

## **HEALing Community Study (HCS) Implementation Science Core Qualitative Coalition Interview Codebook**

### **Overview and Process Summary:**

The following codebook was developed for the HCS. Each code was derived from the RE-AIM/PRISM framework; the codebook utilizes four “parent codes”- External Context, Internal Context, Intervention & Implementation, and Outcomes. In addition, each “parent code” has a varying number of “child codes” to account for several specific facets of the study.

External Context was adapted to HCS to encompass components mentioned in interviews that do not directly deal with coalition activities, attitudes, or key informant or member interpretations. This parent code serves to account for any external factors such as policy, health services environments, and resources that exist in the community outside of the HEAL coalition. In contrast, the Internal Context parent code serves to include any actions, attitudes, knowledge, beliefs, and characteristics that stem directly from the HCS coalition or key stakeholders who may or may not become part of the coalition during the study. The Intervention and Implementation parent code focuses on the core components of the Communities That Heal (CTH) intervention including the ORCCA menu, Community Engagement, and Communications. In addition, a child code, pulled directly from the RE-AIM/PRISM framework, encompasses Implementation Strategies to incorporate implementation strategies identified through Powell et al as core to the HCS intervention. The team anticipates the need for additional “grandchild” codes to be created within this Implementation Strategies child code, based on the implementation strategies document already created by ISWG. These new grandchild codes will likely be identified when reviewing the follow-up interviews. Lastly, Outcomes, derived specifically from RE-AIM, serves to categorize the varying anticipated effects from the HCS including any specific target populations, adaptations to the intervention, or components of intervention adoption. While there is varying overlap within the parent codes, and an anticipated need to sub-code in some areas, this codebook aims to recognize and effectively categorize the themes emerging from baseline qualitative interviews conducted across four sites (New York, Ohio, Kentucky, and Massachusetts).

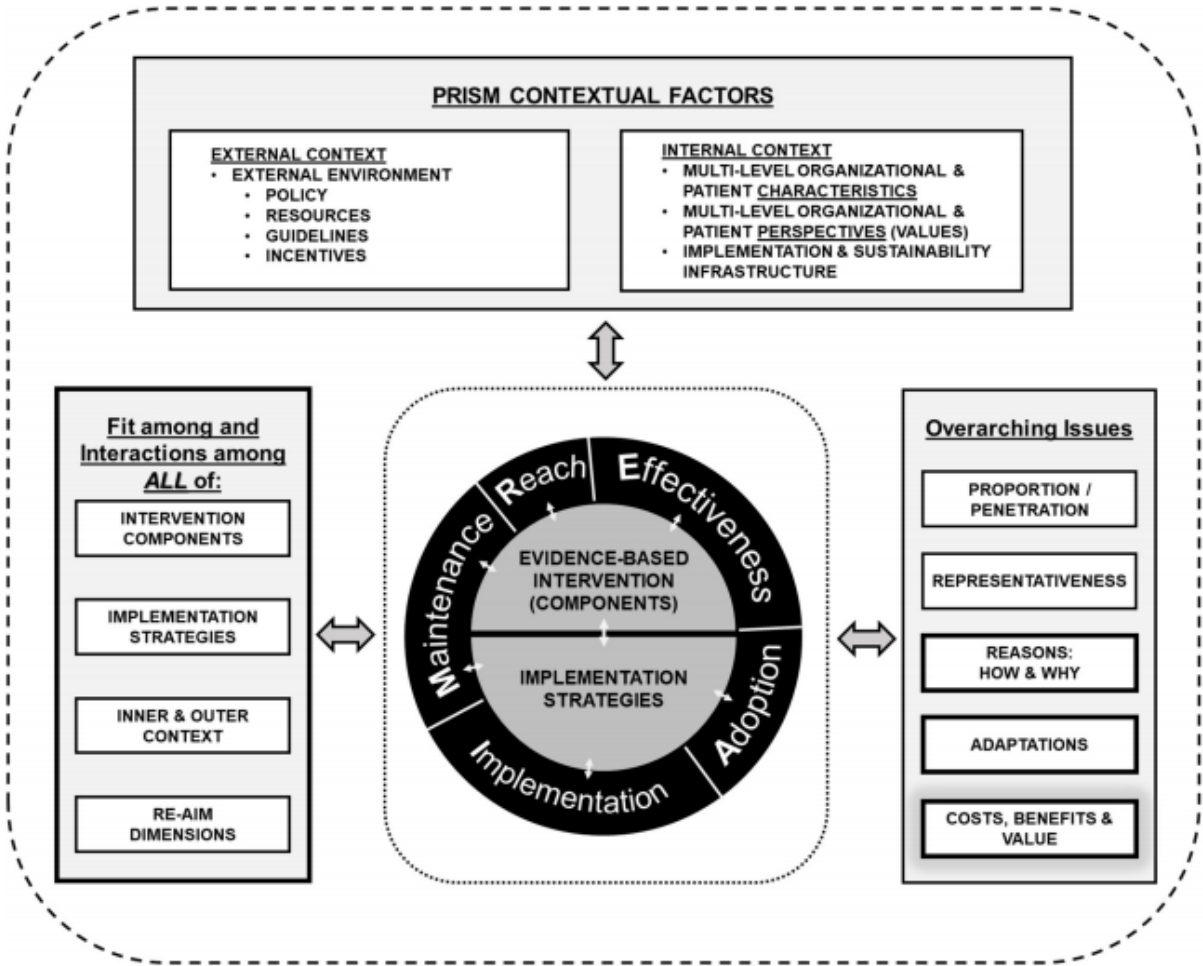
In the codebook, each code and sub-code includes a definition and inclusion and exclusion criteria to assist in appropriately coding. A log of discrepancies and comments is included at the end of the codebook (page 14) as a means of tracking points of issue or discussion for the Implementation Science Qualitative Subgroup. It is anticipated that the codebook will continue to be updated as coding progresses.

# HEALing Community Study (HCS) Implementation Science Core

## Qualitative Codebook

**Directions:** This codebook provides code definitions, inclusion and exclusion criteria for constructs identified from the RE-AIM/PRISM framework. Over time, the Implementation Science Core Qualitative Subgroup may add other information such as de-identified examples of coded text to further clarify code definitions. Code definitions and inclusion/exclusion criteria may be updated based on cross-site consensus achieved during a Qualitative Subgroup meeting. When the codebook is updated, please also update the ‘last modified’ date in the header.

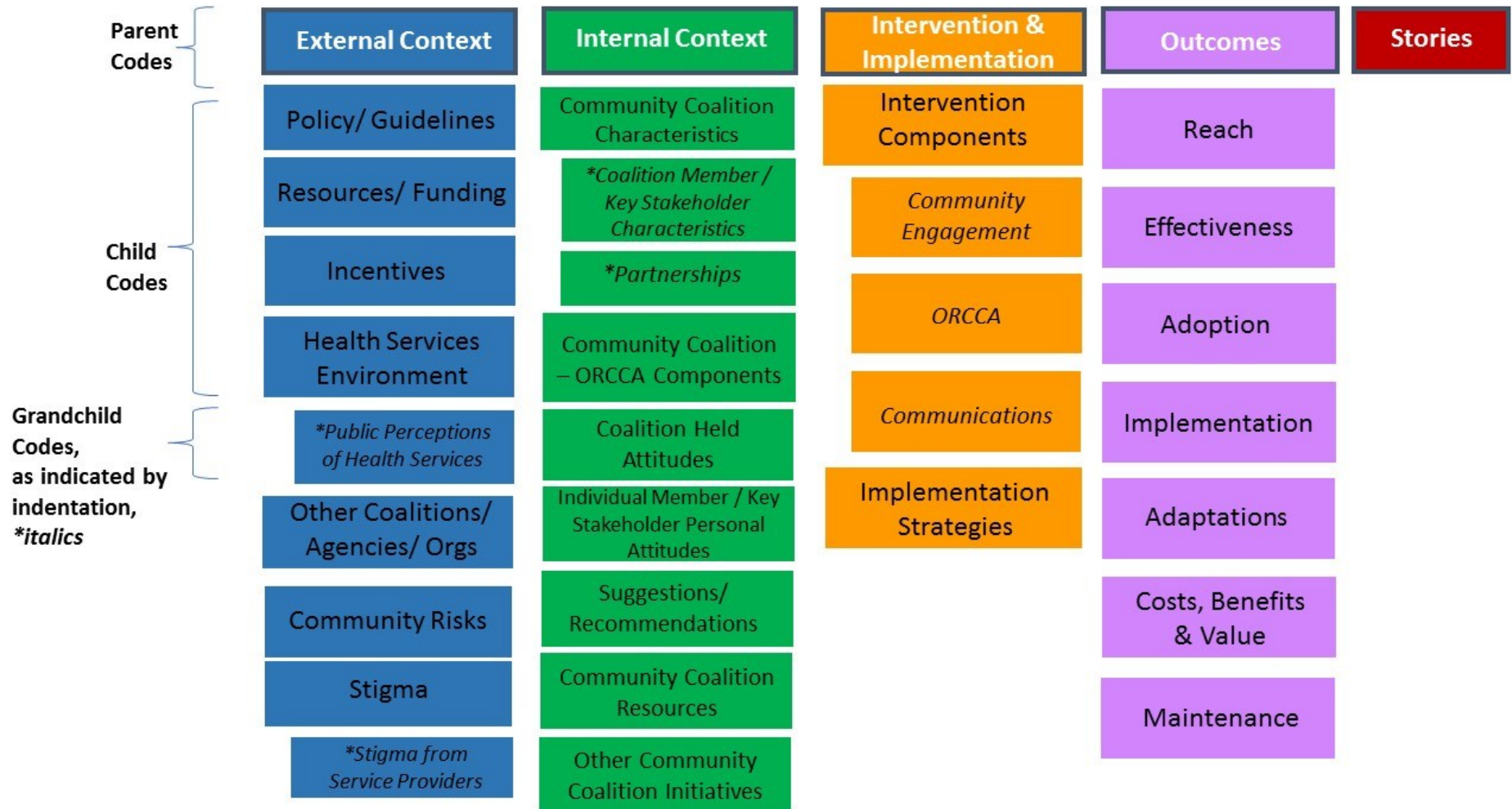
Figure 1. RE-AIM/PRISM Framework



## **General Guidance about Coding**

1. Coders should thoroughly read the entire codebook prior to coding any transcripts.
2. Before coding a transcript, read through the interview to get a sense of which codes may be applied. Reading through the transcript prior to coding will also help distinguish contextual clues regarding whether participants are discussing issues in the External or Internal Context (see #7 below).
3. Applying more than one code to a section: As much as possible, coders should aim to apply a single code to a passage of text, using the code that most closely aligns with the meaning of the passage. However, coders should apply multiple codes when a passage meaningfully describes several constructs.
4. Including the interview question: Context is critically important, so if a passage from a participant begins in a way where it is not initially clear what they are talking about, consider including the question that was posed by the interviewer in the passage being coded. However, so long as the passage is clear without including the interviewer's question, it is appropriate to not include the question in the passage.
5. Refer to all components of the coding dictionary including the definition and the inclusion criteria. The examples given in the inclusion criteria are not exhaustive, which is why it can be helpful to consider both the definition and inclusion criteria when deciding which code to apply to a passage.
6. Consider all codes in the codebook as tension codes, meaning they can be used to code statements about the presence or absence of a given construct. For example, statements about the existence or lack of harm reduction services would both be coded to Health Services Environment. Another example – statements about the existence or lack of policies to support SUD treatment goals would both be coded to Policy. Statements about the success or failure of such policies to achieve their goals would also be coded to Policy.
7. Internal versus External context: At baseline it may not be crystal clear when an interviewee is speaking about the coalition or the broader community (especially in Massachusetts and New York). Look for context clues to inform whether Internal (for the coalition) or External (for the broader community) codes should be applied. You may need to code the interviewer's question to provide that context if the interviewee's response is vague. If you are unclear, reach out to another coder to review this section with you and see if a consensus decision can be reached.
8. Baseline interview only guidelines: Baseline interviews should only utilize the External and Internal codes (see Figure 2, Coding Tree). Neither Intervention and Implementation nor Outcomes parent or child codes will be used on baseline interviews.
9. Do not apply Parent codes. Child and grandchild codes are linked to the parent codes (i.e. External Context, Internal Context, Intervention & Implementation, Outcomes), which are intended to be domain names that generally group the related set of child and grandchild codes.
10. If the participant's baseline interview is centered around their work in a coalition that was/will be reorganized into their community's HCS coalition, the description of that original coalition should be coded using internal codes. The External/Other Coalition code should not be used to describe a participant's primary coalition at baseline.

Figure 2. Coding Tree



## CODE DEFINITIONS

<p><b>Stories</b> [Parent Code]</p>	<p><b>This code refers to passages in the interview that are anecdotal narratives used to illustrate a point or an experience.</b></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• These passages may be larger chunks of the transcript. The consequences of broadly applying this code are minimal.</li> <li>• The Stories code should <u>always be double coded</u> with any other appropriate code. For example, if the interviewee is describing the need for safer prescribing behaviors and tells a story about his/her parent being prescribed large quantities of opioids, that passage should be double-coded to Stories and Individual Coalition Member or Key Stakeholder Personal Attitudes.</li> </ul>
<p><b>External Context</b> [Parent Code]</p>	<p><b>This code references the broader community setting (city/town/county), state, and federal/national environment.</b></p>
<p><b>Policy/ Guidelines</b> [Child Code]</p>	<p><u>Definition:</u> A broad construct that includes statements regarding any organizational, local, state or federal policies, regulations or guidelines that affect coalitions (establishment, regulating membership, etc.) or impact substance use treatment or prevention, or naloxone distribution. The existence or need for guidelines or evidence-based recommendations to inform initiatives or change behavior.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to policies being barriers or facilitators to treatment, prevention or harm reduction activities. Federal policies might include the 21<sup>st</sup> Century Cures Act or the CARA Act.</li> <li>• Include statements about legal decisions regarding the use of pharmaceutical company settlements around opioid marketing and distribution.</li> <li>• Include statements about what the health insurer (e.g. Medicaid, commercial plan) includes/doesn't include in their benefit plan.</li> <li>• Include statements about policies or regulations that impact the continuum of care [e.g. standing order, supervised injection sites, syringe exchange, mandated services, opioid prescribing rules).</li> <li>• Include statements about the existence or need for guidelines or evidence-based recommendations to inform initiatives or change behavior.</li> <li>• Include statements related to opioid prescribing guidelines (e.g. CDC), local hospital/other health provider guidelines, recommendations from professional societies.</li> </ul>

	<p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to payer performance measures or other types of reward- or punishment-based systems and instead code those to Incentives.</li> </ul>
<p><b>Resources/ Funding</b> [Child Code]</p>	<p><u>Definition:</u> The level of resources (e.g. financial, or in kind) available to support treatment, prevention, and other non-HCS initiatives in the city/town/county.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to state or federal funding (e.g. SAMHSA funds) to support initiatives, statements about paid or volunteer staff positions at the service provider or other individual organizations, office or activity space.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to the existence or need for health services such as treatment programs and instead code those to Health Services Environment.</li> <li>• Exclude statements about non-HCS resources that coalitions have access to, and instead code those to Community Coalition Resources.</li> <li>• Exclude statements about opioid-related initiatives being supported by the coalition and instead code those to Other Community Coalition Initiatives.</li> <li>• Exclude statements about physical meeting space, staff and time that only are utilized by the coalition and instead code those to community coalition resources.</li> <li>• Exclude statements related to funding or support directly given to the community coalitions from the HCS study, and instead code that to Implementation and Sustainability Infrastructure.</li> </ul>
<p><b>Incentives</b> [Child Code]</p>	<p><u>Definition:</u> A broad construct that includes any statements about the use (or potential use/need for) incentives to promote change in treatment and prevention initiatives in the town/city/county/state.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to the existence or non-existence of external performance measures, pay-for-performance, benchmark reporting or other publicly reported metrics to promote change in treatment and prevention initiatives in the community (e.g. public or political pressure).</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements not related to incentives.</li> <li>• Exclude statements about non-HCS resources that coalitions have access to, and instead code those to Community Coalition Resources.</li> </ul>

	<ul style="list-style-type: none"> <li>Exclude statements related to funding or support directly given to the community coalitions from the HCS study, and instead code that to Implementation and Sustainability Infrastructure.</li> </ul>
<p><b>Health Services Environment</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Statements about the availability, access to, quality of, evidence for, or need for health services related to substance use, mental health, primary care, recovery support services (e.g. recovery cafes, peer supports) or other treatment/prevention/harm reduction services. Sober/recovery homes and shelters are included as part of the health services environment.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>Include statements about the availability, absence, existence or access to health services not related to or funded by HCS.</li> <li>Include statements about health services that are needed or need to be expanded.</li> <li>Include statements about the observed or intended results of health services provided in the community.</li> <li>Include statements about law enforcement related health initiatives (e.g. post-overdose outreach).</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>Exclude health services funded through coalition’s existing (pre-HCS) resources and instead code those to Other Community Coalition Initiatives or Community Coalition Resources as appropriate.</li> <li>Exclude comments about the coverage of benefits in an insurance plan (e.g. Medicaid, commercial) and instead code those statements to Policy.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>Passages that describe a lack of transportation services prohibiting individuals from accessing healthcare should be double-coded to Community Risks and Health Services Environment.</li> </ul>
<p><b>Public Perceptions of Health Services</b></p> <p>[Grandchild Code of Health Services Environment]</p>	<p><u>Definition:</u> Statements about the broader community’s perception of access to, availability/existence of, need for or quality of health services including substance use, mental health, primary care, and recovery services.</p> <p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>Include statements about the broader community’s perception of the availability, access to, or quality of health services.</li> <li>Include statements about the broader community’s lack of awareness of existing health services.</li> <li>Include statements about perceptions of health service quality, groups’ (i.e. different populations within the community) general preference or experience with health services.</li> </ul> <p><u>Exclusion Criteria:</u></p>

	<ul style="list-style-type: none"> <li>• Exclude statements about the general existence of health services and instead code those to Health Services Environment.</li> <li>• Exclude statements about an interviewee’s perceptions about health services and instead code those to Health Services Environment or Individual Coalition Member/ Key Stakeholder Personal Attitudes as appropriate.</li> </ul>
<p><b>Other Coalitions/Agencies/Organizations</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Statements related to other non-health services related coalitions, agencies, or organizations in the external environment.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements about non-HCS coalition entities.</li> <li>• Include statements about organizations engaging in advocacy to address the opioid epidemic.</li> </ul> <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements about the HCS coalitions and instead code those to the Internal Context codes as appropriate.</li> <li>• Exclude statements about healthcare related external agencies/ organizations and instead code those to Health Services Environment.</li> <li>• Exclude statements about the HCS coalition working with external coalitions/agencies/organizations and instead code those statements to Partnerships.</li> <li>• Statements about an organization’s delivery of opioid-related health services should be coded to Health Services Environment.</li> </ul>
<p><b>Community Risks</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> A broad construct related to community/state risk factors for overdose, the general tenor of the opioid problem in the community, and community awareness about opioid use and the opioid epidemic.</p> <p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements about high-risk populations for overdose, concerns about parts of communities that are known as active places to obtain drugs.</li> <li>• Include statements about community/state risk factors related to overdose rates or substance use such as geographic hot spots for illicit opioid distribution, trafficking networks that exist in the area, overdose hot spots, high-risk/targeted populations, or other community risks like a general lack of transportation, or a lack of other non-healthcare services.</li> <li>• Include statements that describe the general tenor of the opioid problem and how it is perceived or handled in the community (e.g. local politics). Include coalition members’ or key stakeholders’ perceptions about how aware community members are about the opioid problem, and about opioid use in the community.</li> </ul> <p><u>Exclusion Criteria:</u></p>

	<ul style="list-style-type: none"> <li>• Exclude statements about the absence of health services as a risk factor, and instead code that to Health Services Environment.</li> <li>• Exclude statements about the broader community’s lack of awareness of existing health services, and instead code those as Public Perceptions of Health Services. Do not include individual organizational practices unless the risk to the community is specified.</li> <li>• Exclude statements about prescribing behavior (e.g. overprescribing) and code those passages to Health Services Environment.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Passages that describe a lack of transportation services prohibiting individuals from accessing healthcare should be double-coded to Community Risks and Health Services Environment.</li> </ul>
<p><b>Stigma</b> [Child Code]</p>	<p><u>Definition:</u> A broad construct to include any statements about the broader community’s stigma toward substance use, people who have a history of substance use, and different treatment/harm reduction approaches.</p> <p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements about the town/city/county not accepting MOUD as an evidence-based treatment, or preferring for abstinence-only treatment approaches.</li> <li>• Include statements about lack of willingness to carry naloxone by town/city/county members or lack of support for naloxone distribution.</li> <li>• Include statements about the social construction of opioid use disorder by community members (e.g., how they perceive people who use opioids).</li> <li>• Include statements about community members’ compassion fatigue.</li> <li>• Include statements about how stigma in the broader community has changed over time.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude stigmatizing statements made that summarize perspectives of the coalition itself (i.e., not the broader community) or the interviewee and instead code those to Coalition Held Attitudes or Individual Coalition Member/Key Stakeholder Personal Attitudes, respectively.</li> <li>• Exclude statements about stigma coming from medical providers, law enforcement or other first responders and instead code those to Stigma from Service Providers.</li> </ul>
<p><b>Stigma from Service Providers</b> [Grandchild Code of Stigma]</p>	<p><u>Definition:</u> Statements about how medical/treatment providers, law enforcement, EMS, or other first responders perceive people who have a history of substance use and treatment/harm reduction approaches.</p> <p><u>Inclusion Criteria:</u></p>

	<ul style="list-style-type: none"> <li>• Include statements about different providers not accepting certain treatment modalities, preferring abstinence only approaches, or ‘arresting their way out’ approaches.</li> <li>• Include statements about service providers’ willingness (or lack of willingness to) to carry naloxone. Include statements about providers’ compassion fatigue. Include statements about providers’ stigma toward addiction increasing or decreasing over time.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements about stigma coming from the broader community and instead code those statements to Stigma.</li> </ul>
<p><b>Internal Context</b> [Parent Code]</p>	<p><b>This code refers to the HCS community coalition AND key stakeholders who may or may not be part of the HCS coalition. This code does not refer to the external context where the coalition and key stakeholders exist (community, county, state, etc.)</b></p>
<p><b>Community Coalition Characteristics</b> [Child Code]</p>	<p><u>Definition:</u> Structural characteristics of the HCS community coalition including the coalition mission and goals, size, membership, member roles/responsibilities (that reveal coalition structure or decision-making processes), leadership, work groups/subcommittees.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to the kind of agencies, organizations or individuals included or not included in the coalition, processes for obtaining coalition membership, shared goals, cooperation, expectations of the coalition.</li> <li>• Include statements related to the membership and participation of religious/faith-based organizations in the coalition.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to the existence of non-HCS coalitions working in the same geographic area and instead code those to External Context – Other Coalitions/Agencies/Organizations.</li> <li>• Exclude statements about individual coalition members’ demographics/ beliefs/ knowledge and instead code those to Coalition Member or Key Stakeholder Characteristics.</li> <li>• Exclude statements about coalition finances and instead code those to Community Coalition Resources.</li> <li>• Exclude statements about human resources (e.g. paid position and volunteers) and instead code those to Community Coalition Resources. If the passage is only describing the roles/responsibilities of paid/volunteer positions to explain coalition structure or decision-making processes, those should be coded to Community Coalition Characteristics.</li> </ul>

<p><b>Coalition Member or Key Stakeholder Characteristics</b></p> <p>[Grandchild Code of Community Coalition Characteristics]</p>	<p><u>Definition:</u> Individual community coalition members’ or key stakeholders’ demographics, including an individual’s professional or personal background/experience when those experiences relate to their immediate involvement in the coalition.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to individuals’ demographic characteristics and experiences, and their role in the coalition.</li> <li>• Include statements about professional training or lived experience with substance use or recovery that are related to an individual’s involvement with the coalition.</li> <li>• Include statements the interviewee makes about the demographic characteristics of another coalition member (but not their role/responsibilities) For example, apply this code if the statement describes Jane Doe, a coalition member having 10 years of experience working in opioid overdose prevention.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to individual coalition members’ or key stakeholders’ attitudes about substance use and toward intervention components (e.g. MOUD), or statements about individuals’ knowledge or beliefs or anecdotes and instead code those to Individual Member or Key Stakeholder Personal Attitudes.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Statements that simultaneously describe an individual’s experience and attitudes may be double coded to Coalition Member or Key Stakeholder Characteristics and Individual Coalition Member or Key Stakeholder Personal Attitudes.</li> <li>• If a coalition member is simultaneously speaking about his/her work role and initiatives by his/her employer (e.g. s/he works at the Health Department and the Health Department is delivering naloxone), coders may double code those statements to Coalition Member or Key Stakeholder Characteristics and Health Services Environment.</li> </ul>
<p><b>Partnerships</b></p> <p>[Grandchild Code of Community Coalition Characteristics]</p>	<p><u>Definition:</u> Formal and informal relationships between the community coalition and any other external coalitions, agencies, or organizations.</p> <p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements that describe the internal coalition working with an external coalition, agency, or organization – whether they collaborate in ad hoc or long-term/ongoing ways.</li> <li>• If the internal coalition is described as working with an external non-health services group, code that statement to the newly created Partnerships code. If the internal coalition is described as working with an external healthcare provider, double code that statement to the newly created Partnerships code and Health Services Environment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Include statements related to working with media partners to disseminate and communicate information publicly.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements about the mere existence of an external coalition, agency, or organization and instead code those to Other Coalitions/Agencies/ Organizations.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• If the internal coalition is described as working with an external healthcare provider, double code that statement to the newly created Partnerships code and Health Services Environment, unless referring to a coalition led effort and instead double code with Other Community Coalition Initiatives.</li> <li>• If the internal coalition is working with partners as part of specific coalition led effort, double code that statement with Other Community Coalition Initiatives.</li> </ul>
<p><b>Community Coalition – ORCCA Components</b></p> <p>[Child Code]  <i>*ORCCA Component related coding will only occur on follow-up interviews once the coalition has selected menu items</i></p>	<p><u>Definition:</u> The community coalition’s selection, description, and interpretation of specific intervention elements, including EBPs that the coalition has selected from the ORCCA menu. (As the CTH intervention is implemented, we suggest sub-coding this into each of the three primary components of the ORCCA – OEND, MOUD, safer prescribing.)</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to community coalition readiness for the intervention, the strength of the evidence base for the intervention component(s) or target population, and barriers and facilitators to uptake.</li> <li>• As the CTH intervention is implemented, we suggest sub-coding this by intervention component and potentially by barrier vs. facilitator.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to community coalition structure or membership and instead code those to Community Coalition Characteristics.</li> </ul>
<p><b>Coalition Held Attitudes</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Beliefs and knowledge about substance use, treatment and prevention services that are widely shared by coalition membership and constitute the general perspective of a given coalition.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements that describe a general sentiment from the coalition as a whole about attitudes toward certain EBPs, how the coalition is working/functioning, or substance use in general (e.g. ‘We feel...’, ‘Everyone thinks...’).</li> </ul>

	<p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>Exclude statements related to individual coalition member or key stakeholder attitudes and instead code those to Individual Member or Key Stakeholder Personal Attitudes.</li> </ul>
<p><b>Individual Member or Key Stakeholder Personal Attitudes</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Individual coalition members’ or key stakeholders’ beliefs and knowledge about substance use, treatment and prevention services, their personal alignment with coalition decisions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>Include statements related to an individual coalition member’s or key stakeholder’s pre-existing beliefs or attitudes toward certain prevention/harm reduction/treatment practices (e.g. EBPs), or how the informant thinks about people who use drugs, people in recovery, people seeking treatment.</li> <li>Include statements related to how the informant thinks the coalition is working together.</li> <li>Include statements related to how a coalition member or key stakeholder’s religion/faith impacts their attitudes toward certain EBPs or substance use, treatment and recovery.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>Exclude statements related to an individual community coalition member demographics, knowledge of their role in the coalition, and instead code those to Coalition Member or Key Stakeholder Characteristics.</li> <li>Exclude statements about the community coalition’s commonly shared attitudes and instead code those to Coalition Held Attitudes.</li> <li>Exclude statements about how the coalition is structured (e.g. leadership, work groups) and instead code those to Community Coalition Characteristics.</li> </ul>
<p><b>Suggestions/ Recommendations</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Statements about what interviewees would do if they had a ‘magic wand’, or if they make explicit recommendations or suggestions at any other point in the interview.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>Coalition member/key informant suggestions or recommendations made in response to the magic wand question.</li> <li>Coalition member/key informant suggestions or recommendations about how to address a given barrier, how to improve treatment, prevention or coalition functioning.</li> <li>Explicit/concrete suggestions/recommendations indicated by statements (e.g. ‘We should have...’, ‘This would help us...’). If applying this code, the coder should be able to identify a concrete suggestion or recommendation being made by the interviewee (as opposed to merely highlighting a problem/barrier).</li> </ul>

	<p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements about general coalition plans for how to address the opioid epidemic, and instead code those to Other Community Coalition Initiatives or Coalition Held Attitudes, as appropriate.</li> <li>• Exclude statements that are not explicit recommendations/suggestions (e.g. ‘I wish we had...’)</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Double code any suggestions/recommendations with any applicable codes. For example, if the recommendation is to expand transportation then the statement should be double coded to Suggestions/Recommendations and Community Risks. If the statement is about expanding MOUD, then double code the statement to Suggestions/Recommendations and Health Services Environment.</li> <li>• Statements should <b>not</b> be double coded to Suggestions/Recommendations and Individual Coalition Member or Key Informant Personal Attitudes unless there is not other appropriate code.</li> </ul>
<p><b>Community Coalition Resources</b>  [Child Code]</p>	<p><u>Definition:</u> Any HCS community coalition held resources that impact their ability to achieve its goals, including the existence of present and future funding (but not seeking out, applying for funding).</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to dedicated staff roles (e.g. paid positions, volunteer time), performance data, funding.</li> <li>• Include statements about the availability or lack thereof funding for the coalition.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements about community sentiment regarding support for the coalition and its activities, or additional factors/influences that are not related to the CTH intervention, instead these should be coded under External Context.</li> <li>• Exclude statements about seeking out, applying for or using grant funding and instead code those to Other Community Coalition Initiatives.</li> <li>• Exclude statements that only describe the roles/ responsibilities of paid/ volunteer positions to explain coalition structure or decision-making processes, and instead code those to Community Coalition Characteristics.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Interwoven statements about the action of seeking out/applying for funding to support coalition initiatives AND how much money was received or how the funds constituted a new resource, should be double coded to Community Coalition Resources and Other Community Coalition Initiatives</li> </ul>

	<ul style="list-style-type: none"> <li>• Double code statements that describe the existence of funding from a specified source to Community Coalition Resources and Other Community Coalition Initiatives (e.g. ‘we have a grant from NIDA to distribute naloxone). If the funding source is not named (e.g. ‘we have money/a grant to distribute naloxone’), only code these statements to Community Coalition Initiatives.</li> </ul>
<p><b>Other Community Coalition Initiatives</b> [Child Code]</p>	<p><u>Definition:</u> Any activities or initiatives that the coalition has planned, is discussing, or are currently/recently underway in the community that are not HCS intervention components or not done within the CTH timeline. Any statements about the evidence for or impact of activities/initiatives conducted by the coalition. These statements may include initiatives that are not focused on opioids or overdoses.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to coalition activities recently implemented/planned/being executed to address and prevent opioid overdoses.</li> <li>• Include initiatives related to other substances besides opioids, as these may impact opioid initiatives.</li> <li>• Include use of guideline-based or evidence-based recommendations to inform initiatives or change behavior.</li> <li>• Include statements about seeking out, applying for or using obtained funding to conduct coalition activities.</li> <li>• Include statements about the evidence for or impact of coalition activities.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to initiatives or activities that are happening in the community that do not include or engage with the community coalition, and instead code those to External Context.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Interwoven statements about the action of seeking out/applying for funding to support coalition initiatives AND how much money was received or how the funds constituted a new resource, should be double coded to Community Coalition Resources and Other Community Coalition Initiatives.</li> <li>• Double code statements that describe the existence of funding from a specified source to Community Coalition Resources and Other Community Coalition Initiatives (e.g. ‘we have a grant from NIDA to distribute naloxone). If the funding source is not named (e.g. ‘we have money/a grant to distribute naloxone’), only code these statements to Community Coalition Initiatives.</li> </ul>
<p><b>Intervention &amp; Implementation</b></p>	<p>This code refers to specific aspects of the HCS interventions and any activities or strategies used to promote uptake or implementation of those interventions.</p>

[Parent Code]	
<b>Intervention Components</b>  [Child Code]	<p><u>Definition:</u> A child code that encompasses 3 grandchild codes related to specific aspects of the intervention.</p> <p><i>*Not yet determined if/how this child code will be used, or if the grandchild will be used exclusive of this child code.</i></p>
<b>Intervention Components – Community Engagement</b>  [Grandchild Code of Intervention Components]	<p><u>Definition:</u> Descriptions of any community engagement related CTH intervention components, such as having a community facilitator, or engaging in coalition-building processes.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to the use of community engagement intervention components in the CTH.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to coalitions’ or members’ interpretation of the ORCCA or the communications campaign components of the CTH.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Statements about the coalition’s attitude toward or need for CTH community engagement intervention components may be double coded to Community Engagement and Coalition Attitudes.</li> </ul>
<b>Intervention Components – ORCCA</b>  [Grandchild Code of Intervention Components]	<p><u>Definition:</u> Descriptions of any ORCCA related intervention CTH components, such as medications for opioid use disorder (MOUD), opioid education and naloxone distribution, and safer prescribing practices.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to the selection of ORCCA menu items.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to coalitions’ or members’ interpretation of the community engagement and communications campaign components of the CTH.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Statements about ORCCA menu decision-making and coalition attitudes or beliefs may be double coded to ORCCA and Coalition Attitudes.</li> </ul>
<b>Intervention Components – Communications</b>	<p><u>Definition:</u> Descriptions of any Communications related intervention components, such as messaging campaigns, etc.</p> <p><u>Inclusion criteria:</u></p>

<p>[Grandchild Code of Intervention Components]</p>	<ul style="list-style-type: none"> <li>• Include statements related to the communications campaign component of the CTH.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to coalitions’ or members’ interpretation of the community engagement or ORCCA components of the CTH.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Statements about the communications campaign and coalition attitudes or beliefs may be double coded to Communications and Coalition Attitudes.</li> </ul>
<p><b>Implementation Strategies</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Descriptions or the use of any implementation strategies to reduce barriers or promote uptake of HCS intervention components.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements about the specific means or methods for adopting or sustaining intervention components, anything that describes the ‘how to’ of achieving EBP uptake. (Later, in the follow-up interviews, include all implementation strategies from the strategies document and sub-code strategies as appropriate).</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to coalition held resources or processes used to promote EBP uptake and code those to Community Coalition Resources.</li> </ul>
<p><b>Outcomes</b></p> <p>[Parent Code]</p>	<p><b>This code describes any results or unintended consequences of the HCS study intervention components and other activities.</b></p>
<p><b>Reach</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Target populations selected for receipt of the intervention, populations of focus for reducing opioid-related overdoses.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to selecting intervention components to engage hard-to-reach groups including people who are using drugs.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to the diversity of community coalition members or any characteristics of coalition members or their attitudes and instead code those statements to Coalition Member or Key Stakeholder Characteristics or Coalition Attitudes (and its two grandchild codes), as appropriate.</li> </ul>
<p><b>Effectiveness</b></p>	<p><u>Definition:</u> The impact of selected EBPs from the ORCCA menu on fatal and non-fatal overdose rates, and treatment access or quality.</p>

<p>[Child Code]</p>	<p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to both positive outcomes and potential negative effects or unintended consequences of EBP uptake.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to elements that are not from the ORCCA (community engagement, communications campaign, as these are not part of the primary effectiveness outcome).</li> </ul>
<p><b>Adoption</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> The absolute number, proportion and representativeness of individuals willing to participate in a given initiative, intervention or program.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to what interviewees indicate about their own or their organization’s or coalition’s responsiveness to and acceptance of CTH or interventions, including the ORCCA, communications campaign and the community engagement activities.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to outcomes of the EBP or actual implementation practices, successes, failures.</li> </ul>
<p><b>Implementation</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Fidelity to the various elements of an intervention’s protocol, including consistency of delivery as intended.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to the coalition’s adherence to the CTH protocol and steps.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Exclude statements related to cost and time, as well as outcomes.</li> </ul> <p><u>Potential for Double Code:</u></p> <ul style="list-style-type: none"> <li>• Statements describing the lack of consistency with CTH implementation may be double coded to Implementation and Implementation Strategies or Adaptations.</li> </ul>
<p><b>Adaptations</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Descriptions of any local changes (planned or unplanned) that were made to the CTH intervention or to enhance uptake of selected EBPs from the ORCCA menu.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>• Include statements related to how the coalition modified or adapted EBPs or the CTH intervention itself.</li> </ul> <p><u>Exclusion Criteria:</u></p>

	<ul style="list-style-type: none"> <li>Exclude statements related to outcomes, effectiveness or willingness to adopt the CTH process.</li> </ul>
<p><b>Costs, benefits &amp; value</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Perceived costs, benefits and value of the CTH intervention.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>Include statements related to incurred costs, concerns about cost or time being a barrier to implementation or sustainability, coalition costs, need for resources.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>Exclude statements not related to time or costs.</li> </ul>
<p><b>Maintenance</b></p> <p>[Child Code]</p>	<p><u>Definition:</u> Descriptions of the HCS intervention use and effects in communities over time, and any factors impacting sustainability.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> <li>Include statements related to efforts or resources used to sustain initiatives, concerns about a communities' ability to sustain initiatives.</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>Exclude statements related to current implementation that do not include a focus on longer-term sustainability or that focus on immediate effects.</li> </ul>

## LOG OF CODING DISCREPANCIES & CODEBOOK UPDATES

Description of Coding Issue/ Comment	Identified by (Research Site)	Discussed by Qual Subgroup on (Date)	Description of Consensus Resolution	Codebook definition update (Date)
Determine whether housing broadly, and sober homes specifically are part of 'health services environment'.	8 early coders	3/31/2020	Sober homes specifically are part of 'health services environment' and were added in the codebook definition.  No decisions made for housing in general – will likely be a context specific decision.	4/1/2020
Potential for significant double coding of 'health services environment' and 'community risks' since the latter includes references to overprescribing and other health services issues.	8 early coders	3/31/2020	Remove overprescribing and any other healthcare systems references from 'community risks' definition.  Clarify that 'community risks' includes concrete services like transportation.	4/1/2020
'Other coalitions' prohibits coding for other agencies and organizations that exist in the 'external context'	8 early coders	3/31/2020	Re-label 'other coalitions' as 'other coalitions/ agencies/ organizations'	4/1/2020
'Internal Context' only refers to coalition members. MA and NY did not have formed coalitions at baseline and interviewed key stakeholders who may or may not end up as part of the coalition. These individuals neither fit into the internal or external contexts in the original codebook.	8 early coders	3/31/2020	Re-label 'HCS community coalition member characteristics' as 'coalition member or key stakeholder characteristics'. Remove 'HCS' from other labels. State in Internal Context parent definition that this group of codes applies to HCS coalitions and key stakeholders.	4/1/2020
Member roles are described in the definitions for 'HCS community coalition characteristics' and 'HCS community coalition member characteristics'. Unclear which to code member roles to.	8 early coders	3/31/2020	Restructure coding relationship so that newly renamed 'coalition member or key stakeholder characteristics' is a grandchild of 'HCS Community Coalition Characteristics'.	4/1/2020

Description of Coding Issue/ Comment	Identified by (Research Site)	Discussed by Qual Subgroup on (Date)	Description of Consensus Resolution	Codebook definition update (Date)
Definitions for ‘coalition characteristics’ and ‘coalition resources’ both include mention of finances.	8 early coders	3/31/2020	Remove reference to financial characteristics from the ‘Community Coalition Characteristics’ definition.	4/1/2020
‘Community coalition member perspectives’ is a confusing code. The code name is misleading. This code also excludes reference to key informants.	8 early coders	3/31/2020	Re-label ‘community coalition member perspectives’ as ‘Coalition Attitudes’. Create 2 grandchild codes: ‘individual member/ key informant attitudes’ AND ‘coalition held attitudes’	4/1/2020
The definitions for ‘coalition initiatives’ and ‘coalition resources’ are not sufficiently clear, especially in terms of seeking out, applying for, receiving, and using funding from grant sources.	8 early coders	3/31/2020	<p>Statements about seeking out and applying for grants, or using grant money to fund certain activities should be coded to ‘Other Community Coalition Initiatives’.</p> <p>Statements about having or not having enough money should be coded to ‘Community Coalition Resources’.</p> <p>However, if the interviewee tells an interwoven story in which the passage speaks to both the action of applying for/seeking out grants or using funding to support an initiative (e.g. naran distribution) AND the nature of how much money was received, then double code to initiatives and resources.</p> <p>Confirmation that ‘other coalition initiatives’ definition should state that initiatives can be about non-opioid things (e.g. activities to reduce alcohol misuse, methamphetamine use, etc.).</p>	4/1/2020
Non-codebook coding concern: how much should we be coding (include question, larger vs. smaller passages)	8 early coders	4/15/2020	8 early coders will (1) review transcript examples to determine amount to be coded; (2) speak with LaShawn about RTI/NIDA requirements to include a kappa coefficient on 4/22/20.	TBD

Description of Coding Issue/ Comment	Identified by (Research Site)	Discussed by Qual Subgroup on (Date)	Description of Consensus Resolution	Codebook definition update (Date)
How should we code statements about the evidence or impact of health services or coalition initiatives?	8 early coders	4/15/2020	Update the definition of ‘Health Services Environment’ to include that statements about the evidence or impact of services may be coded there.  Update the definition of ‘Other Coalition Initiatives’ to include that statements about the evidence or impact of coalition activities may be coded there.	4/15/2020
Can recovery services (e.g. recovery cafes) be coded to ‘Health Services Environment?’	8 early coders	4/15/2020	Yes – Update the definition of ‘Health Services Environment’ to include recovery services such as recovery cafes.	4/15/2020
Can health services by health departments be coded to ‘Health Services Environment’ even though health departments and other similar agencies may also qualify as ‘Other Coalitions/ Agencies/ Organizations?’	8 early coders	4/15/2020	Update the exclusion criteria of ‘Other Coalitions/ Agencies/ Organizations’ to indicate that health services related agencies/organizations should be coded to ‘Health Services Environment’ when their activities are related to healthcare delivery or services.	4/15/2020
How should we code statements about public perceptions regarding access to or the existence of health services?	8 early coders	4/15/2020	Create a new grandchild code under ‘Health Services Environment’ called ‘Public Perceptions of Health Services’.	4/15/2020
Can we explicitly include prescribing behavior as part of the ‘Health Services Environment’ code definition/inclusion criteria?	8 early coders	4/15/2020	Yes – Update the definition/inclusion criteria of ‘Health Services Environment’ to specifically include prescribing behaviors such as overprescribing.	4/15/2020

Description of Coding Issue/ Comment	Identified by (Research Site)	Discussed by Qual Subgroup on (Date)	Description of Consensus Resolution	Codebook definition update (Date)
How should responses to the final ‘magic wand’ question or any statements about what the interviewee would change be coded?	8 early coders	4/15/2020	All statements in response to the final ‘magic wand’ question should be coded to a new code called ‘Suggestions/ Recommendations’. Responses to the ‘magic wand’ question may be double coded to other relevant codes. For example, if someone says they would expand MOUD providers, this statement would be double coded to ‘Suggestions’ and ‘Health Services Environment’.	4/15/2020
Can we create a grandchild code for ‘Stigma’ to indicate where the stigma is coming from, rather than prescribing the nature of the stigma?	8 early coders	4/15/2020	‘Stigma’ should be coded for general comments about community stigma.  When the interviewee is discussing stigma coming from first responders or healthcare providers, code those statements to the new grandchild code ‘Stigma from Service Providers’.	4/15/2020
How should we code statements from interviewees that are stigmatizing?	8 early coders	4/15/2020	Interviewee statements that are stigmatizing should be coded to ‘Individual Coalition Member/ Key Stakeholder Attitudes’.  The ‘Stigma’ exclusion criteria should be updated to state that interviewee statements that are stigmatizing should be instead be coded to ‘Individual Coalition Member/ Key Stakeholder Attitudes’.	4/15/2020
The definition for ‘Internal Coalition Resources’ is not clear. Why are ‘engagement processes’ part of the definition?	8 early coders	4/15/2020	Remove ‘engagement processes’ from the definition for ‘Internal Coalition Resources’ and clarify that coalition resources are about tangible resources only.	4/15/2020
Both ‘Community Coalition Characteristics’ and ‘Individual Coalition Member/Key Stakeholder Attitudes’ definitions	8 early coders	4/15/2020	Remove any attitudinal phrasing from the ‘Community Coalition Member Characteristics’ and ‘Community Coalition Characteristics’ codes.	4/15/2020

reference how the coalition is working.			<p>The definition/inclusion criteria for ‘Community Coalition Member Characteristics’ should be about an individual’s background or experience.</p> <p>Include a note in ‘Coalition Member/ Key Stakeholder Characteristics’ that it may be double coded with ‘Individual Coalition Member/ Key Stakeholder Attitude’ when statements describe both someone’s experience and their attitudes.</p>	
Can the ‘Suggestions/ Recommendations’ code be applied to any statements that refer to recommendations or just the magic wand question?	8 early coders	4/22/2020	<p>Clarify the ‘Suggestions/ Recommendations’ code to indicate that it only applies to the magic wand question. <del>Other statements about recommendations should be coded to ‘Individual Coalition Member or Key Stakeholder Attitude’ and other codes, as appropriate.</del></p> <p><b>THIS GUIDANCE WAS ALTERED ON 8/26/20 PER INSTRUCTIONS BELOW.</b></p>	4/22/2020
How do we differentiate between individual’s experiences and attitudes? ‘Individual Member or Key Stakeholder Characteristics’	8 early coders	4/22/2020	Update Individual Member or Key Stakeholder Characteristics definition to clarify that an individual’s professional or personal background is specific to their immediate involvement in the coalition, not tangential information or anecdotes.	4/22/2020
Should faith-based comments about the coalition be included in ‘Coalition Characteristics’ and ‘Individual Coalition Member or Key Stakeholder Attitude’?	8 early coders	4/22/2020	Update the inclusion criteria for ‘Coalition Characteristics’ and ‘Individual Coalition Member or Key Stakeholder Attitude’ to include statements related to how a coalition member or key stakeholder’s religion/faith impacts their attitudes toward certain EBPs or substance use in general.	4/22/2020
Concern that codebook definitions, inclusion and exclusion criteria are not specific enough for new coders unfamiliar with qualitative subgroup decisions.	KY	4/22/2020	Clarifications to code definitions, inclusion and exclusion criteria throughout the codebook.	5/6/2020

Concern about lack of general guidance about coding that reflect some of the discussions that have been had by the Group of 8	KY	5/6/2020	Short numbered section added before the coding tree to give general guidance around double-coding, including the interview question, and considering both the definition & inclusion criteria when deciding to apply a code.	5/6/2020
Confusion about where different groups' perceptions of the quality of health services, general preference or experiences with health services should be coded.	8 early coders	5/20/2020	Include statements about perceptions of health service quality, groups' (i.e. different populations within the community) general preference or experience with health services in Public Perceptions of Health Services.	5/20/20
Where do local politics fit in? This is in reference to statements about local political support, not policies, per say	8 early coders	5/20/2020	Broaden the definition of Community Risks to include local politics. Specifically, include statements about the "general tenor of the opioid problem and how it is perceived or handled in the community."	5/20/20
Can we consider all of the codes in the codebook as tension codes (i.e. both to indicate the presence or absence of a given construct)?	8 early coders	5/20/2020	Yes. Revise the general guidance at the beginning of the codebook to indicate that all codes may be applied with regard to the noted presence/absence or success/failure of a given construct.	5/20/20
Individual Coalition Member or Key Informant Attitudes mentions cooperation in the coalition, which is similar to the definition in Coalition Characteristics regarding how a coalition functions.	8 early coders	5/20/2020	Clarify that Individual Coalition Member or Key Informant Attitudes may include statements about how the informant thinks the group is working together, not the leadership or other structures of the coalition.  Clarify that Community Coalition Characteristics is more about coalition structure (e.g. leadership, work groups).	5/20/20
Clarify that Internal codes should be applied when it is really clear that the individual is speaking about the coalition rather than the broader community.	8 early coders	5/27/2020	Revise the general guidance at the beginning of the codebook to indicate that coders may need to look for context clues (e.g. coding the interviewer question) to inform whether the interviewee is commenting on the coalition or broader community.	5/27/2020
Are shelters considered part of the Health Services Environment?	8 early coders	5/27/2020	Yes. Include shelters in the definition for Health Services Environment.	5/27/2020
Should stigma from first responders be coded to Stigma from Service Providers?	8 early coders	5/27/2020	Yes. No change to codebook as this is already part of the definition.	5/27/2020

In Individual Coalition Member or Key Informant Attitudes, what are the attitudes really focusing on here?	8 early coders	5/27/2020	Clarify the definition to include attitudes about the efficacy or evidence for a prevention/harm reduction/treatment practice (e.g. EBP) and attitudes about people who use drugs, people in recovery, people seeking treatment, amongst the other attitudinal concepts already included in the definition.	5/27/2020
How can we guide coders to distinguish between External and Internal Context when it is not very clear?	8 early coders	6/3/2020	Edit the general guidance section to indicate that: <ul style="list-style-type: none"> <li>• Coders should thoroughly read the entire codebook prior to coding any transcripts.</li> <li>• Before coding a transcript, read through the interview to get a sense of which codes may be applied. Reading through the transcript prior to coding will also help distinguish contextual clues regarding whether participants are discussing issues in the External or Internal Context.</li> <li>• Edit #7 to add: If you are unclear, reach out to another coder to review this section with you and see if a consensus decision can be reached.</li> </ul>	6/3/2020
Does law enforcement (police) count as health services environment?	8 early coders	6/3/2020	Yes. Edit the definition of health services environment to indicate police health-related initiatives are included there.	6/3/2020
The tangible/intangible phrasing in Community Coalition Resources is confusing.	8 early coders	6/3/2020	Edit the definition to remove the words ‘tangible’ and ‘processes’. Edit the inclusion criteria to remove “include statements related to processes that will support the adoption of the CTH intervention, sustainability of the EBPs from the ORCCA or sustainability of the communication campaigns (as those would likely be implementation strategies). Edit the exclusion criteria to remove “intangible resources”.	6/3/2020
Should Community Risks be coded when passages describe a lack of transportation that hinders access to healthcare?	Cross-site coding team after coding ~3	8/26/2020	Yes. Such passages should be double coded to Community Risks and Health Services Environment.	8/26/2020

	interviews each			
Can we rename Individual Coalition Member or Key Informant Attitudes to Individual Coalition Member or Key Informant Personal Attitudes?	Cross-site coding team after coding ~3 interviews each	8/26/2020	Yes. Add 'Personal' to code name.	8/26/2020
Can Community Coalition Member Characteristics be used if the interviewee is describing another coalition member?	Cross-site coding team after coding ~3 interviews each	8/26/2020	Community Coalition Member Characteristics may be applied if the interviewee is describing another coalition member's demographic characteristics. If the interviewee is discussing their role or responsibilities, that statement should be coded to Community Coalition Characteristics.	8/26/2020
Human resources are referenced in both the Community Coalition Resources and Community Coalition Characteristics inclusion criteria.	Cross-site coding team after coding ~3 interviews each	8/26/2020	Human resources is removed from the inclusion criteria for Community Coalition Characteristics.	8/26/2020
Clarify when Community Coalition Resources and Other Community Coalition Initiatives should be double-coded	Cross-site coding team after coding ~3 interviews each	8/26/2020		8/26/2020
Can we remove confusing 'potential for double code' descriptions under Community Coalition Resources and Coalition Member and Key Stakeholder Attitudes and Coalition Held Attitudes?	Cross-site coding team after coding ~3 interviews each	8/26/2020	Yes. The following double-code instructions were <u>removed</u> from the codebook: <ul style="list-style-type: none"> <li>• Double code the barriers and facilitators from Individual Coalition Member and Key Stakeholder Attitudes as appropriate if Community Coalition Resources turn out to be a facilitator.</li> <li>• Double code any barriers and facilitators to Coalition Held Attitudes and as appropriate if Community Coalition Resources turn out to be a facilitator.</li> </ul>	8/26/2020

<p>Both Other Coalitions/ Agencies/ Organizations and Community Coalition Characteristics inclusion criteria describe interorganizational partnerships.</p>	<p>Cross-site coding team after coding ~3 interviews each</p>	<p>8/26/2020</p>	<p>Remove ‘working with other coalitions/ agencies/ organizations’ from the external Other Coalitions/ Agencies/ Organizations code. If the internal coalition is described as working with an external non-health services group, code that statement to the newly created Partnerships code. If the internal coalition is described as working with an external healthcare provider, double code that statement to the newly created Partnerships code and Health Services Environment.</p> <p>Do not use the Other Coalitions/ Agencies/ Organizations code when the statement is describing a healthcare related external group.</p>	<p>8/26/2020</p>
<p>How do we differentiate between Coalition Held Attitudes and Individual Coalition Member or Key Informant Personal Attitudes?</p>	<p>Cross-site coding team after coding ~3 interviews each</p>	<p>8/26/2020</p>	<p>There is no great way to re-write the definition for either code. Look for context and grammar clues to determine if the sentiment is one person’s or belongs to the entire group. The Coalition Held Attitudes definition includes examples like ‘We think’ and ‘Everyone thinks’.</p>	<p>8/26/2020</p>
<p>Can we create a ‘stories’ code to capture meaningful anecdotal narratives?</p>	<p>Cross-site coding team after coding ~3 interviews each</p>	<p>8/26/2020</p>	<p>Yes. This new code was added to the codebook.</p>	<p>8/26/2020</p>
<p>Can we edit the initial coding guidance to include a clear instruction on how to differentiate whether a coalition existed prior to the baseline interview?</p>	<p>Cross-site coding team after coding ~3 interviews each</p>	<p>8/26/2020</p>	<p>Yes. This language has been added as #10 in the guidance. “If the participant’s baseline interview is centered around their work in a coalition that was/will be reorganized into their community’s HCS coalition, the description of that original coalition should be coded using internal codes. The External/Other Coalition code should not be used to describe a participant’s primary coalition at baseline.”</p>	<p>8/26/2020</p>
<p>Both Partnerships and Community Coalition Characteristics describe interorganizational relationships.</p>	<p>Qualitative reps from each site</p>	<p>9/4/2020</p>	<p>The reference to external and interorganizational relationships was removed from the Community Coalition Characteristics definition.</p>	<p>9/4/2020</p>

The Partnerships code definition needs further clarification.	Qualitative reps from each site	9/4/2020	The definition for Partnerships was edited to describe both formal and informal relationships between the community coalition and other groups. the inclusion criteria were also edited to indicate that partnerships may occur in ad hoc or ongoing/long-term collaborations. Coalitions may also have partnerships with media partners to disseminate and communicate information publicly. There is a potential to double-code Partnerships with Other Community Coalition Initiatives if the internal coalition is working with partners as part of a specific coalition led effort/initiative.	9/4/2020
The Health Services Environment exclusion criteria are confusing.	Qualitative reps from each site	9/16/2020	Remove the following exclusion criteria: Exclude health services funded through coalition's existing (pre-HCS) resources and instead code those to Other Community Coalition Initiatives or Community Coalition Resources as appropriate.	9/16/2020
The Suggestions/ Recommendations criteria are confusing. What is meant by 'explicit'?	Qualitative reps from each site	9/16/2020	Edit the inclusion criteria to note that the coder should be able to identify a concrete suggestion or recommendation from the passage in order to apply this code. This code should not be used to capture barriers/challenges.	9/16/2020
Funds that are not specified should only be coded to Community Coalition Initiatives- there is a typo in the double code criteria in Community Coalition Initiatives and Community Coalition Resources	KY	10/21/20	Edit the double code criteria in Community Coalition Initiatives and Community Coalition Resources to reflect that non-specified funds are only coded to Community Coalition Initiatives.	10/22/20