

Opioid State Targeted Response (STR) Evaluation

Community/Program Director Baseline Interview Protocol

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CHAPTER I: INFORMATION AND DIRECTIONS

Purpose. The primary purpose of this protocol is to:

- Document and assess the effectiveness of Opioid STR in providing opioid use disorder prevention, treatment and recovery services.
- Gain insights to improve Opioid STR grant processes and future efforts to address opioid use disorder prevention strategies, treatment and recovery services.

* 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 community/program **BEFORE** receiving Opioid STR funding.

Content. Specific topics include:

- Planning and implementation of activities
- Financial and non-financial resources
- The use of data for planning strategies or services
- The use of evidence-based programs, policies, and practices
- Planning of strategies to address disparities

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

- Scheduling on-site interviews with grantee Program/Project Directors who are willing to be interviewed in fall 2017 or early 2018 during the site visit;
- Asking each Program/Project Director to sign a written consent form to conduct and record the interview; and
- Reviewing Community/Program Baseline Instrument responses and other relevant documents.

Site Visit. Site visits will consist of individual in-person interviews with the Program/Project Director that is receiving Opioid STR funds. 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 stored securely to ensure confidentiality. Any information or quotes used from the interview and included in community/program reports shall remain anonymous as to the individual and their position in the community/program.

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 review;
- 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 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 Program/Project 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 overall goal of the evaluation is to document and assess the effectiveness of Opioid STR in providing prevention, treatment, and recovery strategies/services to address opioid use disorders. We also want to gain insights to improve Opioid STR grant processes and future efforts to prevent, treat, and help individuals recover from opioid use disorder.

This is the first interview that will be conducted as part of the Opioid STR program evaluation process. You are one of several other Program/Project Directors that agreed to be interviewed across selected community/program sites. All Program/Project Directors will be asked the same questions. Interview results may be reported in the Opioid STR evaluation report and the community/program 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 will provide you with a copy of the interview notes and ask for your review and feedback.

As we progress through the interview, we will ask about how your program 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 you in providing opioid prevention, treatment, and recovery strategies/services. We are especially interested in hearing your success stories and lessons-learned that could help other communities/programs. If your community/program 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?

[IF YES, ANSWER QUESTIONS]

[IF NO, SAY: WE WILL NOW START GOING THROUGH THE INTERVIEW QUESTIONS]

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. What is the name of the community or program you represent? _____.
3. How long have you been in this position? _____(ENTER # FOLLOWED BY MONTH OR YEAR, IF <6 MONTHS ENTER 0)

SECTION II. PLANNING, DECISIONS, BARRIERS AND FACILITATORS

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

4. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), was there a process your community/program 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 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)?

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

- How were decisions made?
- Who made them?

5. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), was there a process your community/program 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 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)?

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

- How were decisions made?
- Who made them?

6. To your knowledge, what opioid use disorder prevention strategies did your community/program provide during the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017)?

PROBE: What challenges or barriers did your community/program encounter in providing opioid use disorder prevention strategies?

PROBE: What factors helped or facilitated your community/program's ability to provide opioid use disorder prevention strategies?

7. To your knowledge, what opioid use disorder treatment services did your community/program provide during the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017)?

PROBE: What challenges or barriers did your community/program encounter in providing opioid use disorder treatment services?

PROBE: What factors helped or facilitated your community/program's ability to provide opioid use disorder treatment services?

8. To your knowledge, what opioid use disorder recovery services did your community/program provide during the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017)?

PROBE: What challenges or barriers did your community/program encounter in providing opioid use disorder recovery services?

PROBE: What factors helped or facilitated your community/program's ability to provide opioid use disorder recovery services?

SECTION III. FINANCIAL AND NON-FINANCIAL RESOURCES (RCEQ3)

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

9. During the one-year period prior to receiving Opioid STR funding (from about May 1, 2016 to April 30, 2017), did your community or program leverage (or combine) financial or non-financial resources (e.g., staff, facility space) to address opioid use disorder prevention, treatment and/or recovery strategies/services?

PROBES: (Option 1): If community/program leveraged multiple resources.

- Did your community/program build off other prevention funding streams such as Substance Abuse Prevention and Treatment Block Grant, CDC Prevention for States funding, or other sources?
 - If yes, which funding streams and how?
 - Do you plan on continuing to use these sources of funding in addition to the Opioid STR funding?
- Did your community/program collaborate with other (outside) agencies or organizations?
 - If yes, with what organizations did the community/program collaborate and how?

- Did your community/program involve prevention, treatment and/or recovery providers or coordinators from other funding sources?
 - If yes, which providers or coordinators were involved and to what extent or capacity were they involved?
- Did your community/program collaborate with other agencies to develop/ report use of Prescription Drug Monitory Program data?
 - If yes, which agencies and how did they collaborate?

PROBES: (Option 2): If community/program did not leverage multiple resources.

- Did your community/program consider leveraging or combining financial or non-financial resources to support efforts to address opioid use disorder?
 - If so, why did you decide not to use these resources?
10. As of April 30, 2017, were there an adequate number of behavioral health care providers/staff to address the treatment needs of patients in your community/program?
- Did your staff have the right knowledge and skills to address opioid use disorder?
 - Did your staff have experience providing prevention strategies, treatment, and/or recovery strategies to the targeted populations?
 - If there were not an adequate number of behavioral health care providers/staff:
 - Why do you think there were not an adequate number of staff?
11. As of April 30, 2017, did your community/program have an adequate amount of fiscal/financial resources to address opioid use disorder?

SECTION IV. USE OF DATA

Next, I'd like to hear more about data resources your community/program was using to help plan and implement strategies or services to address opioid use disorder.

12. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), did your community/program use data to make decisions about how to provide prevention strategies for individuals or populations with opioid use disorder? (For example, prescription drug monitoring program (PDMP) data, data from emergency departments and/or hospitals.)

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

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

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

- What prevented the community/program from using data to make decisions about opioid use disorder prevention strategies?
- How did your community or program make decisions about opioid use disorder prevention strategies without access to data resources?
- Are there any data resources that could have helped your program make decisions about opioid use disorder prevention strategies?

13. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), did your community/program use data to make decisions about how to provide treatment and/or recovery services for individuals or populations with opioid use disorder? (For example Prescription Drug Monitoring Program (PDMP) data, opioid death, opioid emergency department visits/hospitalizations.)

PROBES: (Option 1): If response indicates that data were used in decision making:

- What data sources did your community/program use to make decisions about opioid use disorder treatment and/or recovery services?
- How did your community/program 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 program make decisions about opioid use disorder treatment and/or recovery services?

PROBES: (Option 2): If response indicates that data were not used in decision making:

- What prevented the community/program from using data to make decisions about opioid use disorder treatment and/or recovery services?
- How did your community/program make decisions about opioid use disorder treatment and/or recovery services without access to data resources?
- Are there any data resources that might have helped your program in making decisions about opioid use disorder treatment and/or recovery services?
- How might your community/program have used such data resources in making decisions about opioid use disorder treatment and/or recovery services?

14. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), how did your community/program 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)?

Now I'd like to ask you a few questions more specifically related to your use of data from the prescription drug monitoring program, or PDMP. I would like to confirm the information provided in your previously completed survey.

15. As of April 30, 2017, did your community/program have access to community-level/program-level PDMP data?

PROBES (Option 1): If community/program had access to the PDMP data.

- How was the information from the PDMP used within the community/program?
- Who had access to the PDMP data?

PROBES: (Option 2): If community/program did not have access to PDMP data:

- Why did the community/program not have access to the PDMP data?
- How might access to the PDMP data/information have been helpful to the community/program?

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

Now I'd like to ask you about your community/program's use of evidence-based programs, policies, and practices (EBPPPs) to address opioid use disorder during the period prior to receiving Opioid STR funding.

16. As of April 30, 2017, what experience did your community/program have implementing EBPPPs relevant to opioid use disorder prevention strategies, treatment and recovery services?
- Did your community/program work with behavioral health care providers/staff and others in the medical community to implement EBPPPs for opioid use disorder prevention strategies, treatment, and/or recovery services?
 - Did your community/program work with external organizations to implement EBPPPs for opioid use disorder prevention strategies, treatment, and/or recovery services?
17. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), did your community/program implement any EBPPPs that were relevant to the prevention of opioid use disorder?

PROBES (Option 1): IF EBPPPs have been implemented:

- What EBPPPs relevant to prevention strategies for opioid use disorder did your community/program implement?
- How did your community/program identify and select these EBPPPs?
- What criteria did your community/program use when selecting EBPPPs?
- What challenges, if any, did your community/program face in identifying and selecting EBPPPs that were relevant to prevention strategies for opioid use disorder?

- Did your community/program select but not implement any EBPPPs relevant to prevention strategies for opioid use disorder?
 - If yes, why were they not implemented?

PROBES: (Option 2): If EBPPPs have not been implemented:

- Did your community/program consider implementing any EBPPPs relevant to prevention strategies for opioid use disorder?
 - If yes, why were these EBPPPs not implemented?

18. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), did your program implement any EBPPPs that were relevant to treatment and/or recovery services for opioid use disorder?

PROBES (Option 1): IF EBPPPs were implemented:

- What EBPPPs relevant to treatment and/or recovery services for opioid use disorder did your program implement?
- How did your program identify and select these EBPPPs?
- What criteria did your community/program use when selecting EBPPPs?
- What challenges, if any, did your community/program face in identifying and selecting EBPPPs that were relevant to treatment and/or recovery services for opioid use disorder?
- Did your program select but not implement any EBPPPs relevant to treatment and/or recovery services for opioid use disorder?
 - If yes, why were these EBPPPs not implemented?

PROBES: (Option 2): If EBPPPs were not implemented:

- Did your community/program consider implementing any EBPPPs relevant to treatment and/or recovery services for opioid use disorder?
 - If yes, why were they not implemented?

19. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), did your community/program use any resources or receive any technical assistance (TA) to help select, implement, or adapt EBPPPs for preventing, treating, or helping individuals recover 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 selecting, implementing, and adapting EBPPPs?
 - If not helpful, what additional resources or TA do you wish you had received?

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

- Did your community/program have access to any resources or TA to help select, implement, or adapt EBPPPs for preventing, treating or helping individuals recover from opioid use disorder?

- If so, why did your community/program choose not to use these resources/TA?
- What resources or TA do you wish you had received?

20. What resources or TA do you anticipate needing in the future to implement Opioid STR activities?

SECTION VI. HEALTH DISPARITIES AND THE NATIONAL CLAS STANDARDS

Next, I'd like to talk more about how your program addressed disparities in service access, use, and outcomes when selecting and implementing prevention, treatment, and recovery services for your population of interest 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 strategies, treatment and recovery services OR who experience worse opioid use disorder outcomes.

20. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), did your community/program consider health disparities when providing prevention strategies for opioid use disorder?

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

- Which health disparities did your community/program consider when providing prevention strategies for opioid use disorder?
- How did your community/program address these disparities when providing prevention strategies for opioid use disorder?

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

- Why were health disparities not considered when providing prevention strategies for opioid use disorder?

21. During the one-year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), did your community/program consider health disparities when providing treatment and/or recovery services for opioid use disorder?

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

- Which health disparities did your community/program consider when providing and/or recovery services for opioid use disorder?
- How did your community/program address these disparities when providing treatment and/or recovery services for opioid use disorder?

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

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

22. During the one-year period leading up to receiving Opioid STR fund(from May 1, 2016 to April 30, 2017), describe the process 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?

23. During the one-year period leading up to receiving Opioid STR funds (from May 1, 2016 to April 30, 2017), please 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. CONCLUDING QUESTIONS AND PLANS FOR USING OPIOID STR FUNDING

We're at our final set of questions, which focus on characteristics of your community/program's staff prior to receiving Opioid STR funds, as well as plans for using opioid STR funding.

24. Thinking about the professional categories [Insert examples from survey] you indicated in the previously completed survey, did you have a sufficient number of staff in each category to address your community/program's needs related to prevention, treatment and/or recovery services for addressing opioid use disorder in your community/program as of April 30, 2017?
 - Have you taken steps to recruit and retain behavioral health care providers/staff to address opioid use disorder?
 - If so, what steps have you taken?
25. In the one year period prior to receiving Opioid STR funding (from May 1, 2016 to April 30, 2017), did you implement any mechanisms to build the capacity of your behavioral health care providers/staff addressing opioid use disorders?
 - Did you support career advancement or leadership development for these staff?
 - Did you provide opportunities for these staff 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?
26. How would you describe your staff's knowledge and abilities to learn or implement evidence-based programs, policies or practices relevant to opioid use disorder prevention strategies, treatment and/or recovery services?
27. Please describe the treatment and recovery interventions that your community/program plans to implement using Opioid STR funding.

[For each intervention, ask the following questions]

- What specific set of services will be implemented as part of this intervention?
 - Is this intervention evidence-based? What criteria was used to determine whether it is an evidence-based intervention?
 - Was this implementation implemented prior to Opioid STR funding? If so, was it implemented with previous SAMHSA funding, previous non-SAMHSA funding, or previous funding from an unknown source?
 - Will any adaptations be made to address the cultural appropriateness of the intervention strategy for a particular group (e.g., modifying the language or slang used, modifying the examples, including visuals of people who represent your target population)? If so, please describe.
28. Please describe the specific prevention interventions that your community/program plans to implement using Opioid STR funding.

[For each intervention, ask the following questions]

- What specific set of services will be implemented as part of this intervention?
- Is this intervention evidence-based? What criteria was used to determine whether it is an evidence-based intervention?

- Was this implementation implemented prior to Opioid STR funding? If so, was it implemented with previous SAMHSA funding, previous non-SAMHSA funding, or previous funding from an unknown source?
- Will any adaptations be made to address the cultural appropriateness of the intervention strategy for a particular group (e.g., modifying the language or slang used, modifying the examples, including visuals of people who represent your target population)? If so, please describe.

29. Are there any populations be targeted as high priority groups for prevention activities? For treatment and recovery activities?

30. What does your community/program plan to do to expand services to new (unduplicated) individuals with opioid use disorder?

31. Our final question. From your perspective, how do you think the Opioid STR funding will help your community/program address opioid use disorder?

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?

[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]