EQUIP Examining Quality Improvement for Medicaid Programs

First we have some general questions about you.

Q1. In general, would you say your health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

[screen break]

Q2. Thinking about your physical health, which includes physical illness and injury: **how many days during the past 30 days was your physical health not good?**

_____ days [force integer between 0 and 30]

Q3a. Thinking about your mental health, which includes stress, depression, and problems with emotions: **how many days during the past 30 days was your mental health not good?**

_____ days [force integer between 0 and 30]

Q3b. During the past 30 days, how many days did poor physical or mental health **keep you from doing your usual activities** (like work, recreation, or taking care of yourself)?

_____ days [force integer between 0 and 30]

[screen break]

Q4. Right now, are you getting the services you need:

a) for your **physical health?**

- ☐ Yes
- ☐ Somewhat
- ☐ No
- ☐ Not applicable – do not need services

b) for your **mental health?**

- ☐ Yes
- ☐ Somewhat
- ☐ No
- ☐ Not applicable – do not need services

[screen break]

Right now, are you getting the services you need:

c) for **substance use?**

- ☐ Yes
- ☐ Somewhat
- ☐ No
- ☐ Not applicable – do not need services

d) for your **social needs (housing, employment, food)?**

- ☐ Yes
- ☐ Somewhat
- ☐ No
- ☐ Not applicable – do not need services

[screen break]

The next section asks about experiences with buprenorphine treatment. (Brand names include Suboxone, Sublocade, Zubsolv, Brixadi).

Q5 What is your buprenorphine treatment status?

- ☐ Currently taking buprenorphine/have a buprenorphine prescription **[SKIP TO Q8 intro]**
- ☐ Was taking buprenorphine in past 6 months but stopped **[SKIP TO Q100 intro]**
- ☐ No buprenorphine treatment in past 6 months **[CONTINUE TO Q6]**

[screen break]

Q6 **Did you get buprenorphine treatment at any time in the past 6 months?**

- ☐ Yes **[CONTINUE TO Q7]**
- ☐ No **[SKIP TO Q200 intro]**

[screen break]

Q7 **Are you still getting buprenorphine treatment?**

- ☐ Yes **[CONTINUE TO Q8 intro]**
- ☐ No **[SKIP TO Q100 intro]**

[screen break]

Branch A for respondents currently in buprenorphine treatment (per Q5/Q7)

Think about the provider who prescribes your buprenorphine.

Q8 **What other services do you get from that provider?**
Select all that apply.

- ☐ Primary health care (e.g., check-ups, sick visits, chronic disease management)
- ☐ Mental health care (e.g., mental health medications)
- ☐ Other [O]
- ☐ No other services [X]

[screen break]

Think about the provider who prescribes your buprenorphine.

Q9 **Are appointments available at times that work for you?**

- ☐ Always/almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely/never

Q10 **How is your transportation to that provider?**

- ☐ Very reliable – no problems
- ☐ Usually reliable
- ☐ Not reliable – frequent problems getting there
- ☐ Not applicable – provider appointments are through telehealth

[screen break]

Q11 **Has your buprenorphine provider talked with you about:**

Q11a How to manage side effects of buprenorphine treatment

- ☐ Yes
- ☐ No
- ☐ Unsure

Q11b How to prevent overdose

- ☐ Yes
- ☐ No
- ☐ Unsure

[screen break]

Has your buprenorphine provider talked with you about:

Q11c Adjusting your dose or type of buprenorphine

- ☐ Yes
- ☐ No
- ☐ Unsure

Q11d How buprenorphine could interact with your other medications

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable – no other medications

[screen break]

Q12 **At this time, do you feel that you're on the right dose for you?**

- ☐ Yes
- ☐ No – my dose is too low
- ☐ No – my dose is too high
- ☐ Unsure

[screen break]

Q13 Besides the provider, **who else do you consider part of your treatment team** related to your buprenorphine?

Select all that apply.

- ☐ Nurse
- ☐ Clinic coordinator
- ☐ Counselor
- ☐ Social worker
- ☐ Peer coach / peer support specialist
- ☐ Care manager / care coordinator
- ☐ Front desk person (who handles scheduling, payment)
- ☐ Other [O]
- ☐ Nobody else [X]

[screen break]

Please describe how your treatment team interacts with you.

Q14a My treatment team **listens and tries to understand me.**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

Q14b My treatment team **treats me like an individual, not a number.**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

Q14c My treatment team **respects my wishes about *who is given information* about my treatment.**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

[screen break]

Q14d My treatment team **respects my wishes about *who should be involved* in my treatment.**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

Q14e My treatment team **encourages me if I slip up, instead of punishing me.**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

[screen break]

Q15 **Has your treatment team treated you unfairly because of any of the following?**

a) **Your race or ethnic background**

- ☐ Yes
- ☐ No
- ☐ Unsure

b) Your appearance

- ☐ Yes
- ☐ No
- ☐ Unsure

c) Your gender or sexual orientation

- ☐ Yes
- ☐ No
- ☐ Unsure

[screen break]

Has your treatment team treated you unfairly because of any of the following?

d) A prior conviction or legal action

- ☐ Yes
- ☐ No
- ☐ Unsure

e) Your substance use

- ☐ Yes
- ☐ No
- ☐ Unsure

f) Having Medicaid coverage

- ☐ Yes
- ☐ No
- ☐ Unsure

[screen break]

Q16 How much do you agree with the following statements about your treatment team?

b) My treatment team **understands my challenges in getting care.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree

☐ Strongly disagree

a) My treatment team **helps me overcome my challenges in getting care.**

☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

c) My treatment team **does everything they can to help me get the care I need.**

☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

[screen break]

How much do you agree with the following statements about your treatment team?

d) **I trust my treatment team.**

☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

e) **At least one member of my treatment team stands up for me.**

☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

[screen break]

Q17 **Do you get drug tested in connection with your buprenorphine prescription?**

☐ On a regular schedule
☐ Occasionally or randomly

☐ No **[SKIP TO Q21 intro]**

[screen break]

Q18 How does your treatment team use your drug test results?
Select all that apply.

- ☐ To guide treatment
- ☐ To remove me from treatment
- ☐ To see if I'm being honest
- ☐ Court requirement
- ☐ Don't know
- ☐ Not applicable – they don't use the drug test results [X]

[screen break]

Q19 Does the drug testing deter you from coming in for services?

- ☐ Yes
- ☐ Somewhat
- ☐ No

Q20 In terms of your overall treatment success, is the drug testing:

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not helpful
- ☐ Harmful

[screen break]

Q21 Do you have a buprenorphine treatment plan, treatment agreement or plan of care?

- ☐ Yes
- ☐ No **[skip to Q24]**
- ☐ Unsure **[skip to Q24]**

[screen break]

Q22 How much did you participate in developing the treatment plan?

- ☐ Fully participated
- ☐ Somewhat participated
- ☐ Did not participate
- ☐ Don't remember

[screen break]

Q23 How much do you agree with the following?

a) My treatment plan reflects MY goals (not just what my treatment team wants).

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable – I do not have goals for treatment

b) My treatment plan includes services I need beyond buprenorphine.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

[screen break]

Q24 Overall, how would you rate your treatment team?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q25 If you had other choices, would you still get services from this treatment team?

- ☐ Yes
- ☐ No
- ☐ Unsure

[screen break]

Q26 Do you have a peer support specialist or peer recovery coach?

- ☐ Yes – more than one person
- ☐ Yes – one person
- ☐ Not currently but had one in past 3 months
- ☐ No **[skip to Q31]**
- ☐ Unsure **[skip to Q31]**

[screen break]

Q27 How/where [IF Q26=1 or 2, "do"; IF Q26=3, "did"] you connect with your peer support person?

Select all that apply.

- ☐ The clinic where you get buprenorphine or other treatment
- ☐ A community support group (like NA, SmartRecovery)
- ☐ Court or jail program
- ☐ Church
- ☐ Family / friends
- ☐ Other [O]

[screen break]

Describe how your peer support person helped you in the last 3 months.

For each question, select all that apply.

Q28 In the last 3 months, how did your peer support person **help you get treatment?**

- ☐ Reminding you about upcoming appointments
- ☐ Contacting you after a missed appointment
- ☐ Helping with transportation to an appointment
- ☐ None of the above [X]

Q29 In the last 3 months, how did your peer support person **help to support your recovery?**

- ☐ Checking in to see how you're doing
- ☐ Listening and providing encouragement
- ☐ Sharing ideas and strategies for recovery
- ☐ Being there in a crisis
- ☐ None of the above [X]

[screen break]

Q30 In the last 3 months, how did your peer support person **help you obtain community resources** (such as food, housing, employment, legal assistance)**?**

Select all that apply

- ☐ Giving you information about community resources
- ☐ Helping you fill out paperwork
- ☐ Going with you to community agencies
- ☐ None of the above [X]

Q30a In what other ways has your peer support person helped you?

[O]

[screen break]

Q31a How do you receive your buprenorphine?

☐ Filled prescription at a pharmacy
☐ Injection at a provider's office [skip to Q33]

[screen break]

Think about the pharmacy where you fill your buprenorphine prescription.

Q31 How often are you able to get your buprenorphine prescription filled with no problems?

☐ Almost always
☐ Usually
☐ Sometimes
☐ Rarely/never

Q32 Have you had any pharmacy-related problems or delays when trying to fill your buprenorphine prescription?

Select all that apply.

☐ Buprenorphine was out of stock
☐ Pharmacy said they needed authorization from your doctor
☐ Pharmacy said buprenorphine was not covered by your insurance
☐ Pharmacy seemed like they did not want to fill your buprenorphine prescription
☐ Pharmacy would not accept prescription from your doctor
☐ Had to go to less convenient pharmacy location
☐ None of the above [X]

[screen break]

Q33 Have you gotten any pushback about buprenorphine treatment from any of the following?

Select all that apply

☐ Family or friends
☐ Law enforcement, probation, or court officials
☐ Physical health provider
☐ Housing staff (shelters, recovery housing)
☐ Peers / peer support groups or coaches
☐ Mental health or substance use treatment provider
☐ Other [O]

☐ No pushback from anyone [X]

[screen break]

Q34 **Overall, how easy has it been to stick with buprenorphine treatment in the last 3 months?**

☐ Very easy
☐ Easy
☐ Hard
☐ Very hard

[screen break]

Q35 **What has made it hard to stick with buprenorphine treatment in the last 3 months?**
Select all that apply.

☐ Provider problem – couldn't get appointment, authorization, renewal
☐ Pharmacy problem
☐ Transportation problems getting to clinic or pharmacy
☐ Schedule conflict (work, court, other appointment)
☐ Problem with insurance coverage
☐ Medication / withdrawal side effects
☐ Treatment not allowed at certain locations (jail, recovery housing, residential treatment)
☐ Just didn't feel like taking it
☐ Other [O]
☐ Nothing has made it hard [X]

[screen break]

Q36 **How long do you expect to continue buprenorphine treatment?**

☐ About 3 more months
☐ About 6-9 more months
☐ At least a year or more
☐ For several years
☐ Forever
☐ Unsure

[screen break]

Sometimes people need services not offered by their treatment team. This includes services for physical health, mental health, or social needs.

Q37 Has your treatment team asked if you're getting other services you might need?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q38 Has your treatment team given you information about where you can get other services?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Not applicable – did not need information

Q39 Has your treatment team helped connect you with other services (such as making appointments or calling providers for you)?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Not applicable – did not need help

[screen break - Q 40 for Virginia survey only]

Q40 Sometimes people get help from their health plan to get the services they need. Has the care coordinator at your health plan helped with the following?

a) Answering questions about insurance coverage

- ☐ Yes
- ☐ No
- ☐ Not sure

b) Finding a provider

- ☐ Yes
- ☐ No
- ☐ Not sure

c) Arranging transportation to an appointment

- ☐ Yes
- ☐ No
- ☐ Not sure

d) Finding community resources (such as housing, food)

- ☐ Yes

- ☐ No
- ☐ Not sure

[screen break]

The last questions ask about how you're doing overall.

Q41 **Compared to 6 months ago, how would you rate your ability to accomplish things you want to do?**

- ☐ Much better now than 6 months ago
- ☐ A little better now
- ☐ About the same
- ☐ Worse now

Q42 **What is your current housing situation?**

- ☐ Have stable housing
- ☐ In transitional or recovery housing
- ☐ In a shelter or other temporary place
- ☐ No housing [skip to Q44]

[screen break]

Q43 **Are you worried about losing your housing?**

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q44 **Are you worried that your food will run out before you get money to buy more?**

- ☐ Yes
- ☐ No
- ☐ Sometimes

Q45 **Are you able to pay all your bills in full?**

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q46 **What is your current employment status?**

- ☐ Employed at a job
- ☐ Self-employed

- ☐ Hired / about to start a new job
- ☐ Looking for work **[skip to Q48]**
- ☐ Not employed, not looking [X] **[skip to Q48]**

[screen break]

Q47 Are you worried about losing your job?

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q48 Has buprenorphine treatment improved your ability to look for work, get a new job, or keep your job?

- ☐ Yes
- ☐ No
- ☐ Not sure

[screen break]

Q49 Looking ahead, how confident are you in being able to stick with treatment?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not confident

Q50 How confident are you that you will get enough support from family, friends or peers?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not confident

[screen break]

Q51 Is there anything else you would like to share about your provider, your treatment team or this survey?

[O]

[skip to FINAL SCREEN] (see end of document)

Branch B for respondents that discontinued buprenorphine treatment (per Q5)

Q100 What were the biggest reasons you stopped buprenorphine treatment?
Select all that apply.

- ☐ Don't need it
- ☐ Side effects of medication / withdrawal
- ☐ Provider problem – couldn't get appointments, authorizations, renewals
- ☐ Pharmacy problems
- ☐ Difficulty with getting treatment (transportation, schedule conflicts)
- ☐ Problem with insurance coverage
- ☐ Kicked out of treatment by provider
- ☐ Treatment not allowed at certain locations (jail, recovery housing, residential treatment)
- ☐ Don't want to be on medication
- ☐ Other [O]

[screen break]

Think back to when you were getting buprenorphine treatment.

Q109 Were appointments available at times that worked for you?

- ☐ Always/almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely/never

Q110 How was your transportation to your buprenorphine provider?

- ☐ Very reliable – no problems
- ☐ Usually reliable
- ☐ Not reliable – frequent problems getting there
- ☐ Not applicable – provider appointments were through telehealth

[screen break]

Q101 Overall, how easy was it to get buprenorphine treatment?

- ☐ Very easy
- ☐ Easy
- ☐ Hard
- ☐ Very hard

[screen break]

Q111 Did your buprenorphine provider talk with you about the following?

a) How to manage side effects of buprenorphine treatment

- ☐ Yes
- ☐ No
- ☐ Unsure

b) How to prevent overdose

- ☐ Yes
- ☐ No
- ☐ Unsure

[screen break]

Did your buprenorphine provider talk with you about the following?

c) Adjusting your dose or type of buprenorphine

- ☐ Yes
- ☐ No
- ☐ Unsure

d) How buprenorphine could interact with your other medications

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable – no other medications

[screen break]

Q112 **When you stopped buprenorphine treatment, did you feel that you were on the right dose for you?**

- ☐ Yes
- ☐ No – my dose was too low
- ☐ No – my dose was too high
- ☐ Unsure

[screen break]

Q113 **Besides the buprenorphine provider, who else did you consider part of your treatment team?**

Select all that apply.

- ☐ Nurse

- ☐ Clinic coordinator
- ☐ Counselor
- ☐ Social worker
- ☐ Peer coach / peer support specialist
- ☐ Care manager / care coordinator
- ☐ Front desk person (who handles scheduling, payment)
- ☐ Other [O]
- ☐ Nobody else [X]

[screen break]

Please describe how your treatment team interacted with you.

Q114a My treatment team **listened and tried to understand me.**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

Q114b My treatment team treated **me like an individual, not a number.**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

[screen break]

Q114c My treatment team r**espected my wishes about *who was given information* about my treatment.**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

Q114d My treatment team r**espected my wishes about *who should be involved* in my treatment**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

[screen break]

Q114f My treatment team **encouraged me if I slipped up, instead of punishing me**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely

[screen break]

Q115 **Did your treatment team treat you unfairly because of any of the following?**

a) **Your race or ethnic background**

- ☐ Yes
- ☐ No
- ☐ Unsure

b) **Your appearance**

- ☐ Yes
- ☐ No
- ☐ Unsure

c) **Your gender or sexual orientation**

- ☐ Yes
- ☐ No
- ☐ Unsure

[screen break]

Did your treatment team treat you unfairly because of any of the following?

d) **A prior conviction or legal action**

- ☐ Yes
- ☐ No
- ☐ Unsure

e) **Your substance use**

- ☐ Yes
- ☐ No
- ☐ Unsure

f) **Having Medicaid coverage**

- ☐ Yes
- ☐ No

- ☐ Unsure

[screen break]

Q116 How much do you agree with the following statements about your treatment team?

b) My treatment team **understood my challenges in getting care.**
- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

a) My treatment team **helped me overcome my challenges in getting care.**
- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

c) My treatment team **did everything they could to help me get the care I needed.**
- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

[screen break]

How much do you agree with the following statements about your treatment team?

d) **I trusted my treatment team.**
- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

e) **At least one member of the treatment team stood up for me.**
- ☐ Strongly agree
- ☐ Agree

- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

[screen break]

Q117 Did you get drug tested in connection with your buprenorphine prescription?

- ☐ On a regular schedule
- ☐ Occasionally or randomly
- ☐ No [Skip to Q121]

[screen break]

Q118 How did your treatment team use your drug test results?

Select all that apply.

- ☐ To guide treatment
- ☐ To remove me from treatment
- ☐ To see if I was being honest
- ☐ Court requirement
- ☐ Don't know
- ☐ Not applicable – they didn't use the drug test results [X]

[screen break]

Q119 Did the drug testing deter you from coming in for services?

- ☐ Yes
- ☐ Somewhat
- ☐ No

Q120 In terms of your overall treatment success, was the drug testing:

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not helpful
- ☐ Harmful

[screen break]

Q121 Did you have a buprenorphine treatment plan, treatment agreement or plan of care?

- ☐ Yes
- ☐ No [skip to Q124]
- ☐ Unsure [skip to Q124]

[screen break]

Q122 How much did you participate in developing the treatment plan?

- ☐ Fully participated
- ☐ Somewhat participated
- ☐ Did not participate
- ☐ Don't remember

[screen break]

Q123 How much do you agree with the following statements about your treatment plan?

a) My treatment plan reflected MY goals (not just what my treatment team wanted).

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable – I did not have goals for treatment

b) My treatment plan included services I needed beyond buprenorphine.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

[screen break]

Q124 Overall, how would you have rated your treatment team?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q125 If you had other choices, would you still get services from this treatment team?

- ☐ Yes
- ☐ No
- ☐ Unsure

[screen break]

Q126 Do you currently have a peer support specialist or peer recovery coach?

- ☐ Yes – more than one person
- ☐ Yes – one person
- ☐ Not currently but had one in past 3 months
- ☐ No **[skip to Q131]**

[screen break]

Q127 How/where [IF Q126=1 or 2, "do"; IF Q126=3, "did"] you connect with your peer support person?

Select all that apply.

- ☐ The clinic where you were getting buprenorphine or other treatment
- ☐ A community support group (like NA, SmartRecovery)
- ☐ Court or jail program
- ☐ Church
- ☐ Family / friends
- ☐ Other [O]

[screen break]

Describe how your peer support person helped you in the last 3 months.

For each question, select all that apply.

Q128 In the last 3 months, how did your peer support person **help you get treatment?**

- ☐ Reminding you about upcoming appointments
- ☐ Contacting you after a missed appointment
- ☐ Helping with transportation to an appointment
- ☐ None of the above [X]

Q129 In the last 3 months, did your peer support person **help to support your recovery?**

- ☐ Checking in to see how you're doing
- ☐ Listening and providing encouragement
- ☐ Sharing ideas and strategies for recovery
- ☐ Being there in a crisis
- ☐ None of the above [X]

[screen break]

Q130 In the last 3 months, how did your peer support person **help you obtain community resources** (such as food, housing, employment, legal assistance)**?**

Select all that apply.

- ☐ Giving you information about community resources
- ☐ Helping you fill out paperwork
- ☐ Going with you to community agencies
- ☐ None of the above [X]

Q130a **In what other ways has your peer support person helped you?**

[O]

[screen break]

Q131a How did you receive your buprenorphine?

- ☐ Filled prescription at a pharmacy
- ☐ Injection at a provider's office [skip to Q133]

[screen break]

Think about the pharmacy where you used to fill your buprenorphine prescription.

Q131 **How often were you able to get your buprenorphine prescription filled with no problems?**

- ☐ Almost always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely/never

Q132 **Did you have any pharmacy-related problems or delays when trying to fill your buprenorphine prescription?**

Select all that apply.

- ☐ Buprenorphine was out of stock
- ☐ Pharmacy said they needed authorization from your doctor
- ☐ Pharmacy said buprenorphine was not covered by your insurance
- ☐ Pharmacy seemed like they did not want to fill your buprenorphine prescription
- ☐ Pharmacy would not accept a prescription from your doctor
- ☐ Had to go to less convenient pharmacy location
- ☐ None of the above [X]

[screen break]

Q133 Did you get any pushback about buprenorphine treatment from any of the following?
Select all that apply

- ☐ Family or friends
- ☐ Law enforcement, probation or court officials
- ☐ Physical health provider
- ☐ Housing staff (shelters, recovery housing)
- ☐ Peers / peer support groups or coaches
- ☐ Mental health or substance use treatment provider
- ☐ Other [O]
- ☐ No pushback from anyone [X]

[screen break - Q 140 for Virginia survey only]

Q140 Sometimes people get help from their health plan to get the services they need. Has the care coordinator at your health plan helped with the following?

a) Answering questions about insurance coverage

- ☐ Yes
- ☐ No
- ☐ Not sure

b) Finding a provider

- ☐ Yes
- ☐ No
- ☐ Not sure

c) Arranging transportation to an appointment

- ☐ Yes
- ☐ No
- ☐ Not sure

d) Finding community resources (such as housing, food)

- ☐ Yes
- ☐ No
- ☐ Not sure

[screen break]

The last questions ask about how you're doing overall.

Q141 Compared to 6 months ago, how would you rate your ability to accomplish things you want to do?

- ☐ Much better now than 6 months ago
- ☐ A little better now
- ☐ About the same
- ☐ Worse now

Q142 What is your current housing situation?

- ☐ Have stable housing
- ☐ In transitional or recovery housing
- ☐ In a shelter or other temporary place
- ☐ No housing [skip to Q144]

[screen break]

Q143 Are you worried about losing your housing?

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q144 Are you worried that your food will run out before you get money to buy more?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Q145 Are you able to pay all your bills in full?

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q146 What is your current employment status?

- ☐ Employed at a job
- ☐ Self-employed
- ☐ Hired / about to start a new job
- ☐ Looking for work **[Skip to Q148]**
- ☐ Not employed, not looking [X] **[Skip to Q148]**

[screen break]

Q147. Are you worried about losing your job?

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q148 Did buprenorphine treatment improve your ability to look for work, get a new job, or keep your job?

- ☐ Yes
- ☐ No
- ☐ Not sure

[screen break]

Q149 Looking ahead, do you think you might restart buprenorphine treatment at some point?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not likely

Q150 How confident are you that you will get enough support from family, friends or peers?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not confident

[screen break]

Q151 Is there anything else you would like to share about your providers, your insurance coverage, or this survey?

[O]

[Skip TO FINAL SCREEN]

Branch C – no burenorphine treatment in past 6 months

Q200 Did you *consider* buprenorphine treatment in the past 6 months?

- ☐ Yes
- ☐ No
- ☐ Don't remember

Q201 What are the biggest reasons you didn't get buprenorphine treatment?

Select all that apply.

- ☐ Didn't need it
- ☐ Chose a different type of treatment
- ☐ Provider problem – couldn't get appointments, authorizations, renewal
- ☐ Pharmacy problems
- ☐ Difficulty with getting treatment (transportation, schedule conflicts)
- ☐ Problem with insurance coverage
- ☐ Treatment not allowed at certain locations (recovery housing, residential treatment)
- ☐ Other [O]

[screen break]

Q202 Did you get any pushback about buprenorphine treatment from any of the following?

Select all that apply

- ☐ Family or friends
- ☐ Law enforcement, probation or court officials
- ☐ Physical health provider
- ☐ Housing staff (shelters, recovery housing)
- ☐ Peers / peer support groups or coaches
- ☐ Mental health or substance use treatment provider
- ☐ Other [O]
- ☐ No pushback from anyone [X]

[screen break]

Q226 Do you currently have a peer support specialist or peer recovery coach?

- ☐ Yes – more than one person
- ☐ Yes – one person
- ☐ Not currently but had one in the past 3 months
- ☐ No **[Skip to Q241 for UM, Skip to 240 for Virginia]**

[screen break]

Q227 **How/where [IF Q226=1 or 2, "do"; IF Q226=3, "did"] you connect with your peer support person?**

Select all that apply.

- ☐ The clinic where you were getting buprenorphine or other treatment
- ☐ A community support group (like NA, SmartRecovery)
- ☐ Court or jail program
- ☐ Church
- ☐ Family / friends
- ☐ Other [O]

[screen break]

Describe how your peer support person helped you in the last 3 months.

For each question, select all that apply.

Q228 In the last 3 months, how did your peer support person **help you get treatment?**

- ☐ Reminding you about upcoming appointments
- ☐ Contacting you after a missed appointment
- ☐ Helping with transportation to an appointment
- ☐ None of the above [X]

Q229 In the last 3 months, how did your peer support person **help to support your recovery?**

- ☐ Checking in to see how you're doing
- ☐ Listening and providing encouragement
- ☐ Sharing ideas and strategies for recovery
- ☐ Being there in a crisis
- ☐ None of the above [X]

[screen break]

Q230 In the last 3 months, how did your peer support person **help you obtain community resources** (such as food, housing, employment, legal assistance)**?**

Select all that apply.

- ☐ Giving you information about community resources
- ☐ Helping you fill out paperwork
- ☐ Going with you to community agencies
- ☐ None of the above [X]

Q230a **In what other ways has your peer support person helped you?**
[O]

[screen break - Q 240 for Virginia survey only]

Q240 **Sometimes people get help from their health plan to get the services they need. Has the care coordinator at your health plan helped with the following?**

a) **Answering questions about insurance coverage**
- ☐ Yes
- ☐ No
- ☐ Not sure

b) **Finding a provider**
- ☐ Yes
- ☐ No
- ☐ Not sure

c) **Arranging transportation to an appointment**
- ☐ Yes
- ☐ No
- ☐ Not sure

d) **Finding community resources (such as housing, food)**
- ☐ Yes
- ☐ No
- ☐ Not sure

[screen break]

The last questions ask about how you're doing overall.

Q241 **Compared to 6 months ago, how would you rate your ability to accomplish things you want to do?**
- ☐ Much better now than 6 months ago
- ☐ A little better now
- ☐ About the same
- ☐ Worse now

Q242 **What is your current housing situation?**

- ☐ Have stable housing
- ☐ In transitional or recovery housing
- ☐ In a shelter or other temporary place
- ☐ No housing **[Skip to Q244]**

[screen break]

Q243 Are you worried about losing your housing?

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q244 Are you worried that your food will run out before you get money to buy more?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Q245 Are you able to pay all your bills in full?

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q246 What is your current employment status?

- ☐ Employed at a job
- ☐ Self-employed
- ☐ Hired / about to start a new job
- ☐ Looking for work **[skip to Q251]**
- ☐ Not employed, not looking [X] **[skip to Q251]**

[screen break]

Q247 Are you worried about losing your job?

- ☐ Yes
- ☐ No
- ☐ Sometimes

[screen break]

Q251 Is there anything else you would like to share about your providers, your insurance coverage, or this survey?

[O]

[SKIP to FINAL SCREEN]

FINAL SCREEN