Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

GOVERNMENT PERFORMANCE AND RESULTS ACT CLIENT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS TOOL (GPRA TOOL)

GPRA TOOL QUESTION-BY-QUESTION GUIDE

Contents

GENERAL OVERVIEW

These instructions are for collecting the Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act Client Outcome Measures for Discretionary Programs Tool data, **also known as the GPRA Tool**. The GPRA Tool is used to collect and report on client-level services data at intake/baseline, follow-up, and discharge. Data are collected throughout a client's episode of care and entered into the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System (SPARS).

The GPRA Tool is available to CSAT grantees on the SPARS website in the Data Collection Tool Resources area and the CSAT Resource Library (SPARS login account required).

The GPRA Tool is made up of sections A through K. Section A, "Record Management" and portions of Section B (questions B11 and B12) are completed only at intake/baseline. Sections B (questions B1-B10), C, D, E, F and G are asked at intake/baseline, 3-month follow-up (required for select programs), 6-month follow-up, and discharge. SAMHSA requires a few programs to complete a program-specific Section H; additional information on Section H is in Appendix A. Section I is completed by program staff about the client only at follow-up. Sections J and K are completed by program staff about the client only at discharge. Written instructions are included within the GPRA Tool. Please see Table 1 below for an overview of required GPRA sections at each timepoint.

Table 1. Required GPRA Tool Sections for Intake/Baseline, Follow-up (3- and 6-month), and Discharge

GPRA Tool Section	Intake/Baseline	Follow-up	Discharge
Section A. Record Management	Yes	No	No
Section B. Substance Use and Planned Services	Yes	Yes	Yes
Section C. Living Conditions	Yes	Yes	Yes
Section D. Education, Employment, and Income	Yes	Yes	Yes
Section E. Legal	Yes	Yes	Yes
Section F. Mental and Physical Health Problems and Treatment/ Recovery	Yes	Yes	Yes
Section G. Social Connectedness	Yes	Yes	Yes
Section H. Program-Specific Questions	See Appendix A	See Appendix A	See Appendix A
Section I. Follow-up Status	No	Yes	No
Section J. Discharge Status	No	No	Yes
Section K. Services Received	No	No	Yes

For Screening, Brief Intervention, Referral, and Treatment (SBIRT) Grants Only: Brief Treatment (BT) and Referral to Treatment (RT) services are required to complete the GPRA sections as described in the third paragraph of the General Overview (including section H6 of Program-Specific Questions). Brief Intervention (BI) services are required to complete only Sections A, B and H at baseline/intake; Sections B, H, and I at follow-up; and Sections B, H, J, and K at discharge.

INTERVIEWING AND DATA COLLECTION GUIDELINES

At the beginning of each section there are instructions as to whether the questions are to be answered by the client or if they are to be completed by grantee staff. Do not read questions to the client that are to be collected by grantee staff.

Have the client answer all the questions where client response is indicated. At the beginning of each section, introduce the next section of questions, (e.g., "Now I'm going to ask you some questions about…"). Read each question as it is written. In certain cases, the item in parentheses, all caps or brackets may or may not be read to the client. If a client is having trouble understanding a question, you may explain it to the client to help in its understanding; however, do not change the wording of the question.

Some questions have the same initial phrase repeated in a group that may be formatted in a table with multiple rows. In this case, read the initial phrase and the question stem, pause for and record the response given, and then repeat the steps. Question 2 in Section F (Mental and Physical Health Problems and Treatment/Recovery) is an example of this (see below). For this question, the initial phrase is, "In the past 30 days, how many days have you…" and the question stems are items 2a through 2g (e.g., Experienced serious depression; Experienced serious anxiety or tension). The response given is recorded under "Days." When reading item 2a to the client it should be asked as, "In the past 30 days, how many days have you experienced serious depression?" The interviewer will pause and record the client's answer. The interviewer will then move onto reading 2b through 2g following the same steps (e.g., "In the past 30 days, how many days have you experienced serious anxiety or tension?").

2. In the past 30 days, how many days have you

		Days
2a.	Experienced serious depression	|____|____|
2b.	Experienced serious anxiety or tension	|____|____|
2c.	Experienced hallucinations	|____|____|
2d.	Experienced trouble understanding, concentrating, or remembering	|____|____|
2e.	Experienced trouble controlling violent behavior	|____|____|
2f.	Attempted suicide	|____|____|
2g.	Been prescribed medication for psychological/emotional problem	|____|____|

Read response categories that appear in lowercase or sentence-case lettering. If all response categories are in capital letters, ask the question open-ended (in other words, do not read the responses, but instead let the client answer and then mark which response the client indicates). Note, the GPRA Tool provides written instructions for exceptions to this rule.

If the client refuses to answer a question, mark "REFUSED" on the tool, where available. For items where response options are read to the client, do not offer "REFUSED" to answer as a response option — this option should be client-generated only.

If the client does not know the answer to a question after staff explanation or refuses to answer a question where "REFUSED" is not listed as a response option, then the interviewer should mark this by writing "refused" or "don't know" on the paper version. The staff member who is entering the data into SPARS will then select "MISSING DATA" for these items. The same process should be followed if a question within the GPRA Tool is accidentally missed or skipped and cannot be asked of the client.

Questions intended for grantee staff do not have a "REFUSED" response option. Grantees are expected to be able to report on these questions and should not skip or leave any of these items blank.

The GPRA Codebook (PDF and Excel), available on the SPARS website in the Data Collection Tool Resources area and the CSAT Resource Library (SPARS login account required), provides more information on each item in the GPRA Tool and is a great resource to use in combination with this QxQ document.

Before starting the interview, consider using a calendar to mark off the last 30 days. Many questions in the tool refer to the last 30 days and having a calendar present may assist with client recall of events.

Due to COVID-19 guidelines, interviews via phone or telehealth methods are allowable, however, when possible, interviews should be conducted in-person.

TRANSLATION

A Spanish version of the GPRA Tool is available on the SPARS website for download. In cases where a client speaks a language other than English or Spanish, you should follow the same procedures for collecting the data as used to obtain any other information for that client.

TIP	The SPARS data entry screens are not designed or optimized for use during the interviews. It is recommended that users either record responses on the paper tool or create their own data collection system (e.g., within their EHR, using survey software). SPARS will time out with 20 minutes of inactivity. It currently does not autosave and does not allow for partial data entry. Data must be entered in its entirety and submitted to be saved. If used "live" during an interview, this could result in a loss of data and also could interrupt the flow, rapport, and trust needed for clients to fully respond.

WINDOWS FOR INTERVIEW COMPLETION

Intake For residential facilities, intake interviews must be completed within 3 days after the client enters the program. For nonresidential programs, intake interviews must be completed within 4 days after the client enters the program. Program entry date should be the date which the client began receiving CSAT-funded services.

Follow-Up Follow-up interviews should be completed by the number of months specified (3 or 6) from the intake interview date. CSAT provides a

window period of time for these follow-up interviews to be conducted. The window period allowed for these follow-up interviews is one month before the (3- or 6-month) anniversary date and up to two months after the (3- or 6-month) anniversary date. Those programs designated by CSAT as homeless programs are allowed a window period of two months before and two months after the 6-month follow-up anniversary date. The target follow-up rate is 100%; meaning programs must attempt to follow-up on all clients. The minimum follow-up completion rate is 80%. For example:

> *For programs completing a 6-month follow-up interview*—If a client receives the intake interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open one month before the anniversary date on June 1st, and close two months after the anniversary date on September 1st.

> *For homeless programs completing a 6-month follow-up interview*—If a client receives the intake interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open two months before the anniversary date on May 1st, and close two months after the anniversary date on September 1st.

> *For select programs completing 3-month and 6-month follow-up interviews*—If a client receives the intake interview on January 1st, the 3-month follow-up anniversary date would be April 1st. The window period for conducting the 3-month follow-up interview would open one month before the anniversary date on March 1st, and close two months after the anniversary date on June 1st.

> If a client receives the intake interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open one month before the anniversary date on June 1st, and close two months after the anniversary date on September 1st.

> *For Screening, Brief Intervention, Referral and Treatment (SBIRT) Grants Only:* Only clients who are screened and who require any level of intervention (BI, BT, RT) and agree to participate are eligible for follow-up sampling. SBIRT Grants are required to attempt a follow-up with every person in their sampling pool. There must be a minimum sampling pool of 10% per modality and a follow-up rate of at least 80% for each modality.

Discharge   Discharge interviews must be completed at the time of discharge. The CSAT GPRA definition of discharge should follow the grantee's definition. If the grantee does not have a definition of discharge, the

discharge interview should be completed when the client has had no contact with the program for 30 days.

When to conduct the discharge interview:

For programs with a discharge policy or definition

If the client is present on the day of discharge, the discharge interview should be conducted on the day of discharge.

If a client has not finished treatment, drops out, or is not present the day of discharge, the grantee should attempt to find the client to conduct an in-person interview if possible. If an in-person interview is not possible, then the grantee should attempt to complete the interview via phone or telehealth methods. The grantee will have 14 days after discharge to contact the client and conduct the discharge interview. If the interview has not been conducted by day 15, conduct an administrative discharge. For an administrative discharge when the interview is not conducted, interviewers must complete the first four items in Section A (Client ID, Client Type, Contract/Grant ID, Interview Type) and mark that the interview was not completed. Interviewers should then complete Section J (Discharge), and Section K (Services Received). Follow the skip pattern instructions on the tool.

For programs without a discharge policy or definition

Grantees that do not have a discharge policy or definition should discharge clients for whom 30 days has elapsed from the time of last service. The grantee will have 14 days after discharge to contact the client and conduct the discharge interview (in-person preferable but phone/telehealth allowable). If the interview has not been conducted by day 15, conduct an administrative discharge.

Grantees must attempt to contact clients who have lost contact with the program during the 14 days after discharge to conduct a discharge interview. However, if the client cannot be contacted by day 15 then the grantee should conduct an administrative discharge.

This Question-by-Question Guide is organized by the sections of the GPRA Tool. For each section there is an overview as well as definitions that apply to the items in that section. The following information about each item on the GPRA tool is provided:

Answered by

Clarifies whether the client or grantee staff answers the question.

Intent/Key Points

Describes the intent of the questions.

Additional Probes

Offers suggestions for probes that may help prompt the client's memory during the interview.

Coding Topics/Definitions

Clarifies how to count or record certain responses. Please pay close attention to coding topics because they address questions that may produce vague answers.

Cross-Check Items

Alerts the interviewer to items that should be related, and answers that should be verified, if a contradiction occurs during the course of the interview.

Skip Pattern

Indicates which items should be skipped and under what circumstances. There are certain questions that are irrelevant based on answers to previous questions.

SECTION A: RECORD MANAGEMENT

OVERVIEW

This section pertains to grantee and client identification and demographic information.

Program staff complete the tool's first subsection – Record Management – so do not ask the client questions from this subsection. Ask the client the second subsection, Record Management–Demographics, only at intake.

RECORD MANAGEMENT

Answered by Grantee Staff.

Coding Topics/Definitions

CLIENT ID—A unique client identifier that is determined by the project. It can be between 1 and 15 characters and can include both numerals and letters. This ID is designed to track a specific client through their interviews (intake, discharge, and 6-month [and, if required, 3-month]), while maintaining the anonymity of the client. Each client must have their own unique ID, which is used at intake, discharge, 3-month follow-up (if applicable), and 6-month follow-up. The same unique ID is used each time, even if the client has more than one episode of care. For confidentiality reasons, do not use any part of the client's date of birth or Social Security Number in the Client ID.

> ***Client ID for Screening, Brief Intervention, Referral, and Treatment (SBIRT) Grants Only:*** The GPRA Client ID for SBIRT Grants is made up of three consecutive sets of numbers: Sample Participation, Client ID, and Sample Criteria. These numbers are entered as follows:
>
> > *Column 1: Sample Participation*—Enter a "1" if the client is not sampled for follow-up or a "3" if the client is sampled for follow-up and agrees to participate.
> >
> > *Columns 2-13: Client ID as Assigned by Grant*—Enter the client's unique ID, as assigned by the grant.
> >
> > *Columns 14-15: Random Sample Criteria*—Enter two digits for sampling. Grantees are responsible for creating an algorithm for the last two digits which will be used to randomly select clients to enter the follow-up sampling pool. For additional guidance, please contact the grant's government project officer (GPO).

Client Description by Grant Type—There are two main types of grants to be included in this categorization:

> *Treatment grant client*—A grantee that is providing substance use treatment to its clients with a CSAT grant award.

Client in recovery grant—A grantee that is providing recovery support services funded by a CSAT grant award.

If a grantee is providing both substance use treatment and recovery support service to its clients, please check both options under Client Description by Grant Type.

Contract/Grant ID—The CSAT-assigned grant identification number for the project. The number usually begins with H79 TI #####. This number is used to identify the grant. For example, a grant ID may be H79 TI12345. The identifying portion of the number is TI 12345.

Interview Type—The type of GPRA interview that is being completed. For each interview, indicate (1) the interview type, (2) whether the interview was conducted, and (3), if conducted, the interview date.

Intake—Initial client interview *and* each time a client leaves treatment and their file is closed. If they reenter treatment at a later date, an additional round of interviews must be initiated using the initial identifier assigned to the client. The dates for follow-up interviews will be determined by the date of the most recent intake interview. For example:

A client enters in January and completes the first intake interview. They leave treatment in March and their file is closed. They re-enter treatment in April and complete the second intake interview. The client's first 6-month follow-up interview will be due in October (6 months after April).

For select programs that conduct 3-month follow-up interviews, a client enters the program in January and completes the first intake interview. They complete the first 3-month interview in April and the first 6-month interview in July but leave treatment in August and the file is closed. They re-enter treatment in October and complete the second intake interview. The second 3-month follow-up interview will be due in January (3 months after October); the second 6-month follow-up interview will be due in April (6 months after October) of the following year.

3-month follow-up—3-month follow-up interviews are required for select programs.

6-month follow-up—6-month follow-up interviews are completed by all programs.

Discharge—A discharge interview is to be conducted at the time the client is discharged from the program.. If the grantee does not have a discharge policy, the client should be discharged after 30 days of inactivity. A discharge interview should be attempted even if a client has lost contact with the program. However, if 14 days after discharge the client cannot be contacted, on day 15 the grantee should conduct an administrative discharge. If the client is discharged and an interview cannot be obtained, the program must complete and submit sections A, J, and K for the purpose of the discharge. All other sections will be considered

missing data. It is up to the grantee to track when discharge interviews are due and, when due, to contact and conduct the discharge interviews.

Interview Date—The date the interview was completed. (**If an interview was not conducted, do not enter a date.**) The intake interview date will determine when subsequent follow-up interviews are due. It is also used to calculate the project's follow-up rate, based on how many of the follow-up interviews that were due have actually been completed. The intake interview date combined with the discharge date is used to calculate the client's length of stay.

Skip Pattern

If the answer to "Interview Type" is 3- or 6-month follow-up or discharge and the interview will be conducted, skip to Section B.

If the answer to "Interview Type" is 3- or 6-month follow-up and the interview will NOT be conducted, skip to Section I.

If the answer to "Interview Type" is discharge and the interview will NOT be conducted, skip to Section J.

Record Management—Demographics

OVERVIEW

This section collects demographic information on the client. These questions are only asked at baseline. While some of the information may seem apparent, *ask all questions* for clarification. Do not complete a response based on the client's appearance. *Ask the question and mark the response given by the client.*

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1. What is your birth month and year?

Answered by   Client.

Intent/Key Points

The intent is to record the client's month and year of birth. Only the month and year is asked, recorded, and entered in SPARS. This field does not ask for the birthday.

Additional Probes   None.

Coding Topics/Definitions

Enter date as MM/YYYY. SPARS will only save the month and year. Day is neither asked nor saved in SPARS to protect the identity of the client.

Cross-Check Items   None.

Skip Pattern   None.

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2.   What do you consider yourself to be?

Answered by   Client.

Intent/Key Points

The intent of the question is to ascertain the client's gender identity. For this item, read the questions and response options ranging from "Male" to "Other (SPECIFY)" and record the client's answer, not the interviewer's opinion.

Additional Probes

If the client does not understand the question or asks what is meant by gender identity, the interviewer may clarify that the question is asking if they prefer to be seen or if they see themselves as a man or male, woman or female, transgender, (Male to Female), transgender (Female to Male), gender non-conforming, or something else. If the client identifies as a category that is not listed, mark "Other" and record the response in the space provided. If the client refuses to answer the question, mark REFUSED and move to the next question. If a client is unsure, present the choices and ask them to choose an answer based on what feels most comfortable for them, there is no right or wrong answer.

Coding Topics/*Definitions*

> *Male*—Male can refer to sex, or a person's biological status, and is typically assigned at birth, usually based on external anatomy. Sex is typically categorized as male, female, or intersex (National Public Radio [NPR], 2021). Male can refer to gender or one's innermost concept of self as male, female, a blend of both or neither - how an individual perceives themself and what they call themself. One's gender identity can be the same or different from their sex assigned at birth (Human Rights Campaign [HRC], n.d.)

> *Female*—Female can refer to sex, or a person's biological status, and is typically assigned at birth, usually based on external anatomy (NPR, 2021). Sex is typically categorized as male, female, or intersex (National Public Radio [NPR], 2021). Female can refer to gender or one's innermost concept of self as male, female, a blend of both or neither - how an individual perceives themself and what they call themself. One's gender identity can be the same or different from their sex assigned at birth (Human Rights Campaign [HRC], n.d.)

> *Transgender (Male to Female)*—Transgender is an umbrella term for persons whose gender identity or expression (masculine, feminine, other) is different from their sex (male, female) at birth. Gender identity refers to one's internal understanding of one's own gender, or the gender with which a person identifies. Persons who are transgender have a gender identity that differs from the sex that they were assigned at birth. Transgender women (also known as trans women, transfeminine persons, or women of transgender experience) are women who were assigned male sex at birth (born with male anatomy) (Centers for Disease Control [CDC], 2021c, 2022b).

Transgender (Female to Male)—Transgender is an umbrella term for persons whose gender identity or expression (masculine, feminine, other) is different from their sex (male, female) at birth. Gender identity refers to one's internal understanding of one's own gender, or the gender with which a person identifies. Persons who are transgender have a gender identity that differs from the sex that they were assigned at birth. Transgender men (also known as trans men, transmasculine persons, or men of transgender experience) are men who were assigned female sex at birth (i.e., born with female anatomy) (CDC, 2021c, 2022b).

Gender non-conforming—Gender identity refers to one's internal understanding of one's own gender, or the gender with which a person identifies. Certain persons might identify outside the gender binary of male or female or move back and forth between different gender identities and use such terms as "gender nonbinary," "genderqueer," or "gender fluid" to describe themselves. Persons who use terms such as "agender" or "null gender" do not identify with having any gender (CDC, 2021c, 2022b).

Cross-Check Items   None.

Skip Pattern   None.

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3.   Are you Hispanic, Latino/a, or of Spanish origin?
3a. What ethnic group do you consider yourself? You may indicate more than one.

Answered by   Client.

Intent/Key Points

The intent of the question is to ascertain whether the client is Hispanic, Latino/a, or of Spanish origin, and, if Hispanic/Latino/a/Spanish origin, of which ethnic group the client considers themself.

Note that this is a two-part question. Read the first question open-ended and record the client's response. If the answer is "Yes," read the follow-up question (3a) with the available ethnic response options. If the client responds that they are not Hispanic, Latino/a, or of Spanish origin check "No" and continue with question 4.

Additional Probes   None.

Coding Topics/Definitions

If the client responds that they are Hispanic, Latino/a, or of Spanish origin, mark "Yes" and then inquire about which ethnic group(s) the client considers themselves. Read all the available ethnic group response options. Multiple selections are allowed. If the client identifies a group that is not represented on the list, select "Other" and record their response in the space provided.

The client can indicate "Yes" to as many ethnic groups that they choose.

If the client refuses to answer if they are Hispanic, Latino/a, or of Spanish origin, mark REFUSED and continue with question 4.

Cross-Check Items   None.

Skip Pattern

If the answer to question 3 is "No" or REFUSED, skip to question 4.

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4.   What is your race? You may indicate more than one.

Answered by   Client.

Intent/Key Points

The intent of the question is to determine what race the client considers themself. Record the response given by the client, not the interviewer's opinion. Mark all that apply.

Read the available race response options. Multiple selections are allowed. Ask this question to all clients, even those who identified themselves as Hispanic, Latino/a, or of Spanish origin. If the client identifies a race that is not represented on the list, select "Other" and record their response in the space provided.

Additional Probes   None.

Coding Topics/Definitions

The client can choose more than one response category.

The client may choose no (zero) races. If the client's race is not represented by the available options, please choose "Other" and write the answer on the specify line.

Cross-Check Items   None.

Skip Pattern   None.

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5.   Do you speak a language other than English at home?
**   5a. What is this language?**

Answered by   Client.

Intent/Key Points

The intent of the question is to determine if a language other than English is spoken in the home The question is used to identify vulnerable populations which may be at disproportionate risk of experiencing limitations in health care access, poor health quality, and suboptimal health outcomes. This question is only asked for interviews conducted in English.

Note that this is a two-part question. If the client responds that they do not speak another language at home, check "No" and continue with question 6. If the client responds that they do speak a language other than English at home, mark "Yes" *and* inquire about which language the client speaks at home.

Additional Probes   None.

Coding Topics/Definitions

Yes

If the client indicates "Yes" answer the follow up question:

> ➢ *What is this language?*
>
>   Indicate if the language spoken at home is Spanish or Other. If Other, mark "Other" and record their response in the space provided.

No

If the client indicates "No" skip to question 6.

Cross-Check Items   None.

Skip Pattern

If the answer to question 5 is "No" or REFUSED, skip to question 6.

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6. **Do you think of yourself as… [YOU MAY INDICATE MORE THAN ONE.]**

Answered by   Client.

Intent/Key Points

The intent of the question is to ascertain the client's sexual identity. For this item, read the question and response choices from "Straight or Heterosexual" to "Other (SPECIFY)". Record the response given by the client, not the interviewer's opinion. Multiple selections are allowed.

If the client identifies a category that is not listed, mark "Other (SPECIFY)" and record the response in the space provided.

Please note: question 6 is considered a very sensitive question. Some clients may be uncomfortable providing this information.

As a reminder, it is important to reassure the client that their answers are confidential and will not be linked to their name in any way.

If the client refuses to answer this question, mark REFUSED and continue to question 7.

Additional Probes

If the client does not understand the question, you may clarify that the question is asking for sexual identity. You may clarify the question by asking if they identify as straight/heterosexual, homosexual, bisexual, queer, pansexual, and/or questioning, asexual or something else. If they identify as something else, choose "Other," and have the client specify and write down the response. If the client refuses to answer the question, mark that and move onto the next. If a client is unsure, present the choices and they should choose an answer based on what feels most comfortable for them, there is no right or wrong answer.

Coding Topics/Definitions

> *Straight or Heterosexual*—Generally used to refer to a man who is primarily attracted to women or a woman who is primarily attracted to men (CDC, 2019).

> *Homosexual (Gay or Lesbian)*—A person who is attracted primarily to members of the same gender. Gay is most frequently used to describe men who are attracted primarily to other men, although it can be used for men and women. Lesbian is most frequently used to describe women who are attracted primarily to other women (World Health Organization [WHO], 2016; CDC, 2019, 2022).

> *Bisexual*—People who may be attracted to individuals of the same or different sex and/or gender identity (WHO, 2016; CDC, 2019, 2022).

> *Queer, Pansexual, And/Or Questioning*—Queer is a reclaimed umbrella term commonly used to define lesbian, gay, bi, Trans, and others. Pansexual refers to a person who is attracted to people regardless of their gender and/or sexual identity. Questioning can be used to refer to someone who is in the process of exploring their sexual identity (WHO 2016; CDC 2019, 2022).

> *Asexual*—An umbrella term used to refer to those on the asexuality spectrum including but not limited to those who feel little to no sexual attraction for others, people who experience sexual attraction in the presence of an emotional connection, people who identify between sexual and asexual, and people who experience non-romantic relationships (WHO, 2016; CDC, 2019, 2022a).

Cross-Check Items   None.

Skip Pattern   None.

7.   What is your relationship status?

Answered by   Client.

Intent/Key Points

The intent of the question is to ascertain the client's relationship status. Read the options and enter the client's response. If they refuse to answer the question, mark REFUSED and move to question 8.

Additional Probes   None.

*Coding Topics/*Definitions

>   *Married*—Client is legally marriage.
>
>   *Single*—Client is not legally married.
>
>   *Divorced*—Client was previously married and is now legally divorced.
>
>   *Separated*—Client is legally married but are currently separated from their spouse.
>
>   *Widowed*—Client was legally married, but their spouse has passed away, and they have not remarried.
>
>   *In a relationship*—Client is in a relationship, without a legal marriage.
>
>   *In multiple relationships*—Client is in more than one relationship. Relationships can be different types.

Cross-Check Items   None.

Skip Pattern   None.

8.   Are you currently pregnant?

Answered by   Client.

Intent/Key Points

The intent of the question is to ascertain if the client is pregnant. Read the response options and enter the client's response. If they refuse to answer the question, mark REFUSED and move to question 9.

Additional Probes   None.

Coding Topics/Definitions None.

Cross-Check Items   None.

Skip Pattern   None.

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9.   **Do you have children? [Refers to children both living and/or who may have died]**
9a. How many children under the age of 18 do you have?
9b. Are any of your children, who are under the age of 18, living with someone else due to a court's intervention?
9c. Have you been reunited with any of your children, under the age of 18, who have been previously removed from your care?

Answered by   Client.

Intent/Key Points

Ask this question of all clients, regardless of their gender. The intent of the question is to record whether the client has any children, regardless of whether the children live with the client or not. Include all children except those for whom the client has never had legal custody or has never been legally responsible. Enter the client's response.

Additional Probes

If the client has children, whether or not the children live with the client, the answer to this question should be "Yes." This question does not include:

- Children for whom the client has never had legal custody or has never been legally responsible (e.g., grandchildren for whom parental rights have not been granted to the grandparent).

- Children who the client is babysitting or taking care of on a temporary basis (e.g., a neighbor's children).

- Foster children.

However, this question does include:

- Adult children of any age.

- Adopted children, stepchildren for whom the client is legally responsible.

- Deceased children.

Coding Topics/Definitions *None.*

Cross-Check Items

The values in items in A9b and A9c cannot exceed the value in A9a. The value in item in A9c cannot exceed the value in A9b.

Skip Pattern

If the answer to question 9a is "0" enter "No" for question 9b.

If the answer to question 9 or 9b is "No" skip to question 10.

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10. **Have you ever served in the Armed Forces, in the Reserves, in the National Guard, or in other Uniformed Services? [IF SERVED] What area, the Armed Forces, Reserves, National Guard, or other did you serve?**

Answered by   Client.

Intent/Key Points

The intent of this question is to collect information on whether the client ever served in the Armed Forces, Reserves, National Guard, other Uniformed Service or equivalent. (Note: military service status identifies whether or not the client has served in the U.S. Armed Forces [Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force], Reserves, National Guard, or equivalent). This item will allow CSAT to identify the number of clients who have ever served in the U.S. military or equivalent. Identifying a client's military service status allows CSAT and its discretionary grantees the ability to monitor the outcomes for these clients. The information will allow CSAT to better serve military families through service coordination between SAMHSA and other federal agencies.

Note that this is a two-part question. If the client indicates "Yes," the area of service must be recorded.

Additional Probes

This question is asking if the client has "ever" served in the U.S. Armed Forces, Reserves, National Guard, other Uniformed Services, or equivalent. Probe to determine if client is currently

serving or has served in the U.S. military or equivalent. This question refers to the most recent area of service. Only one response should be coded.

Coding Topics/Definitions

The client has actively served in the U.S. Armed Forces, in the Reserves, the National Guard or equivalent.

> *Armed Forces*—A country's military forces. The U.S. armed forces include the Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard.
>
> *Reserves*—A member of the military that typically serve in a part-time basis and are meant to augment the needs of the active-duty force in times of conflict or declared war.
>
> *National Guard*—A member of a state or territory force whose primary mission is to defend and respond to needs in that state or territory, but can also be activated for federal duty.
>
> *Other Uniformed Services*—Includes the National Oceanic and Atmospheric Administration (NOAA) and Commissioned Corps of the U.S. Public Health Service (or USPHS Commissioned Corps) (USPHS).

Cross-Check Items   None.

Skip Pattern   None.

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11.   How long does it take you, on average, to travel to the location where you receive services provided by this grant?

Answered by   Client.

Intent/Key Points

The intent of the question is to determine the individual's proximity to services. Read all the response options and mark the client's response.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

SECTION B: SUBSTANCE USE AND PLANNED SERVICES

OVERVIEW

This section contains items to measure alcohol and other substance use in the past 30 days; substance use and mental health diagnoses; receipt of FDA-approved medications to treat alcohol, opioid, tobacco, and stimulant disorders; overdose and treatment history; and an administrative section regarding planned grant-funded services provided to the client. To ensure that the client understands the terms, the interviewer may need to use slang or local terminology for the different technical drug terms. Be attentive to the client and what words they use.

For questions which ask about the past 30 days, ask specifically about behavior in "the past 30 days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15th, the past 30 days covers April 15 to May 15.

For Offender Re-entry Programs (ORP) only: ORP programs should ask about drug use in "the past 90 days prior to incarceration" for question B1 at intake and "the past 30 days" at follow-up and discharge.

---

1.   USING THE TABLE BELOW, PLEASE INDICATE THE FOLLOWING:
A.   THE NUMBER OF DAYS, IN THE PAST 30 DAYS, THAT THE CLIENT REPORTS USING A SUBSTANCE.
During the past 30 days, how many days have you used any substance?

Answered by   Client.

Intent/Key Points

The intent is to record information about the client's alcohol use and substance misuse during the past 30 days. The client should be encouraged to list the substances on their own. If they are unsure, the list in the table can be read to the client. If no use of a listed substance is reported, please enter a zero ("0") in the corresponding "Number of Days Used" column.

If the client reports substances that are not named in the list, record the details for up to 3 in the "Other (SPECIFY)" field(s). SPARS will accept "Number of Days Used" and 'Route" for up to 3 in each "Other" category.

The response cannot be more than 30 days for any one category except for ORP grants where response categories cannot be more than 90 days. ORP grants ask about use during "the past 90 days prior to incarceration" at intake and "the past 90 days" at follow-up and discharge.

Please note that not all substance use is considered harmful or illicit – it may be that a substance is prescribed by a licensed provider, or that the client used the substance in accordance with official, national safety guidelines. In such instances clarification from the client should be

sought, but if the substance is only taken as prescribed or used on each occasion in accordance with official, national safety guidelines, then it is not considered misuse. The misuse of over-the-counter medications to get high should be counted as misuse of a substance and reported as such. Misuse of over-the-counter products such as rubber cement, aerosols, gasoline, etc. - which are sniffed, huffed or inhaled - to get high should be counted as misuse and coded under inhalants on the table. Also, because marijuana remains a schedule I substance under federal law, the use of marijuana, whether prescribed or not, should be reported here. The appropriate or "as prescribed use" of a prescription drug (such as Tylenol 2, 3, 4, oxycontin, or any prescription drug listed in the table) should NOT be reported in the Section B Question 1 Table. This table is for reporting the MISUSE of prescription or over-the-counter drugs and illicit drugs.

Additional Probes

The interviewer asks the client, "During the past 30 days, how many days have you used <u>any</u> substance?" If the client can't report substances on their own the interviewer should read the list of substances in the table. For example, "During the past 30 days, how many days have you used…Alcohol?" If the client reports at least 1 day of use, the interviewer then asks, "How do you take the substance? – 1. Oral, 2. Intranasal, 3. Vaping, 4. Smoking, 5. Non-IV Injection, 6. Intravenous (IV) Injection?"

Coding Topics/Definitions

a. Alcohol

1. *Alcohol*—A psychoactive substance with dependence-producing properties found in drinks such as beer, wine, and liquor. Alcohol interferes with the brain's communication pathways and can affect the way the brain works. These disruptions can change mood and behavior and make it more difficult to think clearly and move with coordination (NIAAA, n.d.). Also include grain alcohol.

2. *Other (SPECIFY)*—Other alcohol not mentioned above.

b. Opioids

1. *Heroin*—An opioid drug made from morphine. It can be a white or brown powder, or a black sticky substance known as black tar heroin. People can inject, sniff, snort, or smoke heroin. Heroin enters the brain rapidly and binds to opioid receptors, especially those involved in feelings of pain and pleasure and in controlling heart rate, sleeping, and breathing (National Institute on Drug Abuse [NIDA], 2021d).

2. *Morphine*—An opioid analgesic. FDA-approved usage of morphine for moderate to severe pain that may be acute or chronic. Morphine is administered most often via the following routes: orally, intravenously, epidural, and intrathecal. Oral formulations are available in both immediate and extended release for the treatment of acute and chronic pain (Murphy et

al., 2022). In its prescription form, morphine is known as Avinza, Kadian, MS Contin, Duramorph, extended-release Morphine (SAMHSA, n.d.).

3. *Fentanyl (Prescription Diversion or Illicit Source)*—A powerful synthetic opioid that is 50 to 100 times more potent than morphine. As a prescription it is typically used to treat severe pain, however it is also made and used illegally. In its prescription form, fentanyl is known by such names as Actiq, Duragesic, Sublimaze, and Fentora (SAMHSA, n.d.). When prescribed by a doctor, fentanyl can be given as a shot, patch, or lozenges (NIDA, 2021c). Prescription fentanyl can be diverted (the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber). Types of drug diversion include selling prescription drugs, doctor shopping, illegal internet pharmacies, drug theft, prescription pad theft and forgery and illicit prescribing (U.S. Department of Health and Human Services [HHS], 2016). Illegally used fentanyl is made in labs and is sold illegally as a powder, dropped onto blotter paper, put in eye droppers and nasal sprays, or made into pills that look like other prescription opioids (NIDA, 2021c). Illicitly made fentanyl or fentanyl analogs include Carfentanil or Carfentanyl (SAMHSA, n.d.).

4. *Dilaudid*—U.S. brand name for hydromorphone, an oral liquid and tablet used to relieve pain. It is a narcotic analgesic (pain medicine) and acts on the central nervous system to relieve pain. The hydromorphone extended-release capsules and extended-release tablets are used to relieve pain in opioid-tolerant patients severe enough to require around-the-clock pain relief for extended periods of time (Mayo Clinic, 2022a). Brand names or prescription forms include Dilaudid, Exalgo, Palladone (SAMHSA, n.d.; Mayo Clinic, 2022h).

5. *Demerol*—An opioid pain medication used to manage the relief of short-term pain when other pain treatments such as non-opioid pain medicines are inadequate. It can be taken orally or by injection (U.S. National Library of Medicine [NLM], 2022a). Brand names or prescription forms include Demerol and Meperitab (Mayo Clinic, 2022i).

6. *Percocet*—An opioid analgesic used to manage severe pain when other pain treatments such as non-opioid pain medicines are inadequate. Each tablet for oral administration contains oxycodone hydrochloride and acetaminophen (NLM, 2022b). Brand names or prescription forms include Endocet, Magnacet, Narvox, Percocet, Perloxx, Primalev, Roxicet, Roxilox, Tylox, Xartemix XR, and Xolox (Mayo Clinic, 2022f).

7. *Codeine*—A prescription opioid that acts as a cough suppressant. Codeine attaches to the same cell receptors targeted by illegal opioids like heroin. Consuming more than the daily recommended therapeutic dose can produce euphoria similar to that produced by other opioid drugs (NIDA, 2014).

8. *Tylenol 2, 3, 4*—Prescription opioid medicine (codeine) and non-opioid pain reliever (acetaminophen) used to treat symptoms of mild to moderate pain associated with conditions such as headache, dental pain, muscle pain, pain following operations (Mayo Clinic, 2022b; NLM, 2019). Brand names or prescription forms include APAP wCodeine, Capital wCodeine, Pyregesic-C, Tylenol wCodeine, Tylenol wCodeine 3, Tylenol wCodeine 4, Tylenol with Codeine No 3, and Vopac (Mayo Clinic, 2022e).

9. *OxyContin/Oxycodone*—A prescription opioid (controlled-release oxycodone hydrochloride) approved by the US Food and Drug Administration (FDA) for moderate-to-severe chronic pain including cancer-related pain and chronic non-cancer-related pain problems (Kalso, 2005). Crushing and snorting the delayed-release tablets results in a rapid release of the drug, increased absorption, and high peak serum concentrations (Aquina et al., 2015; NLM, 2021). Brand names or prescription forms include Dazidox, Eth-Oxydose, Oxaydo, OxyCONTIN, OxyCONTIN CR, Oxydose, Oxyfast, Oxy IR, Roxicodone, and Roxicodone Intensol (Mayo Clinic, 2022g).

10. *Non-prescription methadone*—Methadone, a long-acting opioid agonist, reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Methadone is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT), as well as for pain management. When taken as prescribed, methadone is safe and effective (SAMHSA, 2022a). Methadone used by people who are not undergoing opioid substitution treatment can carry serious risk (Johnson & Richert, 2015). The use of non-prescription methadone typically occurs through diversion or the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber (HHS, 2016). Types of diversion include patients who sell or share their medication. Brand names or prescription forms include Diskets Dispersible, Dolophine, Methadone HCI Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).

11. *Non-prescription buprenorphine*—Buprenorphine is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT) by suppressing and reducing cravings for opioids. Buprenorphine is the first medication to treat OUD that can be prescribed or dispensed in physician offices, significantly increasing access to treatment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022a). The use of non-prescription buprenorphine can carry serious risk and typically occurs through diversion or the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber (HHS, 2016). Types of diversion include patients who sell or share their medication. When prescribed by a doctor, buprenorphine can be given as an injection, patch, or sublingual film. Brand names or prescription forms include Suboxone and Butrans (SAMHSA, n.d.).

12. *Other (SPECIFY)*—Other opioids not mentioned above including prescription opioids such as hydrocodone (Vicodin), oxymorphone (Opana), tramadol (Ultram, Ultracet, tapentadol (Nucynta), and pentazocine (Talwin) (SAMHSA, n.d.).

c. Cannabis

1. *Cannabis (Marijuana)*—The dried leaves, flowers, stems, seeds, and resins (extracts) from the *Cannabis sativa* or *Cannabis indica* plant. These components contain the mind-altering chemical THC (tetrahydrocannabinol) and other similar compounds. THC activates cannabinoid receptors in the brain which may result in feeling "high," altered senses, altered sense of time, changes in mood, impaired body movement, difficulty with thinking and problem-solving, impaired memory, hallucinations (when taken in high doses), delusions (when taken in high doses), and/or psychosis (NIDA, 2019a). Cannabis can be smoked, vaporized, ingested, and used as a topical, suppository, patch, or tincture.

2. *Synthetic Cannabinoids*—Synthetic cannabinoids are human-made mind-altering chemicals that are either sprayed on dried, shredded plant material so they can be smoked, or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices. Also known as K2, spice, or herbal or liquid incense (NIDA, 2020a).

3. *Other (SPECIFY)*—Other cannabis or synthetic cannabinoid products not mentioned above including prescription drugs such as dronabinol capsules (Marinol).

d. Sedative, Hypnotic, or Anxiolytics

1. *Sedatives*—Drugs that decrease activity, moderate excitement and have calming and relaxing effects (Mihic & Harris, 2015).

2. *Hypnotics*—Drugs that induce drowsiness and facilitate the onset and maintenance of a state of sleep that resembles natural sleep in its electroencephalographic characteristics from which the recipient can be around easily (Mihic & Harris, 2015).

3. *Barbiturates*—Sedative-hypnotic drugs that have relaxing effects and may induce drowsiness. Barbiturates can also stop or prevent convulsions and seizures, and slow down brain activity by releasing gamma-aminobutyric acid (GABA).

4. *Anxiolytics/Benzodiazepines*—Drugs that have calming or sedating effects. Benzodiazepines raise the level of the inhibitory neurotransmitter GABA in the brain (NIDA, n.d.a). Prescription forms or brand names of benzodiazepines include alprazolam (Xanax), chlorodiazepoxide (Librium), lorazepam (Ativan), clonazepam (Klonopin), diazepam (Valium), temazepam

(Restoril), triazolam (Halicon), and flunitrazepam (Rohypnol) (SAMHSA, n.d.).

5. *Other (SPECIFY)*—Other sedatives, hypnotics, or anxiolytics not mentioned above. For example, Xylazine is a non-opioid veterinary tranquilizer not approved for human use. Xylazine is a central nervous system depressant that can cause drowsiness and amnesia and slow respiratory rate, heart rate, and blood pressure to dangerously low levels (NIDA, n.d.c).

e. Cocaine

1. *Cocaine*—A stimulant drug made from the leaves of the coca plant native to South America which increases levels of dopamine in brain circuits related to the control of movement and reward. Cocaine prevents dopamine from being recycled back into the cell that released it, causing large amounts to build up in the synapse, stopping normal communication between the two nerve cells, and flooding the brain's reward circuit with dopamine. Health care providers may use cocaine for valid medical purposes such as local anesthesia for some surgeries. Recreational use is illegal. Cocaine powder can be snorted through the nose, rubbed into gums, or dissolved and injected into the bloodstream (NIDA, 2021b).

2. *Crack*—Cocaine that has been processed to make a rock crystal which is then heated to produce vapors that are inhaled into the lungs (NIDA, 2021b).

3. *Other (SPECIFY)*—Other types of cocaine not listed above. For example, Speedball is a combination of cocaine and heroin (NIDA, 2021b).

f. Other Stimulants

1. *Methamphetamine*—A stimulant that affects the central nervous system by increasing the amount of the natural chemical dopamine in the brain. Methamphetamine can be used by smoking, swallowing (pill), snorting, or dissolving the powder and injecting into the bloodstream (NIDA, 2019b).

2. *Stimulant medications*—Medications generally used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy (uncontrollable episodes of deep sleep). These medications increase alertness, attention, and energy. Common medication stimulants include: dextroamphetamine, dextroamphetamine/amphetamine combination product, methylphenidate. These stimulants increase the activity of the brain chemicals dopamine which is involved in the reward pathway and norepinephrine which affects blood vessels, blood pressure and heart rate, blood sugar, and respiration (NIDA, 2018).

3. *Other (SPECIFY)*—Other stimulants not mentioned above. For example, crystal methamphetamine is a form of methamphetamine that looks like glass fragments or shiny, bluish-white rocks (NIDA, 2019b).

g. Hallucinogens & Psychedelics

1. *PCP*—Developed in the 1950s as a general anesthetic for surgery, but it is no longer used for this purpose due to serious side effects. PCP can be found in a variety of forms, including tablets or capsules; however, liquid and white crystal powder are the most common (NIDA, 2021e).

2. *MDMA*—A synthetic drug that alters mood and perception (awareness of surrounding objects and conditions). It is chemically similar to both stimulants and hallucinogens, producing feelings of increased energy, pleasure, emotional warmth, and distorted sensory and time perception (NIDA, 2020b).

3. *LSD*—One of the most powerful mind-altering chemicals. It is a clear or white odorless material made from lysergic acid, which is found in a fungus that grows on rye and other grains (NIDA, 2021e).

4. *Mushrooms*—Psilocybin (4-phosphoryloxy-N, N-dimethyltryptamine) comes from certain types of mushrooms found in tropical and subtropical regions of South America, Mexico, and the United States (NIDA, 2021e).

5. *Mescaline*—Peyote (mescaline) is a small, spineless cactus with mescaline as its main ingredient. Peyote can also be synthetic (NIDA, 2021e).

6. *Salvia*—Salvia is a plant common to southern Mexico and Central and South America. Salvia is typically ingested by chewing fresh leaves or by drinking their extracted juices. The dried leaves of salvia can also be smoked or vaporized and inhaled (NIDA, 2021e).

7. *DMT*—A powerful chemical found naturally in some Amazonian plants. Ayahuasca is a tea made from such plants, and when taken in this form it is also known as hoasca, aya, and yagé. People can also make DMT in a lab. Synthetic DMT usually takes the form of a white crystalline powder that is smoked (NIDA, 2021e).

8. *Other (SPECIFY)*—Other hallucinogens and psychedelics not mentioned above.

h. Inhalants

1. *Inhalants*—Although other substances that are misused can be inhaled, the term inhalants refers to the various substances that people typically take only by inhaling (also known as huffing or bagging). These substances include solvents (liquids that become gas at room temperature), aerosol sprays, gases, and nitrites (prescription medicines for chest pain) (NIDA, 2020e). Examples can include, cleaning fluids, spray paints, glues, and markers which produce a high when inhaled.

2. *Other (SPECIFY)*—Other inhalants not mentioned above.

i. Other Psychoactive Substances

1. *Non-prescription GHB*—Gamma-hydroxybutyric acid (GHB) is another name for the generic drug sodium oxybate. Xyrem (which is sodium oxybate) is a Food and Drug Administration (FDA)-approved prescription medication for narcolepsy. GHB has the potential for diversion and abuse like other pharmaceutical containing a controlled substance. GHB and its analogues are misused for their euphoric and calming effects, ability to increase libido, passivity, and to cause amnesia. It is typically sold as a liquid or as a white powder that is dissolved in a liquid (U.S. Department of Justice [DOJ], 2020). Also known as Liquid Ecstasy, Grievous Bodily Harm, Georgia Home Boy.

2. *Ketamine*—A drug with dissociative anesthetic properties, as well as analgesic, anti-inflammatory, and antidepressant properties. Dissociative anesthesia is a form of anesthesia that does not induce complete unconsciousness but is characterized by catatonia, catalepsy, and amnesia. Dependent on dose, ketamine also has dissociative and psychotomimetic effects such as hallucinations, emotional withdrawal, and motor retardation. Memory and cognitive impairment may also result from use, such as decreases in mental sharpness, concentration, recall and recognition, both explicit and implicit memory impairment. Ketamine is a N-methyl-D-aspartate (NMDAR) antagonist and can be administered via multiple routes including intravenous, intramuscular, oral, intranasal, epidural, and intrarectal (Zanos et al., 2018).

3. *MDPV/Bath Salts*—Methylenedioxypyrovalerone (MDPV) is the active ingredient of a new group of synthetic psychoactive drugs, "bath salts," that block the reuptake of dopamine and norepinephrine (Kaufman & Milstein, 2013). Synthetic cathinones or bath salts are human-made stimulants chemically related to cathinone, a substance found in the khat plant. Human-made versions of cathinone can be much stronger than the natural product and, in some cases, very dangerous. They usually take the form of a white or brown crystal-like powder and are sold in small plastic or foil packages labeled "not for human consumption" and can be labeled as bath salts. New psychoactive substances (NPS) are unregulated psychoactive mind-altering substances with no legitimate medical use and are made to copy the effects of controlled substances. People typically swallow, snort, smoke, or inject synthetic cathinones (NIDA, 2020c).

4. *Kratom*—Commonly refers to an herbal substance that can produce opioid- and stimulant-like effects. People typically use kratom by swallowing raw plant matter in capsule or powder form, mixing kratom powder into food or drinks, brewing the leaves as a tea, or taking liquid kratom extract. People who use kratom report both stimulant-like effects (increased energy, alertness and rapid heart rate) and effects that are similar to opioids and sedatives (relaxation, pain relief and confusion). Kratom products are currently legal and accessible online and in stores in many areas of the U.S. The U.S. Drug

Enforcement Administration (DEA) has listed kratom as a "drug of concern," though kratom and kratom compounds are not listed on the U.S. schedule of controlled substances (NIDA, n.d.b; WHO, 2021b).

5. *Khat*—A psychostimulant plant drug administered by chewing, smoking, or drinking an infusion of the young leaves and shoots of the *Catha edulis* plant. Use of this drug results in perceived facilitation of interpersonal communication and euphoria. Initial effects are increased mood and excitability followed by a "crash" consisting of low mood and lethargy. Cathinone is believed to be responsible for the psychostimulant effects of khat and is similar to amphetamine in its effects on neurotransmission. Cathinone triggers presynaptic dopamine release and inhibits dopamine reuptake (Nichols et al., 2015).

6. *Other tranquilizers*—Other tranquilizers not mentioned above including iproniazid, phenelzine, valium, serotonin, Zyprexa, Seroquel, Haldol.

7. *Other downers*—Other downers not mentioned above including Zyprexa, Seroquel, Haldol, Xanax, Klonopin.

8. *Other sedatives*—Other sedatives not mentioned above

9. *Other hypnotics*—Other hypnotics not mentioned above.

10. *Other (SPECIFY)*—Other psychoactive substances not mentioned above.

j. Tobacco & Nicotine

1. *Tobacco*–A plant grown for its leaves which are dried and fermented before being put in tobacco products. Tobacco contains nicotine which is an addictive substance. Tobacco can be smoked (e.g., cigarettes, hookah), chewed, or sniffed (NIDA, 2021a).

2. *Nicotine (Including Vape Products)*—Nicotine is an addictive substance that is readily absorbed into the bloodstream when used. Nicotine stimulates the adrenal glands to release epinephrine which is a hormone that stimulates the central nervous system and increases blood pressure, respiratory rate, and heart rate. Nicotine also increases levels of dopamine in the brain. Nicotine can be found in traditional tobacco products such as cigarettes, cigars, and chewing tobacco. Nicotine can also be found in vaping devices or electronic cigarettes which are battery-operated devices used to inhale an aerosol which may contain nicotine along with flavorings and other chemicals. Most vaping devices consist of four components including a cartridge which holds a liquid solution (e-liquid or e-juice) containing nicotine, flavorings, and other chemicals; a heating element (atomizer); a power source (usually a battery); a mouthpiece from which to inhale (NIDA, 2021a, 2020d). Additionally, nicotine can also be found in the form of chewing gum or a patch which is adhered to the skin.

3. *Other (SPECIFY)*—Other tobacco or nicotine products not mentioned above.

Cross-Check Items　　　　　None.

Skip Pattern

If the response to A. (Number of Days Used) is zero, skip B. (Route).

1.　　USING THE TABLE BELOW, PLEASE INDICATE THE FOLLOWING:
B.　　THE ROUTE BY WHICH THE SUBSTANCE IS USED.
　　　…and how do you take the substance?

Answered by　　　　　Client.

Intent/Key Points

The intent of the second part of the question is to record information about the typical way in which the client administers the substance(s) used. Ask this question for each item in which at least 1 day of use is indicated in **A.a.1 through A.j.3**. Mark one route only. But, if the client identifies more than one route, choose the corresponding route with the highest associated number value (numbers 1 – 6). If client indicates that they injected a substance, Non-IV or IV Injection needs to be specified.

Additional Probes　　　　　None.

Coding Topics/Definitions

1. *Oral*—Includes ingesting, swallowing, drinking, or dissolving drugs in the mouth or sublingually.

2. *Intranasal*—Includes snorting, sniffing, or otherwise inhaling substances to get high. Includes huffing or sniffing a product or fumes from a product in order to get high. Includes use of anal suppositories, since the drug is also absorbed through the "membrane," (per ASI 11-8-05). Also includes absorption through the skin (e.g., a patch).

3. *Vaping*—Vaping refers to the use of any device, such as an electronic cigarette, or e-cigarette, which fundamentally heats a liquid solution into an aerosol that is inhaled into the lungs of the person using it.

4. *Smoking*—Includes lighting or heating the drug and inhaling the resulting smoke. This includes smoking the drug on its own (in a pipe, bong, etc.) and putting the drug in a tobacco cigarette to be smoked.

5. *Non-IV Injection*—Includes injecting drugs subcutaneously (skin popping) or into muscles.

6. *Intravenous (IV) Injection*—Includes injecting drugs into veins.

0. Other—Other routes of administration not mentioned above including rectal route, topical route, or transdermal route.

Cross-Check Items   None.

Skip Pattern

Don't ask route if number of days of use was "zero."

---

2.   Have you been diagnosed with an alcohol use disorder, if so which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? [CHECK ALL THAT APPLY.]

Answered by   Client.

Intent/Key Points

The intent of the question is to understand if the client has been diagnosed with an alcohol use disorder and, if so, which FDA-approved medications the client received prior to treatment (before baseline/intake) and at follow-up/discharge by the grantee directly. If client reports a diagnosis, read the four medication types and indicate the client's response for which were received in the past 30 days. For medications received, indicate how many days or doses they received the medication. If they did not receive a medication in the past 30 days or do not report ever being diagnosed, check the appropriate response category and move on to B3.

Additional Probes   None.

Coding Topics/Definitions

Naltrexone—Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use. Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings (SAMHSA, 2022c). Also known as ReVia and Depade.

Extended-release Naltrexone—Intramuscular extended-release Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) as a Medication-Assisted Treatment (MAT) option. A Risk Evaluation and Mitigation Strategy (REMS) is required for the long-acting injectable formulation to ensure that the benefits of the drug outweigh its risks (SAMHSA, 2022c). Also known as Vivitrol.

Disulfiram—Disulfiram is a medication that is used to treat alcohol use disorder. Disulfiram works by blocking the breakdown of alcohol in the body. This leads to buildup of a toxic alcohol-related compound that can cause people who drink alcohol

while taking this medication to become very sick. This reaction helps encourage people to avoid alcohol while taking the medication (National Alliance on Mental Illness [NAMI], 2016c). Also known as Antabuse.

*Acamprosate—*Acamprosate is a medication that works in the brain to treat alcohol use disorder. Acamprosate works by decreasing cravings and urges to use alcohol. This allows people who take the medication to control urges to drink and help to continue to not use alcohol. Acamprosate does not help with symptoms of alcohol withdrawal (NAMI, 2016a). Also known as Campral.

Cross-Check Items   None.

Skip Pattern   None.

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3.   Have you been diagnosed with an opioid use disorder, if so which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? [CHECK ALL THAT APPLY.]

Answered by   Client.

Intent/Key Points

The intent of the question is to understand if the client has been diagnosed with an opioid use disorder and, if so, which FDA-approved medications the client received prior to treatment (before baseline/intake) and at follow-up/discharge by the grantee directly. If client reports a diagnosis, read the four medication types and indicate the client's response for which were received in the past 30 days. For medications received, indicate how many days or doses they received the medication. If they did not receive a medication in the past 30 days or do not report ever being diagnosed, check the appropriate response category and move on to B4.

Additional Probes   None.

Coding Topics/Definitions

*Methadone—*Methadone is a long-acting opioid agonist, which reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Methadone is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT), as well as for pain management. When taken as prescribed, methadone is safe and effective (SAMHSA, 2022a). Brand names or prescription forms include Diskets Dispersible, Dolophine, Methadone HCI Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).

*Buprenorphine—*Buprenorphine is a partial opioid agonist medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT) by suppressing and reducing cravings for opioids. Buprenorphine is the first medication to treat OUD that can be prescribed or dispensed in physician offices, significantly increasing access to treatment (SAMHSA, 2022a). Also

known as Sublocade, Probuphine, Belbuca, Butrans, Buprenex, Probuphineon B and Suboxone.

*Naltrexone—*Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use. Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings (SAMHSA, 2022c). Also known as ReVia and Depade.

*Extended-release Naltrexone—*Intramuscular extended-release Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) as a Medication-Assisted Treatment (MAT) option. A Risk Evaluation and Mitigation Strategy (REMS) is required for the long-acting injectable formulation to ensure that the benefits of the drug outweigh its risks (SAMHSA, 2022c). Also known as Vivitrol.

Cross-Check Items   None.

Skip Pattern   None.

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4.   Have you been diagnosed with a stimulant use disorder, if so which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? [CHECK ALL THAT APPLY.]

Answered by   Client.

Intent/Key Points

The intent of the question is to understand if the client has been diagnosed with a stimulant use disorder and, if so, which evidence-based interventions the client received prior to treatment (before baseline/intake) and at follow-up/discharge by the grantee directly. If client reports a diagnosis, read the four interventions, and indicate the client's response for which were received in the past 30 days. For interventions received, indicate how many days they received the intervention. If they did not receive an intervention in the past 30 days or do not report ever being diagnosed, check the appropriate response category, and move on to B5.

Additional Probes

If the client asks what a stimulant disorder is, a stimulant use disorder is a substance use disorder involving cocaine, methamphetamine, or prescription stimulants.

Coding Topics/Definitions

Contingency Management—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).

Community Reinforcement—Community Reinforcement promotes healthy, drug-free living in a way that makes it rewarding. It includes progressive involvement in non-substance-related and pleasant social activities, while also working on enhancing the enjoyment found within the "community" of a family and job.

Cognitive Behavioral Therapy—Cognitive Behavioral Therapy involves working with a counselor to understand what drives substance use, and to develop ways to overcome this through better understanding behaviors and motivations, as well as using problem solving techniques to better cope with stressful situations.

Other evidence-based intervention—Other evidence-based interventions not mentioned above such as TIP 57: Trauma-Informed Care in Behavioral Health Services, Peer Recovery Support Services, and TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women. SAMHSA's Evidence Based Practices Resource Center contains details on other evidence-based practices.

Cross-Check Items   None.

Skip Pattern   None.

5.	**Have you been diagnosed with a tobacco use disorder, if so which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [CHECK ALL THAT APPLY.]**

Answered by   Client.

Intent/Key Points

The intent of the question is to understand if the client has been diagnosed with a tobacco use disorder and, if so, which FDA-approved medications the client received prior to treatment (before baseline/intake) and at follow-up/discharge by the grantee directly. If client reports a diagnosis, read the three medication types and indicate the client's response for which were received in the past 30 days. For medications received, indicate how many days they received the medication. If they did not receive a medication in the past 30 days or do not report ever being diagnosed, check the appropriate response category and move on to B6.

Additional Probes   None.

Coding Topics/Definitions

> *Nicotine Replacement*—Nicotine replacement therapy works by supplying nicotine in an alternative form, such as chewing gum or patches for a limited period, which helps reduce the nicotine withdrawal symptoms (WHO, 2021a). This includes patches, gum and lozenges.

> *Bupropion*—Bupropion is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), seasonal affective disorder (SAD), and to help people quit smoking (smoking cessation) (NAMI, 2016b). Also known as Zyban, Wellbutrin, Aplenzin and Forfivo.

> *Varenicline*—Varenicline is a selective alpha4-beta2 neuronal nicotinic acetylcholine receptor partial agonist approved as an aid to smoking cessation therapy. This receptor is believed to play a significant role in reinforcing the effects of nicotine and in maintaining smoking behaviors. The agonist effect of varenicline at the nicotinic receptor is approximately half that of nicotine, which may lessen craving and withdrawal without inducing dependence (American Academy of Family Physicians [AAFP], 2007). Also known as Chantix and Tyrvaya.

Cross-Check Items   None.

Skip Pattern   None.

---

6.   In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?

Answered by   Client.

Intent/Key Points

The intent of the question is to identify if the client experienced an overdose in the past 30 days.

Additional Probes

If they ask what is meant by an overdose, say, "take too much of a substance, that resulted in needing medical attention."

**Coding Topics/*Definitions*   None.

Cross-Check Items   None.

Skip Pattern

If the answer to question 6 is "No" or REFUSED, skip to question 8.

> **7.   In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one.**

Answered by   Client.

Intent/Key Points

The intent of the question is to ascertain what intervention they received for an overdose. Check all that apply.

Additional Probes   None.

Coding Topics/Definitions

> *Naloxone (Narcan)*—An opioid antagonist that, when administered, rapidly reverses an opioid overdose. Naloxone has no effect on someone who does not have opioids in their system. Naloxone can be given as a nasal spray or it can be injected into the muscle, under the skin, or into the veins (NIDA, 2022).

> *Care in an Emergency Department*—Any acute medical care or treatment services provided in an emergency department, emergency room (ER), emergency ward (EW) or casualty department for excessive substance use or overdose.

> *Care from a Primary Care Provider*—A physician (MD or DO), nurse practitioner, clinical nurse specialist or physician assistant who provides, coordinates, or helps individuals access a range of healthcare services. In this instance, services related to substance use treatment and recovery.

> *Admission to a hospital*—When an individual is formally admitted to an inpatient facility or hospital (not an ER, EW, or urgent care facility) for care related to an overdose or excessive substance use. Stay is typically overnight and exceeds 24 hours.

> *Supervision by someone else*—When another individual is called upon to ensure the health and safety of an individual who may have misused substances or is experiencing an overdose. This may include monitoring their physical and mental health symptoms and providing an intervention if needed.

> *Other (SPECIFY)*—Other intervention not mentioned above.

Cross-Check Items   None.

Skip Pattern   None.

---

8.   **Not including this current episode, how many times in your life have you been treated at an inpatient or outpatient facility for a substance use disorder?**

Answered by   Client.

Intent/Key Points

The intent of the question is to determine how many other times the client was treated at an inpatient or outpatient facility for a substance use disorder. Record the client's response.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern

If the answer to question 8 is "Never" or REFUSED, skip to question 10.

---

9.   **Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder?**

Answered by   Client.

Intent/Key Points

The intent of the question is to identify when the last time the client received services for a substance use disorder. Do not include the current episode of treatment.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

---

10.   **Have you ever been diagnosed with a mental health illness by a health care professional?**

Answered by   Client.

Intent/Key Points

The intent of the question is to ascertain if the client was diagnosed with a mental health illness by a health care professional.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern

If the answer to question 10 is "No" or REFUSED and is an intake, skip to question 11.

If the answer to question 10 is "No" or REFUSED and is a follow-up or discharge, go to Section C.

<div style="border:2px solid black; padding:10px;">

10A.   PLEASE ASK THE CLIENT TO SELF-REPORT THEIR MENTAL HEALTH ILLNESSES AS LISTED IN THE TABLE BELOW. THE CLIENT SHOULD BE ENCOURAGED TO REPORT THEIR OWN MENTAL HEALTH ILLNESSES BUT IF PREFERRED, THE LIST CAN BE READ TO THE CLIENT. PLEASE INDICATE ALL THAT APPLY.

</div>

Answered by   Client.

Intent/Key Points

The intent of the question is to identify which mental health illnesses the client was diagnosed with. The client should be encouraged to report their own mental health illnesses, but if preferred, the list can be read to the client.

Additional Probes

What were you diagnosed with?

If the client is unable to specify the type of diagnosis (for example, they report having a mood [affective] disorder but do not know the type of mood disorder.), the interviewer should describe the differences between the diagnoses. If the interviewer is unable to describe the difference between disorder types, they should select a general or unspecified option where applicable. If there is not a match between the client's reported diagnosis and the response options, select "None of the Above."

Coding Topics/Definitions

Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders—Brief psychotic disorder; Delusional disorder; Schizoaffective disorders; Schizophrenia; Schizotypal disorder; Shared psychotic disorder; Unspecified psychosis.

Mood [affective] disorders—Bipolar disorder; Major depressive disorder, recurrent; Major depressive disorder, single episode; Manic episode; Persistent mood [affective] disorders; Unspecified mood [affective] disorder.

Phobic Anxiety and Other Anxiety Disorders—Agoraphobia without panic disorder; Agoraphobia with panic disorder; Agoraphobia, unspecified; Generalized anxiety disorder; Panic disorder; Phobic anxiety disorders; Social phobias (Social anxiety disorder); Specific (isolated) phobias.

Obsessive-compulsive disorders—Excoriation (skin-picking) disorder; Hoarding disorder; Obsessive-compulsive disorder; Obsessive-compulsive disorder with mixed obsessional thoughts and acts.

Reaction to severe stress and adjustment disorders—Acute stress disorder; reaction to severe stress, and adjustment disorders; Adjustment disorders; Body dysmorphic disorder; Dissociative and conversion disorders; Dissociative identity disorder; Post traumatic stress disorder; Somatoform disorders.

Behavioral syndromes associated with physiological disturbances and physical factors—Eating disorders; Sleep disorders not due to a substance or known physiological condition.

Disorders of adult personality and behavior—Antisocial personality disorder; Avoidant personality disorder; Borderline personality disorder; Dependent personality disorder; Histrionic personality disorder; Intellectual disabilities; Obsessive-compulsive personality disorder; Other specific personality disorders; Paranoid personality disorder; Personality disorder, unspecified; Pervasive and specific developmental disorders; Schizoid personality disorder.

Cross-Check Items   None.

Skip Pattern   None.

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11.   Was the client screened by your program, using an evidence-based tool or set of questions, for co-occurring mental health and/or substance use disorders?

Answered by   Grantee staff.

Intent/Key Points

Co-occurring disorders screening: Because the presence of a co-occurring mental health disorder may affect the likelihood of long-term recovery from a substance use disorder, CSAT has focused attention on co-occurring disorders and has established programs designed specifically for persons with both mental health and substance use problems.

While screening clients for co-occurring mental health and substance use disorders is not required, CSAT would like to learn how many programs are currently screening their clients for co-occurring mental health and substance use disorders using CSAT funds.

If the program screens the client for a co-occurring mental health disorder after the baseline interview has been completed answer this question "No."

B11-B11b are intended to be completed by staff and not asked of the client. Administrative items may be completed after the interview with the client if needed. These items are only completed at intake.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern

If the answer to question 11 or 11a is "No," skip to question 12.

11A.   Did the client screen positive for co-occurring mental health and substance use disorders?

Answered by   Grantee staff.

Intent/Key Points

The intent is to learn if the client screened "Yes" for a co-occurring mental health and substance use disorder. This item should not be asked of the client but should be completed administratively by staff. Administrative items may be completed after the interview with the client if needed.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern

If the answer to question 11 or 11a is "No," skip to question 12.

11ʙ.   [IF YES TO QUESTION 11a] Was the client referred for further assessment for a co-occurring mental health and substance use disorder?

Answered by   Grantee staff.

Intent/Key Points

The intent is to learn if the client screened "Yes" for a co-occurring mental health and substance use disorder and was referred for further assessment. This item should not be asked of the client but should be completed administratively by staff. Administrative items may be completed after the interview with the client if needed.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

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12.   PLANNED SERVICES PROVIDED UNDER GRANT FUNDING [REPORTED BY PROGRAM STAFF ONLY AT INTAKE/BASELINE.]

Answered by   Grantee staff.

Intent/Key Points

The intent of the question is to ascertain what grant-funded services the client is planned to receive under the grant program. Check all that apply in each section. These items are intended to be completed administratively by staff and should not be asked of the client. Staff can complete administrative items after interviewing with the client.

All grant programs must select at least one modality and at least once service.

Additional Probes

Identify the services the grant program plans to provide to the client during the client's course of treatment/recovery.

Coding Topics/Definitions

Modality
[SELECT AT LEAST ONE MODALITY.]

1. *Case Management*—Defining, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client's family.

2. *Intensive Outpatient Treatment*—Intense multimodal treatment for emotional or behavioral symptoms that interfere with normal functioning. These clients require frequent treatment to improve, while still maintaining family, student, or work responsibilities in the community. Intensive outpatient services differ from outpatient by the intensity and number of hours per week. Intensive outpatient services are provided 2 or more hours per day for 3 or more days per week.

3. *Inpatient/Hospital (Other Than Withdrawal Management)*—A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

4. *Outpatient Therapy*—A patient who is admitted to a hospital or clinic for treatment that does not require an overnight stay.

5. *Outreach*—Educational interventions conducted by a peer or paraprofessional educator face to-face with high-risk individuals in the client's neighborhood or other areas where clients typically congregate.

6. *Medication*—Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose (SAMHSA, 2022b).

    A. *Methadone*—Methadone is a long-acting opioid agonist, which reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Methadone is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT), as well as for pain management.t When taken as prescribed, methadone is safe and effective (SAMHSA, 2022a). Brand names or prescription forms include Diskets Dispersible, Dolophine, Methadone HCI Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).

    B. *Buprenorphine*—Buprenorphine is a partial opioid agonist medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT) by suppressing

and reducing cravings for opioids. Buprenorphine is the first medication to treat OUD that can be prescribed or dispensed in physician offices, significantly increasing access to treatment (SAMHSA, 2022a). Also known as Sublocade, Buprenex, Butrans, Probuphine, and Belbuca, and Suboxone.

C. *Naltrexone – Short Acting*—Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use. Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings (SAMHSA, 2022c). Also known as Depade or Revia.

D. *Naltrexone – Long Acting*—Intramuscular extended-release Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) as a Medication-Assisted Treatment (MAT) option. A Risk Evaluation and Mitigation Strategy (REMS) is required for the long-acting injectable formulation to ensure that the benefits of the drug outweigh its risks (SAMHSA, 2022c). Also known as Vivitrol.

E. *Disulfiram*—Disulfiram is a medication that is used to treat alcohol use disorder. Disulfiram works by blocking the breakdown of alcohol in the body. This leads to buildup of a toxic alcohol-related compound that can cause people who drink alcohol while taking this medication to become very sick. This reaction helps encourage people to avoid alcohol while taking the medication (NAMI, 2016c). Also known as Antabuse.

F. *Acamprosate*—Acamprosate is a medication that works in the brain to treat alcohol use disorder. Acamprosate works by decreasing cravings and urges to use alcohol. This allows people who take the medication to control urges to drink and help to continue to not use alcohol. Acamprosate does not help with symptoms of alcohol withdrawal (NAMI, 2016a). Also known as Campral.

G. *Nicotine Replacement*—Nicotine replacement therapy works by supplying nicotine in an alternative form, such as chewing gum or patches for a limited period, which helps reduce the nicotine withdrawal symptoms (WHO, 2021a). This includes patches, gum, and lozenges.

H. *Bupropion*—Bupropion is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), seasonal affective disorder (SAD), and to help people quit smoking (smoking cessation) (NAMI, 2016b). Also known as Zyban, Wellbutrin, Aplenzin, and Forfivo.

      I. *Varenicline*—Varenicline is a selective alpha4-beta2 neuronal nicotinic acetylcholine receptor partial agonist approved as an aid to smoking cessation therapy. This receptor is believed to play a significant role in reinforcing the effects of nicotine and in maintaining smoking behaviors. The agonist effect of varenicline at the nicotinic receptor is approximately half that of nicotine, which may lessen craving and withdrawal without inducing dependence (AAFP, 2007). Also known as Chantix and Tyrvaya.

      J. *Residential/Rehabilitation*—A residential facility or halfway house that provides onsite structured therapeutic and supportive services specifically for alcohol and other drugs.

7. *Withdrawal Management* (Select Only One)—A medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.

    A. *Hospital Inpatient*—Client resides at a medical facility or hospital during their treatment.

    B. *Free Standing Residential*—Patient resides at a facility other than a hospital while treatment is provided.

    C. *Ambulatory Detoxification*—Treatment that is performed in a specialized therapeutic environment and is designed to provide both psychological and physiological stabilization to ensure safe withdrawal from alcohol and/or drugs.

8. *After Care*—Treatment given for a limited time after the client has completed their primary treatment program but is still connected to the treatment provider.

9. *Recovery Support*—Support from peers, family, friends, and health professionals during recovery. Includes any of the following: assistance in housing, educational, and employment opportunities; building constructive family and other personal relationships; stress management assistance; alcohol- and drug-free social and recreational activities; recovery coaching or mentoring to help manage the process of obtaining services from multiple systems, including primary and mental health care, child welfare, and criminal justice systems.

10. *Other (Specify)*—Specify any other service modalities, not mentioned above, to be received by the client.

Services

[SELECT AT LEAST ONE SERVICE.]

    Treatment Services

[SBIRT GRANTS MUST PROVIDE AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]

1. *Screening*—A gathering and sorting of information used to determine if an individual has a problem with alcohol or other drug abuse, and if so, whether a detailed clinical assessment is appropriate. Screening is a process that identifies people at risk for the "disease" or disorder (National Institute on Alcohol Abuse and Alcoholism, 1990). As such, screening refers to a brief procedure used to determine the probability of the presence of a problem, substantiate that there is a reason for concern, or identify the need for further evaluation. In a general population, screening for substance abuse and dependency would focus on determining the presence or absence of the disorder, whereas for a population already identified at risk, the screening process would be concerned with measuring the severity of the problem and determining the need for a comprehensive assessment.

2. *Brief Intervention*—Those practices that aim to investigate a potential problem and motivate an individual to begin to do something about their substance abuse, either by natural, client-directed means or by seeking additional substance use treatment.

3. *Brief Treatment*—A systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. Brief therapies usually consist of more (as well as longer) sessions than brief interventions. The duration of brief therapies is reported to be anywhere from 1 session (Bloom, 1997) to 40 sessions (Sifneos, 1987), with the typical therapy lasting between 6 and 20 sessions. Twenty sessions usually are the maximum because of limitations placed by many managed care organizations. Any therapy may be brief by accident or circumstance, but the focus is on planned brief therapy. The therapies described here may involve a set number of sessions or a set range (e.g., from 6 to 10 sessions), but they always work within a time limitation that is clear to both therapist and client.

    Note: Brief Treatment is not applicable to ATR Grants.

4. *Referral to Treatment*—A process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs.

    Note: Referral to Treatment is not applicable to ATR Grants.

5. *Assessment*—To examine systematically in order to determine suitability for treatment.

6. *Treatment Planning*—A program or method worked out beforehand to administer or apply remedies to a patient for illness, disease, or injury.

7. *Recovery Planning*—Programs or methods worked out beforehand to support individuals experiencing mental and/or substance use issues in their journey to recovery. Often guided by professionals and/or peers it may include clinical

treatment, medications, peer support, self-care, family support, and other approaches.

8. *Individual Counseling*—Professional guidance of an individual by utilizing psychological methods.

9. *Group Counseling*—Professional guidance of a group of people gathered utilizing psychological methods.

10. *Contingency Management*—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).

11. *Community Reinforcement*—Promotes healthy, drug-free living in a way that makes it rewarding. It includes progressive involvement in non-substance-related and pleasant social activities, while also working on enhancing the enjoyment found within the "community" of a family and job.

12. *Cognitive Behavioral Therapy*—Involves working with a counselor to understand what drives substance use, and to develop ways to overcome this through better understanding behaviors and motivations, as well as using problem solving techniques to better cope with stressful situations.

13. *Family/Marriage Counseling*—A type of psychotherapy for a married couple or family for the purpose of resolving problems in the relationship.

14. *Co-Occurring Treatment Services*—Assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).

15. *Pharmacological Interventions*—The use of any pharmacological agent to affect the treatment outcomes of substance-abusing clients. For example, the use of phenytoin in alcohol withdrawal and the use of buprenorphine in opioid treatment.

16. *HIV/AIDS Counseling*—A type of psychotherapy for individuals infected with and living with HIV/AIDS.

17. *Cultural Interventions/Activities*—Interventions and/or activities which acknowledge, respect, and respond to an individual's health beliefs, practices, and cultural and linguistic needs (SAMHSA, 2022d).

18. *Other Clinical Services (Specify)*—Other client services the client received that are not listed above.

CASE MANAGEMENT SERVICES

1. *Family Services* (e.g., Marriage Education, Parenting, Child Development Services)—Resources to assist in the well-being and safety of children, families, and the community.

2. *Child Care*—Care provided to children for a period of time.

3. *Employment Service*—Resources provided to clients to assist in finding employment.

    A. *Pre-Employment*—Services provided to clients prior to employment, which can include background checks, drug tests, and assessments. These services allow employers to "check out" prospective employees before hiring them.

    B. *Employment Coaching*—Provides tools and strategies to clients to assist in gaining employment. These strategies include implementing new skills, changes, and actions to ensure that clients achieve their targeted results.

4. *Individual Services Coordination*—Services that families may choose to use when they need help obtaining support for their child(ren) with cognitive and/or intellectual disabilities to live as independently as possible in the community.

5. *Transportation*—Providing a means of transport for clients to travel from one location to another.

6. *HIV/AIDS Services*—Resources provided to clients to improve the quality and availability of care for people with HIV/AIDS and their families.

    A. *If HIV Neg, Pre-Exposure Prophylaxis*—Pre-Exposure Prophylaxis (PrEP) is medication used to prevent HIV infection in individuals who have tested negative but are at high risk of exposure (CDC, 2021a). Emtricitabine in combination with tenofovir disoproxil fumarate (Truvada) or Emtricitabine in combination with tenofovir alafenamide (Descovy) are pills taken daily. The third medication, cabotegravir (Apretude), is an injection provided every 2 months.

    B. *If HIV Neg, Post-Exposure Prophylaxis*—Post-Exposure Prophylaxis (PEP) is a medication used to prevent HIV infection after an exposure (CDC, 2016). Medication treatment should be started within 72 hours and is a combination of disoproxil fumarate and emtricitabine daily and raltegravir twice daily or dolutefravir once daily.

    C. *If HIV Positive, HIV Treatment*—HIV treatment done through antiretroviral therapy (ART) (NIH, 2021). It is a combination of medications that the individual must take every day.

7. *Transitional Drug-Free Housing Services*—Provides rental assistance for families and individuals who are seeking to be drug-free who can be housed for up to 2 years while receiving intensive support services from the agency staff.

8. *Housing Support*—Activities around locating, securing, and maintaining stable housing. May include identifying housing resources, completing applications,

transitioning the individual into housing, assistance with utilities and working with landlords.

9. *Health Insurance Enrollment*—Assistance determining eligibility for and formal enrollment in public insurance such as Medicaid, Medicare, state-sponsored health plan, or Children's Health Insurance Program or private insurance including that obtained through a workplace, union, professional association or individual purchase (CDC, 2022d).

10. *Other Case Management Services (Specify)*—Other case management services the client received that are not listed above.

MEDICAL SERVICES

1. *Medical Care*—Professional treatment for illness or injury.

2. *Alcohol/Drug Testing*—Any process used to identify the degree to which a person has used or is using alcohol or other drugs.

3. *OB/GYN Services*—Reproductive healthcare services provided to clients by an obstetrician-gynecologist.

4. *HIV/AIDS Medical Support & Testing*—Medical services provided to clients who have HIV/AIDS and their families.

5. *Dental Care*—Dental care services provided to clients by a dentist, dental assistant, or dental hygienist to support oral hygiene.

6. *Viral Hepatitis Medical Support & Testing*—Medical services provided to clients focusing on the prevention and treatment of viral hepatitis. Hepatitis A is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is typically transmitted person to-person through the fecal-oral route or through consumption of contaminated food or water. Hepatitis B is a vaccine preventable liver disease cause by the hepatitis B virus (HBV) typically transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected (e.g., sexual contact, sharing needles or other injection equipment, birth). Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), a blood-borne virus typically transmitted by sharing needles or other injection equipment (CDC, 2018).

7. *Other STI Support & Testing*—Other sexually transmitted infection support and testing not mentioned above.

8. *Other Medical Services (Specify)*—Other medical services the client received that are not listed above.

AFTER CARE SERVICES

1. *Continuing Care*—Providing health care for extended periods of time.

2. *Relapse Prevention*—Identifying each client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

3. *Recovery Coaching*—Guidance involving a combination of counseling, support, and various forms of mediation treatments to find solutions to deal with breaking the habit of substance use.

4. *Self-Help and Mutual Support Groups*—Helping or improving oneself without assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing.

5. *Spiritual Support*—Spiritual/religion-based support for the clients' recovery process.

6. *Other After Care Services (Specify)*—Other after care services the client received that are not listed above.

EDUCATION SERVICES

1. *Substance Use Education*—A program of instruction designed to assist individuals in drug prevention, relapse, and/or treatment.

2. *HIV/AIDS Education*—A program of instruction designed to assist individuals with HIV/AIDS and their families with HIV/AIDS prevention and/or treatment.

3. *Naloxone Training*—Information and education about opioid overdose response and naloxone administration. Training should include education about how to recognize the signs of an opioid overdose and how to administer naloxone.

4. *Fentanyl Test Strip Training*—A program of instruction designed to assist individuals with how to use fentanyl test strips. Fentanyl test strips can prevent opioid overdose, as they allow individuals to test drugs for the presence of fentanyl.

5. *Viral Hepatitis Education*—Information or a program of instruction around how viral hepatitis is prevented, transmitted, and treated. Hepatitis A is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is typically transmitted person to-person through the fecal-oral route or through consumption of contaminated food or water. Hepatitis B is a vaccine preventable liver disease cause by the hepatitis B virus (HBV) typically transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected (e.g., sexual contact, sharing needles or other injection equipment, birth). Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), a blood-borne virus typically transmitted by sharing needles or other injection equipment (CDC, 2018).

6. *Other STI Education Services*—Other sexually transmitted infection education services not mentioned above.

7. *Other Education Services (Specify)*—Other education services the client received that are not listed above.

RECOVERY SUPPORT SERVICES

1. *Peer Coaching or Mentoring*—Services involving a trusted counselor or teacher to another person of equal standing or others in support of a client's recovery.

2. *Vocational Services*—Assistance with employment readiness and the integration of employment into substance use recovery planning. Can include services related to vocational counseling, job obtainment, vocational training, job maintenance, reintegration, and other services related to connecting the client to employment as a facet of their recovery.

3. *Recovery Housing*—Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders (SAMHSA, 2019).

4. *Recovery Planning*—Programs or methods worked out beforehand to support individuals experiencing mental and/or substance use issues in their journey to recovery. Often guided by professionals and/or peers it may include clinical treatment, medications, peer support, self-care, family support, and other approaches.

5. *Case Management Services to Specifically Support Recovery*—A coordinated approach to the delivery of health, substance abuse, mental health, and social services, linking clients with appropriate services to address specific needs and achieve stated goals (CSAT, 2000).

6. *Alcohol-and Drug-Free Social Activities*—An action, event, or gathering attended by a group of people that promotes abstinence from alcohol and other drugs.

7. *Information and Referral*—Services involving the provision of resources to a client that promote health behavior and/or directing a client to other sources for help or information.

8. *Other Recovery Support Services (Specify)*—Other recovery support services not mentioned above.

9. *Other Peer-to-Peer Recovery Support Services (Specify)*—Other recovery support services provided by peer staff not mentioned above.

Cross-Check Items   None.

Skip Pattern   None.

SECTION C: LIVING CONDITIONS

OVERVIEW

This section pertains to the client's living situation during the past 30 days.

---

1.   In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSES OPTIONS TO CLIENT.]

Answered by   Client.

Intent/Key Points

The intent is to record information about the client's living situation in the past 30 days. Read the item as an open-ended question and then code the client's response in the appropriate category.

Additional Probes

If the client asks what is meant by where they have been living most of the time, explain that it means where has they have been staying or spending their nights. If the client is having trouble remembering, start with the past evening and work backward in small increments (i.e., "Where did you sleep last night? Where did you sleep most of last week?").

Coding Topics/Definitions

Check one response only. If the client has been living in more than one place for the past 30 days, count where they have been living the longest.

If a client reports "living the longest" in more than one location for an equal amount of time, record the most recent.

For example, if a client reports living the first 14 days in their home, the next 14 days in a shelter, and the last 2 days in jail, you would record "Shelter."

> *Shelter*—Count safe havens, transitional living centers [TLC], low demand facilities, reception centers, and other temporary day or evening facilities.

> *Street/Outdoors*—Count living in cars, vans, or trucks as "street."

> *Institution*—Count hospitalization, incarceration, and correctional boot camp (especially for adolescents) as "institution."

> *Housed*—Count living in group homes, trailers, hotels, dorms, or barracks as "housed" and check appropriate subcategory. Probe clients if they indicate "group homes" to determine if it should be counted as a halfway house or residential treatment. Probe clients if they are living in dormitory/college residence.

Own/Rental Apartment, Room, Trailer, or House—Count living in a room, boarding house, public or subsidized housing, hotel/motel, room at the YMCA/YWCA, and living in an RV or trailer.

Someone Else's Apartment, Room, Trailer, or House (including couch surfing)— Count living in the home of a parent, relative, friend, or guardian, "couch surfing," and foster home. Adolescents living at home should be coded here if they are not paying a standard rental rate to the homeowner.

Dormitory/College Residence—Count living in a college or dormitory.

Halfway House or Transitional Housing—Count living in a three-quarter house.

Residential Treatment—Count living in a residential facility that provides on-site structured therapeutic and supportive services.

Recovery Residence/Sober Living—Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders (SAMHSA, 2019).

Other Housed (SPECIFY)—Other housing arrangements not mentioned above.

Cross-Check Items None.

Skip Pattern None.

---

2. Do you currently live with any person who, over the past 30 days, has regularly used alcohol or other substances?

Answered by Client.

Intent/Key Points

The intent is to record if the client lives with anyone, over the past 30 days, who regularly used alcohol or other substances.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

SECTION D: EDUCATION, EMPLOYMENT, AND INCOME

OVERVIEW

This section collects information about the client's educational and financial resources. To ensure that the client gives an answer that corresponds to one of the response choices, *only read and explain the choices if necessary*.

---

1. **Are you currently enrolled in school or a job training program? [IF ENROLLED] Is that full time or part time? [IF CLIENT IS INCARCERATED, CODE D1 AS "NOT ENROLLED."]**

Answered by   Client.

Intent/Key Points

The intent is to determine whether the client is currently involved in any educational or job training program.

Note that this is a two-part question. If the client responds that they are not enrolled, check "not enrolled." If the client responds that they are enrolled, you must inquire if that enrollment is full- or part-time or other.

Additional Probes

Job training programs can include apprenticeships, internships, or formal training for a trade.

Coding Topics/Definitions

Full- or part-time definitions will depend on the institution where the client is enrolled.

> *NOT ENROLLED*— If the client responds that they are not enrolled, check "NOT ENROLLED." If a client is incarcerated, code as "NOT ENROLLED." However, if there are credits and/or a degree earned, include these in item D2.

> *ENROLLED, FULL TIME*—Usually full-time enrollment is 12 or more credit hours per week for undergraduate enrollment and 9 or more credit hours per week for graduate enrollment. For some job training programs full-time may be 20 hours per week or more.

> *ENROLLED, PART TIME*—If the client is enrolled in school or a job training program for anything less than full time, it is considered part-time enrollment.

Cross-Check Items   None.

Skip Pattern   None.

---

2.   What is the highest level of education you have finished, whether or not you received a degree?

Answered by   Client.

Intent/Key Points

The intent is to record basic information about the client's formal education. Check the appropriate response to indicate the highest level of education that the client has *completed*. This can include education received while incarcerated.

Additional Probes   None.

Coding Topics/Definitions

The question asks the highest level of education that the client has *completed*. Response options for this question are as follows:

> *LESS THAN 12TH GRADE*—The client did not complete 12th grade.

> *12TH GRADE COMPLETED/HIGH SCHOOL DIPLOMA/EQUIVALENT*—The client completed 12th grade, graduated from high school, or completed a general equivalence degree.

> *VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA*—The client completed vocational or technical training.

> *SOME COLLEGE OR UNIVERSITY*—The client has started college or university coursework but has not received an undergraduate degree.

> *BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS)*—The client has received at least one undergraduate degree.

> *GRADUATE WORK/GRADUATE DEGREE*—The client has started graduate-level coursework or has received at least one graduate degree.

> *OTHER (SPECIFY)*—The client has completed a higher level of education that is not listed.

Cross-Check Items   None.

Skip Pattern   None.

---

3.   Are you currently employed?

Answered by   Client.

Intent/Key Points

The intent is to determine the client's current employment status. Focus on the status during most of the previous week to determine whether the client worked at all or had a regular job but was off work. Only legal employment (i.e., the job activity is legal) is counted as employment.

Note that this is a two-part question. First determine whether the client is employed, then determine their status. If the client indicates that they are employed, then determine whether it is full- or part-time. If the client indicates that they are unemployed, then determine the current status as it relates to unemployment.

Four or more days is considered most of the previous week.

Additional Probes

If the client responds "employed," ask if the job is full- or part-time.

If the client responds "unemployed," ask how long they have been unemployed and what prompted the unemployment. The interviewer may read the response categories as a probe. Check the appropriate category.

Gambling, even if it is in a legal casino, is not counted as employment unless the client is an employee of the casino as a dealer or in some other capacity.

If a client is incarcerated and has a job through the jail but no other outside work, code it as "NOT EMPLOYED, NOT LOOKING FOR WORK."

Coding Topics/Definitions

> *EMPLOYMENT*—Employment includes work performed even if the client is paid "under the table" or is working without a permit (in the case of undocumented persons) *as long as the work would be considered legal otherwise*. Employment includes those who are self-employed and those who are receiving services in exchange for their work (e.g., housing, schooling, or care).

> *EMPLOYED, FULL-TIME*—If the client works 35 hours or more a week, regardless of how many jobs make up this time, count them as employed full-time. Day work or day labor for 35 or more hours per week should be counted as full-time employment. "Or would have been" means that while the client usually works 35 hours or more per week, in the past 30 days they may have taken time off due to illness or a vacation. In this situation, the client should be intending to continue to work 35 hours or more per week.

EMPLOYED, PART-TIME—If the client works 1 to 34 hours per week, count them as employed part-time. Day work or day labor for fewer than 35 hours per week should be counted as part-time employment.

UNEMPLOYED—If the client indicates that they are unemployed, ask if they are currently looking for employment. If necessary, read all unemployed response options. Record the response in the appropriate unemployed category.

OTHER—If the client is involved in active military service, count them as "other" and write in "military service." If the client is working for assistance money, check "other" and put "work fair" or the type of assistance program for which they work. If the client's work status covers more than one category, (e.g., is retired, disabled, and does volunteer work) code "other" and write in the categories. When interviewing an adolescent who is working and being paid by Job Corps, count it as "other" and write in "Job Corps."

Students who are employed should be coded as full- or part-time. Students who are not working and *not* looking for work should be coded as "NOT EMPLOYED, NOT LOOKING FOR WORK." Students who are not working and are looking for work should be coded as "UNEMPLOYED—BUT LOOKING FOR WORK."

Cross-Check Items

Cross-check with item D1. Check for consistency between items. For example, if the client indicates that they are employed full-time and enrolled full-time in school or a job training program, ask for clarification.

Skip Pattern   None.

---

4.   Do you, individually, have enough money to pay for the following living expenses? Choose all that apply.

Answered by   Client.

Intent/Key Points

The intent is to understand if the client has enough money to pay for living expenses. Income specific numbers (question D5) may be challenging for clients to recall; therefore, the goal of this questions is to understand if the client has enough money to pay for their most crucial living expenses. Do not count expenses the client can afford using another individual's income. Read all categories and select all that apply.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

---

5.   What is your personal annual income, meaning the total pre-tax income from all sources, earned in the past year?

Answered by   Client.

Intent/Key Points

The intent is to record client's pre-tax, personal annual income. Do not count money earned by a spouse or other members of the household, only money earned by the *client*. Grantee staff should encourage clients to do their best to answer this question. The goal of question D4 and D5 is to have a better understanding of the income limitations clients face.

Additional Probes

In some instances, the interviewer may need to ask the hourly, daily, weekly, or monthly wage to determine pre-tax income.

For example, if the client responds that they bring home $100 per week, ask how much they get paid per hour and how many hours they work per week to arrive at a pre-tax income.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

SECTION E: LEGAL

OVERVIEW

This section pertains to basic information about the client's involvement with the criminal justice system. It gathers information about arrests and incarceration or detainment. Even if the client is court mandated to treatment, these questions must be asked, and the client's answers recorded. There may be additional information that was not part of the court mandate. Some clients may be reluctant to offer this information. Reassure them of the confidentiality of this information.

---

1.   In the past 30 days, how many times have you been arrested?

Answered by   Client.

Intent/Key Points

The intent is to determine how many times the client has been formally arrested and official charges were filed in the last 30 days. These instances should only include formal arrests, not times when the client was just picked up or questioned. For juvenile clients, detention would count as an arrest. With juvenile clients (those under age 18 years in most states) this information may be sealed. *Check local laws about juvenile justice arrests.*

Additional Probes   None.

Coding Topics/Definitions

> *Arrest*—An instance when a person is detained by a law enforcement officer for allegedly breaking the law and is read their constitutional rights (Miranda rights—the right to remain silent and the right to an attorney). This does not include times when the client was just picked up, rousted, or questioned.

For juveniles, this would include a formal detainment, since in most states juveniles are not officially arrested.

Drug arrests are counted here.

Count multiple arrests for the same charge as separate arrests.

If there is more than one charge for a single arrest, only count the arrest once.

If client reports no arrests within the past 30 days but is currently incarcerated, please select Currently Incarcerated and mark zero (0) for the number of times arrested

If the individual has been arrested more than once in the past 30 days and is currently incarcerated, please report the number of arrests in the past 30 days and select Currently Incarcerated.

Cross-Check Items   None.

Skip Pattern   None.

---

2.   Are you currently awaiting charges, trial, or sentencing?

Answered by   Client.

Intent/Key Points

The intent is to record whether the client is currently awaiting some resolution for an arrest or crime for which they have been charged.

This question should be asked of all clients, even those who indicate zero arrests in question E1.

Additional Probes   None.

Coding Topics/Definitions

If the client is currently awaiting charges, trial, or sentencing, the response to this question should be "Yes." This is the case even if the client is currently serving time for an unrelated arrest. If the client is not currently awaiting charges, trial, or sentencing, the response to this question should be "No."

Cross-Check Items   None.

Skip Pattern   None.

---

3.   Are you currently on parole or probation or intensive pretrial supervision?

Answered by   Client.

Intent/Key Points

The intent is to record whether the client is currently on parole, probation, or intensive pretrial supervision.

This question should be asked of all clients, even those who indicate zero arrests in question E1.

Additional Probes   None.

Coding Topics/Definitions

> *Intensive pretrial supervision*—The type or degree of pretrial supervision depends on pretrial risk assessment measures that consider the defendant's likelihood or risk of failure to appear in court or reoffend in the community if released pretrial and the severity of the charge the defendant is facing. Pre-trial supervision may include pretrial release conditions such as electronic monitoring or in-person reporting. A sample pretrial

decision-making matrix suggests that felony VRA crimes, drug distribution and aggravated DARP and domestic violence my warrant intensive pretrial supervision (BJA, n.d.).

If the client is currently on parole, probation or intensive pretrial supervision, select the corresponding response option. If the client is not currently on parole, probation, or intensive pretrial probation the response to this question should be "No."

Cross-Check Items   None.

Skip Pattern   None.

---

4.   Do you currently participate in a drug court program or are you in a deferred prosecution agreement?

Answered by   Client.

Intent/Key Points

The intent is to record whether the client is currently in a drug court program or a deferred prosecution agreement.

This question should be asked of all clients, even those who indicate zero arrests in question E1.

Additional Probes   None.

Coding Topics/Definitions

> *Drug court program*—Programs designed specifically for people with substance use disorders which offer the opportunity to enter long-term drug treatment and agree to court supervision instead of receiving a jail sentence. Participants are required to maintain recovery, take on responsibilities, and work toward lifestyle changes. The court supervises and monitors participant progress (NDCRC, 2022).

> *Deferred prosecution agreement*—An alternative to prosecution in which the government brings charges against a defendant but agrees not to move forward on those charges while the defendant agrees to abide by specified conditions. If the defendant fulfills the conditions of the agreement, the government agrees to drop the charges. If the defendant reneges and/or violates the terms of the agreement, the government can move forward with the prosecution (Thomson Reuters Practical Law, 2022).

Cross-Check Items   None.

Skip Pattern   None.

SECTION F: MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY

OVERVIEW

This section addresses issues of mental and physical health as well as treatment experiences in the past 30 days.

1.	**How would you rate your quality of life over the past 30 days?**

Answered by   Client.

Intent/Key Points

The intent is to determine how the client perceives their quality of life. Quality of life pertains to the general well-being of the client, but the concept is left to the client's interpretation.

Additional Probes

Read all the response choices that appear in lowercase letters and record the client's answer, *even if you have knowledge that contradicts the client's answer*. Do not read the REFUSED response category.

You may ask the client to clarify the response if the answer is not consistent with the image the client is presenting.

If the client asks what is meant by quality of life, explain that it is a concept that observes life satisfaction, including everything from physical and mental health, social functioning, family, education, employment, wealth, religious beliefs, and the community and environment surrounding the client. It is a subjective concept that includes both positive and negative aspects of life.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

---

2. **In the past 30 days, how many days have you [ENTER '0' IN DAYS IF THE CLIENT REPORTS THAT THEY HAVE NOT EXPERIENCED THE CONDITION. SELECT REFUSED FOR NO RESPONSE]:**
  2a. Experienced serious depression
  2b. Experienced serious anxiety or tension
  2c. Experienced hallucinations
  2d. Experienced trouble understanding, concentrating, or remembering
  2e. Experienced trouble controlling violent behavior
  2f. Attempted suicide
  2g. Been prescribed medication for psychological/emotional problem

---

Answered by   Client.

Intent/Key Points

The intent is to determine the number of days in the past 30 that the client has experienced any serious psychiatric symptoms.

Ask about each psychiatric symptom separately and enter the number of days that the client experienced that symptom. *The answer cannot be more than 30 days.* Enter "0" in days if the client reports that they have not experienced the condition. Select REFUSED if the client refuses to answer or provides no response.

Note: If the client reports one or more days in 2a-2f, please ensure that they are seen by a licensed professional as soon as possible.

Reports of recent suicide attempts or thoughts should be brought to the attention of the clinical supervisor from the treatment agency. If the client expresses suicidal ideation (talks about killing themselves) at the time of the interview they should be seen by the clinical supervisor before leaving the interview.

Additional Probes   None.

Coding Topics/Definitions

Serious depression—This is the client's subjective feeling of "serious" depression. It does not refer to a diagnosis of depression.

Serious anxiety or tension—This is the client's subjective feeling of "serious" anxiety or tension. It does not refer to a diagnosis of anxiety disorder.

Hallucinations—Refers to seeing or hearing things that were not present, or that other people could not see or hear. The hallucinations can be auditory or visual.

Trouble understanding, concentrating, remembering—Can be long- or short-term lapses.

Trouble controlling violent behavior—Can refer to violence against another person, oneself, an animal, an object, or against no directed target.

Attempted suicide—This does not include thoughts of suicide. Count only actual attempts. If interviewing an adolescent, reports of self-harm and/or cutting should not be considered suicide unless the client explicitly states that the intention was to commit suicide.

Prescribed medication for psychological/emotional problem—Medication must have been prescribed by a nurse practitioner, physician's assistant, physician, or psychiatrist for a psychiatric or emotional problem. Record the number of days for which the medication was prescribed, even if the client did not take the medication.

Example: If a doctor prescribes the client to take two pills per day for 10 days, enter the number "10."

Any prescribed medication for a psychological or emotional problem should be recorded here, whether newly prescribed or refill.

If the prescription is on a "take as needed" basis, ask how many times the client took the drug in the past 30 days.

If the client has been prescribed more than one drug, count the highest number of days prescribed. Count each day for drugs that are prescribed to be taken in sequence (i.e., if Drug A is to be taken for 10 days followed by Drug B for 10 days, the response would be 20 days). However, if Drug A is prescribed for 10 days and Drug B is to be taken for 15 days (10 of which are concurrent with Drug A), the response would be 15 days.

Cross-Check Items

Cross-check with Section B, question 1, Substance Use. Make sure that any medication that the client was prescribed for a psychological or emotional problem and for which they are *taking it correctly* is not counted in the table in B1.

Skip Pattern   None.

---

3.   How much have you been bothered by these psychological or emotional problems in the past 30 days?

Answered by   Client.

Intent/Key Points

The intent is to record the client's feelings about how bothersome the previously mentioned psychological or emotional problems have been in the past 30 days.

Do not read the options for NO REPORTED MENTAL HEALTH COMPLAINTS IN THE PAST 30 DAYS or REFUSED, but read all the other response options and allow the client to choose one.

Additional Probes

Remind the client to respond to whatever problem(s) they identified in question F2. Probe client if they report a serious condition but say they were not bothered at all by it.

Coding Topics/Definitions

The interviewer may want to reread the item(s) from F2 that the client indicated they had experienced.

Example: The client reported that they had experienced serious depression on 12 of the last 30 days and serious anxiety or tension on 6 of the last 30 days. Ask the client about when they experienced the serious depression and anxiety or tension, were they: not at all bothered by it; slightly bothered by it; moderately bothered by it; considerably bothered by it; or extremely bothered by it.

Cross-Check Items   None.

Skip Pattern   None.

---

4. **In the past 30 days, where have you gone to receive medical care? You may select more than one response.**

Answered by   Client.

Intent/Key Points

The intent is to indicate where the client received medical care in the past 30 days. Read all response options and mark all that apply. If client indicates other, mark that response and specify.

Additional Probes   None.

Coding Topics/Definitions

> *Primary Care Provider*—A physician (MD or DO), nurse practitioner, clinical nurse specialist or physician assistant who provides, coordinates or helps individuals access a range of healthcare services. In this instance, services related to substance use treatment and recovery.

> *Urgent Care*—Immediate medical care for a non-life-threatening illness or injury in a walk-in clinic setting.

> *The Emergency Department*—Any acute medical care or treatment services provided in an emergency department, emergency room (ER), emergency ward (EW) or casualty department for excessive substance use or overdose.

> *A specialist doctor*—A physician who has advanced education and training in a specific field of medicine.

> *Other (SPECIFY)*—Other location or provider not mentioned above.

Cross-Check Items   None.

Skip Pattern   None.

---

5. **Do you currently have medical/health insurance?**
5a. **What type of insurance do you have [CHECK ALL THAT APPLY.]?**

Answered by   Client.

Intent/Key Points

The intent is to record if the client has medical/health insurance. Do not read the REFUSED response category but read the other response options and allow the client to choose one.

Additional Probes   None.

Coding Topics/Definitions

If the client indicates they have medical/health insurance, ask what type of insurance they have. Read all the response options and select all that apply. If they select "Any other type of health insurance or health coverage plan," ask them to specify.

Medicare—A federal health insurance program for individuals who are 65 or older; certain younger individuals with disabilities; individuals with End-Stage Renal Disease (permanent kidney failure require dialysis or transplant).

Medicaid—Health care provided by the states and the federal government to assist low-income people, families and children, pregnant women, the elderly, and people with disabilities.

Private Insurance or Employer Provided—Health care provided by various sources, including the individual's employer and a state or federal marketplace. It includes health maintenance organizations (HMOs), participating provider options (PPOs), and point-of-service (POS) plans. The government does not provide private health insurance.

TRICARE or other military health care—Health programs specifically designed for active duty/retired U.S. Military/Armed Forces members, National Guard/Reserve members, and their families (e.g., spouses/children).

An assistance program [for example, a medication assistance program]—Programs which help individuals connect with health care and coverage. Often based on age, income, and/or employment guidelines. For example, a medication assistance program, which provides financial help to lower prescription costs for adults aged 65+.

Any other type of health insurance or health coverage plan (SPECIFY)—Other health insurance or health coverage plan not mentioned above.

Cross-Check Items   None.

Skip Pattern

If the answer to question 5 is "No" or REFUSED, go to Section G.

SECTION G: SOCIAL CONNECTEDNESS

OVERVIEW

This section addresses the client's use of social support and recovery services during the 30 days prior to the interview.

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1.   In the past 30 days, did you attend any voluntary mutual support groups for recovery? In other words, did you participate in a non-professional, peer-operated organization that assists individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Women for Sobriety, religious/faith-affiliated recovery mutual support groups, etc.? Attendance could have been in person or virtual.

Answered by   Client.

Intent/Key Points

The intent of this item is to measure whether clients have attended nonprofessional, peer-oriented mutual support groups to assist in their recovery during the past 30 days. ***Note that this is a two-part question.*** If the client indicates that they have attended these groups in the past 30 days, the number of times attended must be probed. The client does not have to be in "recovery" to attend these types of groups. Therefore, ask this question of all clients.

Additional Probes

If the client asks what is meant by "voluntary mutual support groups for recovery," explain that it means a self-help or support group in which *participation* is voluntary, whether attendance to that group is voluntary. For example, even if the client's parole officer has required them to attend 30 self-help groups in 30 days, the participation in these groups would still be considered voluntary. This is because once the client is in the group setting; they are not required to be an active participant in the group to get credit for attending the group.

Coding Topics/Definitions

A peer-operated organization is one in which the person or people who facilitate the group are not there as paid professionals (whether they are, in fact, professionals). Rather, the person or people who run the group are peers and/or members of the group.

There is typically no fee (other than voluntary donation or dues) to attend the group. Volunteers, who are not paid for their services, run the group.

Response options for this question are:

> *Yes*—Client has attended voluntary mutual support groups for recovery in the past 30 days. If yes, specify the number of times these groups have been attended.

No—Client has not attended voluntary mutual support groups for recovery in the past 30 days.

Cross-Check Items   None.

Skip Pattern   None.

---

2.   **In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?**

Answered by   Client.

Intent/Key Points

The intent of this item is to measure whether clients have a social support network outside of a treatment or recovery support network.

The client does not have to be in "recovery" to have these interactions. Therefore, ask this question of all clients.

Additional Probes/Issue

The terms "interaction" and "supportive" are open to wide interpretation. An interaction may be viewed as supportive and non-supportive at the same time, depending on one's perspective; therefore, we recommend that you clarify the question by saying to the client that what they are being asked is if *"In the past 30 days have you spent time with people who are supportive of your recovery, including family and friends?"*

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

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3.   **How satisfied are you with your personal relationships?**

Answered by   Client.

Intent/Key Points

The intent of this question is to determine how satisfied the client is with their personal relationships.

Read all the response options that appear in lowercase letters and record the client's answer. Do not read the REFUSED response category.

Additional Probes

Personal relationships can include relationships with family, friends, a significant other, and work colleagues, but the term is left to the client's interpretation.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

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4.   In the past 30 days did you realize that you need to change those social connections or places that negatively impact your recovery?

Answered by   Client.

Intent/Key Points

The intent of this question is to determine if the client realized that they have to change social connections or places due to recovery.

Additional Probes

Social connections can include relationships with family, friends, a significant other, and work colleagues, but the term is left to the client's interpretation.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern

If the grant program is required to complete a program-specific Section H, go to Section H located in the Appendix now.

If the grant program is not required to complete Section H and this is an intake interview, stop now; the interview is complete.

If this is a follow-up and the grant program is not required to complete Section H, go to Section I.

If this is a discharge and the grant program is not required to complete Section H, go to Section J.

SECTION H: PROGRAM-SPECIFIC QUESTIONS

Several programs submit program-specific data to SPARS. Grantees are not responsible for collecting data on all Section H questions. If the grant program requires Section H, you will receive guidance about the specific questions and/or skip patterns from the grant's government project officer (GPO). If you have any questions, please contact the grant's GPO.

If the grant program does not require Section H, skip this section.

Refer to Appendix A for further details about completing Section H.

SECTION I: FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]

OVERVIEW

This section pertains to the client's status at the 3- or 6-month follow-up interview. This information is only completed at follow-up and is reported by the program staff without asking the client.

Follow-up interviews should be completed the number of months specified (3 or 6) from the intake interview date (a 12-month follow-up interview is no longer required). CSAT provides a window period of time for these follow-up interviews to be conducted. The window period allowed for these follow-up interviews is one month before the (3 or 6 month) anniversary date and up to two months after the (3 or 6 month) anniversary date. Those programs designated by CSAT as homeless programs are allowed a window period of two months before and two months after the 6-month follow-up anniversary date. The target follow-up rate is 100%; meaning programs must attempt to follow-up all clients. The minimum follow-up completion rate is 80%. For example:

> ***For programs completing a 6-month follow-up interview***—If a client receives the intake interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open one month before the anniversary date on June 1st, and close two months after the anniversary date on September 1st.

> ***For homeless programs completing a 6-month follow-up interview***—If a client receives the intake interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open two months before the anniversary date on May 1st, and close two months after the anniversary date on September 1st.

> ***For select programs completing 3-month and 6-month follow-up interviews***—If a client receives the intake interview on January 1st, the 3-month follow-up anniversary date would be April 1st. The window period for conducting the 3-month follow-up interview would open one month before the anniversary date on March 1st, and close two months after the anniversary date on June 1st. The day that the 3-month follow-up window closes is the same day that the 6-month follow-up window opens.

> If a client receives the intake interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open one month before the anniversary date on June 1st, and close two months after the anniversary date on September 1st.

1.	**Was the client able to be contacted for follow-up?**

Answered by   Grantee staff.

Intent/Key Points

The intent is to record if the client was contacted to conduct the follow-up interview. That is, was the client located regardless of whether the follow-up interview was conducted.

Additional Probes   None.

Coding Topics/Definitions   Section A. Record Management, asks if a follow-up interview was conducted with the client. Section I. question 1, is asking if the client was located or if contact was made with the client even if the interview was not conducted within the window.

Cross-Check Items   None.

Skip Pattern   None.

2.	**What is the follow-up status of the client?**

Answered by   Grantee staff.

Intent/Key Points

The intent is to document the client's status at the 6-month (and, if required, 3-month) follow-up time point and the project's effort to complete the interview. Select the response that best fits.

Additional Probes   None.

Coding Topics/Definitions

Response 01   *Deceased at time of due date*—If the client is deceased at the time of follow-up and this information was verified.

Response 11   *Completed interview within specified window*—Check this category if the interview was completed within the CSAT-specified window for data collection. (See previous page for definitions of the specified windows.)

Response 12   *Completed interview outside specified window*—Check this category if the interview was completed outside of the CSAT-specified window for data collection. (See previous page for definitions of the specified windows.)

Response 21   *Located, but Refused, unspecified*—The client is still enrolled in the program but refused to complete the follow-up interview.

Response 22   *Located, but unable to gain institutional access*—You located the client in an institution but were unable to secure permission to have a face-to-face interview. The institution can be any setting in which the client is currently located (jail/prison, hospital, mental institution, residential or other drug treatment setting which does not allow the client to have outside contact).

Response 23   *Located, but otherwise unable to gain access*—You know where the client is located, but are unable to gain access due to distance or other factors. For example, you learned that the client moved to another country and this information was verified.

Response 24   *Located, but withdrawn from the project*—The client is no longer enrolled in the program and refused to complete the follow-up interview.

Response 31   *Unable to locate, moved*—The client has moved out of the area, this information was verified, and you are still unable to locate.

Response 32   *Unable to locate, other (Specify)*—The client may or may not have left the area and you are unable to determine their location or current status (e.g., living/deceased) and are unable to verify if any of the above noted conditions exist. Record a description of the situation in the space provided.

Cross-Check Items   None.

Skip Pattern   None.

---

3.   Is the client still receiving services from your program?

Answered by   Grantee staff.

Intent/Key Points

The intent is to record whether CSAT-funded services are ongoing for the client at the grantee agency at the time of the follow-up interview.

Additional Probes   None.

Coding Topics/Definitions   None**.**

Cross-Check Items   None.

Skip Pattern

If this is a follow-up interview, stop here; the interview is complete.

SECTION J: DISCHARGE STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

OVERVIEW

The information in this section pertains to the client's discharge status. This information is only completed at discharge. It is not asked of the client but should be completed by staff.

---

1.   On what date was the client discharged?

Answered by   Grantee staff.

Intent/Key Points

The intent of the question is to determine when the client was discharged from the treatment program, whether the discharge was voluntary or involuntary. Enter the date the client was discharged, not the date of the discharge interview.

Additional Probes   None.

Coding Topics/Definitions

Enter date as MM/DD/YYYY.

The CSAT GPRA definition of discharge should follow the grantee's definition. If the grantee does not have a definition of discharge, the grantee must use 30 days without contact as the discharge date and attempt to complete a discharge interview at that time. (See pages 7 and 8 for more information about discharge.)

Cross-Check Items   None.

Skip Pattern   None.

---

2.   What is the client's discharge status?
2a. If the client was terminated, what was the reason for the termination? [SELECT ONE RESPONSE.]

Answered by   Grantee staff.

Intent/Key Points

The intent of this question is to determine the client's discharge status.

Note that this is a two-part question. If the client completed or graduated from the program, check "Completion/Graduate." If the client was terminated from the program, check

"Termination" *and* indicate the reason for the client's termination from the program using the response options from the list provided. If the reason for termination is not on the list, choose "Other (Specify)" and give the reason.

Additional Probes   None.

Coding Topics/Definitions

Response 01   *Left on own against staff advice with satisfactory progress*—Client was compliant with the program/treatment plan but left before completion.

Response 02   *Left on own against staff advice without satisfactory progress*—Client was not compliant with the program/treatment plan and left before completion.

Response 03   *Involuntarily discharged due to nonparticipation*—Client was not compliant with the program/treatment plan and was terminated by the program.

Response 04   *Involuntarily discharged due to violation of rules*—Client violated program rules or committed a dischargeable offense and was terminated by the program.

Response 05   *Referred to another program or other services with satisfactory progress*—Client was compliant with the program/treatment plan but was referred to another program or services.

Response 06   *Referred to another program or other services with unsatisfactory progress*—Client was not compliant with the program/treatment plan and was referred to another program or services.

Response 07   *Incarcerated due to offense committed while in treatment with satisfactory progress*—Client was compliant with the program/treatment plan but was incarcerated due to offense committed during treatment.

Response 08   *Incarcerated due to offense committed while in treatment with unsatisfactory progress*—Client was not compliant with the program/treatment plan and was incarcerated due to offense committed during treatment.

Response 09   *Incarcerated due to old warrant or charge from before entering treatment with satisfactory progress*—Client was compliant with the program/treatment plan but was incarcerated due to offense committed prior to treatment.

Response 10   *Incarcerated due to old warrant or charge from before entering treatment with unsatisfactory progress*—Client was not compliant with the program/treatment plan and was incarcerated due to offense committed prior to treatment.

Response 11   *Transferred to another facility for health reasons*—Client's health made transfer to another facility necessary prior to completion of treatment.

Response 12   *Death*—Client died prior to completing treatment.

Response 13   *Other*—Client was terminated prior to completion of treatment for a reason not listed above. Specify the reason for termination.

Cross-Check Items   None.

Skip Pattern   None.

---

3.   Did the program order an HIV test for this client?

Answered by   Grantee staff.

Intent/Key Points

The intent is to record whether the client was tested by this CSAT-funded program for HIV.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern

If the answer to question 3 is "No," skip to question 5.

---

4.   Did the program refer this client for HIV testing with another provider?

Answered by   Grantee staff.

Intent/Key Points

The intent is to record whether the program referred this client for HIV testing.

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern None.

---

5. Did the program provide Naloxone and/or Fentanyl Test Strips to this client at any time during their involvement in grant funded services?

Answered by Grantee staff.

Intent/Key Points

The intent is to record whether the program provided the client with Naloxone/Fentanyl test strips at any time during their enrollment in grant-funded services.

Additional Probes None.

Coding Topics/Definitions

> *Naloxone*—An opioid antagonist that, when administered, rapidly reverses an opioid overdose. Naloxone has no effect on someone who does not have opioids in their system. Naloxone can be given as a nasal spray or it can be injected into the muscle, under the skin, or into the veins (NIDA, 2022).

> *Fentanyl Test Strips*—Fentanyl Test Strips (FTS) can be used to determine if drugs have been mixed or cut with fentanyl, providing people who use drugs and communities with important information about fentanyl in the illicit drug supply so they can take steps to reduce their risk of overdose (SAMHSA, 2021; CDC, 2021b). Test strips are inexpensive and can provide results within 5 minutes, which can be the difference between life or death. Even if the test is negative, take caution as test strips might not detect more potent fentanyl-like drugs, like carfentanil (CDC, 2022c; Bergj et al., 2021). If FTS are illegal in the state then programs should report for Naloxone only or select "Neither."

Cross-Check Items None.

Skip Pattern None.

---

6. Is the client fully vaccinated against the virus that causes COVID-19?

Answered by Grantee staff.

Intent/Key Points

The intent is to record whether the client is fully vaccinated against COVID-19.

Additional Probes *None*.

Coding Topics/Definitions

Fully vaccinated—If a client reports having received two doses of Pfizer-BioNTech, Moderna/Spikevax, or Novavax vaccines, or one dose of Johnson & Johnson Janssen vaccine, they are considered fully vaccinated. If they received only one dose of Pfizer-BioNTech or Moderna/Spikevax, or none of the vaccines, they are not fully vaccinated.

Refused to Answer—If grantee staff do not know if the client is vaccinated and do not have access to client vaccination status in their records, they should select "Refused to Answer" for this question.

Cross-Check Items   None.

Skip Pattern   None.

SECTION K: SERVICES RECEIVED

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

OVERVIEW

Identify the number of days and sessions of services provided to the client during the course of treatment. Services recorded in this section should only include those funded by this CSAT grant. The number of days refers to the number of days that the client is enrolled in the program. This information is not asked of the client but completed by program staff. (Count total number of days from intake to the date of discharge.)

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1. **Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]**

Answered by   Grantee staff.

Intent/Key Points

The intent is to record the modality and number of days the client received services during their enrollment in the grant program.

Additional Probes   None.

Coding Topics/Definitions

The modality refers to the total number of days the client received each modality or service type during their treatment and recovery. For example, if a program provides case management and outpatient therapy to its clients and a client was enrolled in services for 90 days (number of days between baseline interview and discharge date) then staff would enter "90 days" for case management and "90 days" for outpatient therapy.

For treatment services, case management services, medical services, aftercare services, education services, and recovery support services, staff should enter the number of sessions the client received each service during their enrollment in the program. For example, if a client received 5 sessions or instances of housing support and 12 sessions of individual counseling while they were enrolled in the program for the 90 days then staff should report "12 sessions" under individual counseling and "5 sessions" under housing support.

MODALITY

1. *Case Management*—Defining, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client's family.

2. *Intensive Outpatient Treatment*—Intense multimodal treatment for emotional or behavioral symptoms that interfere with normal functioning. These clients require

frequent treatment to improve, while still maintaining family, student, or work responsibilities in the community. Intensive outpatient services differ from outpatient by the intensity and number of hours per week. Intensive outpatient services are provided 2 or more hours per day for 3 or more days per week.

3. *Inpatient/Hospital (Other than Withdrawal Management)*—A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

4. *Outpatient Therapy*—A patient who is admitted to a hospital or clinic for treatment that does not require an overnight stay.

5. *Outreach*— Educational interventions conducted by a peer or paraprofessional educator face to-face with high-risk individuals in the client's neighborhood or other areas where clients typically congregate.

6. *Medication*—Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose (SAMHSA, 2022b).

    A. *Methadone*—Methadone a long-acting opioid agonist, reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Methadone is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT), as well as for pain management.t When taken as prescribed, methadone is safe and effective (SAMHSA, 2022a). Brand names or prescription forms include Diskets Dispersible, Dolophine, Methadone HCI Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).

    B. *Buprenorphine*— Buprenorphine is a partial opioid agonist medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT) by suppressing and reducing cravings for opioids. Buprenorphine is the first medication to treat OUD that can be prescribed or dispensed in physician offices, significantly increasing access to treatment (SAMHSA, 2022a). Also known as Sublocade, Buprenex, Butrans, Probuphine, Belbuca, and Suboxone.

    C. *Naltrexone – Short Acting*—Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use. Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings (SAMHSA, 2022c). Also known as Depade or Revia.

D. *Naltrexone – Long Acting (Report 28 days for each injection)*—Intramuscular extended-release Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) as a Medication-Assisted Treatment (MAT) option. A Risk Evaluation and Mitigation Strategy (REMS) is required for the long-acting injectable formulation to ensure that the benefits of the drug outweigh its risks (SAMHSA, 2022c). Also known as Vivitrol.

E. *Disulfiram*—Disulfiram is a medication that is used to treat alcohol use disorder. Disulfiram works by blocking the breakdown of alcohol in the body. This leads to buildup of a toxic alcohol-related compound that can cause people who drink alcohol while taking this medication to become very sick. This reaction helps encourage people to avoid alcohol while taking the medication (NAMI, 2016c). Also known as Antabuse.

F. *Acamprosate*—Acamprosate is a medication that works in the brain to treat alcohol use disorder. Acamprosate works by decreasing cravings and urges to use alcohol. This allows people who take the medication to control urges to drink and help to continue to not use alcohol. Acamprosate does not help with symptoms of alcohol withdrawal (NAMI, 2016a). Also known as Campral.

G. *Nicotine Replacement*—Nicotine replacement therapy works by supplying nicotine in an alternative form, such as chewing gum or patches for a limited period, which helps reduce the nicotine withdrawal symptoms (WHO, 2021a). This includes patches, gum, and lozenges.

H. *Bupropion*─Bupropion is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), seasonal affective disorder (SAD), and to help people quit smoking (smoking cessation) (NAMI, 2016b). Also known as Zyban, Wellbutrin, Aplenzin, and Forfivo.

I. *Varenicline*— Varenicline is a selective alpha4-beta2 neuronal nicotinic acetylcholine receptor partial agonist approved as an aid to smoking cessation therapy. This receptor is believed to play a significant role in reinforcing the effects of nicotine and in maintaining smoking behaviors. The agonist effect of varenicline at the nicotinic receptor is approximately half that of nicotine, which may lessen craving and withdrawal without inducing dependence (AAFP, 2007). Also known as Chantix and Tyrvaya.

7. *Residential/Rehabilitation*— A residential facility or halfway house that provides onsite structured therapeutic and supportive services specifically for alcohol and other drugs.

8. *Withdrawal Management (Select Only One)*—A medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.

    A. *Hospital Inpatient*—Client resides at a medical facility or hospital during their treatment.

    B. *Free-Standing Residential*—Patient resides at a facility other than a hospital while treatment is provided.

    C. *Ambulatory Detoxification*—Treatment that is performed in a specialized therapeutic environment and is designed to provide both psychological and physiological stabilization to ensure safe withdrawal from alcohol and/or drugs.

9. *After Care*—Treatment given for a limited time after the client has completed their primary treatment program but is still connected to the treatment provider.

10. *Recovery Support*—Support from peers, family, friends, and health professionals during recovery. Includes any of the following: assistance in housing, educational, and employment opportunities; building constructive family and other personal relationships; stress management assistance; alcohol- and drug-free social and recreational activities; recovery coaching or mentoring to help manage the process of obtaining services from multiple systems, including primary and mental health care, child welfare, and criminal justice systems.

11. *Other (Specify)*—Specify any other service modalities to be received by the client.

TREATMENT SERVICES

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE SESSION IN ONE SERVICE CATEGORY.]

[SBIRT GRANTS: MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]

1. *Screening*—A gathering and sorting of information used to determine if an individual has a problem with alcohol or other drug abuse, and if so, whether a detailed clinical assessment is appropriate. Screening is a process that identifies people at risk for the "disease" or disorder (National Institute on Alcohol Abuse and Alcoholism, 1990). As such, screening refers to a brief procedure used to determine the probability of the presence of a problem, substantiate that there is a reason for concern, or identify the need for further evaluation. In a general population, screening for substance abuse and dependency would focus on determining the presence or absence of the disorder, whereas for a population already identified at risk, the screening process would be concerned with measuring the severity of the problem and determining need for a comprehensive assessment.

2. *Brief Intervention*—Those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his substance abuse, either by natural, client-directed means or by seeking additional substance use treatment.

3. *Brief Treatment*—A systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. Brief therapies usually consist of more (as well as longer) sessions than brief interventions. The duration of brief therapies is reported to be anywhere from 1 session (Bloom, 1997) to 40 sessions (Sifneos, 1987), with the typical therapy lasting between 6 and 20 sessions. Twenty sessions usually are the maximum because of limitations placed by many managed care organizations. Any therapy may be brief by accident or circumstance, but the focus is on *planned* brief therapy. The therapies described here may involve a set number of sessions or a set range (e.g., from 6 to 10 sessions), but they always work within a time limitation that is clear to both therapist and client.

   Note: Brief Treatment is not applicable to ATR Grants.

4. *Referral to Treatment*—A process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs.

   Note: Referral to Treatment is not applicable to ATR Grants.

5. *Assessment*—To examine systematically to determine suitability for treatment.

6. *Treatment Planning*—A program or method worked out beforehand to administer or apply remedies to a patient for illness, disease, or injury.

7. *Recovery Planning*—Programs or methods worked out beforehand to support individuals experiencing mental and/or substance use issues in their journey to recovery. Often guided by professionals and/or peers it may include clinical treatment, medications, peer support, self-care, family support, and other approaches.

8. *Individual Counseling*—Professional guidance of an individual by utilizing psychological methods.

9. *Group Counseling*—Professional guidance of a group of people gathered utilizing psychological methods.

10. *Contingency Management*—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).

11. *Community Reinforcement*—Promotes healthy, drug-free living in a way that makes it rewarding. It includes progressive involvement in non-substance-related and pleasant social activities, while also working on enhancing the enjoyment found within the "community" of a family and job.

12. *Cognitive Behavioral Therapy*—Involves working with a counselor to understand what drives substance use, and to develop ways to overcome this through better understanding behaviors and motivations, as well as using problem solving techniques to better cope with stressful situations.

13. *Family/Marriage Counseling*—A type of psychotherapy for a married couple or family for the purpose of resolving problems in the relationship.

14. *Co-Occurring Treatment Services*—Assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).

15. *Pharmacological Interventions*—The use of any pharmacological agent to affect the treatment outcomes of substance-abusing clients. For example, the use of phenytoin in alcohol withdrawal and the use of buprenorphine in opioid treatment.

16. *HIV/AIDS Counseling*—A type of psychotherapy for individuals infected with and living with HIV/AIDS.

17. *Cultural Interventions/Activities*—Interventions and/or activities which acknowledge, respect, and respond to an individual's health beliefs, practices, and cultural and linguistic needs (SAMHSA, 2022d).

18. *Other Clinical Services (Specify)*—Other client services the client received that are not listed above.

CASE MANAGEMENT SERVICES

1. *Family Services (e.g., Marriage Education, Parenting, and Child Development Services)*—Resources to assist in the well-being and safety of children, families, and the community.

2. *Child Care*—Care provided to children for a period of time.

3. *Employment Services*—Resources provided to clients to assist in finding employment.

   A. *Pre-Employment Services*—Services provided to clients prior to employment, which can include background checks, drug tests and assessments. These services allow employers to "check out" prospective employees before hiring them.

   B. *Employment Coaching*—Provides tools and strategies to clients to assist in gaining employment. These strategies include implementing new skills, changes, and actions to ensure clients achieve their targeted results.

4. *Individual Services Coordination*—Services that families may choose to use when they need help obtaining support for their child(ren) with cognitive and/or intellectual disabilities to live as independently as possible in the community.

5. *Transportation*—Providing a means of transport for clients to travel from one location to another.

6. *HIV/AIDS Service*—Resources provided to clients to improve the quality and availability of care for people with HIV/AIDS and their families. This includes Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and HIV treatment such as antiretroviral therapy (ART).

   Pre-Exposure Prophylaxis—Pre-Exposure Prophylaxis (PrEP) is medication used to prevent HIV infection in individuals who have tested negative but are at high

risk of exposure. Emtricitabine in combination with tenofovir disoproxil fumarate (Truvada) or Emtricitabine in combination with tenofovir alafenamide (Descovy) are pills taken daily. The third medication is cabotegravir (Apretude) is an injection provided every 2 months.

Post-Exposure Prophylaxis—Post-Exposure Prophylaxis (PEP) is a medication used to prevent HIV infection after an exposure. Medication treatment should be started within 72 hours and is a combination of disoproxil fumarate and emtricitabine daily and raltegravir twice daily or dolutefravir once daily.

HIV Treatment—HIV treatment done through antiretroviral therapy (ART). It is a combination of medications that the individual has to take every day.

7. *Transitional Drug-Free Housing Services*—Provides rental assistance for families and individuals who are seeking to be drug-free who can be housed for up to 2 years while receiving intensive support services from the agency staff.

8. *Housing Support*—Activities around locating, securing, and maintaining stable housing. May include identifying housing resources, completing applications, transitioning the individual into housing, assistance with utilities and working with landlords.

9. *Health Insurance Enrollment*—Assistance determining eligibility for and formal enrollment in public insurance such as Medicaid, Medicare, state-sponsored health plan, or Children's Health Insurance Program or private insurance including that obtained through a workplace, union, professional association or individual purchase (CDC, 2022d).

10. *Other Case Management Services (Specify)*—Other case management services the client received that are not listed above.

MEDICAL SERVICES

1. *Medical Care*—Professional treatment for illness or injury.

2. *Alcohol/Drug Testing*—Any process used to identify the degree to which a person has used or is using alcohol or other drugs.

3. *OB/GYN Services*—Reproductive healthcare services provided to clients by an obstetrician-gynecologist.

4. *HIV/AIDS Medical Support & Testing*—Medical services provided to clients who have HIV/AIDS and their families.

5. *Hepatitis Medical Support and Testing*—Medical services provided to clients focusing on the prevention and treatment of viral hepatitis. Hepatitis A is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is typically transmitted person to-person through the fecal-oral route or through consumption of contaminated food or water. Hepatitis B is a vaccine preventable liver disease cause by

the hepatitis B virus (HBV) typically transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected (e.g., sexual contact, sharing needles or other injection equipment, birth). Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), a blood-borne virus typically transmitted by sharing needles or other injection equipment (CDC, 2018).

6. *Other STI Support and Testing*—Other sexually transmitted infection support and testing not mentioned above.

7. *Dental Care*—Dental care services provided to clients by a dentist, dental assistant, or dental hygienist to support oral hygiene.

8. *Other Medical Services (Specify)*—Other medical services the client received that are not listed above.

AFTER CARE SERVICES

1. *Continuing Care*—Providing health care for extended periods of time.

2. *Relapse Prevention*—Identifying each client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

3. *Recovery Coaching*—Guidance involving a combination of counseling, support, and various forms of mediation treatments to find solutions to deal with breaking the habit of substance use.

4. *Self-Help and Mutual Support Groups*—Helping or improving oneself without assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing.

5. *Spiritual Support*—Spiritual/religion-based support for the clients' recovery process.

6. *Other After Care Services (Specify)*—Other after care services the client received that are not listed above.

EDUCATION SERVICES

1. *Substance Misuse Education*—A program of instruction designed to assist individuals in drug prevention, relapse, and/or treatment.

2. *HIV/AIDS Education*—A program of instruction designed to assist individuals with HIV/AIDS and their families with HIV/AIDS prevention and/or treatment.

3. *Hepatitis Education*— Information or a program of instruction around how viral hepatitis is prevented, transmitted, and treated. Hepatitis A is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is typically transmitted person to-person through the fecal-oral route or through consumption of contaminated food or water. Hepatitis B is a vaccine preventable liver disease cause by

the hepatitis B virus (HBV) typically transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected (e.g., sexual contact, sharing needles or other injection equipment, birth). Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), a blood-borne virus typically transmitted by sharing needles or other injection equipment (CDC, 2018).

4. *Other STI Education Services*—Other sexually transmitted infections education services not mentioned above.

5. *Naloxone Training*—Information and education about opioid overdose response and naloxone administration. Training should include education about how to recognize the signs of an opioid overdose and how to administer naloxone.

6. *Fentanyl Test Strip Training*—A program of instruction designed to assist individuals with how to use fentanyl test strips. Fentanyl test strips can prevent opioid overdose, as they allow individuals to test drugs for the presence of fentanyl.

7. *Other Education Services (Specify)*—Other education services the client received that are not listed above.

RECOVERY SUPPORT SERVICES

1. *Peer Coaching or Mentoring*—Services involving a trusted counselor or teacher to another person of equal standing or others in support of a client's recovery.

2. *Vocational Services*—Assistance with employment readiness and the integration of employment into substance use recovery planning. Can include services related to vocational counseling, job obtainment, vocational training, job maintenance, reintegration, and other services related to connecting the client to employment as a facet of their recovery.

3. *Recovery Housing*—Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders (SAMHSA, 2019).

4. *Recovery Planning*—Programs or methods worked out beforehand to support individuals experiencing mental and/or substance use issues in their journey to recovery. Often guided by professionals and/or peers it may include clinical treatment, medications, peer support, self-care, family support, and other approaches.

5. *Case Management Services to Specifically Support Recovery*— A coordinated approach to the delivery of health, substance abuse, mental health, and social services, linking clients with appropriate services to address specific needs and achieve stated goals (CSAT, 2000).

6. *Alcohol-and Drug-Free Social Activities*—Action, event or gathering taken by a group of people that promotes abstinence from alcohol and other drugs.

7. *Information and Referral*—Services involving the provision of resources to a client promoting health behavior and/or direction of a client to other sources for help or information.

8. *Other Recovery Support Services (Specify)*—Other Recovery Support Services the client received that are not listed above.

9. *Other Peer-to-Peer Recovery Support Services (Specify)*—Other peer-to-peer recovery services the client received that are not listed above.

Cross-Check Items   None.

Skip Pattern   None.

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2.   Has this client attended 60% or more of their planned services?

Answered by   Grantee staff.

Intent/Key Points

The intent is to record whether the client attended most of their planned services. The calculation allows for an understanding of client service utilization and can be used to report attendance and assess the relationship of 'reasonable' attendance on outcomes. To calculate the percent of planned services the client attended, the grant program should estimate the total number of days of services planned at intake (B12 Modality - denominator) versus the actual number of days of services provided (K Modality – numerator).

Additional Probes   None.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

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3.   Did this client receive any services via telehealth or a virtual platform?

Answered by   Grantee staff.

Intent/Key Points

The intent is to record whether the client received services virtually.

Additional Probes   None.

Coding Topics/Definitions None.

Cross-Check Items   None.

Skip Pattern   None.

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4.   Has this client previously been diagnosed with an opioid use disorder?
4a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? [CHECK ALL THAT APPLY.]
4b. Has this client taken the medication as prescribed?

Answered by   Grantee staff.

Intent/Key Points

The intent of this question is to determine whether the client was diagnosed with an opioid use disorder prior to the current treatment episode. This question is different than the question in Section B, since that one was answered by the client, and this one is by the staff, and can be informed by medical records.

Additional Probes   None.

Coding Topics/Definitions

If client was diagnosed, check "Yes," and answer, "In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder?" Check all that apply. Answer if the client has taken the medication as prescribed.

> *Methadone*—Methadone is a long-acting opioid agonist, which reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Methadone is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT), as well as for pain management.t When taken as prescribed, methadone is safe and effective (SAMHSA, 2022a). Brand names or prescription forms include Diskets Dispersible, Dolophine, Methadone HCI Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).

> *Buprenorphine*—Buprenorphine is a partial opioid agonist medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT) by suppressing and reducing cravings for opioids. Buprenorphine is the first medication to treat OUD that can be prescribed or dispensed in

physician offices, significantly increasing access to treatment (SAMHSA, 2022a). Also known as Sublocade, Probuphine, Belbuca, Butrans, Buprenex, Probuphineon B and Suboxone.

Naltrexone—Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use. Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings (SAMHSA, 2022c). Also known as ReVia and Depade.

Extended-release Naltrexone—Intramuscular extended-release Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) as a Medication-Assisted Treatment (MAT) option. A Risk Evaluation and Mitigation Strategy (REMS) is required for the long-acting injectable formulation to ensure that the benefits of the drug outweigh its risks (SAMHSA, 2022c). Also known as Vivitrol.

Cross-Check Items   None.

Skip Pattern

If the answer to question 4 is "No," skip to question 5.

> **5.** **Has this client previously been diagnosed with an alcohol use disorder?**
> **5a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder [CHECK ALL THAT APPLY.]**
> **5b. Has this client taken the medication as prescribed?**

Answered by   Grantee staff.

Intent/Key Points

The intent is to record whether the client was diagnosed with an alcohol use disorder prior to receiving services. This question is different than the question in section B, since that one was answered by the client, and this one is by the staff, and can be informed by medical records.

Additional Probes   None.

Coding Topics/Definitions

If client was diagnosed, check "Yes," and answer, "In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder?" Select all that apply. Answer if the client has taken the medication as prescribed.

> *Naltrexone*—Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use. Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings (SAMHSA, 2022c). Also known as, ReVia and Depade.

> *Extended-release Naltrexone*—Intramuscular extended-release Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) as a Medication-Assisted Treatment (MAT) option. A Risk Evaluation and Mitigation Strategy (REMS) is required for the long-acting injectable formulation to ensure that the benefits of the drug outweigh its risks (SAMHSA, 2022c). Also known as Vivitrol.

> *Disulfiram*—Disulfiram is a medication that is used to treat alcohol use disorder. Disulfiram works by blocking the breakdown of alcohol in the body. This leads to buildup of a toxic alcohol-related compound that can cause people who drink alcohol while taking this medication to become very sick. This reaction helps encourage people to avoid alcohol while taking the medication (NAMI, 2016c). Also known as Antabuse.

> *Acamprosate*—Acamprosate is a medication that works in the brain to treat alcohol use disorder. Acamprosate works by decreasing cravings and urges to use alcohol. This allows people who take the medication to control urges to drink and help to continue to not use alcohol. Acamprosate does not help with symptoms of alcohol withdrawal (NAMI, 2016a). Also known as Campral.

Cross-Check Items   None.

Skip Pattern

If the answer to question 5 is "No," skip to question 6.

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6.   Has this client previously been diagnosed with a stimulant use disorder?
6a. In the past 30 days, which interventions did the client receive for the treatment of this stimulant use disorder? [CHECK ALL THAT APPLY.]
6b. Has this client attended and participated in interventions for stimulant use disorder?

Answered by   Grantee staff.

Intent/Key Points

The intent is to record whether the client was diagnosed with a stimulant use disorder prior to receiving services. This question is different than the question in section B, since that one was answered by the client, and this one is by the staff, and can be informed by medical records.

Additional Probes   None.

Coding Topics/Definitions

If client was diagnosed, check "Yes," and answer, "In the past 30 days, which FDA-approved medication did the client receive for the treatment of this stimulant use disorder?" Select all that apply. Answer if the client has taken the medication as prescribed.

> *Contingency Management*—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).

> *Community Reinforcement*—Community Reinforcement promotes healthy, drug-free living in a way that makes it rewarding. It includes progressive involvement in non-substance-related and pleasant social activities, while also working on enhancing the enjoyment found within the "community" of a family and job.

> *Cognitive Behavioral Therapy*—Cognitive Behavioral Therapy involves working with a counselor to understand what drives substance use, and to develop ways to overcome this through better understanding behaviors and motivations, as well as using problem solving techniques to better cope with stressful situations.

> *Other treatment approach*—Other treatment approaches not mentioned above.

Cross-Check Items   None.

Skip Pattern

If the answer to question 6 is "No," skip to question 7.

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7.   Has this client previously been diagnosed with a tobacco use disorder?
7a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? [CHECK ALL THAT APPLY.]
7b. Has this client taken the medication as prescribed?

Answered by   Grantee staff.

Intent/Key Points

The intent is to record whether the client was diagnosed with a tobacco use disorder prior to receiving services. This question is different than the question in section B, since that one was answered by the client, and this one is by the staff, and can be informed by medical records.

Additional Probes   None.

Coding Topics/Definitions

If client was diagnosed, check "Yes," and answer, "In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder?" Select all that apply. Answer if the client has taken the medication as prescribed.

> *Nicotine Replacement*—Nicotine replacement therapy works by supplying nicotine in an alternative form, such as chewing gum or patches for a limited period, which helps reduce the nicotine withdrawal symptoms (WHO, 2021a). This includes patches, gum, and lozenges.

> *Bupropion*—Bupropion is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), seasonal affective disorder (SAD), and to help people quit smoking (smoking cessation) (NAMI, 2016b). Also known as Zyban, Wellbutrin, Aplenzin, and Forfivo.

> *Varenicline*—Varenicline is a selective alpha4-beta2 neuronal nicotinic acetylcholine receptor partial agonist approved as an aid to smoking cessation therapy. This receptor is believed to play a significant role in reinforcing the effects of nicotine and in maintaining smoking behaviors. The agonist effect of varenicline at the nicotinic receptor is approximately half that of nicotine, which may lessen craving and withdrawal without inducing dependence (American Academy of Family Physicians [AAFP], 2007). Also known as Chantix and Tyrvaya.

Cross-Check Items   None.

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