**Follow up Interview of People who were Formerly Incarcerated and Were Enrolled in [Detention Center] MAT Program**

**INTERVIEW DETAILS**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** *(MM/DD/YYYY)*

**Interviewer’s initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELIGIBILITY SCREENER**

**Are you currently a receiving MAT in the community?**

* + **Yes**
	+ **No**

**Which medication are you currently prescribed?**

* + **Methadone**
	+ **Buprenorphine (Suboxone)**
	+ **Naltrexone (Vivitrol)**

**Does participant meet the eligibility criteria for this study?**

* + **Yes**
	+ **No**

**Did participant sign consent?**

* + **Yes**
	+ **No**

Thank you for agreeing to participate in this study. This interview is completely voluntary, so please feel free to skip any question or stop the interview at any time. Please also feel free to ask questions at any time if anything is unclear. **This interview will be in some ways similar to our first one. We will ask some of the same questions and some new ones too. Topics we will cover will include medication for addiction treatment, or “MAT”, such as methadone, Suboxone, and Vivitrol or naltrexone. We are interested in catching up with you and what’s been going on in your life since you were released. Similar to last time, the interview will last about an hour. After you complete the interview, you will receive [incentive]. Do you have any questions before we start?**

**INTERVIEW PROTOCOL**

**INTRO SCRIPT: When you were at the [detention center], you were a part of the comprehensive MAT program and were interviewed by one of our study team members about your attitudes about and experiences with the program while you were there. We now want to follow up with you. To begin, I have a few questions about your or your friends substance use and about MAT in the community.** Note for interviewers re: questions 6-9: Randomize the order of questions from interview to interview to counter-balance any “question order” effect on answers.

**Domain 1: Knowledge and Attitudes about Substance Use and MAT in the Community**

1. First, can you tell me a little about your substance use since being released from incarceration?

*Prompt*: What kind of substances have you used? How often did you use? How long had you been using? What do you prefer to use most?

1. Have you overdosed since being released from incarceration?

*Prompt:* Can you tell me a little about that? Was the overdose fentanyl-related?

1. Since you were released, do you know anyone who has overdosed?

*Prompt:* Can you tell me more about that? Have you witnessed an overdose since you were released? Have you ever used naloxone/Narcan to prevent someone from overdosing? How did that go?

If overdose was fentanyl-related: Can you tell me about the most recent time that you witnessed a fentanyl overdose? How did you know that it was fentanyl?

1. Since your release, have you had any fears about overdosing?

 *Prompt:* Can you tell me more about that? Are your fears now that you have been

 released different from yours before?

1. What type of MAT did you take while incarcerated?
	1. If they switched medication: You mentioned earlier that you are currently taking xxx. Why did you decide to take xxx in the community?
2. Are you engaging in any other recovery strategies in the community?
	1. If yes: Can you tell me more about them? What, if anything, helped you decide to participate in them? Do you think any other recovery strategies are important for people with opioid use disorder? If so, what?
	2. If no: Do you think any other recovery strategies are important for people with opioid use disorder? If so, what?

**SCRIPT:** Thank you for your responses. Now, I am going to ask you about your experiences with the [detention center] MAT program. I want to follow up and see how you feel about the [detention center] MAT program now that you have been released.

**Domain 2: Experiences in [detention center] MAT program**

1. Now that you have been released, what are your impressions of the [detention center] MAT program?
	1. Can you tell me about what parts of the program need to be improved and how?
	2. If you had to guess, what do you think your experience after release would have been like if [detention center] did not provide MAT to anyone? Do you think access to MAT at [detention center] changed your experience after release? Why?

**SCRIPT:** Is there anything else you would like to share about the [detention center] MAT program? Okay, next we are going to talk about your thoughts and experiences with treatment after release.

**Domain 3: Linking to Care and Post-Release Treatment**

1. When you were incarcerated or preparing to be released, did you have any expectations about continuing treatment in the community?

*Prompt:* Did you want to continue MAT in the community? Why/why not?

1. When you were preparing to be released, did anyone help you find treatment in the community?

*Prompt:* e.g., nurse, corrections officer, social worker, family, friends?

1. (Skip if not currently on MAT): Earlier you mentioned that you are currently on MAT in the community.
	1. Where are you receiving your treatment?
	2. What kind of challenges, if any, have made it difficult to continue MAT in the community? (e.g., lack of support from friends and family, access to employment/housing/etc.) How have you navigated these challenges?
	3. Can you think of any services that would help you to continue MAT (e.g., case management (someone who understands your needs and can help navigate them), reminders in the mail, phone calls, receiving a cell phone, transportation, job assistance, training and education, housing etc.)?
2. (Skip if currently on MAT): Earlier you mentioned that you are currently not on MAT in the community.
	1. Can you tell me a bit about why you did not continue MAT in the community?
	2. What if, if anything, would make you more likely to start MAT again in the community?
3. Since you have been released, have you gone to a pharmacy for MAT instead of to a doctor’s office or a clinic with a pharmacist trained in addiction care?

**If yes:** Can you tell me a bit about why you went to a pharmacy for MAT?

**If no:** If the pharmacy were conveniently located with convenient hours, do you think

that would be a good option for you or would you prefer to go somewhere else first and then transfer to the pharmacy to receive MAT?

**SCRIPT:**

* + - * 1. (Yes, has used substances since release): As you mentioned before, you’ve used xxx since being released. I’d now like to talk to you about your opinions of and any experiences you’ve had with fentanyl since being released from incarceration.
				2. (No, has not used substances since release): Now I’d like to talk to you about your opinions of and any experiences your friends have had with fentanyl since being released from incarceration.

**Domain 5: Perceptions of Fentanyl**

1. (Skip if hasn’t used substances since release)

Since being released from incarceration, have you ever known or suspected fentanyl was in your drugs or supply? What strategies do you use to protect yourself from fentanyl?

1. Have any of your friends used or come in contact with fentanyl since you have been released?

*Prompt (if yes):* Did they overdose or have any negative reactions to it? Were you present when they used fentanyl?

1. What strategies do others you know use to protect themselves from fentanyl?

**SCRIPT:** Now, I’d like to ask you a few questions related to HIV risk.

**Domain 6: Pre-Exposure Prophylaxis for HIV Prevention**

1. Have you been tested for HIV since your release?
2. Do you think you are at risk for HIV?

*Prompt*: Why/why not?

1. Last time we spoke, we talked about pre-exposure prophylaxis (PrEP). What do you know or remember about it?

*Prompt*: (Definition: PrEP is a once daily medication that you can take to prevent HIV)

1. Are you currently taking PrEP?

 *Prompt:*

* 1. If no: Would you be interested in taking PrEP, why/why not?

**SCRIPT:** Thank you for your responses about the MAT program. I am now going to ask you questions about behavioral action therapy (BAT). Behavioral activation therapy (BAT) is a type of therapy that helps people engage in enjoyable and meaningful life activities that do not involve drugs. The therapy also helps people improve their mood and manage life challenges, including getting back up on their feet after jail or prison. The therapy is given by a trained counselor over the course of 6 to 10 weeks. Each session lasts about 1 hour.

**Domain 7: Behavioral Activation Therapy**

If these counseling sessions were made available to [detention center] MAT patients in the community as part of a paid research study, how likely would you be to participate? How about other [detention center] MAT patients?

*Prompt:* How many sessions do you think would be necessary? Do you think it’s needed in light of the types of services that are available in the community/at [community healthcare provider]? (If patient asks, the payment would likely be $15 a session.)

Do you think these type of counseling sessions could help [detention center] MAT patients who continued MAT in the community to keep taking their medication? Do you think the counseling sessions could help prevent them from using drugs again? Do you think the counseling sessions could help them not get incarcerated again?

*Prompt:* Why/why not?

What are your thoughts on the study taking place at [community healthcare provider] versus another location like [university] or [hospital]?

*Prompt:* What are some facilitators and barriers to hosting the study at [community healthcare provider]? At [hospital]? (e.g. potential benefits of getting the therapy and MAT at a single location vs. the feasibility of going to a non-[community healthcare provider] location) If client cites transportation as a concern, inquire if transportation would still be an issue if public transit passes were provided.

1. Do you think that providing [detention center] patients with 1 to 2 counseling sessions while in jail/prison would be helpful in preparing them to continue with MAT in the community after being released?

*Prompt:*

* 1. Would you be interested in these counseling sessions? Would you have found them helpful when you were in jail/prison?
	2. What do you think are some, if any, potential challenges of doing these sessions in jail/prison instead of the community?

*Prompt:* What are some potential barriers to doing these sessions in jail/prison? (e.g., whether the sessions might create issues with other inmates)

**SCRIPT:** Thank you, again, for your time today. Do you have any other thoughts that you would like to share about the [detention center] MAT program or any other topics that we’ve talked about?

To end, I have a few background questions.

**1. What is your age?** *[PPTAGE]*

\_\_\_\_\_\_\_\_\_\_\_ [minimum value = 18]

**2. What was your biological sex at birth?***[SEX]*

Male

Female

Don’t know/Refused

**3. Are you of Hispanic or Latino decent?***[ETHNIC]*

Yes

 No

Don’t know/Refused

**4. How would you describe your racial background?** *(Check only one). [RACE]*

American Indian or Alaska Native

Asian

Black, African, or African-American

Native Hawaiian or other Pacific Islander

White

Mixed, bi-racial, or multi-racial

Something else: \_\_\_\_\_\_\_\_\_\_ *[OTH]*

Don’t know/Refused

**5. Do you consider yourself to be...** *(Read out list; check only one). [ORIE]*

Straight

Gay

Lesbian

Bisexual

Queer

Something else: \_\_\_\_\_\_\_\_\_\_\_*[OT]*

Don’t know/Refused

**6. What best describes your current gender identity?** *(Check only one). [GEND]*

Male

Female

Nonbinary

Transgender

Something else: \_\_\_\_\_\_\_\_\_\_\_\_ *[OT]*

Don’t know/Refused

**7. What is the highest level of education that you have received?** *(Check only one).* *[EDUC]*

Elementary or grade school

Some high school

Finished high school or GED

Some college

Trade or technical school

College or university degree

Don’t know/Refused

**8. Where do you go when you have a health problem or need to see a doctor?**

Emergency room

 Urgent care

 Doctor’s office/Clinic

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Do you regularly use a pharmacy for any reason?** Yes/No

 If yes: **Why do you go to the pharmacy?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_