

SUPPLEMENTARY MATERIAL for *Formerly incarcerated persons with opioid use disorders' peer health navigation experiences before and after prison release*

Contents

1. Detailed Methods	2
2. Interview Guides	8

1. Detailed Methods

This qualitative study employed a pragmatic inquiry framework. Pragmatic interviews often employ straightforward questions aimed at real-world issues in an effort to yield practical, useful, and actionable results (1). Given the overall dearth of research literature on the experiences of people exiting incarceration with peer programs, this approach was useful to elucidate participant experiences with peer health navigation and reveal perspectives on specific aspects of program experience, including areas participants identified as valuable or areas of potential program improvement.

Study Setting

This study uses data collected from participants of the Rutgers University Behavioral Health Care (UBHC) Intensive Recovery Treatment Support (IRTS) program, which provides pre- and post-release team-based support for people with opioid use disorder incarcerated in New Jersey who are nearing release from prison. The program provides 3-6 months pre-release and 12-month post-release engagement with peer health navigators (PHNs). Participants hear about the program from peers, flyers/advertisements, medical staff, mental health staff, and J-Pay (the prison system's messaging/email service), and enroll through meetings or J-Pay correspondence with IRTS staff. Prior to COVID-19, the pre-release components of the program were delivered primarily in-person by PHNs who traveled to correctional facilities around the state. At the onset of the pandemic, however, in-person pre-release services were suspended and instead took place by telephone or using J-Pay. IRTS PHNs have direct experience with incarceration, substance use disorders, or mental health challenges and act as empowerment catalysts – they precipitate goal articulation and identify needed action steps that help program participants take charge of their own lives. During the pre-release phase they use a person-centered planning process to identify participants' strengths and develop plans to achieve participant goals after release (2). After release, the IRTS team provides peer support, facilitates linkages to needed

services and resources in the community, and helps participants build the skills needed for successful community tenure and relapse prevention.

The focus of this article is specifically on the participant-peer relationship, and more specifically on the participant-peer relationship between the participant and the primary peer they were assigned to, but each IRTS team includes a nurse, two case managers, and ten PHNs from whom participants receive services and supports. There were three teams: one covering the northern area of the state, another the southern, and another for any service recipients receiving MOUD (however, in practice recipients receiving MOUD were on each team).

Study Team Reflexivity

The research team included eight people with various roles in study design, interview completion, coding and analysis, and drafting and editing. For interview coding and analysis there were three graduate students and two senior qualitative researchers who completed the process. In addition to this five-person coding and analysis team, three additional senior research staff (with PhDs or comparable terminal degrees) guided the research process, which included two individuals closely involved with the design and implementation of the IRTS program. Graduate students had received qualitative research methods training and were supervised by the senior research team members. Senior researchers had both training and extensive experience in designing, conducting, and analyzing qualitative research. Interviewers were an experienced graduate-level qualitative researcher and two graduate student trainees who received ongoing training and supervision. Three additional senior members provided overall oversight in research design and assisted with analysis.

Five members of the research team were male and three were female. The study team included an individual who had previously been an IRTS PHN, a senior member who had formerly been incarcerated and is in recovery from a substance use disorder, and the director of the IRTS program.

Additional members had expertise in research on peer services for mental health and substance use disorders.

Sample and Recruitment

The study team recruited participants using utilization-focused convenience sampling (1). Utilization-focused sampling is often used in program evaluation to capture in depth and detail the experiences of people engaged with that program or intervention; convenience sampling was selected over purposeful sampling for practical reasons and to reduce risk of perceived coercion, since people exiting incarceration are socially vulnerable and were being approached about the program evaluation by program staff (1). Participants were individuals recently released from New Jersey state prisons who enrolled in the IRTS program, aged 18 years or older, English-speaking, diagnosed with opioid use disorder, and currently or previously enrolled in IRTS. Of the 355 individuals released during the study period (July 2020 – April 2021), 300 participants were approached by IRTS PHNs, who distributed study flyers and contact information for the research team to program participants. Participants had the option to contact the team via pre-addressed letter, text, phone, or email using information on the study flyer. Informed consent was obtained after the procedures had been fully explained to interview participants. Participants were invited to complete an initial (“release”) interview and a second (“follow-up”) interview 3-4 months later, regardless of program enrollment status. We interviewed a total of 39 participants shortly after release, of whom 30 also completed follow-up interviews. Study recruitment ended once the study team determined thematic saturation had been reached and believed that additional interviews would not yield substantively new findings.

Data Collection

This study focused mainly on post-release services and virtually-delivered pre-release services, since in-person pre-release services were largely suspended during the COVID-19 pandemic, when PHNs were prohibited from entering correctional facilities. Demographic information was obtained from the

program files and gathered from participant self-identification. Guided by the Consolidated Framework for Implementation Research (CFIR) (3) and with input from service providers and a program funder, the study team developed two semi-structured interview guides that assessed participant experiences with IRTS. CFIR is a framework to analyze the complex, interacting and multi-level domains of a program being implemented in the real world. Questions were developed in alignment with CFIR's 6 overarching domains: intervention characteristics, outer and inner setting, leadership engagement, characteristics of individuals, and process. Creating questions in each domain helps standardize intervention knowledge gathering across potential implementation or practice settings (3).

The release interview guide contained items pertaining to the pre-release components of the program, participants' experiences in the early weeks following release, and their goals for recovery and reintegration. The follow-up interview guide focused on IRTS services received in the community. In both interviews, the study team asked participants for their perspectives on working with PHNs and what they perceived to be the strengths and areas of improvement of the program. During follow-up interviews participants were asked about the progress they had made on their previously identified goals. In both interviews there were also extended questions on program engagement overall, as well as experiences around and opinions of medications for opioid use disorder which are not the focus of this analysis. Interviewees were compensated via \$25 gift cards for each interview and \$5 for verifying their contact information one month after the first interview.

Prior to interviews, participants were informed of the role of each of the study team members as IRTS program evaluators and encouraged participants to speak candidly and confidentially to their experiences within the program. Interviews averaged 30 minutes and were done by telephone between July 2020 and April 2021. After completing initial interviews, the study team reviewed and refined the interview guides and merged redundant questions for subsequent interviews. To ensure confidentiality of interviews, phone conversations were conducted in a private office and participants were encouraged

to conduct interviews at a place and time that was convenient and private for them. Subsequent recordings and transcripts were held on a secure university server. All interview materials (e.g., recordings, transcripts, notes) were deidentified with a password-protected crosswalk file as the only link between study ID and participant identifying information. Interviewers took detailed notes during interviews and all but two interviews were audio recorded and transcribed to facilitate analysis. For non-recorded interviews, detailed interviewer notes were included for analysis.

Analysis

The research team initially created a codebook that reflected the sensitizing concepts, or themes identified by the study team prior to analysis, from the interview guides. The codebook was revised with additional codes after testing the codebook with the first three interviews. Throughout the coding process, research team members added codes as needed, which were discussed among the team and retroactively applied to previously coded transcripts. Three independent graduate-level qualitative researchers coded the first three interviews to establish a consistent coding style and to ensure that the codebook accurately reflected interview content. The remaining interviews were coded by one of three graduate-level staff members or graduate students, and each was audited by one of two senior team members with expertise in qualitative analysis. Discrepancies or inconsistencies that arose through this process were addressed during recurring team meetings. It was also at these meetings that research team reflexivity was discussed vis-à-vis coding, emerging themes, analysis and write up in order to address and reduce analytic bias among team members. Three members of the research team then conducted cross-case analysis to identify patterns and deviant cases (1). In cross-case thematic analysis, quotes in each code were analyzed across interviews to identify and assign meaning to a pattern by giving it a thematic name. Cross-case analysis identified consistent experiences across interview participants, as well as divergent or unique experiences. Study data were managed, coded, and analyzed

using Dedoose software (version 9.0). All study procedures were approved by the Rutgers Institutional Review Board.

Methods References

1. Patton MQ: Qualitative Research & Evaluation Methods, 4th ed. Thousand Oaks, CA, SAGE, 2015
2. Swarbrick M, Bohan M-C, Gitlitz R, et al: Peer health navigators support individuals with an opioid use disorder transitioning from prison. *Drug Alcohol Depend* 2019; 203:88–91
3. Damschroder LJ, Aron DC, Keith RE, et al: Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci* 2009; 4:50

2. Interview Guides

IRTS Participant Release Interview Guide

Introduction: Thank you for agreeing to participate in this project. The Intensive Recovery Treatment Support (IRTS) is a new program in New Jersey and we want to hear about your experiences with the program. We would also like to ask you about your experiences and views on medication-assisted treatment (MAT). We will give you \$55 in gift cards for your participation - \$25 after this interview today, \$5 for verifying your contact information in about a month, and another \$25 after a second interview in two months or when you end your participation in IRTS, whichever happens first. As a reminder, what you tell us is entirely confidential and we are prohibited from sharing information that can identify you, except as outlined in the consent form. [If participant consented to recording: If it's still OK with you, we would like to audio record this interview. The reason we record is that your feedback is very important to us and we don't want to miss anything you say. In order to maintain your privacy, please avoid sharing your name or any other personal information during this interview. If you accidentally share this information and would like to remove it from recordings, please let us know.] Do you have any questions before we begin?

Interviewer Instructions: Throughout the interview guide, directions to the interviewer are enclosed in brackets and italicized. Questions to be asked are in regular font. Probes are shown as bullet points with italic text.

Section A: Intensive Recovery Treatment Support Program (IRTS) Experiences

To begin with, I'd like to ask you a few questions about your decision to enroll in IRTS and any concerns you have about participating.

1. In your own words, what is the IRTS program?
2. What were your reasons for enrolling in IRTS?
 - *How did you hear about IRTS?*
 - *What aspects of IRTS were most appealing to you?*
3. What, if any, concerns do you have about participating in IRTS?

Next, I have a few questions about your goals for your wellness and recovery and how IRTS can support you.

4. What are your goals for your recovery and wellness?
 - *Which of these goals are most important to you?*
 - *Are these goals part of your Recovery and Wellness Support Plan?*
 - *Have your goals and plans for recovery changed because of the coronavirus (COVID-19) pandemic? If so, how?*

[List goals on goal sheet so follow-up interviewer can refer to them during the follow-up interview.]

5. What are your biggest challenges when it comes to your recovery and wellness?

- *What impact does the coronavirus (COVID-19) pandemic have on your access to addiction treatment?*
- *What impact does the coronavirus (COVID-19) pandemic have on other parts of your recovery or wellness?*

6. How can IRTS support your recovery and wellness?

One of the services you receive through IRTS is peer support, or support from someone who has their own history of substance use and/or incarceration. My next few questions have to do with your experiences with your peer health navigator.

7. Please describe the support you received from the peer health navigator while you were incarcerated.
- *How did the peer health navigator support you to plan for your release and recovery?*
8. How important to you is the peer support you receive through IRTS?
- *What are the benefits and drawbacks to having a peer support you?*
9. What characteristics do you think are most important in a peer health navigator?

The next couple of questions are to help us understand what you see as the most helpful aspects of IRTS and what could be improved about the program.

10. What about the IRTS program has been most helpful to you?
- *Ask about pre-release and post-release IRTS services.*
11. How could IRTS be improved?
- *Ask about pre-release and post-release IRTS services.*
 - *Do you feel there were any services missing?*

IRTS Participant Follow-up Interview Guide

Introduction: Thank you for agreeing to participate in this project. The Intensive Recovery Treatment Support (IRTS) is a new program in New Jersey and we want to hear about your experiences with the program. We would also like to ask you about your experiences and views on medication-assisted treatment (MAT). We appreciate you staying in touch with us over the last couple months so we can interview you a second time, and we'll send you another \$25 gift card for this interview. As a reminder, what you tell us is entirely confidential and we will not share information that can identify you, except as outlined in the consent form. [*If participant consented to recording*: If it's still OK with you, we would like to audio record this interview. The reason we record is that your feedback is very important to us and we don't want to miss anything you say. In order to maintain your privacy, please avoid sharing your name or any other personal information during this interview. If you accidentally share this information and would like to remove it from recordings, please let us know.] Do you have any questions before we begin?

Interviewer Instructions: Throughout the interview guide, directions to the interviewer are enclosed in brackets and italicized. Questions to be asked are in regular font. Probes are shown as bullet points with italic text.

1. To begin, could you tell me if you are still an active participant in IRTS?

[If Yes, continue with Section A.]

[If No, SKIP to Section B.]

Section A: Participant is active in IRTS

A1. How many months have you been enrolled in IRTS for?

A2. What are your reasons for remaining engaged with IRTS?

A3. What barriers do you experience in remaining engaged with IRTS?

A4. In what ways does the IRTS team support you?

- *Which IRTS staff members support you?*
- *What services do you receive from IRTS?*

A5. Now that you've participated in IRTS for [*months since enrollment*], we're interested in whether you achieved your initial recovery and wellness goals or if they changed in any way since we last spoke. You may remember that in our last interview in [*month of interview*], you mentioned your goals as [*state goals from previous interview and ask the following*]:

- a) Could you tell me about your progress with your goals?
- b) In what ways did the IRTS team support you in achieving your goals?
- c) In what ways could the IRTS team have better supported you in achieving your goals?

A6. What are your current goals for your recovery and wellness?

- *Which of these goals are most important to you?*
- *Are these goals part of your Recovery and Wellness Support Plan?*

- *How do you want IRTS to support you in achieving these goals?*

As you know, the coronavirus (COVID-19) pandemic has had a major impact on many people's lives. We are curious about how the coronavirus (COVID-19) pandemic may have affected your recovery and access to services.

A7. What impact did the coronavirus (COVID-19) pandemic have on your access to addiction treatment?

A8. What impact did the coronavirus (COVID-19) pandemic have on other parts of your recovery or wellness?

One of the services you receive through IRTS is peer support, or support from someone who has their own history of substance use and/or incarceration. My next couple of questions have to do with your experiences with your peer health navigator.

A9. What has been your experience working with a peer in the IRTS program?

A10. What characteristics do you think are most important in a peer health navigator?

The next few questions are to help us understand what you see as the most helpful aspects of IRTS and what could be improved about the program.

A11. What about the IRTS program is most helpful to you?

- *What areas does IRTS help you address (e.g., housing, employment, recovery)?*
- *Anything else?*

A12. How could IRTS be improved?

- *Were there aspects of recovery/reentry that IRTS did not help address?*
- *Did involvement in IRTS ever cause additional barriers or burdens for you?*

A13. What advice would you give to a person just entering the IRTS program?

A14. Thank you for sharing that. I don't have any more questions about IRTS, but before we move on, is there anything else that you would like to tell us about your experiences with IRTS?

[SKIP to Section C.]

Section B: Participant is no longer in IRTS

B1. How long did you participate in IRTS?

B2. What were your reasons for ending your participation in IRTS?
What barriers did you experience in staying engaged in IRTS?

[If successfully completed IRTS, SKIP to Question B4.]

[If otherwise, continue with Question B3.]

B3. What would IRTS need to offer in order for you to continue with the program?

- *What is missing from the program that influenced you to drop out?*
- *Which of your needs were not being met?*
- *What could be added to the program that would be of value to you?*

B4. Are you still pursuing recovery?

No Yes

[If Yes, continue to B5.]

[If No, SKIP to B6.]

B5. What do you do to continue to focus on your recovery and wellness?

As you know, the coronavirus (COVID-19) pandemic has had a major impact on many people's lives. We are curious about how the coronavirus (COVID-19) pandemic may have affected your recovery and access to services.

B6. What impact did the coronavirus (COVID-19) pandemic have on your access to addiction treatment?

B7. What impact did the coronavirus (COVID-19) pandemic have on other parts of your recovery or wellness?

Thank you for sharing that. Even though you're not participating in IRTS anymore, we're interested in hearing about your experiences while you were in the program.

B8. While you were enrolled in IRTS, in what ways did the IRTS team support you?

- *Which IRTS staff members supported you?*
- *What services did you receive from IRTS?*

B9. We're interested in whether you achieved your initial recovery and wellness goals or if they have changed in any way since we last spoke. You may remember that in our last interview in *[month of interview]*, you mentioned your goals as *[state goals from previous interview and ask the following]*:

- a) Could you tell me about your progress with your goals?*
- b) In what ways did the IRTS team support you in achieving your goals?*
- c) In what ways could the IRTS team have better supported you in achieving your goals?*

One of the services you received through IRTS was peer support, or support from someone who has their own history of substance use and/or incarceration. My next couple of questions have to do with your experiences with your peer health navigator.

B10. What was it like working with a peer in the IRTS program?

B11. What characteristics do you think are most important in a peer health navigator?

Thank you. The next few questions are to help us understand what you see as the most helpful aspects of IRTS and what could be improved about the program.

B12. What about the IRTS program has been most helpful to you?

- *What areas did IRTS help you address (e.g., housing, employment, recovery)?*
- *Anything else?*

B13. How could IRTS be improved?

- *Were there aspects of recovery/reentry that IRTS did not help address?*
- *Did involvement in IRTS ever cause additional barriers or burdens for you?*

B14. Thank you for sharing that. I don't have any more questions about IRTS, but before we move on, is there anything else that you would like to tell us about your experiences with IRTS?

[Continue with Section C.]