

## Multi-Site Evaluation Protocol (Updated 11.1.16)

### **Consent, Enrollment, and Baseline Interview Process**

Each site will develop a site-specific referral protocol during the pre-implementation phase of the initiative. Eligible patients may be identified by their primary care provider or other providers at the site and may be referred to participate in the evaluation. Patients also may be self-referred or be referred by any provider in the community. The data manager at each site will be responsible for compiling the eligible-for-care list based on these referrals. The interventionist will use the eligible-for-care list to identify potential participants for the intervention activities. The interventionist will make contact with the patient to describe the services provided by the intervention, and if the patient is interested in receiving intervention services, the interventionist will introduce the multi-site evaluation.

When eligible patients meet with an interventionist (during an intake appointment, initial patient meeting, etc.), the interventionist will inform the patient about the multi-site evaluation. If the patient is interested in enrolling in the multi-site evaluation, the interventionist will schedule a meeting between the patient and the data manager on the same day if possible. If the referred patient is not able to meet with the data manager to be informed about, screened for, and possibly enrolled into the multi-site evaluation during the initial visit at the agency, the data manager should complete the consent, screening, and enrollment process **no later than seven days** from the participant's initial visit in the clinic. The study enrollment visit can be scheduled with the participant to take place in the clinic or in the field.

**A participant's consent and study enrollment with the data manager should include the following steps:**

**Step 1:** The interventionist informs the client about the SPNS project and the study.

Below is a sample script that can be used to explain the study:

[Name of Organization] is one of twelve agencies across the country trying to connect people with HIV to medical care and help them stay in care. The information you provide to us will help us to improve care and services for people living with HIV now and in years to come. If you agree to participate in the study, we will ask you to participate in four interviews over the next two years to find out about your experience with our program, getting the HIV medical care and other services you need, and to learn about any other changes in your health. The information provided to us will not be traced to you. Your responses will be given a code that is not traceable to your name. Only selected staff at (name of organization) will know you are part of the study. Your responses will be combined with participants from the other sites across the country with no names attached to this information.

Each interview will take less than 1 hour and you will receive a gift card of \$XX for your time.

Your decision to participate in the study or not, will not impact the quality or amount of services you will receive at this clinic. You do not need to participate in the study to receive services.

Are you interested in participating in the study?

*If the patient does want to participate:* The next step to participate in the evaluation is to meet with our Data Manager. The Data Manager will be able to explain more details about the study, will administer all of the interviews, and will be responsible for reporting all data from [name of organization]. The Data Manager is responsible for these tasks so that you can honestly tell us about your experience, and you can be assured that your responses will never effect the quality or quantity of services you receive from the care team at [name of organization].

Do you have any questions about the role of the Data Manager?

Do I have permission to give your name and contact information to the Data Manager so that he/she can make an appointment to meet with you about the evaluation?

If the patient gives his/her consent to contact the Data Manager, the interventionist will contact the Data Manager.

*If the patient does NOT want to participate:* Thank you for letting me know. You are still eligible to receive services from the care team at [name of clinic] and I look forward to working with you to help accomplish the goals of the intervention and to support your engagement in HIV care.

***Be sure the script matches the language in your site's IRB approved consent form & protocol.***

**Step 2:** The Data Manager obtains consent.

If the participant expresses interest in study participation, the data manager will explain and review the consent form with the participant. The participant is then asked to sign the consent form if he/she agrees to participate in the study. ***If the participant would like to receive the intervention services but does not want to participate in the multi-site study, please note the reason on the eligibility form. The participant is still eligible to receive services through the SPNS project.***

Two signed copies of the consent form are needed: one for the participant and one for local site. The hard copy consent forms should be stored in a secured locked filing cabinet along with participant contact information. Be sure to give the participant a copy of the signed consent form.

**Step 3:** The Data Manager completes the web-based eligibility form for the participant.

**ALL clients referred to the SPNS project should be offered to participate in the multi-site study and have a completed an eligibility form.** The web-based system will automatically generate a unique 4-digit participant ID for all participant who are deemed eligible and have signed a consent form.

The Data Manager will note the number of times that an interventionist attempted to reach out to a participant or offered any intervention services prior to the date of consent. SPNS intervention services provided to participants prior to multi-site study consent should be documented in a separate local data base system.

The web-based system will advise the data manager to write down this participant ID preferably on the consent form. This will allow the data manager to follow up with the participant for subsequent interviews and complete the chart review forms. The participant ID will also need to be shared with the interventionists network navigators/care coordinators so that intervention encounters can be documented for study participants.

The web-based system allows the data manager to print the eligibility form as a pdf, and the pdf copy should be saved in the data manager's records. An email will also be generated and sent to the appropriate staff member on the intervention team once the form is completed.

**Step 4:** The Data Manager records all current contact information for the participant **in the Contact Information web-form** accessed on the Data Coordinating Center website. This information will only be

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available to the local site. No other SPNS staff or BU staff will have access to this web page or information.

**Step 5:** The Data Manager administers the baseline client interview.

The Data Manager will use the baseline survey available through the Data Coordinating Center link and will follow the question by question script in this document when interviewing each participant.

**Step 6:** Data manager provides compensation at completion of baseline interview and documents receipt (if applicable).

**It is strongly recommended that all of these steps be completed with the data manager during the participant's initial intervention/program intake visit (re-engagement if client has been out of care) in care.** If it is not possible to consent and enroll the participant during the seven days after his or her initial visit and the participant does **not** receive SPNS intervention services, this participant may be re-considered and referred to the study at a later date (as long as the participant meets eligibility criteria at that later date).

Participants that are enrolled into the multi-site evaluation should **be offered services from SPNS intervention staff within one week of** completing the baseline interview. ***A SPNS intervention service is defined as an encounter by the intervention staff with or on behalf of a participant to address a patient's HIV medical or service needs.*** SPNS intervention services do not include activities to initially refer a participant to the SPNS program (i.e. referrals to the data manager).

### IMPORTANT

**A SPNS participant is enrolled in the multi-site evaluation once s/he has signed the consent form AND completed the baseline interview.**

### Tips for the Enrollment

#### ***A. What materials should I have ready for the enrolling the client?***

- Two copies of the consent form
- Pen and paper to record the participant ID
- List of supportive service referrals
- List of emergency clinician contacts
- Your tablet or laptop with access to the multi-site web system
- Compensation
- Waiver-for-receipt of compensation
- Snacks
- Appointment reminder cards
- One hard copy interview questionnaire and contact information sheet in case web site access is not working.

Be sure to find a private, space to conduct the interview so that confidentiality is assured.

#### ***B. Who should be offered and consented into the study?***

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- All participants referred from internal staff and external partner agencies who meet the eligibility criteria for the study.

### ***C. Is there a time when I may not enroll a person?***

- If a person expresses that he/she does not want to participate and does not sign the consent form (verbal agreement does not equal consent).
- If a person appears to be incoherent, provides unintelligible responses, falls asleep, appears to be high or drunk, or you do not feel comfortable/safe enrolling the person.

### ***D. What happens if the person is a good candidate but is not sure about participating in the study? Can I re-approach at a later date?***

- A person can be approached a maximum of two times to enroll in the study. If at first a person appears to be reluctant or wants to think about it, ask for permission to contact the person in 2-3 days and see if he/she would like to reconsider. However there should not be intensive service delivery with the person until the eligibility and consent is determined if possible. If encounters are provided—documentation of activities by staff should be recorded in some form (CareWare, paper files, logs).

### ***E. What happens if I get through consent and part of the interview but not completely?***

We strongly recommend that you complete the baseline interview at the time of the consent process.

No incomplete interviews will be accepted. Some tips to make the process smooth and engaging:

- Before starting the interview, advise the participant that the interview will take approximately 1 hour. Give the participant the option to reschedule the interview appointment to complete the questionnaire.
- Once the interview is started, offer the participant to take frequent breaks at the end of a completed section.
- Bring snacks and/or a beverage for the participant. If the participant has children have materials such as toys.

If it is not possible to complete the interview on the same day:

- Save the form as an “incomplete record”. REDCAP will leave any incomplete sections “red” and sections that are not started as white.
- Go to the tracking/scheduling form; enter “partially completed” or “not done” and the reason for not completing the interview.
- Reschedule with the participant in the next 2-3 days to complete the interview questionnaire. When you log-in into the system REDCAP search for the participant ID. When you select the participant ID, REDCAP will automatically have saved any recorded data for that participant. The system cannot delete records for a participant ID and assign a new ID once the eligibility form has been completed.
- **CONTACT the BU team** with any questions/concerns!

### **IMPORTANT**

**Participants with incomplete baseline data will not be able to remain in the study.**

### **Data collection forms**

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This section describes the forms that will be used to collect data to describe the project activities and assess the client-level outcomes of the SPNS Initiative. The primary outcomes of the project include:

- Linkage to quality HIV care
- Increased retention in quality HIV care (measured by HAB Performance Measure and National AIDS Strategy)
- Increased viral load suppression

In addition to describing success in achieving these outcomes, the data will provide in-depth information about the level of effort by the intervention staff (navigators/peers/care coordinators) and associated factors with achieving the primary outcomes for the intervention target populations.

The table below provides a brief overview of the purpose, frequency of collection, and person responsible:

<b>Data collection form</b>	<b>Purpose</b>	<b>Frequency of data collection</b> (varies depending on the intervention – see timeline below)	<b>Person responsible</b>
Client interviews	To collect self-report information and primary outcome data including: Socio-demographics, housing status and needs variables, relationship with providers, barriers to care, HIV medical care, adherence to treatment, violence and trauma, support service needs, mental health and substance use, quality of life, and self-efficacy. Data will be used to describe the study population across the sites and analyze primary outcomes.	<ul style="list-style-type: none"> <li>• Baseline (prior to intervention services)</li> <li>• 3 months follow up</li> <li>• 6 months follow up</li> <li>• 12 months follow up</li> <li>• 18 months follow up</li> </ul>	Data manager or designated back-up project staff; NOT intervention staff
Intervention encounter form	To document and describe the activities conducted by the intervention staff across the implementation sites. Data include type of encounter, reason for encounter, staff type, duration, and location.	<ul style="list-style-type: none"> <li>• Daily for the duration of study</li> <li>• 1 per client per day</li> </ul>	Intervention staff
Chart review	To collect primary patient outcome data. Data include HIV primary care visits, CD4 and viral load values, lab tests, medications, and referrals made and completed to substance use treatment and mental health.	For each participant data will be collected at four time points post baseline: <ul style="list-style-type: none"> <li>• 6 months (includes most recent data prior to enrollment in the study)</li> <li>• 12 months follow up</li> </ul>	Data manager - NOT intervention staff

		<ul style="list-style-type: none"> <li>• 18 months follow up</li> <li>• 24 months follow up</li> </ul>	
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Intervention	Time Points to administer patient outcome surveys and tools					
	When client is enrolled		3 months post enrollment	6 months post enrollment	12 months post enrollment	18 months post enrollment
Peer Linkage and Re-engagement	Baseline		Follow-up	Follow-up Medical chart abstraction	Medical chart abstraction	Medical chart abstraction
Enhanced Patient Navigation	Baseline			Follow-up Medical chart abstraction	Follow-up Medical chart abstraction	Follow-up Medical chart abstraction
Integrating Buprenorphine Treatment into HIV primary care	Baseline			Follow-up Medical chart abstraction	Follow-up Medical chart abstraction	Follow-up Medical chart abstraction
	When client is enrolled	Post release – within 30 days	4 months post release	6 months post release	12 months post release	18 months post release
Transitional Care Coordination	Baseline*	Follow-up	Follow-up	Medical chart abstraction	Medical chart abstraction	Medical chart abstraction

\*Ideally the baseline interview for the Transitional Care Coordination intervention will occur while the participant is in jail prior to receiving intervention services. If the duration of the jail stay is short so that the data coordinator cannot conduct the baseline with the participant in jail, he/she may conduct the baseline with the participant up to 4 days post-release.

**Participant Interview Administration: Baseline**

The purpose of the participant interview is to gather information about the participants served by the SPNS interventions/programs in order to assess the effectiveness of the interventions in achieving the primary outcomes of the initiative based on the HIV/AIDS Care Continuum. Participant interviews will be conducted at five time points: baseline, 3 months, 6 months, 12 months, and 18 months post enrollment (depending on the intervention). Below are instructions for administering the baseline and follow up interviews.

- All baseline interviews must occur in person (on-site or in field) with the data manager. **BU CANNOT ACCEPT PATIENT SELF-ADMINISTERED INTERVIEWS OR PORTIONS OF AN INTERVIEW. ALL SECTIONS MUST BE INTERVIEWER ADMINISTERED.**

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- The data manager administers the participant interview using the web-based participant interview web-form (or hard copy if applicable).
- Blank hard copies of participant baseline interview forms and eligibility criteria forms must always be on hand in case of electronic systems crash. The eligibility criteria form should appear as the first page of the participant baseline client interview in hard-copy versions. If data is collected on paper forms, completed forms must be stored in the corresponding participant's study record located in a locked file cabinet that is accessible only by the data manager, and is stored separately from the participants' medical records.
- Breaks: It is recommended that the data manager ask participants between Sections 5-6 if s/he needs to take a break or use the bathroom, and offer the participants beverages or snacks. Breaks at other points of the interview are also fine, but it is preferable that they be taken between sections of the interview.
- **Compensation & Waiver-for-receipt of compensation:** Upon completion of the interview, the data manager will give the participant compensation. This compensation **cannot be a monetary reward** (i.e. cash, checks, etc.). The provision of compensation be documented, and the participant should sign the **Waiver-for-receipt of compensation** to acknowledge receipt of the compensation and that it will not be used for alcohol, firearms, or tobacco products. The documentation of the compensation should be kept with all study records in a locked, password protected file (if electronic) and stored with the copies of the participant's consent form.

### Baseline Q by Q: Instructions for Specific Questions

#### Prior to the Interview

- Bring a hard copy of the English or Spanish version in case you cannot access the web-based system.
- Bring a calendar for participants to reference for questions related to time and dates.
- Bring the compensation for the interview (e.g. gift, gas or grocery card) and the waiver-for receipt of compensation.
- Bring appointment cards to give the participant a reminder of when the next follow-up interview will be.

#### Beginning the Interview

*Enter Interview Information.* All of the following information must be entered into the Data Coordinating Center's online system prior to administering interview:

- Select the demonstration site with which you are affiliated.
- Enter your 3-digit Staff ID assigned by BU.
- Enter the date of the interview in the MM-DD-YYYY format. Alternatively, you can click on the calendar to the right of the textbox and click on the date of the interview. A red warning message, "Please enter the form date before continuing," will appear until you have entered the baseline form date. An ERROR message will also appear for Q1 which will restrict you from continuing the interview if the baseline form date is missing.

Data Manager Script:

**Interviewer Script:** *Thank you for agreeing to participate in this study. We are going to cover many topics, including your health, your needs, and your experiences with HIV health care. Some of these questions may be about things you've already discussed with other people at [NAME OF ORGANIZATION]. We are asking you again because this interview is part of a national study that includes*

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*people living with HIV from different parts of the country. The data we collect in this survey will not be shared with anyone providing services.*

*Everything I ask you in this interview is confidential. We would like you to feel comfortable, and be as honest and open as possible. None of your answers will be linked to your name, so please be candid. We hope this study will help us to improve care for people living with HIV.*

*If a question makes you feel uncomfortable, or brings up feelings or situations you want to talk about, we can refer you to someone you can speak with. Also, if there are any questions you don't feel comfortable answering, you don't have to answer them.*

*This interview will take less than 1 hour. If at any time you would like to take a break, please let me know. After each question I will read you response options to choose from. As I go through the questions, let me know if there is anything that is unclear. Are you ready to begin?*

### General Interview Guidelines

- Read questions and response options as indicated in the questionnaire. DO NOT READ the response option “Refused” to the participant.
- Mark a response option for each question; if the participant does not want to answer a question mark “Refused.”
  - Some items do not include response options “Refused” or “Don’t know.” These items are part of validated scales which we are not able to adapt in any way – for this reason we cannot include additional response options such as “Refused” or “Don’t know.” For these items it is acceptable to leave the response as blank and move on to the next item.
- Some participants may have trouble remembering dates or with time frames. Use a calendar and/or prompt the participant by referring to times of the year or events, e.g. “Was it around the new year?” or “Was it before Barack Obama was elected president?”
- For some validated scales such as the self-efficacy and quality of life you may want to prepare visual response options to help the participant with their answers.
- For “Other” response options, be sure to ask the participant to describe in their own words their answer and record EXACTLY what the participant says. The responses will be recoded or used to create new response options if necessary.
- Breaks are recommended between sections 5 and 6. If the participant requests to take a break at any other point of the interview ask if he or she minds waiting until the end of whatever section you are in the process of completing.

*Reading Response Options.* Throughout the interview several of the questions include response options that are italicized, such as “*Refused*”, “*Don’t know/Unsure*”, and “*Unknown.*” Do not read any of these italicized response options out loud for the participant. Italicized text **besides** response options can (and should) be read out loud.

Notes for the interviewer begin with “*Interviewer:*” and are italicized; they are instructions for you and are not to be read aloud.



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*Continuing to Next Question.* After entering a response to a question, press “Tab” button on your keyboard to continue to the next question (or click on the next question with you mouse). Do not press the “Enter” or “Return” buttons on your keyboard to continue to the next question – this will save the page you are working on and take you back to the homepage.

*Form Status.* This section appears at the bottom of each page of the interview. If you have to return to the page after verifying certain information, select “Unverified.” Once you have completed the page to the extent possible, select “Complete.”

- Click “Save Record” to save the information entered on this page and go back to home page.
- Click “Save and Continue” to save the information entered on this page and remain on this page to continue working.
- Click “Save and go to Next Form” to save the information entered on this page and move onto the next section (i.e. page) of the survey.

### **Baseline Q by Q for the Peer Linkage and Re-engagement Intervention and the Enhanced Patient Navigation Intervention**

#### **Section I: Demographic & Background Characteristics**

Q1. *Date or Year of Birth.* Enter the two-digit month, the two-digit day and the four-digit year for the participant’s date of birth (MM-DD-YYYY).

Q2. *Current Gender Identity.* Ask the participant to choose one of the response options for current gender identity.

Q3. *Hispanic, Latino/a, or Spanish origin.* Ask if the participant considers him/herself to be of Hispanic, Latino/a or Spanish origin.

Q4 a-e. *Racial/Ethnic Background.* Ask the participant to answer “yes” or “no” to each of categories listed.

Q5. *Language.* Ask the participant which language s/he speaks the majority of the time with family and friends. If the participant responds that s/he is bilingual, ask if there is one language they prefer; or if they continue to say bilingual mark “Other” record bilingual and the respective languages.

Q6. *Birth Country.* Ask the participant what country s/he was born in.

Q7. *Education.* Ask the participant what the highest level of education is that s/he has completed.

- “Some college” refers to having completed some (but not all) of a four-year college or university program
- “College graduate” refers to completion of a four-year college or university program.

Q8. *Household.* Ask the participant to describe his/her household by telling you how many adults and dependents (children, elderly, or individuals living with disabilities that are legally dependents) s/he lives with.

Q9. *Children.* Ask the participant to describe how many children under the age of 18 s/he lives with.

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Q10. *Basic Necessities*. Ask the participant to choose the one response option that s/he feels most accurately describes how frequently s/he has run out of basic necessities in the past 12 months. [Jails: “During the 6 months before your most recent incarceration...”]

Q11. *Jail*. Ask the participant how many times s/he has been in jail in the past five years, even if it was just for one night. If response is none or never enter “0”. If the participant reports that s/he has been in jail or prison, mark the number of times.

Q12. *Insurance*. Record the kind of health insurance the participant has and make sure to check all that apply. If the participant mentions a local Medicaid plan i.e. MEDI-CAL, please check "Medicaid". If you are unsure if the insurance falls into a specific category, just mark "Other" and fill in the name of the insurance mentioned by the participant. These can be recoded at a later time. **\*\*Ryan White is NOT considered an insurance\*\***

### Section II: Housing

Q13. *Live Now*. Ask the participant where s/he lives right now. Record one response.

Q14. *Locations of Stay*. Ask the participant if in the past 12 months there was a time even for just one night where s/he had no place to stay.

### Section III: HIV & Adherence

Q15. *Date of HIV Diagnosis*. Enter month, day, and year for when the participant first tested positive for HIV (MM-DD-YYYY). Alternatively, you can click the calendar button to the right of the text box, choose the month and year in the drop down menus, and click the day that the participant was diagnosed. If the participant cannot recall the month enter “01,” if the participant cannot recall the day enter “01.” If the participant cannot recall the exact year, prompt by asking if s/he recalls approximately how old s/he was and/or if he or she can recall other life events that took place around the same time.

Q15a. *Perinatal Infection*. Ask the participant if s/he were infected perinatally (at birth).

Q16. *Currently Taking HIV Medications*. Ask the participant if s/he is presently taking HIV medication.

### Section IV: Case Management & Competing Service Needs

Q17. *Case Manager*. Ask participant if s/he has a case manager at this clinic that helps with medical OR social services— including HIV health care and housing services (**\*\*This is NOT the intervention staff, i.e. the peer, enhanced patient navigator, the buprenorphine coordinator or the jails intervention care coordinator or the jail community case manager\*\***).

Q18-19. *Service Needs*. Ask the participant whether he or she has needed each of the listed services (Q18a-g) in the past 6 months. For each of these items that the participant responds "Yes", ask the follow-up question that appears (Q19a-g), i.e. if the participant was able to receive the service needed. Follow this process for each of the listed services (Q19a-g).

**BREAK: Ask the participant if he or she would like to take a break. The participant can use this opportunity to use the restroom, have a snack, or drink some water. If he or she feels comfortable continuing, proceed to the following section.**

### Section V: Substance Use

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Q20-Q29. *Substance use history.* Ask the participant if s/he has used the substances identified in each question. Record the answer “daily or almost daily”, “weekly”, “monthly”, “less than monthly”, or “never”. If the participant does not want to answer the question, mark “refused”.

Q30-30a. *Substance Use Treatment.* Ask the participant if s/he has participated in any substance use treatment in the past 3 months. If the participant answers “yes”, ask the participant what kind of treatment. Ask the participant to listen to all of the options and record all of the responses that are applicable for the type of substance use treatments. Ask the participant if there are any other substance use treatments that s/he participated in, mark “other” and record the response.

### Section VI: Exposure to Violence/Victimization

**Before starting the section, read the following statement to the participant:** The next questions are about abuse and interpersonal violence. Let me know if you would like to stop at any point. As a study interviewer, I am not permitted to discuss any specific incidents of abuse with you, but there is someone on hand who can talk with you if you would like to do so.

Q31-36. *Exposure to Violence/Victimization.* Read each question as written, and ask the participant if s/he has ever been experienced that situation. Record the answer “yes” or “no”. If the participant does not want to answer the question, mark “refused”.

### Section VI: Health-Related Quality of Life

Q37. *Self-Perceived General Health.* Ask the participant how s/he would rate his/her general health during the past 4 weeks. Read the question and response options exactly as written.

Q38-40. *Health-Related Limitations to Daily Activities.* Ask how the participant’s health is limiting his or her daily activities during the past 4 weeks. Read each question and its corresponding response options exactly as written.

Q41-44. *Emotional Well-Being.* Ask about the participant’s energy level, how the participant’s physical and/or emotional health is limiting his or her daily activities, and the impact of his/her personal or emotional problems during the past 4 weeks. Read each question and its corresponding response options exactly as written.

### Section VII: Additional Information

Q45. *Any other information.* Ask the participant if s/he would like to share anything else about his/her experience living with HIV. Record the response as accurately and completely as possible.

## Baseline Q by Q for the Transitional Care Coordination Intervention

### Section I: Demographic & Background Characteristics

Q1. *Date or Year of Birth.* Enter the two-digit month, the two-digit day and the four-digit year for the participant’s date of birth (MM-DD-YYYY).

Q2. *Current Gender Identity.* Ask the participant to choose one of the response options for current gender identity.

Q3. *Hispanic, Latino/a, or Spanish origin.* Ask if the participant considers him/herself to be of Hispanic, Latino/a or Spanish origin.

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Q4 a-e. *Racial/Ethnic Background*. Ask the participant to answer “yes” or “no” to each of categories listed.

Q5. *Language*. Ask the participant which language s/he speaks the majority of the time with family and friends. If the participant responds that s/he is bilingual, ask if there is one language they prefer; or if they continue to say bilingual mark “Other” record bilingual and the respective languages.

Q6. *Birth Country*. Ask the participant what country s/he was born in.

Q7. *Education*. Ask the participant what the highest level of education is that s/he has completed.

- “Some college” refers to having completed some (but not all) of a four-year college or university program
- “College graduate” refers to completion of a four-year college or university program.

Q8. *Household*. Ask the participant to describe his/her household by telling you how many adults and dependents (children, elderly, or individuals living with disabilities that are legally dependents) s/he lived with just before his/her most recent incarceration.

Q9. *Children*. Ask the participant to describe how many children under the age of 18 s/he lived with just before his/her most recent incarceration.

Q10. *Basic Necessities*. Ask the participant to choose the one response option that s/he feels most accurately describes how frequently s/he had run out of basic necessities in the 12 months just before his/her most recent incarceration.

Q11. *Jail*. Ask the participant how many times s/he has been in jail in the past five years, even if it was just for one night before his/her most recent incarceration. If the participant reports that s/he has been in jail or prison, mark the number of times.

Q12. *Insurance*. Record the kind of health insurance the participant has and make sure to check all that apply. If the participant mentions a local Medicaid plan i.e. MEDI-CAL, please check "Medicaid". If you are unsure if the insurance falls into a specific category, just mark "Other" and fill in the name of the insurance mentioned by the participant. These can be recoded at a later time. **\*\*Ryan White is NOT considered an insurance\*\***

### Section II: Housing

Q13. *Live Now*. Ask the participant where s/he lived just before his/her most recent incarceration.

Q14. *Locations of Stay*. Ask the participant if in the 12 months just before his/her most recent incarceration there was a time even for just one night where s/he had no place to stay.

### Section III: HIV & Adherence

Q15. *Date of HIV Diagnosis*. Enter month, day, and year for when the participant first tested positive for HIV (MM-DD-YYYY). Alternatively, you can click the calendar button to the right of the text box, choose the month and year in the drop down menus, and click the day that the participant was diagnosed. If the participant cannot recall the month enter “01,” if the participant cannot recall the day enter “01.” If the participant cannot recall the exact year, prompt by asking if he or she recalls approximately how old he or she was and/or if he or she can recall other life events that took place around the same time.

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### Section IV: Case Management & Competing Service Needs

Q17. *Case Manager*. Ask participant if he or she has a case manager at this clinic that helps with medical OR social services— including HIV health care and housing services (**\*\*This is NOT the intervention staff, i.e. the peer, enhanced patient navigator, the buprenorphine coordinator or the jails intervention care coordinator or the jail community case manager\*\***). [Jails: Just before your most recent incarceration...”]

Q18-19. *Service Needs*. Ask the participant whether he or she has needed each of the listed services (Q18a-g) in the past 6 months. For each of these items that the participant responds "Yes", ask the follow-up question that appears (Q19a-g), i.e. if the participant was able to receive the service needed. Follow this process for each of the listed services (Q19a-g).

**BREAK: Ask the participant if he or she would like to take a break. The participant can use this opportunity to use the restroom, have a snack, or drink some water. If he or she feels comfortable continuing, proceed to the following section.**

### Section V: Substance Use

Q20-Q29. *Substance use history*. Ask the participant if s/he has used the substances identified in each question. Record the answer “daily or almost daily”, “weekly”, “monthly”, “less than monthly”, or “never”. If the participant does not want to answer the question, mark “refused”.

Q30-30a. *Substance Use Treatment*. Ask the participant if s/he has participated in any substance use treatment in the 3 months just before his/her most recent incarceration. If the participant answers “yes”, ask the participant what kind of treatment. Ask the participant to listen to all of the options and record all of the responses that are applicable for the type of substance use treatments. Ask the participant if there are any other substance use treatments that s/he participated in, mark “other” and record the response.

### Section VI: Health-Related Quality of Life

Q31. *Self-Perceived General Health*. Ask the participant how he or she would rate his/her general health during the past 4 weeks. Read the question and response options exactly as written.

Q32-34. *Health-Related Limitations to Daily Activities*. Ask how the participant’s health is limiting his or her daily activities during the past 4 weeks. Read each question and its corresponding response options exactly as written.

Q35-38. *Emotional Well-Being*. Ask about the participant’s energy level, how the participant’s physical and/or emotional health is limiting his or her daily activities, and the impact of his/her personal or emotional problems during the past 4 weeks. Read each question and its corresponding response options exactly as written.

### Section VII: Additional Information

## Multi-Site Evaluation Protocol (Updated 11.1.16)

Q39. *Any other information.* Ask the participant if s/he would like to share anything else about his/her experience living with HIV. Record the response as accurately and completely as possible.

### Baseline Q by Q for the Buprenorphine Intervention

#### **Section I: Demographic & Background Characteristics**

Q1. *Date or Year of Birth.* Enter the two-digit month, the two-digit day and the four-digit year for the participant's date of birth (MM-DD-YYYY).

Q2. *Current Gender Identity.* Ask the participant to choose one of the response options for current gender identity.

Q3. *Hispanic, Latino/a, or Spanish origin.* Ask if the participant considers him/herself to be of Hispanic, Latino/a or Spanish origin.

Q4 a-e. *Racial/Ethnic Background.* Ask the participant to answer "yes" or "no" to each of categories listed.

Q5. *Language.* Ask the participant which language s/he speaks the majority of the time with family and friends. If the participant responds that s/he is bilingual, ask if there is one language they prefer; or if they continue to say bilingual mark "Other" record bilingual and the respective languages.

Q6. *Birth Country.* Ask the participant what country s/he was born in.

Q7. *Education.* Ask the participant what the highest level of education is that s/he has completed.

- "Some college" refers to having completed some (but not all) of a four-year college or university program
- "College graduate" refers to completion of a four-year college or university program.

Q8. *Household.* Ask the participant to describe his/her household by telling you how many adults and dependents (children, elderly, or individuals living with disabilities that are legally dependents) s/he lives with.

Q9. *Children.* Ask the participant to describe how many children under the age of 18 s/he lives with.

Q10. *Basic Necessities.* Ask the participant to choose the one response option that s/he feels most accurately describes how frequently s/he has run out of basic necessities in the past 12 months. [Jails: "During the 6 months before your most recent incarceration..."]

Q11. *Jail.* Ask the participant how many times s/he has been in jail in the past five years, even if it was just for one night. If response is none or never enter "0". If the participant reports that s/he has been in jail or prison, mark the number of times.

Q12. *Insurance.* Record the kind of health insurance the participant has and make sure to check all that apply. If the participant mentions a local Medicaid plan i.e. MEDI-CAL, please check "Medicaid". If you are unsure if the insurance falls into a specific category, just mark "Other" and fill in the name of the insurance mentioned by the participant. These can be recoded at a later time. **\*\*Ryan White is NOT considered an insurance\*\***

## Multi-Site Evaluation Protocol (Updated 11.1.16)

### Section II: Housing

Q13. *Live Now*. Ask the participant where s/he lives right now. Record one response.

Q14. *Locations of Stay*. Ask the participant if in the past 12 months there was a time even for just one night where s/he had no place to stay.

### Section III: HIV & Adherence

Q15. *Date of HIV Diagnosis*. Enter month, day, and year for when the participant first tested positive for HIV (MM-DD-YYYY). Alternatively, you can click the calendar button to the right of the text box, choose the month and year in the drop down menus, and click the day that the participant was diagnosed. If the participant cannot recall the month enter “01,” if the participant cannot recall the day enter “01.” If the participant cannot recall the exact year, prompt by asking if s/he recalls approximately how old s/he was and/or if he or she can recall other life events that took place around the same time.

Q15a. *Perinatal Infection*. Ask the participant if s/he were infected perinatally (at birth).

Q16. *Currently Taking HIV Medications*. Ask the participant if s/he is presently taking HIV medication.

### Section IV: Case Management & Competing Service Needs

Q17. *Case Manager*. Ask participant if s/he has a case manager at this clinic that helps with medical OR social services— including HIV health care and housing services (**\*\*This is NOT the intervention staff, i.e. the peer, enhanced patient navigator, the buprenorphine coordinator or the jails intervention care coordinator or the jail community case manager\*\***).

Q18-19. *Service Needs*. Ask the participant whether he or she has needed each of the listed services (Q18a-g) in the past 6 months. For each of these items that the participant responds "Yes", ask the follow-up question that appears (Q19a-g), i.e. if the participant was able to receive the service needed. Follow this process for each of the listed services (Q19a-g).

**BREAK: Ask the participant if he or she would like to take a break. The participant can use this opportunity to use the restroom, have a snack, or drink some water. If he or she feels comfortable continuing, proceed to the following section.**

### Section V: Substance Use

Q20-Q23. *Substance use history*. Ask the participant if s/he has used the substances identified in each question. Record the answer “daily or almost daily”, “weekly”, “monthly”, “less than monthly”, or “never”. If the participant does not want to answer the question, mark “refused”. If a participant responds “Never” to Q20, Q21, Q22, or Q23, skip to the next question and do not complete any of the sub questions (for example, if a participant responds “Never” to Q20, skip Q20a, Q20b, and Q20c).

Q24. *Opioid/heroine overdose*. Ask the participant if s/he have ever had an opioid overdose. Read the participant the description of an overdose provided.

Q25-25a. *Substance Use Treatment*. Ask the participant if s/he has participated in any substance use treatment in the past 3 months. If the participant answers “yes”, ask the participant what kind of treatment. Ask the participant to listen to all of the options and record all of the responses that are applicable for the type of substance use treatments. Ask the participant if there are any other substance use treatments that s/he participated in, mark “other” and record the response.

## Multi-Site Evaluation Protocol (Updated 11.1.16)

### Section VI: Exposure to Violence/Victimization

**Before starting the section, read the following statement to the participant:** The next questions are about abuse and interpersonal violence. Let me know if you would like to stop at any point. As a study interviewer, I am not permitted to discuss any specific incidents of abuse with you, but there is someone on hand who can talk with you if you would like to do so.

Q26-31. *Exposure to Violence/Victimization*. Read each question as written, and ask the participant if s/he has ever been experienced that situation. Record the answer “yes” or “no”. If the participant does not want to answer the question, mark “refused”.

### Section VII: Health-Related Quality of Life

Q32. *Self-Perceived General Health*. Ask the participant how s/he would rate his/her general health during the past 4 weeks. Read the question and response options exactly as written.

Q33-35. *Health-Related Limitations to Daily Activities*. Ask how the participant’s health is limiting his or her daily activities during the past 4 weeks. Read each question and its corresponding response options exactly as written.

Q36-39. *Emotional Well-Being*. Ask about the participant’s energy level, how the participant’s physical and/or emotional health is limiting his or her daily activities, and the impact of his/her personal or emotional problems during the past 4 weeks. Read each question and its corresponding response options exactly as written.

### Section VIII: Additional Information

Q40. *Any other information*. Ask the participant if s/he would like to share anything else about his/her experience living with HIV. Record the response as accurately and completely as possible

### Follow up Q by Q for the Peer Intervention

#### Section I: Demographic & Background Characteristics

Q1. *Household*. Ask the participant to describe his/her household by telling you how many adults and dependents (children, elderly, or individuals living with disabilities that are legally dependents) s/he lives with.

Q2. *Children*. Ask the participant to describe how many children under the age of 18 s/he lives with.

Q3. *Basic Necessities*. Ask the participant to choose the one response option that s/he feels most accurately describes how frequently s/he has run out of basic necessities in the past 3 months.

Q4. *Jail*. Ask the participant how many times s/he has been in jail in the past 3 months, even if it was just for one night. If response is none or never enter “0”. If the participant reports that s/he has been in jail or prison, mark the number of times.

Q5. *Insurance*. Record the kind of health insurance the participant has and make sure to check all that apply. If the participant mentions a local Medicaid plan i.e. MEDI-CAL, please check "Medicaid". If you are unsure if the insurance falls into a specific category, just mark "Other" and fill in the name of the



## Multi-Site Evaluation Protocol (Updated 11.1.16)

insurance mentioned by the participant. These can be recoded at a later time. **\*\*Ryan White is NOT considered an insurance\*\***

### Section II: Housing

Q6. *Live Now*. Ask the participant where s/he lives right now. Record one response.

Q7. *Locations of Stay*. Ask the participant if in the past 3 months there was a time even for just one night where s/he had no place to stay.

### Section III: HIV & Adherence

Q8. *Currently Taking HIV Medications*. Ask the participant if s/he is presently taking HIV medication.

### Section IV: Case Management & Competing Service Needs

Q9. *Case Manager*. Ask participant if s/he has a case manager at this clinic that helps with medical OR social services— including HIV health care and housing services (**\*\*This is NOT the intervention staff, i.e. the peer, enhanced patient navigator, the buprenorphine coordinator or the jails intervention care coordinator or the jail community case manager\*\***).

Q10-11. *Service Needs*. Ask the participant whether he or she has needed each of the listed services (Q10a-g) in the past 3 months. For each of these items that the participant responds "Yes", ask the follow-up question that appears (Q11a-g), i.e. if the participant was able to receive the service needed. Follow this process for each of the listed services (Q11a-g).

**BREAK: Ask the participant if he or she would like to take a break. The participant can use this opportunity to use the restroom, have a snack, or drink some water. If he or she feels comfortable continuing, proceed to the following section.**

### Section V: Substance Use

Q12-21. *Substance use history*. Ask the participant if s/he has used the substances identified in each question in the past 3 months. Record the answer "daily or almost daily", "weekly", "monthly", "less than monthly", or "never". If the participant does not want to answer the question, mark "refused".

Q22-22a. *Substance Use Treatment*. Ask the participant if s/he has participated in any substance use treatment in the past 3 months. If the participant answers "yes", ask the participant what kind of treatment. Ask the participant to listen to all of the options and record all of the responses that are applicable for the type of substance use treatments. Ask the participant if there are any other substance use treatments that s/he participated in, mark "other" and record the response.

### Section VI: Health-Related Quality of Life

Q23. *Self-Perceived General Health*. Ask the participant how s/he would rate his/her general health during the past 4 weeks. Read the question and response options exactly as written.

Q24-26. *Health-Related Limitations to Daily Activities*. Ask how the participant's health is limiting his or her daily activities during the past 4 weeks. Read each question and its corresponding response options exactly as written.

Q27-30. *Emotional Well-Being*. Ask about the participant's energy level, how the participant's physical and/or emotional health is limiting his or her daily activities, and the impact of his/her personal or

## Multi-Site Evaluation Protocol (Updated 11.1.16)

emotional problems during the past 4 weeks. Read each question and its corresponding response options exactly as written.

### Section VII: Patient Feedback

Q31. *Identify Interventionist*. Ask the participant for the name of the interventionist that the participant has interacted with most frequently over the past three months.

Q32-41. *Interventionist feedback*. Based on the response to Q31, ask the participant to rate the interventionist identified in Q31 using response options of “poor”, “fair”, “good”, “very good”, or “excellent”. If interventionist did not provide the service identified in Q32-41, mark “n/a”.

Q42. *Care at the clinic*. Ask the participant to identify all of the words that come to mind when thinking about his/her care at the clinic. Read the participant the words in the list provided on the survey, and then ask if they would like to identify additional words. Mark those additional words in the “other” write in boxes.

Q43-44. *Courtesy and respect*. Ask the participant if s/he was treated with respect at the clinic. If answer is “never” or “rarely”, continue to question 44. If answer is “sometimes”, “usually”, or “always”, skip to 45. For Q44, ask the participant to identify the reasons why s/he felt as though s/he was not treated with respect and courtesy by reading the response options listed. If a participant feels as though they were not treated with respect and courtesy for reasons that were not listed on the survey, write in the participant’s response in “Other”.

Q45-53. *Clinic experiences*. For each question listed, ask the participant for his/her level of agreement with the experiences at the clinic over 3 months. If the participant did not experience one of the experiences listed, mark “n/a”.

Q54. *Recommending the clinic*. Ask the participant if they s/he would recommend the clinic to other HIV-positive patients with similar needs.

Q55. *Additional feedback*. Ask the participant if s/he would like to share anything else about his/her experiences living with HIV.

### Follow up Q by Q for Patient Navigation Intervention

#### Section I: Demographic & Background Characteristics

Q1. *Household*. Ask the participant to describe his/her household by telling you how many adults and dependents (children, elderly, or individuals living with disabilities that are legally dependents) s/he lives with.

Q2. *Children*. Ask the participant to describe how many children under the age of 18 s/he lives with.

Q3. *Basic Necessities*. Ask the participant to choose the one response option that s/he feels most accurately describes how frequently s/he has run out of basic necessities in the past 6 months.

Q4. *Jail*. Ask the participant how many times s/he has been in jail in the past 6 months, even if it was just for one night. If response is none or never enter “0”. If the participant reports that s/he has been in jail or prison, mark the number of times.

## Multi-Site Evaluation Protocol (Updated 11.1.16)

Q5. *Insurance.* Record the kind of health insurance the participant has and make sure to check all that apply. If the participant mentions a local Medicaid plan i.e. MEDI-CAL, please check "Medicaid". If you are unsure if the insurance falls into a specific category, just mark "Other" and fill in the name of the insurance mentioned by the participant. These can be recoded at a later time. **\*\*Ryan White is NOT considered an insurance\*\***

### Section II: Housing

Q6. *Live Now.* Ask the participant where s/he lives right now. Record one response.

Q7. *Locations of Stay.* Ask the participant if in the past 6 months there was a time even for just one night where s/he had no place to stay.

### Section III: HIV & Adherence

Q8. *Currently Taking HIV Medications.* Ask the participant if s/he is presently taking HIV medication.

### Section IV: Case Management & Competing Service Needs

Q9. *Case Manager.* Ask participant if s/he has a case manager at this clinic that helps with medical OR social services— including HIV health care and housing services (**\*\*This is NOT the intervention staff, i.e. the peer, enhanced patient navigator, the buprenorphine coordinator or the jails intervention care coordinator or the jail community case manager\*\***).

Q10-11. *Service Needs.* Ask the participant whether he or she has needed each of the listed services (Q10a-g) in the past 3 months. For each of these items that the participant responds "Yes", ask the follow-up question that appears (Q11a-g), i.e. if the participant was able to receive the service needed. Follow this process for each of the listed services (Q11a-g).

**BREAK: Ask the participant if he or she would like to take a break. The participant can use this opportunity to use the restroom, have a snack, or drink some water. If he or she feels comfortable continuing, proceed to the following section.**

### Section V: Substance Use

Q12-21. *Substance use history.* Ask the participant if s/he has used the substances identified in each question in the past 6 months. Record the answer "daily or almost daily", "weekly", "monthly", "less than monthly", or "never". If the participant does not want to answer the question, mark "refused".

Q22-22a. *Substance Use Treatment.* Ask the participant if s/he has participated in any substance use treatment in the past 3 months. If the participant answers "yes", ask the participant what kind of treatment. Ask the participant to listen to all of the options and record all of the responses that are applicable for the type of substance use treatments. Ask the participant if there are any other substance use treatments that s/he participated in, mark "other" and record the response.

### Section VI: Health-Related Quality of Life

Q23. *Self-Perceived General Health.* Ask the participant how s/he would rate his/her general health during the past 4 weeks. Read the question and response options exactly as written.

## Multi-Site Evaluation Protocol (Updated 11.1.16)

Q24-26. *Health-Related Limitations to Daily Activities.* Ask how the participant's health is limiting his or her daily activities during the past 4 weeks. Read each question and its corresponding response options exactly as written.

Q27-30. *Emotional Well-Being.* Ask about the participant's energy level, how the participant's physical and/or emotional health is limiting his or her daily activities, and the impact of his/her personal or emotional problems during the past 4 weeks. Read each question and its corresponding response options exactly as written.

### Section VII: Patient Feedback

Q31. *Identify Interventionist.* Ask the participant for the name of the interventionist that the participant has interacted with most frequently over the past 6 months.

Q32-41. *Interventionist feedback.* Based on the response to Q31, ask the participant to rate the interventionist identified in Q31 using response options of "poor", "fair", "good", "very good", or "excellent". If interventionist did not provide the service identified in Q32-41, mark "n/a".

Q42. *Care at the clinic.* Are the participant to identify all of the words that come to mind when thinking about his/her care at the clinic. Read the participant the words in the list provided on the survey, and then ask if they would like to identify additional words. Mark those additional words in the "other" write in boxes.

Q43-44. *Courtesy and respect.* Ask the participant if s/he was treated with respect at the clinic. If answer is "never" or "rarely", continue to question 44. If answer is "sometimes", "usually", or "always", skip to 45. For Q44, ask the participant to identify the reasons why s/he felt as though s/he was not treated with respect and courtesy by reading the response options listed. If a participant feels as though they were not treated with respect and courtesy for reasons that were not listed on the survey, write in the participant's response in "Other".

Q45-53. *Clinic experiences.* For each question listed, ask the participant for his/her level of agreement with the experiences at the clinic over 6 months. If the participant did not experience one of the experiences listed, mark "n/a".

Q54. *Recommending the clinic.* Ask the participant if they s/he would recommend the clinic to other HIV-positive patients with similar needs.

Q55. *Additional feedback.* Ask the participant if s/he would like to share anything else about his/her experiences living with HIV.

### Follow Up Q by Q for Buprenorphine Intervention

#### Section I: Demographic & Background Characteristics

Q1. *Household.* Ask the participant to describe his/her household by telling you how many adults and dependents (children, elderly, or individuals living with disabilities that are legally dependents) s/he lives with.

Q2. *Children.* Ask the participant to describe how many children under the age of 18 s/he lives with.

## Multi-Site Evaluation Protocol (Updated 11.1.16)

Q3. *Basic Necessities*. Ask the participant to choose the one response option that s/he feels most accurately describes how frequently s/he has run out of basic necessities in the past 6 months.

Q4. *Jail*. Ask the participant how many times s/he has been in jail in the past 6 months, even if it was just for one night. If response is none or never enter "0". If the participant reports that s/he has been in jail or prison, mark the number of times.

Q5. *Insurance*. Record the kind of health insurance the participant has and make sure to check all that apply. If the participant mentions a local Medicaid plan i.e. MEDI-CAL, please check "Medicaid". If you are unsure if the insurance falls into a specific category, just mark "Other" and fill in the name of the insurance mentioned by the participant. These can be recoded at a later time. **\*\*Ryan White is NOT considered an insurance\*\***

### Section II: Housing

Q6. *Live Now*. Ask the participant where s/he lives right now. Record one response.

Q7. *Locations of Stay*. Ask the participant if in the past 6 months there was a time even for just one night where s/he had no place to stay.

### Section III: HIV & Adherence

Q8. *Currently Taking HIV Medications*. Ask the participant if s/he is presently taking HIV medication.

### Section IV: Case Management & Competing Service Needs

Q9. *Case Manager*. Ask participant if s/he has a case manager at this clinic that helps with medical OR social services— including HIV health care and housing services (**\*\*This is NOT the intervention staff, i.e. the peer, enhanced patient navigator, the buprenorphine coordinator or the jails intervention care coordinator or the jail community case manager\*\***).

Q10-11. *Service Needs*. Ask the participant whether he or she has needed each of the listed services (Q10a-g) in the past 3 months. For each of these items that the participant responds "Yes", ask the follow-up question that appears (Q11a-g), i.e. if the participant was able to receive the service needed. Follow this process for each of the listed services (Q11a-g).

**BREAK: Ask the participant if he or she would like to take a break. The participant can use this opportunity to use the restroom, have a snack, or drink some water. If he or she feels comfortable continuing, proceed to the following section.**

### Section V: Substance Use

Q13-16. *Substance use history*. Ask the participant if s/he has used the substances identified in each question. Record the answer "daily or almost daily", "weekly", "monthly", "less than monthly", or "never". If the participant does not want to answer the question, mark "refused". If a participant responds "Never" to Q13, Q14, Q15, or Q16, skip to the next question and do not complete any of the sub questions (for example, if a participant responds "Never" to Q13, skip Q13a, Q13b, and Q13c).

Q17. *Opioid/heroine overdose*. Ask the participant if s/he has had an opioid overdose in the past 6 months. Read the participant the description of an overdose provided.

Q18. *Narcan*. Ask the patient if s/he has received Narcan to have on hand to use as needed.

### Section VI: Health-Related Quality of Life

Q19. *Self-Perceived General Health*. Ask the participant how s/he would rate his/her general health during the past 4 weeks. Read the question and response options exactly as written.

Q20-22. *Health-Related Limitations to Daily Activities*. Ask how the participant's health is limiting his or her daily activities during the past 4 weeks. Read each question and its corresponding response options exactly as written.

Q23-26. *Emotional Well-Being*. Ask about the participant's energy level, how the participant's physical and/or emotional health is limiting his or her daily activities, and the impact of his/her personal or emotional problems during the past 4 weeks. Read each question and its corresponding response options exactly as written.

### Section VII: Patient Feedback

Q27. *Identify Interventionist*. Ask the participant for the name of the interventionist that the participant has interacted with most frequently over the past 6 months.

Q28-37. *Interventionist feedback*. Based on the response to Q31, ask the participant to rate the interventionist identified in Q27 using response options of "poor", "fair", "good", "very good", or "excellent". If interventionist did not provide the service identified in Q28-37, mark "n/a".

Q38. *Care at the clinic*. Ask the participant to identify all of the words that come to mind when thinking about his/her care at the clinic. Read the participant the words in the list provided on the survey, and then ask if they would like to identify additional words. Mark those additional words in the "other" write in boxes.

Q39-40. *Courtesy and respect*. Ask the participant if s/he was treated with respect at the clinic. If answer is "never" or "rarely", continue to question 40. If answer is "sometimes", "usually", or "always", skip to 41. For Q41, ask the participant to identify the reasons why s/he felt as though s/he was not treated with respect and courtesy by reading the response options listed. If a participant feels as though they were not treated with respect and courtesy for reasons that were not listed on the survey, write in the participant's response in "Other".

Q41-49. *Clinic experiences*. For each question listed, ask the participant for his/her level of agreement with the experiences at the clinic over 6 months. If the participant did not experience one of the experiences listed, mark "n/a".

Q50. *Recommending the clinic*. Ask the participant if they s/he would recommend the clinic to other HIV-positive patients with similar needs.

### Section VIII: Current Drug Use

Q51-57. *Reasons for reduction in substance use*. Ask the participant to identify the extent to which the supports/substance use treatments in Q51-Q57 have influenced the participant's drug use. If the participant did not utilize or experience the supports/substance use treatments in Q51-Q57, mark "n/a".

## Multi-Site Evaluation Protocol (Updated 11.1.16)

Q58. *Dose of buprenorphine.* Ask the participant if they believe that their dose of buprenorphine is “too much”, “just right”, or “too little”. If the patient is not currently taking buprenorphine, mark “I’m not taking buprenorphine right now”.

Q59. *Take home doses.* Ask the participant if they believe that the number of take home doses they receive is “too few”, “just right”, or “too many”. If they are not receiving home doses, mark “I don’t have take home doses”. If the patient is not currently taking buprenorphine, mark “I’m not taking buprenorphine right now”.

### Section IX: Additional Feedback

Q60. *Additional feedback.* Ask the participant if s/he would like to share anything else about his/her experiences living with HIV

## Follow up (30 Days Post Release) for Transitional Care Coordination Intervention

### Section I: Demographic & Background Characteristics

Q1. *Household.* Ask the participant to describe his/her household by telling you how many adults and dependents (children, elderly, or individuals living with disabilities that are legally dependents) s/he lives with.

Q2. *Children.* Ask the participant to describe how many children under the age of 18 s/he lives with.

Q3. *Basic Necessities.* Ask the participant to choose the one response option that s/he feels most accurately describes how frequently s/he has run out of basic necessities since his/her most recent release from jail.

Q4. *Jail.* Ask the participant how many times s/he has been in jail since being released from jail even if it was just for one night. If response is none or never enter “0”. If the participant reports that s/he has been in jail or prison, mark the number of times.

Q5. *Parole/Probation.* Ask the participant if s/he is currently on parole or probation.

Q6. *Insurance.* Record the kind of health insurance the participant has and make sure to check all that apply. If the participant mentions a local Medicaid plan i.e. MEDI-CAL, please check "Medicaid". If you are unsure if the insurance falls into a specific category, just mark "Other" and fill in the name of the insurance mentioned by the participant. These can be recoded at a later time. **\*\*Ryan White is NOT considered an insurance\*\***

### Section II: Housing

Q7. *Live Now.* Ask the participant where s/he lives right now. Record one response.

Q8. *Locations of Stay.* Ask the participant since your release from jail there was a time even for just one night where s/he had no place to stay.

### Section III: HIV & Adherence

Q9. *Currently Taking HIV Medications.* Ask the participant if s/he is presently taking HIV medication.

## Multi-Site Evaluation Protocol (Updated 11.1.16)

### Section IV: Case Management & Competing Service Needs

Q10. *Case Manager*. Ask participant if s/he has a case manager at this clinic that helps with medical OR social services— including HIV health care and housing services (**\*\*This is NOT the intervention staff, i.e. the peer, enhanced patient navigator, the buprenorphine coordinator or the jails intervention care coordinator or the jail community case manager\*\***).

Q11-12. *Service Needs*. Ask the participant whether he or she has needed each of the listed services (Q11a-g) since being released from jail. For each of these items that the participant responds "Yes", ask the follow-up question that appears (Q12a-g), i.e. if the participant was able to receive the service needed. Follow this process for each of the listed services (Q12a-g).

**BREAK: Ask the participant if he or she would like to take a break. The participant can use this opportunity to use the restroom, have a snack, or drink some water. If he or she feels comfortable continuing, proceed to the following section.**

### Section V: Substance Use

Q13-22. *Substance use history*. Ask the participant if s/he has used the substances identified in each question since their release from jail. Record the answer “daily or almost daily”, “weekly”, “monthly”, “less than monthly”, or “never”. If the participant does not want to answer the question, mark “refused”.

Q23-23a. *Substance Use Treatment*. Ask the participant if s/he has participated in any substance use treatment since his/her release from jail. If the participant answers “yes”, ask the participant what kind of treatment. Ask the participant to listen to all of the options and record all of the responses that are applicable for the type of substance use treatments. Ask the participant if there are any other substance use treatments that s/he participated in, mark “other” and record the response.

### Section VI: Exposure to Violence/Victimization

**Before starting the section, read the following statement to the participant:** The next questions are about abuse and interpersonal violence. Let me know if you would like to stop at any point. As a study interviewer, I am not permitted to discuss any specific incidents of abuse with you, but there is someone on hand who can talk with you if you would like to do so.

Q24-29. *Exposure to Violence/Victimization*. Read each question as written, and ask the participant if s/he has ever been experienced that situation. Record the answer “yes” or “no”. If the participant does not want to answer the question, mark “refused”.

### Section VI: Health-Related Quality of Life

Q30. *Self-Perceived General Health*. Ask the participant how s/he would rate his/her general health during the past 4 weeks. Read the question and response options exactly as written.

Q31-33. *Health-Related Limitations to Daily Activities*. Ask how the participant’s health is limiting his or her daily activities during the past 4 weeks. Read each question and its corresponding response options exactly as written.

Q34-37. *Emotional Well-Being*. Ask about the participant’s energy level, how the participant’s physical and/or emotional health is limiting his or her daily activities, and the impact of his/her personal or



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emotional problems during the past 4 weeks. Read each question and its corresponding response options exactly as written.

### Section VII: Patient Feedback

Q38-38b. *Discharge Planning*. Ask the participant about whether or not the participant met with an interventionist to identify needs before the participant left jail, created a plan around those needs, and if the plan included an HIV medical appointment after his/her release. If the participant responds “Yes” to Q38, complete Q38a and Q38b. If the participant responds “no” or they refuse to answer (marking “refused”), skip to Q39.

Q39-Q39a. *Discharge Medication*. Ask the participant if they were discharged from jail with a prescription for HIV medication. If they participant responds “yes”, ask the participant how many days worth of medication s/he was released with. If the participant responds “no” or they refuse to answer Q 39 (marking “refused”), skip to Q40.

Q40. *Identify Interventionist*. Ask the participant for the name of the interventionist that the participant has interacted with most frequently since his/her release from jail. Ask the participant if the individual they identified in Q40 is the same person that s/he worked with in jail.

Q41-50. *Interventionist feedback*. Based on the response to Q40, ask the participant to rate the interventionist identified in Q40 using response options of “poor”, “fair”, “good”, “very good”, or “excellent”. If interventionist did not provide the service identified in Q41-50, mark “n/a”.

Q51. *Care at the clinic*. Are the participant to identify all of the words that come to mind when thinking about his/her care at the clinic. Read the participant the words in the list provided on the survey, and then ask if they would like to identify additional words. Mark those additional words in the “other” write in boxes.

Q52-53. *Courtesy and respect*. Ask the participant if s/he was treated with respect at the clinic. If answer is “never” or “rarely”, continue to question 53. If answer is “sometimes”, “usually”, or “always”, skip to 54. For Q53, ask the participant to identify the reasons why s/he felt as though s/he was not treated with respect and courtesy by reading the response options listed. If a participant feels as though they were not treated with respect and courtesy for reasons that were not listed on the survey, write in the participant’s response in “Other”.

Q54-62. *Clinic experiences*. For each question listed, ask the participant for his/her lever of agreement with the experiences at the clinic over 3 months. If the participant did not experience one of the experiences listed, mark “n/a”.

Q63. *Recommending the clinic*. Ask the participant if they s/he would recommend the clinic to other HIV-positive patients with similar needs.

Q64. *Additional feedback*. Ask the participant if s/he would like to share anything else about his/her experiences living with HIV.

### Follow up (4 months post release) for Transitional Care Coordination Intervention

#### Section I: Demographic & Background Characteristics

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Q1. *Household*. Ask the participant to describe his/her household by telling you how many adults and dependents (children, elderly, or individuals living with disabilities that are legally dependents) s/he lives with.

Q2. *Children*. Ask the participant to describe how many children under the age of 18 s/he lives with.

Q3. *Basic Necessities*. Ask the participant to choose the one response option that s/he feels most accurately describes how frequently s/he has run out of basic necessities in the past 4 months.

Q4. *Jail*. Ask the participant how many times s/he has been in jail in the past 4 months, even if it was just for one night. If response is none or never enter "0". If the participant reports that s/he has been in jail or prison, mark the number of times.

Q5. *Parole/Probation*. Ask the participant if s/he is currently on parole or probation.

Q6. *Insurance*. Record the kind of health insurance the participant has and make sure to check all that apply. If the participant mentions a local Medicaid plan i.e. MEDI-CAL, please check "Medicaid". If you are unsure if the insurance falls into a specific category, just mark "Other" and fill in the name of the insurance mentioned by the participant. These can be recoded at a later time. **\*\*Ryan White is NOT considered an insurance\*\***

### Section II: Housing

Q7. *Live Now*. Ask the participant where s/he lives right now. Record one response.

Q8. *Locations of Stay*. Ask the participant if in the past 4 months there was a time even for just one night where s/he had no place to stay.

### Section III: HIV & Adherence

Q9. *Currently Taking HIV Medications*. Ask the participant if s/he is presently taking HIV medication.

### Section IV: Case Management & Competing Service Needs

Q10. *Case Manager*. Ask participant if s/he has a case manager at this clinic that helps with medical OR social services— including HIV health care and housing services (**\*\*This is NOT the intervention staff, i.e. the peer, enhanced patient navigator, the buprenorphine coordinator or the jails intervention care coordinator or the jail community case manager\*\***).

Q11-12. *Service Needs*. Ask the participant whether he or she has needed each of the listed services (Q11a-g) since being released from jail. For each of these items that the participant responds "Yes", ask the follow-up question that appears (Q12a-g), i.e. if the participant was able to receive the service needed. Follow this process for each of the listed services (Q12a-g).

**BREAK: Ask the participant if he or she would like to take a break. The participant can use this opportunity to use the restroom, have a snack, or drink some water. If he or she feels comfortable continuing, proceed to the following section.**

### Section V: Substance Use

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Q13-22. *Substance use history.* Ask the participant if s/he has used the substances identified in each question in the past 4 months. Record the answer “daily or almost daily”, “weekly”, “monthly”, “less than monthly”, or “never”. If the participant does not want to answer the question, mark “refused”.

Q23-23a. *Substance Use Treatment.* Ask the participant if s/he has participated in any substance use treatment in the past 4 months. If the participant answers “yes”, ask the participant what kind of treatment. Ask the participant to listen to all of the options and record all of the responses that are applicable for the type of substance use treatments. Ask the participant if there are any other substance use treatments that s/he participated in, mark “other” and record the response.

### Section VI: Health-Related Quality of Life

Q24. *Self-Perceived General Health.* Ask the participant how s/he would rate his/her general health during the past 4 weeks. Read the question and response options exactly as written.

Q25-27. *Health-Related Limitations to Daily Activities.* Ask how the participant’s health is limiting his or her daily activities during the past 4 weeks. Read each question and its corresponding response options exactly as written.

Q28-31. *Emotional Well-Being.* Ask about the participant’s energy level, how the participant’s physical and/or emotional health is limiting his or her daily activities, and the impact of his/her personal or emotional problems during the past 4 weeks. Read each question and its corresponding response options exactly as written.

### Section VII: Patient Feedback

Q32-Q32a. *Identify Interventionist.* Ask the participant for the name of the interventionist that the participant has interacted with most frequently over the past 4 months. Ask the participant if the individual they identified in Q32 is the same person that s/he worked with in jail.

Q33-42. *Interventionist feedback.* Based on the response to Q40, ask the participant to rate the interventionist identified in Q40 using response options of “poor”, “fair”, “good”, “very good”, or “excellent”. If interventionist did not provide the service identified in Q41-50, mark “n/a”.

Q43. *Care at the clinic.* Are the participant to identify all of the words that come to mind when thinking about his/her care at the clinic. Read the participant the words in the list provided on the survey, and then ask if they would like to identify additional words. Mark those additional words in the “other” write in boxes.

Q44-45. *Courtesy and respect.* Ask the participant if s/he was treated with respect at the clinic. If answer is “never” or “rarely”, continue to question 45. If answer is “sometimes”, “usually”, or “always”, skip to 44. For Q45, ask the participant to identify the reasons why s/he felt as though s/he was not treated with respect and courtesy by reading the response options listed. If a participant feels as though they were not treated with respect and courtesy for reasons that were not listed on the survey, write in the participant’s response in “Other”.

Q46-54. *Clinic experiences.* For each question listed, ask the participant for his/her level of agreement with the experiences at the clinic over 3 months. If the participant did not experience one of the experiences listed, mark “n/a”.

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Q55. *Recommending the clinic.* Ask the participant if they s/he would recommend the clinic to other HIV-positive patients with similar needs.

Q56. *Additional feedback.* Ask the participant if s/he would like to share anything else about his/her experiences living with HIV.

**Evaluation FAQs:**

1. Can someone not at all involved in the project be involved in consenting people in to the intervention and conducting the surveys?  
No – this needs to be done by the data manager. Even if the site asks a case manager who is not involved in the intervention to consent folks, that case manager could have some decision making power over the patient’s care, which could be viewed as coercive.
2. Is it mandatory that patients in the interventions also be part of the multi-site evaluation?  
All patients should be informed and asked to enroll in the multi-site evaluation, however, participation is completely voluntary. Patients can decline and still receive the intervention services. There will be a form you will be asked to complete about why the patient declined. These data will be collected and used only in the aggregate.
3. Can we enroll individuals who do not want to receive primary care at our site?  
The goal of this project is to design packaged interventions that can be picked up and implemented at future RW clinic sites. RW clinics will not be interested in engaging or re-engaging patients in a clinic that is not their clinic. They may make the referral but they want to engage patients in their own clinic sites. The interventions (peer and enhanced navigation) are designed to engage and re-engage patients into the clinic site where the interventionists are employed and part of the clinic team. We want to capture the encounter data that documents the work conducted by the interventionist to engage and/or re-engage these patients to link or retain the patient in their sites clinical care. And of course, we want the chart data which is most feasible at the funded clinic site.

If the patient had a bad experience at the clinic, it is our hope that this intervention will turn that around. If the patient chooses to go to another clinic then she is not part of the intervention or the MS evaluation.

If the patient decides to transfer her care elsewhere after being part of the intervention and the MS evaluation, we will record that as transferred care and she is no longer part of the intervention.

As for sister clinics – If the clinic is part of the same system (like a hospital system) and is the appropriate place for HIV care then I think it is fine. The interventions are not designed to support patients linking to other HIV care clinics that are not affiliated to the funded clinics.

4. When are participants compensated for completing surveys for the jail initiative?

It has come to our attention that because of various regulations in the corrections systems you are all working with, the original protocol for providing compensation for participation in the multi-site evaluation conducted in jail at baseline is not feasible for all sites. To keep the

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evaluation standard across the three jails sites, we are editing this protocol based on feedback from our content and evaluation experts. Here is the new protocol for survey completion compensation:

- Baseline surveys conducted will not be compensated.
  - The follow-up survey conducted post 30 days from release will be compensated with a gift card of \$20 (unless the participant is back in jail)
  - The follow-up survey conducted post 4 months from release will be compensated with a gift card of \$40 (unless the participant is back in jail)
5. Are the questions about a patient's trauma history in the baseline jails survey?  
No. The trauma scale is only asked when participants are outside of the jail. If the participant that you are working with is re-incarcerated and you administer the follow-up survey in the jail, the online system won't show the trauma questions (and you should skip them if you are using paper copies of the survey). The follow-up survey asks you to identify where you are administering the survey. If you say that you are in jail administering it to a client who is currently incarcerated, then the online survey will automatically skip the section of the survey that explicitly asks about trauma.

### Questions that clients may ask:

1. Will answers to surveys be kept private?  
Yes, all answers will be kept private and confidential. After conducting the patient survey interviews, site staff will never have access to individual responses with identifiers. Individual responses will only be kept by the Data Coordinating Center at Boston University, and the individual responses will be de-identified prior to release to the DEC team and other researcher for analysis, meaning that the people who are reviewing the responses will not be able to match the responses back to an individual participant.
2. Who can see the responses answers?  
Researchers at Boston University and other approved agencies will have access to review the de-identified data for the multi-site evaluation. Your peer/patient navigator/care coordinator/doctor will not be able to see these responses.
3. How long will the interview take?  
The time for this interview varies, but it generally takes about [XX] minutes. Of course, each person may take a little more or less time, depending on that individual's pace. I think you'll be surprised at how fast the time goes by.
4. Why should someone participate in the multi-site evaluation?  
The information you provide will be used to help your community. Most people that complete the survey find it interesting. We understand that your time is valuable. Your participation in the survey can help efforts to bring needed medical care and health promotion services to your community. Because of strict scientific research methods, you cannot be replaced by anyone else for this study.

There are a few additional responses that you could provide:

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- The only way that we can improve services for people living with HIV is to ask them about their experience with programs like this one, and ask them for their opinions about how we can improve.
  - In 3 years, our goal is to work with national partners to create a big manual on how to run a program like this. We hope that the manual will make it easier for clinics across the country to implement this program. In order to create a really strong guidebook for others, and increase the number of clinics that are able to offer this program, we'd appreciate you telling us about your experience living with HIV and experience in this program.
5. What if the patient says "I'm too busy," "I'm not feeling very well," "This is a bad time" I understand. We need to learn about the experiences of busy people like you. Our results would be incomplete if we only included respondents who could immediately make the time to talk with us. We can make an appointment for me to visit again, at a time that would be better for you. I can come back in the morning, afternoon, or evening on the best day for you. We can start now and finish when you have more time. Let's start and see how far we can get. We may be able to finish it.
  6. Is the clinic offering compensation for completing the surveys?  
Yes. We are offering a thank-you gift [describe compensation] to those who complete the interview. Explain the amount your agency is offering
  7. Can patients get the results of the study?  
Summary reports will be available from [name your health organization] at the end of 3 years. Here is the name of the person to call to obtain a copy: [data manager at your site].