?
1. **SELECT 9a or 9b contingent on state survey responses:**

**9a. (Survey response indicated state had strategic plan).** Your survey response indicated that as of March 1, 2017 (prior to Opioid STR funding), your state/territory had a strategic plan to address opioid use disorder prevention strategies, treatment, and/or recovery services?

**PROBE**:

* Who developed the strategic plan?
* As of March 1, 2017 (that is, prior to receiving Opioid STR funding), what had been accomplished in the plan?
* What will the plan address with STR funding?

**9b. (Survey response indicated state did not have strategic plan).** Your survey response indicated that, as of March 1, 2017 (prior to receiving Opioid funding), your state/territory did not have a strategic plan to address opioid use disorder prevention strategies, treatment, and/or recovery services. Developing a strategic plan was a requirement of Opioid STR funding.

**PROBE**:

* Who developed the strategic plan?
* What will the plan address with STR funding?
1. Your survey response indicated that as of March 1, 2017 (prior to Opioid STR funding),your state/territory implemented prevention strategies that included (*add survey responses to Q23*).?

**PROBE**: What challenges or barriers did your state/territory encounter in implementing or providing these prevention strategies? Were there certain prevention strategies that encountered more barriers than others?

**PROBE**: What factors helped or facilitated your state/territory’s ability to provide these prevention strategies?

1. Your survey response indicated that as of March 1, 2017 (prior to Opioid STR funding), your state/territory implemented treatment services that included (*add survey responses from Q24)*?

**PROBE**: 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?

**PROBE**: What factors helped or facilitated your state/territory’s ability to provide these treatment services?

1. Your survey response indicated that as of March 1, 2017, your state/territory implemented recovery services that included (*add survey responses from Q25*).

**PROBE**: What challenges or barriers did your state/territory encounter in providing these recovery services? Were there certain recovery services that encountered more barriers than others?

**PROBE**: What factors helped or facilitated your state/territory’s ability to provide these recovery services?

### Section III. Financial and non-financial Resources

Now, I’d like to get some additional information on the financial and non-financial resources that your state/territory used to address prevention strategies, treatment and/or recovery services for opioid use disorder prior to receiving Opioid STR funding.

1. You reported that dollars from *(add sources from state survey Q4 responses*) were used to fund a variety of OUD-focused services during the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017). Did your state leverage any of these financial resources to build/enhance opioid use disorder prevention strategies, treatment and/or recovery services (e.g., leveraged training dollars from SAMHSA State Youth Treatment Implementation grant and savings from the Block Grant budget as a result of Medicaid expansion to create recovery support services staffed by newly created, trained and credentialed peer recovery specialists)?

**PROBES: (Option 1)**: If state/territory leveraged any financial resources:

* What was leveraged and how were they leveraged (be as specific as possible)?
* Are there funds that you plan to leverage with the Opioid STR funding? Please explain.

**PROBES: (Option 2)**: If state/territory did not leverage resources to implement opioid use disorder prevention strategies, treatment and/or recovery services:

* Are there funds that you plan to leverage with the Opioid STR funding? Please explain.

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 prior to receiving Opioid STR funding.

1. Did your state/territory leverage any non-financial resources with outside agencies or organizations to address opioid use disorder prevention strategies (e.g., co-located prevention services in college counseling offices)?
* If yes, with what organizations did the state leverage resources, what resources were leveraged, how were they leveraged?
1. Did your state/territory leverage resources with outside agencies or organizations to address opioid use disorder treatment and/or recovery services (e.g., recreation centers donated two nights a week to host recovery support activities)?
* If yes, with what organizations did the state leverage resources, what resources were leveraged, and how were they leveraged?
1. Did your state/territory involve prevention, treatment and/or recovery providers or coordinators from other funding sources to address opioid use disorder prevention strategies?
* If yes, which providers were involved?
* To what extent or in what capacity were they involved?
1. How did your state/territory work with prevention, treatment and/or recovery providers or coordinators from other funding sources to address opioid use disorder treatment and recovery services?
* Which providers were involved?
* To what extent or capacity were they involved?
1. Did your state/territory collaborate with other agencies to disseminate information from the Prescription Drug Monitoring Program data?
* If yes, which agencies did you collaborate with and how did you collaborate?
* How were data reported (e.g., public testimony, written reports that were publicly available)?
* How frequently were data reported?
* To whom were the data reported (e.g., state officials, federal agencies, general public)?
1. To your knowledge what service system issues (e.g., not enough prevention providers) impacted your state’s ability to deliver opioid use disorder prevention strategies during the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017),?
	* Do you plan to use Opioid STR funding to address [insert answer(s)]? If so, in what way(s)?
2. To your knowledge what service system issues (e.g., state did not opt into Medicaid expansion limiting ability to meet the treatment need) impacted your state’s ability to meet the demand for opioid use disorder treatment and recovery services during the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017),?
	* Do you plan to use Opioid STR funding to address [insert answer(s)]? If so, in what way(s)?
3. To your knowledge what workforce issues (e.g., hard to recruit and retain staff) impacted your state’s ability to deliver opioid use disorder prevention strategies during the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017),?
	* Do you plan to use Opioid STR funding to address [insert answer(s)]? If so, in what way(s)?
4. To your knowledge what workforce issues (e.g., financial constraints that limits the state’s ability to offer OUD trainings to enhance skill sets) impacted your state’s ability to deliver opioid use disorder treatment and recovery services during the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017),?
	* Do you plan to use Opioid STR funding to address [insert answer(s)]? If so, in what way(s)?
5. To your knowledge, what financial constraints impacted your state’s ability to deliver opioid use disorder prevention strategies during the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017),?
	* Do you plan to use Opioid STR funding to address [insert answer(s)]? If so, in what way(s)?
6. To your knowledge, what financial constraints impacted your state’s ability to deliver opioid use disorder treatment and recovery services during the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017),?
	* Do you plan to use Opioid STR funding to address [insert answer(s)]? If so, in what way(s)?
7. To your knowledge, did your state have the ability to differentiate state resources **specifically targeted** to opioid use disorder prevention strategies from state resources that target more generic (non-drug specific) substance use disorder prevention strategies during the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017),?
	* If yes, how were you able to differentiate?
	* If no, do you plan to develop a strategy to do this?
8. To your knowledge, did your state have the ability to differentiate state resources specifically targeted to opioid use disorder treatment and recovery services from state resources that target more generic (non-drug specific) specific substance use disorder treatment and recovery services during the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017),?
	* If yes, how are you able to differentiate?
	* If no, do you plan to develop a strategy to do this?

### Section IV. Use of data

Next, I’d like to hear more about data resources your state/territory was using to help plan and implement strategies or services to address opioid use disorder as of March 1, 2017. Some of these questions will follow-up on your responses to the survey.

1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), did your state/territory use data to make decisions about how to provide prevention strategies to address opioid use disorder in your state/territory? (For example, prescription drug monitoring program (PDMP) data, data from emergency departments and/or hospitals.)

**PROBES: (Option 1)**: If response indicates data were used:

* What data sources did your state/territory use to make decisions about opioid use disorder prevention strategies?
* How did your state/territory use these data sources to make decisions about opioid use disorder prevention strategies?
* Are there any additional data resources that might have helped your state/territory make decisions about opioid use disorder prevention strategies?

**PROBES: (Option 2)**: If response indicates data were not used:

* What prevented your state/territory from using data to make decisions about opioid use disorder prevention strategies?
* How did your state/territory make decisions about opioid use disorder prevention strategies?
* Are there any data resources that could have helped your state/territory make decisions about opioid use disorder prevention strategies?
* How might your state/territory have used such data resources in making decisions about opioid use disorder prevention strategies?
1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), did your state/territory use data to make decisions about how to provide opioid use disorder treatment and/or recovery services? (For example Prescription Drug Monitoring Program (PDMP) data, opioid death, opioid emergency department visits/hospitalizations.)

**PROBES: (Option 1)**: If response is affirmative:

* What data sources did your state/territory use to make decisions about opioid use disorder treatment and/or recovery services?
* How did your state/territory use these 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?

**PROBES (Option 2)**: If response was negative:

* What prevented your state/territory from using data to make decisions about opioid use disorder treatment and/or recovery services?
* How did your community or program make decisions about opioid use disorder treatment and/or recovery services?
* Are there any data resources that could have helped your state/territory in making 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?
1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), how did your state/territory use data to monitor the progress of your efforts to provide opioid use disorder prevention strategies, treatment and/or recovery services (please discuss in general terms)?
* During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), 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?
1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), what kinds of technology systems, policies, or supports (e.g., electronic health records systems, mandatory reporting requirements, etc.) did your state/territory have in place 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?

### 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 (EBPPs) to address opioid use disorder during the one-year period prior to receiving Opioid STR funding.

1. During the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017), what experience did your state/territory have implementing EBPPs relevant to opioid use disorder prevention strategies, treatment and recovery services?
* Did your state/territory work with behavioral health care providers/staff and others in the medical community to implement EBPPs for opioid use disorder prevention strategies, treatment, and/or recovery services?
* Did your state/territory work with external organizations (such as Faces and Voices of Recovery, Young People in Recovery, National Association of State Alcohol and Drug Abuse Directors (NASADAD)) to implement EBPPs for opioid use disorder prevention strategies, treatment, and/or recovery services?
1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), did your state/territory develop and/or adopt implement any policies that required the implementation of any EBPPs that were relevant to the prevention of opioid use disorders?

**PROBES** (Option 1): If policies have been developed or adopted:

* What policies were developed/adopted?
* What EBPPs relevant to prevention strategies for opioid use disorders did your state/territory require?
	+ What population(s) within your state/territory did these strategies target?
	+ What funding sources were required to implement them?
* How did your state/territory identify and select these EBPPs?
	+ What criteria did your state/territory use when selecting EBPPs?
* What challenges, if any, did your state/territory face in selecting EBPPs that were relevant to prevention strategies for opioid use disorders?
* Did your state/territory select but not require any EBPPs relevant to prevention strategies for opioid use disorders?
	+ If yes, why were they not implemented?

**PROBES:** (Option 2): If policies have not been developed/adopted:

* Did your state/territory consider developing or adopting policies that would require implementation of EBPPs relevant to prevention strategies for opioid use disorders?
	+ If yes, why were these policies not developed or adopted?
1. During the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017), did your state/territory develop and/or adopt any policies that required the implementation of any EBPPs relevant to opioid use disorder treatment and/or recovery services?

**PROBES** (Option 1): If policies were developed or adopted:

* What policies were developed/adopted?
* What EBPPs relevant to opioid use disorder treatment and/or recovery services did your state/territory require?
	+ What population(s) within your state/territory did these strategies target?
	+ What funding sources were required to implement them?
* How did your state/territory identify and select these EBPPs?
	+ What criteria did your state/territory use when selecting EBPPs?
* What challenges, if any, did your state/territory face in selecting EBPPs that were relevant to opioid use disorder treatment and/or recovery services?
* Did your state/territory select but not require any EBPPs relevant to treatment and/or recovery services for opioid use disorder?
	+ If yes, why were these EBPPs not implemented?

**PROBES:** (Option 2): If policies were not developed/adopted:

* Did your state/territory consider developing or adopting, policies that would require implementation, of EBPPs relevant to treatment and/or recovery services for opioid use disorder?
	+ If yes, why were they not implemented?
1. During the one-year period prior to receiving Opioid STR funding (from March 1, 2016 to March 1, 2017), did your state/territory use any resources or receive any technical assistance (TA) to help select, implement, or adapt EBPPs for preventing, treating, or helping individuals recovery from opioid use disorder?

**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 EBPs?
	+ 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 EBPPs 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 in the one-year period prior to 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.

1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), did your state/territory consider health disparities when selecting and implementing opioid use disorder prevention strategies?

**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?

**PROBES** (Option 2): If health disparities were not considered:

* + Why were health disparities not considered when selecting or implementing opioid use disorder prevention strategies?
1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), did your state/territory consider health disparities when selecting and implementing opioid use disorder treatment and/or recovery services?

**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?

**PROBES** (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?
1. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), describe the process(es) that you used, if any, to ensure that your prevention, treatment, and/or recovery strategies/services reached the individuals or groups that experience health disparities.
2. During the one-year period prior to receiving Opioid STR funding (from about March 1, 2016 to March 1, 2017), describe your efforts, if any, to implement the *National CLAS Standards* when providing prevention strategies, treatment and recovery services to address opioid use disorder. (By the *National CLAS Standards*, I mean the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*.)

### Section VII. plans for using opioid STR funding

We’re at our final set of questions, which focuses on your plans to provide opioid use disorder prevention strategies, treatment, and/or recovery services in your state/territory using Opioid STR funding.

1. Let’s talk about the prevention interventions that your state/territory plans to implement using Opioid STR funding.
* Are you targeting primary prevention or secondary prevention or both?
* Are the providers/sites already engaged/on-board or are you still identifying them?
* Are certain geographic area(s) of the state targeted for prevention services? If yes, how did you make this decision?
* In the survey your state/territory identified certain populations that will be targeted. (Reference response if necessary). How did you make that decision?
* To your knowledge, are any of the approaches evidence-based interventions?
* What is the anticipated start date for the first intervention?
* Will any adaptations be made to address the cultural appropriateness of prevention intervention strategies (e.g., modifying the language or slang used, modifying the examples, including visuals of people who represent your target population)? If so, please describe.
* Will your state/territory collect data or use existing data sources to monitor your progress in implementing prevention interventions? If so, please describe. If not, how do you plan to monitor your state’s/territory’s progress?
* What factors do you anticipate will facilitate your state/territory’s ability to implement opioid use disorder prevention activities using the Opioid STR funding?
* What factors do you anticipate will make your state/territory’s implementation of prevention activities using the Opioid STR funding more difficult?
* How do you plan to address these barriers or challenges?
* Are there any administrative factors (e.g., state hiring freezes, vacant positions) that you anticipate may impact your state/territory’s ability to effectively implement prevention intervention activities using the Opioid STR funding?
1. Now, let’s talk about the specific treatment interventions that your state/territory plans to implement using Opioid STR funding.
* Are the providers/sites already engaged/on-board or are you still identifying them?
* Are certain geographic area(s) of the state targeted for treatment interventions? If yes, how did you make this decision?
* In the survey your state/territory identified certain populations that will be targeted. (Reference response if necessary). How did you make this decision?
* To your knowledge, are any of the approaches evidence-based interventions?
* What is the anticipated start date for the first intervention?
* Will any adaptations be made to address the cultural appropriateness of treatment interventions / EBPs (e.g., modifying the language or slang used, modifying the examples, including visuals of people who represent your target population)? If so, please describe.
* Will your state/territory collect data or use existing data sources to monitor your progress in implementing treatment interventions? If so, please describe. If not, how do you plan to monitor your state’s/territory’s progress?
* What factors do you anticipate will facilitate your state/territory’s ability to implement opioid use disorder treatment interventions using the Opioid STR funding?
* What factors do you anticipate will make your state/territory’s implementation of treatment interventions using the Opioid STR funding more difficult?
* How do you plan to address these barriers or challenges?
* Are there any administrative factors (e.g., state hiring freezes, vacant positions) that you anticipate may impact your state/territory’s ability to effectively implement treatment interventions using the Opioid STR funding?
1. let’s talk about the specific recovery interventions that your state/territory plans to implement using Opioid STR funding.
* Are the providers/sites already engaged/on-board or are you still identifying them?
* Are certain geographic area(s) of the state targeted for recovery interventions? If yes, how did you make this decision?
* In the survey your state/territory identified certain populations that will be targeted. (Reference response if necessary). How did you make this decision?
* To your knowledge, are any of the approaches evidence-based interventions?
* What is the anticipated start date for the first intervention?
* Will any adaptations be made to address the cultural appropriateness of recovery interventions/ EBPPs (e.g., modifying the language or slang used, modifying the examples, including visuals of people who represent your target population)? If so, please describe.
* Will your state/territory collect data or use existing data sources to monitor your progress in implementing recovery interventions? If so, please describe. If not, how do you plan to monitor your state’s/territory’s progress?
* What factors do you anticipate will facilitate your state/territory’s ability to implement opioid use disorder recovery interventions using the Opioid STR funding?
* What factors do you anticipate will make your state/territory’s implementation of recovery interventions using the Opioid STR funding more difficult?
* How do you plan to address these barriers or challenges?
* Are there any administrative factors (e.g., state hiring freezes, vacant positions) that you anticipate may impact your state/territory’s ability to effectively implement recovery interventions using the Opioid STR funding?
1. Let’s talk about any plans you have to build the capacity of your state/territory’s workforce using Opioid STR funding.
	* Are there certain types of staff you will target?
	* Will you support career advancement or leadership development for the workforce?
	* Will you provide opportunities for your workforce to build their evaluation capacity and for multidisciplinary cross-training?
	* Will you implement mechanisms to increase the cultural diversity of your staff and/or enhance the cultural and linguistic competence of your staff?
2. Our final question. From your perspective, how do you think the Opioid STR funding will help your state/territory address opioid use disorder prevention, treatment and/or recovery services?
3. Would you like to add anything else that we did not talk about regarding your community or program's ability to provide opioid use disorder prevention, treatment and/or recovery services s?

[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. As mentioned, we will provide you with a draft copy of the interview notes to ensure we captured your perspective accurately.

Thank you for your time.

[STOP RECORDING]