

Opioid State Targeted Response (STR) Evaluation

Community/Program Director Time 2
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 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 community/program during the period you received Opioid STR funding.
- 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 your community/program during the period you received 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 spring 2019 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, Time 2, and Final 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. You might recall that we interviewed you and your colleagues during our site visit in fall 2017. We are contacting Program/Project Directors again 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.

As you might recall, 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.

As I stated, this is the second 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 for this second interview. 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 has been used to enhance opioid prevention, treatment, and recovery strategies/services. Please think about what helped and hindered you in implementing and delivering opioid prevention, treatment, and recovery strategies/services during the period that you received Opioid STR funding. 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.

Prior to this interview, we referred back to our notes from the interview we conducted with you and your colleagues in fall 2017, and the surveys you completed in fall 2017 and spring 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?

[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. Are you still serving as [insert position title from previous interview]? If not, what is your current position title? How long have you been in this position?

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.

2. In fall 2017, you described decisions about the creation or expansion of prevention strategies as being made through [enter brief description before interview]. How has this changed during the period that you have received Opioid STR funding?

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, etc.)?
- Who was involved in the process?
- How were final decision(s) made?
 - o 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?

3. In fall 2017, you described decisions about the creation or expansion of treatment and recovery services as being made through [enter brief description before interview]. How has this changed during the period that you have received Opioid STR funding?

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?

4. In fall 2017, you described several challenges or barriers that your community/program encountered in providing opioid use disorder prevention strategies, including [enter brief description before interview]. How have these challenges or barriers changed during the period that you have received Opioid STR funding?
5. In fall 2017, you described several factors that helped or facilitated that your community/program encountered in providing opioid use disorder prevention strategies, including [enter brief description before interview]. How have these factors that helped or facilitated changed during the period that you have received Opioid STR funding?
6. In fall 2017, you described several challenges or barriers that your community/program encountered in providing opioid use disorder treatment services, including [enter brief description before interview]. How have these challenges or barriers changed during the period that you have received Opioid STR funding?
7. In fall 2017, you described several factors that helped or facilitated that your community/program encountered in providing opioid use disorder treatment services, including [enter brief description before interview]. How have these factors that helped or facilitated changed during the period that you have received Opioid STR funding?
8. In fall 2017, you described several challenges or barriers that your community/program encountered in providing opioid use disorder recovery services, including [enter brief description before interview]. How have these challenges or barriers changed during the period that you have received Opioid STR funding?
9. In fall 2017, you described several factors that helped or facilitated that your community/program encountered in providing opioid use disorder recovery services, including [enter brief description before interview]. How have these factors that helped or facilitated changed during the period that you have received Opioid STR funding?

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 community or program used to address opioid use disorder prevention, treatment and/or recovery strategies/services since receiving Opioid STR funding.

10. In fall 2017, you described your community/program as using such financial and non-financial resources as [enter brief description before interview] to support opioid use disorder prevention, treatment and/or recovery strategies/services. How have these financial and non-financial resources changed over the period that you have received Opioid STR funding?

PROBE: (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?

PROBE: (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?

- o If so, why did you decide not to use these resources?
11. In fall 2017, you described collaborations with other (outside) agencies as [enter brief description before interview]. How have these changed over the period that you have received Opioid STR funding?
- PROBE:**
- a. Did your community/program collaborate with additional (outside) agencies or organizations?
 - i. If yes, with what organizations did the community/program collaborate and how?
12. In fall 2017, you described the involvement of providers from other funding sources as being [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?
- PROBE:**
- a. If it has changed, which providers or coordinators were involved and to what extent or capacity were they involved?
13. In fall 2017, you described the collaboration on the development and reporting of Prescription Drug Monitory Program data as being [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?
- PROBE:**
- a. If it has changed, how has collaboration with other agencies changed? ?
14. In fall 2017, you described the number of behavioral health care providers/staff as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?
- PROBE:**
- - o Why do you think there were (or were not) an adequate number of staff?
15. In fall 2017, you described the knowledge, skills, and experience of your behavioral health care providers/staff as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?
16. In fall 2017, you described the adequacy of your community/program’s fiscal/financial resources as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?

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.

17. In fall 2017, you described your community/program’s use of data to make decisions about prevention strategies as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?

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

- 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 in decision making about prevention:

- What prevented the community/program from using data to make decisions about opioid use disorder prevention strategies?
- How did your community/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?
 - How might your community/program have used such data resources in making decisions about opioid use disorder prevention strategies?
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18. In fall 2017, you described your community/program'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 you have received Opioid STR funding

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

- 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 about treatment/recovery:

- 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?

19. In fall 2017, you described your community/program's use of data to monitor the progress of your efforts to provide opioid use disorder prevention strategies, treatment, and/or recovery services as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?

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.

20. In fall 2017, you indicated that your community/program [Did/Did not have] access to community-level/program-level PDMP data. Did this change over the period that you have received Opioid STR funding?

PROBES (Option 1): If community/program gained 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 lost access to PDMP data:

- To your knowledge, why did the community/program lose access to the PDMP data?
- How might continued 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 since you began receiving Opioid STR funding.

21. In fall 2017, you described your community/program's implementation of EBPPPs relevant to the prevention of opioid use disorder as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?

PROBES (Option 1): If prevention EBPPPs were implemented:

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

PROBE: (Option 2): If no prevention EBPPPs were implemented:

- Why did your community/program not implement any prevention EBPPPs for opioid use disorder?

22. In fall 2017, you described your community/program's implementation of EBPPPs relevant to treatment and/or recovery services for opioid use disorder as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?

PROBES : (Option 1): If treatment/recovery EBPPPs were implemented:

- 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 aimed at treating or supporting recovery from opioid use disorder?

- Did your program select but not implement any treatment/recovery EBPPPs for opioid use disorder?
 - If yes, why were these EBPPPs not implemented?

PROBE: (Option 2): If treatment/recovery EBPPPs were not implemented:

- Why did your community/program not implement any treatment/recovery EBPPPs for opioid use disorder?

23. In fall 2017, you described your community/program’s use of resources or technical assistance for EBPPPs relevant to prevention, treatment, or recovery services as [enter brief description before interview]. How has this changed over the period that you have 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 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?

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 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 strategies, treatment and recovery services OR who experience worse opioid use disorder outcomes.

24. In fall 2017, you indicated that your community/program’s [Did/Did not] consider health disparities when providing prevention strategies for opioid use disorder. How has this changed over the period that you have received Opioid STR funding?

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?

25. In fall 2017, you indicated that your community/program [Did/Did not] consider health disparities when providing treatment and/or recovery services for opioid use disorder. How has this changed over the period that you have received Opioid STR funding?

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

- Which health disparities did your community/program consider when providing treatment 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?

PROBE: (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?

26. In fall 2017, you described the process 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 before interview]. How has this changed over the period that you have received Opioid STR funding?

27. In fall 2017, you described your efforts to implement the *National CLAS Standards* as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding? (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 CURRENT USE OF OPIOID STR FUNDING

We're at our final set of questions, which focus on characteristics of your community/program's staff since you began receiving Opioid STR funds, as well as use of Opioid STR funding.

28. In fall 2017, you described your community/program's number of staff to address your community/program's needs related to prevention, treatment and/or recovery services as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?

PROBE:

- 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?

29. In fall 2017, you described your community/program's mechanisms to build the capacity of your behavioral health care providers/staff addressing opioid use disorder as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?

PROBES:

- How did you support career advancement or leadership development for these staff?
- What opportunities did you provide for staff to build their evaluation capacity and for multidisciplinary cross-training?
- What mechanisms did you implement to increase the cultural diversity of your staff and/or enhance the cultural and linguistic competence of your staff?

30. In fall 2017, you described 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 as [enter brief description before interview]. How has this changed over the period that you have received Opioid STR funding?

31. In fall 2017, you indicated that your community/program planned to implement [name of treatment and recovery interventions] using Opioid STR funding.

PROBES: [For each intervention, ask the following questions]

- Was this intervention implemented?
- What made implementation of this intervention easier?
- What made implementation of this intervention more difficult?
- Were there any adaptations or changes made to the intervention?
- How well did the intervention meet the needs of the individuals your program served?
- What made the intervention successful?
- What will make implementing the intervention more successful for your program in the future?
- How will your community/program sustain the implementation of this intervention?

32. In fall 2017, you indicated that your community/program planned to implement [name of prevention interventions] using Opioid STR funding.

PROBES: [For each intervention, ask the following questions]

- Was this intervention implemented?
- What made implementation of this intervention easier?

- What made implementation of this intervention more difficult?
- Were there any adaptations or changes made to the intervention?
- How well did the intervention meet the needs of the individuals your program served?
- What made the intervention successful?
- What will make implementing the intervention more successful for your program in the future?
- How will your community/program sustain the implementation of this intervention?

33. In fall 2017, you indicated that [insert populations] would be targeted as high priority groups for prevention, treatment, and recovery activities with Opioid STR funding. Were there any changes to the high priority groups targeted during the course of Opioid STR funding for prevention activities? For treatment and recovery services?

34. In fall 2017, you described how your community/program was planning to expand services to new (unduplicated) individuals with opioid use disorder as [enter brief description before interview.] How has this changed over the period that you have received Opioid STR funding?

35. From your perspective, how do you think the Opioid STR funding has helped your community/program address opioid use disorder?

36. Finally, please describe how your community/program will try to sustain its new prevention, treatment, and/or recovery services that it delivered during the period that it received Opioid STR funding.

PROBES:

- What funding sources are you considering for sustaining your community/program's prevention, treatment, and/or recovery services after the period of the Opioid STR funding has ended? Can these services be supported through other funding or operational resources?
- Do you have infrastructure in place such as ongoing training, processes and policies to support and sustain services?
- Are you monitoring data to ensure sustainability and determine when improvements to the program or services are needed?
- Are there organizations that you either are working to partner with or have partnered with to sustain your prevention, treatment, and/or recovery services after the period of the Opioid STR funding has ended?
- Are there any other strategies that you are considering for sustaining your community/program's prevention, treatment, and/or recovery services?

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]