

An Evaluation of Telehealth for Opioid Use Disorders in a Correctional Setting

Technical Appendix

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Contents

Appendix A: Study Methodology and Data Sources	2
Appendix B: Survey of Telehealth Counselors	9
Appendix C: Survey of Telehealth Participants	28
Appendix D: Interviews with FCSO Staff and Community Providers	59

Appendix A: Study Methodology and Data Sources

Survey of Telehealth Counselors

In September 2021, we administered an online survey to all four behavioral health counselors who delivered OUD treatment via telehealth from FCSO.

Survey Instrument

The survey instrument (Appendix B) included 14 questions covering the domains of respondent background, perceptions of telehealth, and scale to measure whether a bond between a counselor and a patient was formed. (This bond is known as therapeutic alliance.) To measure therapeutic alliance, the research team slightly modified one of the most commonly used validated tools, the Helping Alliance Questionnaire, as recommended by the medical director at FCSO (Luborsky et al., 1996; Scholl et al., 2022).

Sample Characteristics

In May 2021, all 4 counselors who offered therapy from May 2020 to April 2021 completed Urban's online survey. Two counselors identified as males and 2 identified as females. All had delivered or had been delivering services to justice-involved people for 6 months to 1 year. Three had delivered or had been delivering services to people with OUDs for 6 months to 1 year, and 1 counselor had done so for 1 to 3 years. All counselors provided individual counseling and conducted intake clinical assessments remotely.

Analytic Methods

The secure online software program Qualtrics was used to collect survey data. When the survey closed, we extracted all raw data responses into the statistical software program, SPSS, and conducted a review to clean the data, correcting for minor typographical errors and cross-checking variables for

inconsistencies. We then conducted descriptive analyses, examining frequencies, percentages, means, and other statistics to produce the outputs described below.

Survey of Telehealth Participants

From February to April 2022, the research team, with help from the on-site research liaison, administered the survey to people with OUD diagnoses who were currently or recently incarcerated in FCSO and had participated in at least three sessions of individual counseling via telehealth. We identified 62 eligible participants who had received telehealth counseling between May 2020 and April 2021. We attempted to recruit them all for voluntary and confidential survey completion, in accordance with human subjects' protections approved by our Institutional Review Board and the National Institute of Justice Human Subjects Protections Office.

Of 62 participants who we attempted to reach at least three times by phone or in-person, 31 completed the survey—including 15 people who were still incarcerated as of February 2022 in FCSO and 16 who were released into community. Of those who we could not engage, 20 people were unreachable or had no/incorrect contact information recorded, 7 phone numbers were not in service, and 4 participants were transferred or reincarcerated in another facility. Those who were currently incarcerated completed the survey online with assistance from an on-site research liaison. For those who were released into the community as of February 2022, the survey was administered either online by participants or by telephone with a research liaison, depending on the participant's choice.

Survey Instrument

The survey instrument (Appendix C) included 30 questions covering the domains of respondent background, OUD diagnosis and treatment status, client satisfaction, therapeutic alliance, and drug use and arrest history. Survey questions were derived from other tools where available, which included the Helping Alliance Questionnaire-II (Luborsky et al., 1996). The Helping Alliance Questionnaire-II (HAQ-II) was designed to measure the therapeutic alliance based on the collaboration and bond between therapist and patient. The HAQ-II has both a therapist version and a patient version. These questionnaires were included in the aforementioned counselor survey and in this participant survey to measure the therapeutic alliance between counselors and clients.

Sample Characteristics

As mentioned, a total of 31 people who were incarcerated with an OUD diagnosis at some point during May 2020 to April 2021 and received at least three sessions of individual counseling via telehealth during that time (from FCSO behavioral health staff) completed the survey. These 31 participants were male (81%), female (19%); non-Hispanic (93%), Hispanic (7%); white (87%), and Black or African American (13%). The average age of respondents was 33 years old; the youngest was 25 and the oldest was 50. In terms of the highest level of education completed, 19% completed some high school, 58% graduated high school or obtained their GED, 16% completed some college, and 6% graduated college. The demographic profile of survey completers closely mirrored that for noncompleters (of 62 eligible clients); both groups were statistically similar in age, race, gender, number of prior arrests, number of adverse childhood experiences, number of telehealth counseling sessions received, and proportion who recidivated (based on independent samples t-tests and proportions tests).

Of the 31 respondents, 81% reported being diagnosed with an OUD prior to entering FCSO and 19% were diagnosed after entering the facility. Additionally, 52% received MOUD in the community prior to entering FCSO, while 48% started MOUD only after entering FCSO. In terms of drug use and arrest history, 55% of respondents reported using opioids for more than 5 years before they entered FCSO and 74% reported having been arrested more than 5 times.

While all 31 participants surveyed received individual/one-on-one counseling via computer or telehealth, 9 participants also received in-person/face-to-face counseling, and 3 participants also received counseling via workbooks and independent assignments. Additionally, 68% of respondents also participated in group counseling sessions.

Analytic Methods

As with the survey of telehealth counselors, for this survey we again extracted raw data responses from Qualtrics into SPSS statistical software. From there, we reviewed the data, examining frequencies and descriptive statistics (which are reported below). To produce scores for the Helping Alliance Questionnaire, we added the positively scored items and reverse-scored the negatively worded items, in accordance with guidance from the HAQ-II authors ([Luborsky et al., 1996](#)). We then integrated Haq-II scores from counselors, matching them to scores for the participants with whom they engaged, to assess the degree of alliance between counselors and clients.

Criminal History and Behavioral Health Records

To supplement the study data we gathered via online surveys of FCSO counselors and study participants, the research team also requested from FCSO information about criminal history and behavioral health records recorded in their management information system.

Data Source

FCSO provided two quantitative datasets containing deidentified, individual-level, criminal history and behavioral health records of people with an OUD diagnosis who were undergoing MOUD treatment in FCSO during incarceration at some point between May 2020 and April 2021. The first dataset covered the 62 individuals who received at least three telehealth counseling sessions between May 2020 and April 2021 (“telehealth dataset”), while the second dataset covered the 18 people who received at least three in-person counseling sessions during an overlapping timeframe (between October 2020 and March 2021; “in-person dataset”). The latter group of individuals was intended to serve as a comparison group to the telehealth clients.

Both Excel files included:

- information about individuals’ demographics (age, race, ethnicity, gender);
 - number of prior arrests; number of adverse childhood experiences;
 - mental health, addiction, and MOUD status at booking;
 - FCSO booking date and charge(s) relevant to the incarceration of focus (between May 2020 and April 2021);
 - sentence status, distinguishing those held pretrial from those on a sentence held under minimum, medium, or prelease security;
 - number and dates of one-on-one counseling sessions (whether telehealth or in-person);
 - number and dates of group therapy and support groups;
 - first release date following booking, as of the time¹ of this study’s data collection, if relevant;
- and

¹ FCSO criminal history and behavioral health records were collected in April 2022, for the N=62 telehealth dataset and May 15, 2022, for the N=18 in-person dataset.

- any recidivism since that release.

Recidivism information was extracted from the FCSO management information system by an FCSO research liaison for this study and included data on reincarceration or returns to custody, new arraignments, and violations of probation or parole. FCSO does not typically analyze recidivism information for people released after being held pretrial, but because a majority (74%) of those in the telehealth dataset were being held pretrial (and 28% of the in-person dataset), they agreed to provide post release information for all people in each dataset based on review of their Franklin County House of Correction records.

Sample Characteristics

The 62 individuals who received telehealth counseling were male (79%), female (21%); non-Hispanic (90%), Hispanic (10%); white (87%), and Black (13%).² The average age of individuals was 35 years old; the youngest was 22 and the oldest was 61. Information on prior arrests was available for 46 of the 62 individuals and showed an average of 20 prior arrests per person (median 16, minimum 3, maximum 76). The total adverse childhood experiences score was available for most individuals (57 of 62) and ranged from 0 to 10, with an average score of 4.7. Finally, during their stay, the sample received an average of 8.5 individual telehealth counseling sessions per person, ranging from a minimum of 3 sessions (a criterion for sample selection) to a maximum of 31 sessions.

Of the 62 individuals, all were identified as having an addiction at booking, and 71% were already receiving some type of MOUD in the community prior to entering FCSO. Eighty-nine percent had a mental health diagnosis at booking, which included anxiety, posttraumatic stress disorder, mood disorders, attention-deficit/hyperactivity disorder, and bipolar disorders. The same percentage (89%) showed mental health symptoms at the time of their booking.

Analytic Methods

We received the criminal history and behavioral health records from FCSO as two Excel files—one reflecting the telehealth dataset (N=62) and the other the in-person dataset (N=18). After transferring these data into SPSS statistical files, we created numeric versions of string variables and computed several analytic variables to analyze recidivism. These included time since release as of the date of data collection (which was April 19, 2022, for the telehealth dataset and May 15, 2022, for the in-

² Demographics data are based on that recorded in FCSO's management information system.

person dataset), and measures of any recidivism event, reincarceration or return to custody, new arraignment, or violation of probation or parole, if known. The latter variables were derived from a text field indicating criminal history status created by the FCSO research liaison to support this study. In SPSS, we analyzed frequencies and descriptive statistics for both datasets, and conducted independent samples comparisons of telehealth participant survey completers and noncompleters (referenced above). Recidivism comparisons of telehealth and in-person counseling recipients were not possible statistically given the small number of in-person recipients with at least 1 year of valid recidivism data.

Interviews with FCSO Staff and Community Providers

From May 2021 through March 2022, we conducted semi-structured interviews with FCSO staff and community providers who deliver treatment and support to people with OUD during incarceration and upon release. The research team spoke with practitioners who implement, deliver, or oversee telehealth or in-person MOUD services or supports. The purpose of the semi-structured interviews was to learn the context in which MOUD treatment is offered, examine how telehealth component complements the behavioral health support that FCSO provides, and understand the barriers and facilitators of providing services via telehealth.

Interview Instrument

We used the interview protocol included in Appendix D to guide our semi-structured interviews.

Sample Characteristics

Of 24 practitioners that were interviewed, 3 interviewees were representatives from FCSO leadership; 4 were FCSO staff who provided behavioral health treatment and 2 were medical providers; 2 were correctional staff pivotal to participants' engagement in behavioral services; 5 were clinical interns who provided individual counseling via telehealth; 3 provided behavioral health treatment for people who reenter into the community; 4 were reentry staff; and 1 community provider was embedded into FCSO to facilitate continuous treatment upon release.

Analytic Methods

The notes from semi-structured interviews were cleaned and exported into Dedoose, a secure, cloud-based software to manage and analyze qualitative data. We developed and tested a coding scheme that included themes and patterns from the collected data. Two members of the research team were assigned to code 24 transcripts from the interviews. Three members of the research team then analyzed the codes to organize them around themes and patterns in the coding scheme. Coded and analyzed qualitative data were reviewed by a senior researcher and checked against original notes from several themes to ensure that interviewees' reflections were accurately represented in the analyses.

Appendix B: Survey of Telehealth Counselors

Telehealth Franklin County Practitioner Survey

Start of Block: Consent

Q1

Thank you for your help. This study is being done by the Urban Institute. We are a nonprofit research organization headquartered in Washington, DC. We do research to help people and communities.

This study is funded by the National Institute of Justice, U.S. Department of Justice, to help them learn more about how to help people re-enter the community after incarceration.

Here in Massachusetts, Urban is studying “telehealth” in jail, prison, and the community. Telehealth means you deliver health services by video, by phone, or through text instead of in person. For example, the telehealth person talks to you through a computer instead of sitting next to you.

Urban is working with the Franklin County Sheriff’s Office (FCSO). We want to know if telehealth can be used for medication assisted treatment (MAT) and other support services for justice-involved people with opioid use disorders.

We invite you to take a short survey, about 15 minutes long. It will ask about MAT and supportive services you delivered in jail, prison, or the community to help with opioid use. You will enter answers into your computer, phone, or tablet. No FCSO staff or service providers will see your answers.

If you take this survey, we promise:

Confidentiality. Everything we collect in this study will be private. Only the research team will see information linked to you. We will never use your name in a report. Nothing we collect can affect your FCSO services or involvement. Confidentiality is protected by the law. Urban researchers must sign a pledge to not tell anyone outside the team about you.

Voluntary Participation. This survey is voluntary. This means you do not have to take part if you do not want to. You may skip any questions you do not want to answer or refuse to give us information. You may leave the survey any time. Your decision will not

affect any FCSO services you deliver.

We value your opinions and experiences. Your participation helps us learn how to help people with opioid use disorders. We will also do our very best to protect your privacy. Also, when this study is complete, de-identified data will be archived with a publicly available research database. This will not contain your name at all.

For any questions about the study, contact [researcher] at the Urban Institute. You can call her collect at (202) XXX-XXXX. Or you can write her at Urban Institute, 500 L'Enfant Plaza, SW, Washington, DC 20024.

Q2 Do you agree to take part in this study of telehealth?

- Yes, I agree to participate in the survey/study. (1)
- No, I do not agree to participate in the survey/study. (2)

Skip To: End of Survey If Do you agree to take part in this study of telehealth? = No, I do not agree to participate in the survey/study.

End of Block: Consent

Start of Block: Background

Q3 Please input your research ID number:

Q4 What is your gender?

- Male (1)
- Female (2)
- Self-describe: (3) _____

Q5 How long have you delivered/been delivering services to justice-involved people?

- Less than 6 months (1)
- 6 months to 1 year (2)
- 1 to 3 years (3)
- More than 3 years (4)

Page Break

Q6 How long have you delivered/been delivering services to people with opioid use disorders?

- Less than 6 months (1)
- 6 months to 1 year (2)
- 1 to 3 years (3)
- More than 3 years (4)



Q7 What type of counseling or support services do/did you provide? *Please select all that apply.*

- Individual counseling (1)
 - Group counseling (2)
 - Psychosocial supportive case management (3)
 - Intake clinical assessments (4)
 - Other (please specify): (5)
-

End of Block: Background

Start of Block: Perceptions of Telehealth



Q8 To what extent do you believe telehealth is useful for opioid use disorder treatment? Telehealth means you deliver health services by video, by phone, or through text instead of in person.

- Not at all useful (1)
- Slightly useful (2)
- Moderately useful (3)
- Considerably useful (4)
- Completely useful (5)
- I don't know (98)

Page Break



Q9 For the FCSO treatment specifically, was having a telehealth program beneficial in any of the following ways? *Please select all that apply.*

- Improved quality of care (1)
 - Provided access to more specialists for the target population (2)
 - Providing counseling became more convenient (3)
 - Providing counseling to justice-involved people became safer (4)
 - Increased access to services (5)
 - Made counseling more accessible during clients' crises (6)
 - Allowed for continuation of services during COVID-19 (7)
 - None of the above (99)
 - Other (please specify): (8)
-

Page Break



Q10 Which of the following barriers or difficulties did you encounter with using telehealth at FCSO, if any? *Please select all that apply.*

- Poor connection (1)
 - No Wi-Fi (2)
 - Scheduling (3)
 - Inconveniences of my physical space (4)
 - Inconvenience of physical space for the client (5)
 - Physical space of the client was not private (6)
 - Privacy concerns over technology (7)
 - Security concerns over technology (8)
 - Lack of technical support to help me trouble shoot issues (9)
 - Resistance from those who are incarcerated (10)
 - Resistance from administrators (11)
 - Resistance from security staff (12)
 - Resistance from health care providers (13)
 - None of the above (99)
-
- Other (please specify): (14)

Page Break



Q11 What **challenges** around telehealth use were expressed by your patients receiving services? *Please select all that apply.*

- Contact felt impersonal (1)
 - Technology issues were frustrating (2)
 - The service quality was not the same as it would be if in-person (3)
 - Privacy or security concerns (4)
 - None of the above (99)
 - Other (please specify): (5)
-



Q12 What **benefits** around telehealth use were expressed by your patients receiving services? *Please select all that apply.*

- Increased access to services (1)
 - Increased access to specialists (2)
 - Improved quality of services (3)
 - Privacy and security (4)
 - Ease of use (5)
 - Convenience (6)
 - Flexibility (7)
 - Allowed for continuation of services during COVID-19 (8)
 - None of the above (99)
 - Other (please specify): (9)
-

Page Break



Q13 Please answer the following with the level to which you agree with each statement.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	I Don't Know (98)
You were satisfied with patient quality of care using telehealth (Q13_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You believe telehealth technology was well suited to your patient population and their needs (Q13_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical support was available and easy to use (Q13_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical problems did not often interfere with telehealth (Q13_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were adequately trained to use the telehealth technology (Q13_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth was an effective use of time (Q13_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth rooms/locations were convenient for use (Q13_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Telehealth was not disruptive and could fit in with the current routine (Q13_8)

Thorough services using telehealth was possible (Q13_9)

There was a loss of contact associated with telehealth (Q13_10)

Page Break

Q14 What changes could be made to sustain or improve the use of telehealth within the Franklin County Sheriff's Office men's and women's facilities? *[Open-ended]*

End of Block: Perceptions of Telehealth

Start of Block: Caseload

Q15 Before completing this survey, your former FCSO supervisor will have shared the following information with you: Your Facilitatory Researcher ID, which you will need to enter in the beginning of the survey. Please do not enter your name in the survey.

How many people you delivered therapy to from November 2020 through the end of April 2021 The names of your patients and their corresponding Participant Researcher IDs. You will need these IDs when you respond to the survey about your therapeutic alliance with each client. Please do not enter participant names, use their Participant IDs only.

Q16 How many patients did you have in your caseload from November 2020 through the end of April 2021?:

End of Block: Caseload

Start of Block: The Helping Alliance Questionnaire

Q17 Please complete this questionnaire about therapeutic alliance and insert the Participant Researcher ID number for each person you worked with from November 2020 through the end of April 2021. *This question will repeat itself based on your number of reported patients.*

Q18 Please enter the Patient Researcher ID number. The research ID and a corresponding patient's name should have been given to you by your former FCSO supervisor. Do not type the patient's name here, it was shared for your records only.

Q19 These are ways that a person may feel or behave in relation to another person -- their therapist. Consider carefully your relationship with your patient, and then mark each statement according to how strongly you agree or disagree. Please mark every one.

	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
The patient felt he/she could depend upon me. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she felt I understood him/her. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patient felt I wanted him/her to achieve the goals. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times the patient distrusted my judgment. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patient felt he/she was working together with me in a joint effort. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe we had similar ideas about the nature of his/her problems. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patient generally respected my views about him/her. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The patient believed the procedures used in his/her therapy were not well suited to his/her needs. (8)

The patient liked me as a person. (9)

In most sessions, we found a way to work on his/her problems together. (10)

The patient believed I related to him/her in ways that slowed up the progress of the therapy. (11)

The patient believed a good relationship was formed between us. (12)

The patient believed I was experienced in helping people. (13)

I wanted very much for the patient to work out his/her problems. (14)

The patient and I had meaningful exchanges. (15)

The patient and I sometimes had unprofitable exchanges. (16)

From time to time, we both talked about the same important events in his/her past. (17)

The patient believed I liked him/her as a person. (18)

At times the patient saw me as distant. (19)

End of Block: The Helping Alliance Questionnaire

Start of Block: Conclusion

Q20 Is there anything else you would like to share about your experience with using telehealth technology for opioid use disorder treatment? *[Open-ended]*

End of Block: Conclusion

Appendix C: Survey of Telehealth Participants

Telehealth Franklin County Participant Survey

Start of Block: Consent

Q1

Thank you for your help. This study is being done by the Urban Institute. We are a nonprofit research organization headquartered in Washington, DC. We do research to help people and communities.

This study is funded by the National Institute of Justice, U.S. Department of Justice, to help them and the field learn more about how to help people re-enter the community after incarceration.

Here in Massachusetts, Urban is studying “telehealth” in jail, prison, and the community. Telehealth means you get health services by video instead of in person. For example, the telehealth person talks to you through a computer instead of sitting next to you.

Urban is working with the Franklin County Sheriff’s Office (FCSO). We want to know if telehealth can be used for medication assisted treatment (MAT) and supporting services. MAT helps people with opioid disorders.

We invite you to take a short survey, about 20 minutes long. It will ask about MAT services and supports you got in jail, prison, or the community to help with opioid use. You will enter answers into your computer, phone, or tablet. No FCSO staff or service providers will see your answers.

If you take this survey, we promise:

Confidentiality. Everything we collect in this study will be private. Only the research team will see information linked to you. We will never use your name in a report. Nothing we collect can affect your FCSO services or involvement. Confidentiality is protected by the law. Urban researchers must sign a pledge to not tell anyone outside the team about you. There

is one exception. We must share if you tell us about plans to commit a future crime or to hurt anyone. But we will not ask about these issues.

Voluntary Participation. This study is voluntary. This means you do not have to take part if you do not want to. You may skip any questions you do not want to answer or refuse to give us information. You may leave the study any time. Your decision will not affect any FCSO services you receive.

To thank you for your participation, we will give you a \$XX gift card after completing the survey today. If you are still incarcerated, FCSO will hold this gift card in your property until you are released and will give it to you the day of your release. If you are in the community, our FCSO research partner will send you the gift card by mail, email, or text message.

We value your opinions and experiences. Your participation helps us learn how to help people with opioid use disorders. We will also do our very best to protect your privacy. Also, when this study is complete, de-identified data will be archived with a publicly available research database. This will not contain your name at all.

For any questions about the study, contact [researcher] at the Urban Institute. You can call her collect at (202) XXX-XXX. Or you can write her at Urban Institute, 500 L'Enfant Plaza, SW, Washington, DC 20024.



Q2 Do you agree to take part in this study of telehealth?

- Yes, I agree to participate in the survey/study. (1)
- No, I do not agree to participate in the survey/study. (2)

Skip To: End of Survey If Do you agree to take part in this study of telehealth? = No, I do not agree to participate in the survey/study.

End of Block: Consent

Start of Block: Respondent Background

Q3 Please input your research ID number (you should have received it from Courtney):



Q4 How old are you?

- Years old: (1) _____
 - Prefer not to answer (97)
-



Q5 What is your gender?

- Female (1)
 - Male (2)
 - Self-describe: (3) _____
 - Prefer not to answer (97)
-

Page Break



Q6 Do you consider yourself to be... *Please check all that apply.*

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Native Hawaiian or Pacific Islander (4)
 - White (5)
 - Some other race (6)
 - I don't know (98)
 - Prefer not to answer (97)
-



Q7 Do you consider yourself to be Hispanic or Latino?

- Yes (1)
 - No (2)
 - Prefer not to answer (97)
-

Page Break



Q8 What is the highest level of education you completed?

- 6th grade or less (1)
- 7th – 9th grade (2)
- 10th – 11th grade (3)
- High school graduate (4)
- G.E.D. (5)
- Some college (6)
- College graduate (7)
- Post-graduate study (8)
- Prefer not to answer (97)

End of Block: Respondent Background

Start of Block: Opioid Use Disorders and Treatment Status

Q9 In this survey, we would like to know about your experience receiving counseling by telehealth – either by video, phone, or text – with your FCSO therapist. Your counseling by telehealth could have taken place anytime between November 2020 and April 2021.



Q10 Have you ever been diagnosed with an Opioid Use Disorder?

- Yes, I was diagnosed before I entered Franklin County Sheriff's Office (jail) (1)
 - Yes, I was diagnosed after I entered Franklin County Sheriff's Office (jail) (2)
 - No, never (3)
 - I don't know (98)
 - Prefer not to answer (97)
-



Q11 During your time in the Franklin County Sheriff's Office jail, did you participate in a treatment program for opioid use disorder?

- Yes (1)
 - No (2)
 - I am not sure (98)
 - Prefer not to answer (97)
-

Page Break



Q12 During your time in the Franklin County Sheriff's Office jail, did you receive Medication Assisted Treatment for an opioid use disorder (for example, medication known as buprenorphine (Suboxone, Subutex), methadone, naltrexone (Vivitrol))?

- Yes, I continued receiving MAT like I had in the community before entering FCSO (1)
 - Yes, I started MAT only after entering FCSO (2)
 - No, I did not receive MAT in FCSO (3)
 - Prefer not to answer (97)
-



Q13 What type of Medication Assisted Treatment did you receive while in the Franklin County Sheriff's Office jail?

- Buprenorphine (also known as Suboxone or Subutex) (1)
 - Methadone (2)
 - Naltrexone (also known as Vivitrol) (3)
 - Prefer not to answer (97)
-

Page Break



Q14 Did you receive **individual or one-on-one** counseling while in the Franklin County Sheriff's Office jail?

Yes (1)

No (2)



Q15 Was individual/one-on-one counseling required while in the Franklin County Sheriff's Office jail?

Yes, it was mandatory (1)

No, it was optional (2)

Prefer not to answer (97)

Page Break



Q16 How did you receive individual/one-on-one counseling while in the Franklin County Sheriff's Office jail? *Please select all that apply.*

In-person (face-to-face) with counselor: About how many sessions? (1)

Via computer or telehealth: About how many sessions? (2)

Via workbooks (3)



Q17 During your most recent or current stay in the Franklin County Sheriff's Office jail did you participate in any **group** counseling sessions?

Yes (1)

No (2)

I don't know (98)

End of Block: Opioid Use Disorders and Treatment Status

Start of Block: Client Satisfaction

Q18 The next questions ask about your experience with FCSO telehealth counseling sessions.



Q19 Which type of telehealth technology have you used for counseling services? *Please select all that apply.*

- Phone (1)
 - Computer (2)
 - Tablet (3)
 - TV Screen in a public room at the jail (4)
 - Other (please specify): (5)
-

X→

Q20 How would you rate the quality of the counseling you received via telehealth?

- Poor (1)
- Fair (2)
- Good (3)
- Excellent (4)
- Prefer not to answer (97)

X→

Q21 Has the counseling you received via telehealth helped you more effectively deal with problems in your life, including addiction?

- No, not at all (1)
- No, it didn't help much (2)
- Yes, it helped (3)
- Yes, it helped a great deal (4)
- Prefer not to answer (97)

Page Break

Q22 Please select how much you agree with the statements below about your experience with counseling via telehealth.



Q23 I could clearly see the counselor during the session

- Strongly agree (1)
 - Agree (2)
 - Disagree (3)
 - Strongly disagree (4)
 - Prefer not to answer (97)
-



Q24 I could clearly hear the counselor during the session

- Strongly agree (1)
 - Agree (2)
 - Disagree (3)
 - Strongly disagree (4)
 - Prefer not to answer (97)
-



Q25 The camera or other equipment embarrassed me or made me feel uncomfortable

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly disagree (4)

Prefer not to answer (97)

Page Break



Q26 The room I was in during the session was comfortable

- Strongly agree (1)
 - Agree (2)
 - Disagree (3)
 - Strongly disagree (4)
 - Prefer not to answer (97)
-



Q27 I was NOT concerned about my privacy during counseling via computer

- Strongly agree (1)
 - Agree (2)
 - Disagree (3)
 - Strongly disagree (4)
 - Prefer not to answer (97)
-



Q28 I would not be able to get counseling in jail without technology

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)
- Prefer not to answer (97)

Page Break



Q29 What are some things you **did not** like about telehealth counseling? *Please select all that apply.*

- Contact feels impersonal (1)
 - Technology issues are frustrating (2)
 - The service quality is not the same as it would be if in-person (3)
 - Privacy or security concerns (4)
 - None of the above (99)
 - Other (please specify): (6)
-
- Prefer not to answer (97)

Page Break



Q30 What are some things you liked about telehealth counseling? *Please select all that apply.*

- Increased access to services (1)
 - Increased access to specialists (2)
 - Improved quality of services (3)
 - Privacy and security (4)
 - Ease of use (5)
 - Convenience (6)
 - Flexibility (7)
 - Allowed for continuation of services during COVID-19 (8)
 - None of the above (99)
 - Other (please specify): (10)
-
- Prefer not to answer (97)

Page Break

Q31 Please provide any additional comments or suggestions about your experience with counseling via telehealth.

End of Block: Client Satisfaction

Start of Block: Helping Alliance Questionnaire

Q32 In this section, we would like to know about your experience with the therapist who connected with you by telehealth – either by video, phone, or text – while you were in jail anytime between November 2020 and April 2021. We are not asking about your current therapist, if you have a different one now.

Page Break



Q33 INSTRUCTIONS: These are ways that a person may feel or behave in relation to another person -- their therapist. Consider carefully your relationship with your therapist, and

then mark each statement according to how strongly you agree or disagree. Please mark every one.

	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
I felt I could depend upon the therapist. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt the therapist understood me. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt the therapist wanted me to achieve my goals. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I distrusted the therapist's judgment. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was working together with the therapist in a joint effort. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believed we had similar ideas about the nature of my problems. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I generally
respected
the
therapist's
views
about me.
(7)

Page Break



Q34 INSTRUCTIONS: These are ways that a person may feel or behave in relation to another person -- their therapist. Consider carefully your relationship with your therapist, and

then mark each statement according to how strongly you agree or disagree. Please mark every one.

	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
The procedures used in my therapy were <u>not</u> well suited to my needs. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I liked the therapist as a person. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In most sessions, the therapist and I found a way to work on my problems together. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The therapist related to me in ways that slowed up the progress of the therapy. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A good relationship was formed with my therapist. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The therapist appeared to be experienced in helping people. (13)

I wanted very much to work out my problems. (14)

Page Break



Q35 INSTRUCTIONS: These are ways that a person may feel or behave in relation to another person -- their therapist. Consider carefully your relationship with your therapist, and

then mark each statement according to how strongly you agree or disagree. Please mark every one.

	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
The therapist and I had meaningful exchanges. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The therapist and I sometimes had unprofitable exchanges. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From time to time, we both talked about the same important events in my past. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believed the therapist liked me as a person. (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times the therapist seemed distant. (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Helping Alliance Questionnaire

Start of Block: Drug Use and Arrest History

Q36 We have just a few questions about your incarceration and opioid use history. Again, these are voluntary and your answers will be confidential, but will help us understand different people's experiences. Please answer these questions as they relate to your stay at the Franklin County Sheriff's Office jail anytime between November 2020 and April 2021.



Q37 Thinking about before your stay at the Franklin County Sheriff's Office jail between November 2020 and April 2021, how long did you use opioids?

- Never (1)
 - 1-5 months (2)
 - 6 months - 1 year (3)
 - 1-2 years (4)
 - 3-5 years (5)
 - 6-10 years (6)
 - More than 10 years (7)
 - Prefer not to answer (97)
-



Q38 Throughout your lifetime, how many times have you been arrested?

- 1 time (1)
- 2-5 times (2)
- 6-10 times (3)
- More than 10 times (4)
- Prefer not to answer (97)

End of Block: Drug Use and Arrest History

Start of Block: Closing

Q39

Thank you so much for your help on this survey! **Do you have any last comments to share that might help other people like yourself?**

Q40 **We would like to give you a \$40 gift card for completing this survey. If you are still incarcerated, this gift card will be held in your property until you are released and will be given to you the day of your release.**



Q41 Are you currently still incarcerated at the Franklin County Sheriff's Office jail?

Yes (1)

No (2)

End of Block: Closing

Appendix D: Interviews with FCSO Staff and Community Providers

Guide for Interviews with Practitioners Evaluation of Telehealth in Franklin County Sheriff's Office

A. BACKGROUND

1. Please briefly describe your current position and responsibilities.
 - a. What is your title?
 - b. How long have you been in this position?

B. FOR FCSO CORRECTIONAL AND BEHAVIORAL HEALTH STAFF

OD Treatment

2. Are you familiar with the services and assistance available for people with OUDs at your facility?
 - a. *(if relevant)* What kind of Medication Assisted Treatment (MAT) was available?
 - b. *(if relevant)* What kind of counseling was available?
 - c. *(if relevant)* What supports did OUD clients receive other than counseling?
3. What was the nature of your involvement with people with OUDs? What were your roles and responsibilities specific to providing services for people with Opioid Use Disorders (OUDs)?
4. How many people with OUDs do you work with?
5. What is/was the nature of your involvement with people who receive MAT?
 - a. How many people do/did you work with who receive MAT?
 - b. What works/worked well at your facility for people who are receiving MAT? What did not work well?

Telehealth Use

6. Are you familiar with how FCSO uses telehealth? *(Provide definition and examples if necessary.)*
7. What is the process and protocol for using telehealth for people with OUD at your facility? What is your role in providing telehealth for people with OUD?
8. *(For behavioral health and medical providers)* What do you think about using telehealth to provide counseling as part of people's MAT? *(Specific to FCSO and generally)*
 - a. Are you supportive of using telehealth for such purposes?
 - b. What are some benefits to providing counseling virtually?
 - c. What are some challenges to providing counseling virtually? Do you think counseling through telehealth can be used long-term? Why? Why not?

- d. Are there other applications of telehealth that you think have been more effective or should be explored?
 - e. Do you have recommendations for how telehealth can be used effectively?
9. (For CCWs, reentry, managers, IT, and leadership) What do you think about using telehealth to provide OUD-related services?
- a. What are some challenges you have experienced?
 - b. What do you think has worked well?
 - c. Has telehealth worked better for some services or applications than others? If so, which?
 - d. Do you have recommendations for how telehealth can be used effectively?
10. What do you think about using telehealth to connect justice-involved people at FCSO with community service providers in preparation for or upon their release?
- a. What might be some challenges to using telehealth to connect with justice-involved patients in the community?
 - b. (If relevant) What do you think about using telehealth to provide counseling as part of MAT once people are released?
11. Do you think telehealth can be used long-term? Why? Why not? What challenges might exist?
12. Can telehealth be used eventually in all FCSO facilities post-pandemic? Why? Why not? What challenges might exist?

C. FOR COMMUNITY-BASED PRACTITIONERS

OUD Treatment

13. To what extent do you work with people with OUDs who are released from FCSO?
- a. What is the nature of your work with this population?
 - b. Are people released from FCSO different from other people who have OUDs? In what way?
14. What kind of treatment is available for people with OUDs at your agency?
15. Is treatment for formerly incarcerated adults different than treatment for other people with OUDs?
16. How do you receive information about people's need of treatment at your agency? prior involvement with criminal justice system?
- a. Do you receive a direct referral from FCSO staff?
 - b. What does the referral process entail?
 - c. Do you have walk-ins from patients? How often? How do you find out that they were released from FCSO?

Telehealth Use

17. Are you familiar with telehealth?
18. Does your agency currently use telehealth technology?
- a. To what extent?
 - b. For what type of treatment?
 - c. Are there limitations to using telehealth for certain disorders?

D. FOR FCSO LEADERSHIP/ADMINISTRATION

OUD Treatment

1. Why is it important to offer treatment and supports for OUD in your facilities?
2. Tell us about your role in introducing MAT and counseling
 - a. Why did you think it was important to have MAT in FCSO
 - b. Is it important to have counseling as part of MAT? Why?
 - c. There is a variety of supports (e.g., group and individual) – why is it important to have those?
3. Do you make an effort to establish partnerships with outside providers?
 - a. Who are the providers?
 - b. Why do you work with them?
 - c. What works/worked well at your facility for people who are receiving MAT and counseling? What did not work well?

Telehealth Use

4. Can you tell us why you were interested in having telehealth options available in your facility?
 - a. Did you embark on this journey before COVID or after?
 - b. What was your role in ensuring that some services such as counseling were available through telehealth? Are you supportive of using telehealth for such purposes?
 - c. What are some benefits to providing counseling virtually?
 - d. What are some challenges to providing counseling virtually? Do you think counseling through telehealth can be used long-term? Why? Why not?
 - e. Are there other applications of telehealth that you think have been more effective or should be explored?
 - f. Do you have recommendations for how telehealth can be used effectively?
 - g. What was your role in ensuring that FCSO administration and staff who provide services felt supported in offering services via telehealth?
5. What do you think about using telehealth to connect justice-involved people at FSCO with community service providers in preparation for or upon their release?
 - a. What might be some challenges to using telehealth to connect with justice-involved patients in the community?
 - b. *(If relevant)* What do you think about using telehealth to provide counseling as part of MAT once people are released?
6. Do you think telehealth can be used long-term? Why? Why not? What challenges might exist?
7. Can telehealth be used eventually in all correctional facilities post-pandemic? Why? Why not? What challenges might exist?

E. CONCLUSION

8. Is there **anything else** we didn't ask that **you'd like to share with us about your work or experiences**?

THANK YOU VERY MUCH FOR TIME TODAY. WE LEARNED A GREAT DEAL!



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