

# Virginia State Opioid Response

## GPRA

(Government Performance and Results Act)

# Question-by-Question Guide to the SOR-III Intake & Follow-up/ Discharge Surveys

This question-by-question guide was developed by OMNI Institute to accompany the GPRA intake survey and the follow-up/discharge survey also developed by OMNI. It is designed for use by the Virginia agencies who are providing treatment and recovery services funded by the SOR grant.

***This tool supports the SOR III GPRAs that launched January 21, 2023***

For more information or questions, please contact the OMNI SOR support team at [SORSupport@omni.org](mailto:SORSupport@omni.org)

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## GENERAL OVERVIEW

- ☐ The GPRA tool is to be administered through interview, not self-administered by the client.
- ☐ Have the client answer all applicable questions.
- ☐ Read each question as it is written. In certain cases, the item in parentheses may or may not be read to the client. If a client is having trouble understanding a question, you may explain it after reading it as written. Do not change the wording of the question.
- ☐ At the beginning of each section, you should introduce the next section of questions, (e.g., “Now I’m going to ask you some questions about...”)
- ☐ Read aloud only the response categories that appear in lower-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).
- ☐ Some items are personal and sensitive in nature - interviewers should take any opportunity to remind the client of confidentiality.
- ☐ If the client declines to answer a question, mark “REFUSED” for the item. 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.
- ☐ 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.

## GUIDE ITEMS

This Question-by-Question Guide is organized by the sections of the Intake and Follow-up/Discharge GPRA tools. For each section there is an overview as well as definitions that apply to the items in that section. Information provided for items are:

<b>Additional probes</b>	A probe is a question that does not appear in the tool. It is usually a set of follow-up questions that may provide information to help understand the client's response more fully.
<b>Definitions</b>	Clarifies how to classify certain item details or response options.
<b>Cross-check</b>	Alerts the interviewer to items that should be related, and answers that should be verified, if a contradiction occurs during the interview.
<b>Skip pattern</b>	Indicates which items in each survey should be skipped and under what circumstances. There are certain questions that are irrelevant based on answers to previous items.

# CONSENT

**All clients must consent to participate in the evaluation** before you may begin compiling their information and conducting the survey. There is a separate consent form for clients in the justice setting.

Consent information is provided on pages 3 and 4 of the intake survey packet for clients **not** in the justice setting. Consent information is provided on pages 5 and 6 of the intake survey packet for clients in the justice setting. **Please remove the consent information page from the packet and provide it to the client to keep.**

If the client consents to participate, they can give consent verbally or sign the consent form on page 9 of the intake survey packet. **Please remove the signature page from the packet and store it in a safe place in your agency. It should be stored separately from the intake survey data.**

If the client does not consent to participate in the evaluation, they are still able to receive SOR-funded services, but you should not complete an intake or any follow-up/discharge surveys with them.

## SECTION A: RECORD MANAGEMENT (All GPRAs)

### Overview:

This section pertains to grantee and client identification and planned services.

<p>1. Client ID</p>	<p>The Client ID must be a unique identifier. This can be the same as the CCS3 ID* the client has been assigned <b>or</b> the Client ID used in clinic records. Any UNIQUE identifier may be used per individual. When typing into the data system, make sure no spaces follow the ID you type in.</p> <p><i>*CCS3 = Community Consumer Submission 3 identifier.</i></p>
<p>2. Interview Date</p> <p>Enter in format mm/dd/yyyy using the calendar provided.</p>	<p>Date you completed the GPRA survey with the SOR client, not the day they were admitted to the program.</p>
<p>3. Date of Admission (Intake GPRA only)</p> <p>Enter in format: mm/dd/yyyy using the calendar provided.</p>	<p>Date the SOR client started MAT or SOR-funded services.</p>
<p>4. Agency Name</p>	<p>Enter your Agency name if on paper version and select the correct name in the drop-down if entering online.</p>
<p>5. Where was the client referred for treatment from? (Intake GPRA only)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Emergency Department (ED)</li> <li><input type="radio"/> Criminal Justice/Court/Parole</li> <li><input type="radio"/> Social Services/Case manager</li> <li><input type="radio"/> Health care provider</li> <li><input type="radio"/> Warmline</li> <li><input type="radio"/> Peer Specialist/Mentor</li> <li><input type="radio"/> Family member or friend</li> <li><input type="radio"/> Self referral</li> <li><input type="radio"/> Other, please specify: _____</li> </ul>	<p>This question appears on Intake GPRA only.</p>
<p>6. 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?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes [GO TO QUESTION 6a]</li> <li><input type="radio"/> No [SKIP TO QUESTION 7]</li> </ul>	<p>Questions 6, 6a and 6b appear on Intake GPRA only.</p>
<p>6a. [IF YES TO QUESTION 6] Did the client screen positive for co-occurring mental health and substance use disorders?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes [GO TO QUESTION 6b]</li> <li><input type="radio"/> No [SKIP TO QUESTION 7]</li> </ul>	<p>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.</p>
<p>6b. [IF YES TO QUESTION 6a] Was the client referred for further assessment for a co-occurring mental health and substance use disorder?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p>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.</p> <p>If the program screens the client for a co-occurring mental health disorder after the baseline interview has been completed answer this question "No."</p>

<p>7. Where are the SOR-funded services this client is receiving based? (Intake GPRA only)</p> <ul style="list-style-type: none"> <li>○ CSB/Agency clinic (in person or virtual)</li> <li>○ Jail/Criminal Justice Setting (in person or virtual)</li> <li>○ Other, please specify: _____</li> </ul>	<p>The intent of this question (7) is to determine if the client is receiving services in the CSB/Agency or in a jail/criminal justice setting.</p> <p><b>Skip pattern:</b></p> <ul style="list-style-type: none"> <li>• If Jail/Criminal Justice Setting is selected, continue to the next questions (7a and 7b) in Section A: Record Management.</li> </ul>
<p>7a. [IF IN JAIL/CRIMINAL JUSTICE SETTING] What type of justice setting is the client in?</p> <ul style="list-style-type: none"> <li>○ Jail (city, county, regional)</li> <li>○ Prison (state)</li> <li>○ Drug/Recovery Court</li> <li>○ Probation or Parole</li> <li>○ Other, please specify: _____</li> </ul>	<p>This question determines which type of justice setting the client is currently in. This is only asked if the client is receiving SOR-funded services in the jail/criminal justice setting.</p>
<p>7b. [IF IN JAIL/CRIMINAL JUSTICE SETTING] Is the client currently incarcerated?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p>This question asks whether the client is currently incarcerated. This is only asked if the client is receiving SOR-funded services in the jail/criminal justice setting.</p>
<p>Which survey are you reporting? (Follow-up/Discharge GPRA only)</p> <ul style="list-style-type: none"> <li>○ 6-month follow-up</li> <li>○ Discharge</li> </ul>	<p>This question appears on the Follow-up/Discharge GPRA only. Select which survey you are reporting. Only select one interview type.</p> <p><b>Skip pattern:</b></p> <p>If "6-month follow-up" is selected, continue to Section A: Follow-up Questions.</p> <p>If "Discharge" is selected, skip to Section A: Discharge Questions.</p>

**For Follow-up/Discharge GPRA, continue with either SECTION A: FOLLOW-UP QUESTIONS or SECTION A: DISCHARGE STATUS AND SERVICES RECEIVED.**

**For Intake GPRA, skip to SECTION A: PLANNED SERVICES.**

## SECTION A: FOLLOW-UP STATUS (Follow-up GPRA)

**Overview:** This section pertains to the follow-up status and services of the client. This section is to be completed by program staff at the 6-month follow-up.

<p>A.1 Was the client able to be contacted for follow-up?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p>The intent is to record if the client was contacted to conduct the follow-up interview. That is, <b>was the client located regardless of whether the follow-up interview was conducted.</b></p>
<p>A.2. What is the follow-up status of the client?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Deceased at time of due date</li> <li><input type="radio"/> Completed interview within specified window</li> <li><input type="radio"/> Completed interview outside specified window</li> <li><input type="radio"/> Located, but refused, unspecified</li> <li><input type="radio"/> Located, but unable to gain institutional access</li> <li><input type="radio"/> Located, but otherwise unable to gain access</li> <li><input type="radio"/> Located, but withdrawn from project</li> <li><input type="radio"/> Unable to locate, moved</li> <li><input type="radio"/> Unable to locate, other (Specify) _____</li> </ul>	<p>Select the option that most closely reflects the nature of the client's follow-up status. This is a required field. Indicate if and how a follow-up survey was completed with the client.</p> <ul style="list-style-type: none"> <li>• <i>Completed or conducting interview now within specified window</i> – GPRA completed with client within their 6-month follow-up window.</li> <li>• <i>Completed or conducting interview outside of specific window</i> – GPRA completed with client either before or after the 6-month follow-up window.</li> <li>• <i>Located, but refused, unspecified</i> – client was contacted but chose not to complete a follow-up GPRA. Administrative follow-up GPRA will be completed.</li> <li>• <i>Located, but unable to gain institutional access</i> – 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). Administrative follow-up GPRA will be completed.</li> <li>• <i>Located, but otherwise unable to gain access</i> – Administrative follow-up GPRA will be completed. You know where the client is located but are unable to gain access due to distance or other factors.</li> <li>• <i>Located, but withdrawn from project</i> – Refers to the evaluation. Administrative follow-up GPRA will be completed.</li> <li>• <i>Unable to locate (moved or other)</i> – Administrative follow-up GPRA will be completed.</li> </ul>
<p>A.3. Is the client still receiving services from your program?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p>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.</p> <p><b>Skip pattern:</b> Skip to Section B: Substance Use and Mental Health History to continue the follow-up survey.</p>

**For Follow-up INTERVIEW GPRA, skip to SECTION B: SUBSTANCE USE AND MENTAL HEALTH HISTORY**

## SECTION A: DISCHARGE STATUS (Discharge GPRA Only)

### Overview:

This section pertains to the discharge status of the client and services received. This section is to be completed by program staff when any client who was administered the intake GPRA stops receiving services from your clinic.

<p>A.1. What type of discharge is this?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Interview (Already conducting or conducting now)</li> <li><input type="radio"/> Administrative (No interview conducted)</li> </ul>	<p>Indicate if you are conducting an interview with the client or if no interview was conducted and you are completing an administrative discharge.</p>
<p>A.2. On what date was the client discharged?</p> <p>Enter in format mm/dd/yyyy using the calendar provided.</p>	<p>Date client was discharged from the program, whether the discharge was voluntary or involuntary. Enter the date the client was discharged, not the date of the discharge interview.</p>
<p>A.3. What is the client's discharge status?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Completion/Graduate</li> <li><input type="radio"/> Termination</li> </ul>	<p>Indicate the client's discharge status.</p> <p><b>Skip pattern:</b> If "Termination" is selected, continue to A.3a.</p>
<p>A.3a. [If 3 = <b>TERMINATION</b>] If the client was terminated, what was the reason for termination?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Left on own against staff advice with satisfactory progress</li> <li><input type="radio"/> Left on own against staff advice without satisfactory progress</li> <li><input type="radio"/> Involuntarily discharged due to nonparticipation</li> <li><input type="radio"/> Involuntarily discharged due to violation of rules</li> <li><input type="radio"/> Referred to another program or other services with satisfactory progress</li> <li><input type="radio"/> Referred to another program or other services with unsatisfactory progress</li> <li><input type="radio"/> Incarcerated due to offense committed while in treatment with satisfactory progress</li> <li><input type="radio"/> Incarcerated due to offense committed while in treatment with unsatisfactory progress</li> <li><input type="radio"/> Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress</li> <li><input type="radio"/> Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress</li> <li><input type="radio"/> Transferred to another facility for health reasons</li> <li><input type="radio"/> Death</li> <li><input type="radio"/> Other (<b>specify</b>)</li> </ul>	<p>Select one option that most closely reflects the nature of the client's discharge.</p> <p><b>Definitions:</b> <i>Satisfactory progress</i> - client was compliant with the program/treatment plan. <i>Unsatisfactory progress</i> - client was not compliant with the program/treatment plan.</p>
<p>A.4. Did the program order an HIV test for this client?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p>Indicate if the program tested this client for HIV.</p> <p><b>Skip pattern:</b> If "No" is selected, continue to A.5. If "Yes", continue to A.6.</p>
<p>A.5. [If 4 = <b>NO</b>] Did the program refer this client for testing?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p>Indicate if the client was referred to HIV testing. This could be a referral to an outside organization. A referral can include the provision of potential HIV testing locations for the client to contact.</p>
<p>A.6. Did the program provide Naloxone and/or Fentanyl Test Strips to this client at any time during their involvement in grant funded services?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Naloxone</li> <li><input type="radio"/> Fentanyl Test Strips</li> <li><input type="radio"/> Both Naloxone and Fentanyl Test Strips</li> <li><input type="radio"/> Neither</li> </ul>	<p>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.</p>



<p>A.7. Is the client fully vaccinated against the virus that causes COVID-19?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No, partially vaccinated with plans to receive the subsequent vaccination on time</li> <li>○ No, partially vaccinated with no plan to receive the subsequent vaccination</li> <li>○ No, client refused vaccination</li> <li>○ REFUSED</li> </ul>	<p>The intent is to record whether the client is fully vaccinated against COVID-19.</p> <p>Fully vaccinated—If a client reports having received two doses of Pfizer-BioNTech, Moderna/Spikevax, or Novavax vaccines, or one dose of Johnson &amp; 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.</p> <p>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.</p>
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## SECTION A: SERVICES RECEIVED (Discharge GPRA Only)

### Overview:

Identify the number of days or sessions provided to the client during the client’s course of treatment/recovery. **Complete only at discharge.**

Please indicate all relevant services, regardless of whether the services overlap (e.g., if a client received Cognitive Behavioral Therapy during individual counseling sessions, please mark both "Individual Counseling" and "Cognitive Behavioral Therapy (CBT)" in the *Treatment Services* section).

**WRITE THE NUMBER OF DAYS/SESSIONS PROVIDED TO THE CLIENT FOR EACH MODALITY, TREATMENT, OR SERVICE LISTED. ENTER ZERO IF NO SERVICES WERE PROVIDED.**

MODALITY		
A.1. Case Management	_____ Days	Case Management—defining, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client's family.
A.2. Intensive Outpatient Treatment	_____ Days	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
A.3. Inpatient/Hospital (Other than Withdrawal Management)	_____ Days	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.
A.4. Outpatient Therapy	_____ Days	Outpatient – a client who is admitted to a hospital or clinic for treatment that does not require an overnight stay.
A.5. Outreach	_____ Days	Outreach – educational interventions conducted by peer or paraprofessional educator face-to-face with high-risk individuals in the client’s neighborhood or other areas where clients typically congregate.

<p><b>A.6. Medication</b>—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).</p>		
A.6.a. Methadone	_____ Days	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 HCl Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).
A.6.b. Buprenorphine	_____ Days	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.
A.6.c. Naltrexone – Short Acting	_____ Days	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.
A.6.d. Naltrexone – Long Acting (report 28 days for each one injection)	_____ Days	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.
A.6.e. Disulfiram	_____ Days	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.

A.6.f. Acamprosate	_____ Days	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.
A.6.g. Nicotine Replacement	_____ Days	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.
A.6.h. Bupropion	_____ Days	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.
A.6.i. Varenicline	_____ Days	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.
A.7. Residential/Rehabilitation	_____ Days	Residential/Rehabilitation – a residential facility or halfway house that provides on-site structured therapeutic and supportive services specifically for alcohol and other drugs.
A.8. Withdrawal Management <b>(Select Only One)</b>		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.8a. Hospital Inpatient	_____ Days	Hospital Inpatient– client resides at a medical facility or hospital during their treatment.
A.8b. Free Standing Residential	_____ Days	Free-Standing Residential – client resides at a facility other than a hospital while treatment is provided.
A.8c. Ambulatory Detoxification	_____ Days	Ambulatory Detox – 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.
A.9. After Care	_____ Days	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.
A.10. Recovery Support	_____ Days	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
A.11. Other Modality ( <b>Specify</b> )	_____ Days	Other (Specify) – specify any other service modalities to be received by the client.
<b>TREATMENT SERVICES</b>		
A.1. Screening	_____ Sessions	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.
A.2. Brief Intervention	_____ Sessions	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.
A.3. Brief Treatment	_____ Sessions	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.
A.4. Referral to Treatment	_____ Sessions	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.
A.5. Assessment	_____ Sessions	Assessment – to examine systematically in order to determine suitability for treatment.
A.6. Treatment Planning	_____ Sessions	Treatment/Recovery Planning – a program or method worked out beforehand to administer or apply remedies to a client for illness, disease or injury.

A.7. Recovery Planning	____ Sessions	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.
A.8. Individual Counseling	____ Sessions	Individual Counseling – professional guidance of an individual by utilizing psychological methods.
A.9. Group Counseling	____ Sessions	Group Counseling – professional guidance of a group of people gathered together utilizing psychological methods.
A.10. Contingency Management	____ Sessions	Contingency Management—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).
A.11. Community Reinforcement	____ Sessions	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.
A.12. Cognitive Behavioral Therapy	____ Sessions	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.
A.13. Family/Marriage Counseling	____ Sessions	Family/Marriage Counseling – a type of psychotherapy for a married couple or family for the purpose of resolving problems in the relationship.
A.14. Co-occurring Treatment Services	____ Sessions	Co-Occurring Treatment Services—Assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).
A.15. Pharmacological Interventions	____ Sessions	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.
A.16. HIV/AIDS Counseling	____ Sessions	HIV/AIDS Counseling – a type of psychotherapy for individuals infected with and living with HIV/AIDS.
A.17. Cultural Interventions/Activities	____ Sessions	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).
A.18. Other Clinical Services ( <b>Specify</b> )	____ Sessions	Other Clinical Services (Specify) – other client services the client received that are not listed above.
<b>Case Management Services</b>		
A.1. Family Services (Including Marriage Education, Parenting, Child Development Services)	____ Sessions	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.
A.2. Child Care	____ Sessions	Child Care – care provided to children for a period of time.

A.3. Employment Service		Employment Services – resources provided to clients to assist in finding employment.
A.3.a. Pre-Employment Services	____ Sessions	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.
A.3.b. Employment Coaching	____ Sessions	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.
A.4. Individual Services Coordination	____ Sessions	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
A.5. Transportation	____ Sessions	Transportation – providing a means of transport for clients to travel from one location to another.
A.6. HIV/AIDS Services & Counseling	____ Sessions	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).
A.7. Supportive Transitional Drug-Free Housing Services	____ Sessions	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.
A.8. Housing Support	____ Sessions	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.
A.9. Health Insurance Enrollment	____ Sessions	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).
A.10. Other Case Management Services ( <b>Specify</b> )	____ Sessions	Other Case Management Services (Specify) – other case management services the client received that are not listed above.
<b>Medical Services</b>		
A.1. Medical Care	____ Sessions	Medical Care – professional treatment for illness or injury.
A.2. Alcohol/Drug Testing	____ Sessions	Alcohol/Drug Testing – any process used to identify the degree to which a person has used or is using alcohol or other drugs.
A.3. OB/GYN Services	____ Sessions	OB/GYN Services -- Reproductive healthcare services provided to clients by an obstetrician-gynecologist.

A.4. HIV/AIDS Medical Support & Testing	____ Sessions	HIV/AIDS Medical Support & Testing—Medical services provided to clients who have HIV/AIDS and their families.
A.5. Hepatitis Medical Support & Testing	____ Sessions	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 caused 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).
A.6. Other STI Support & Testing	____ Sessions	Other STI Support and Testing—Other sexually transmitted infection support and testing not mentioned above.
A.7. Dental Care	____ Sessions	Dental Care—Dental care services provided to clients by a dentist, dental assistant, or dental hygienist to support oral hygiene.
A.8. Other Medical Services ( <b>Specify</b> )	____ Sessions	Other Medical Services (Specify) – other medical services the client received that are not listed above.
<b>After Care Services</b>		
A.1. Continuing Care	____ Sessions	Continuing Care – providing health care for extended periods of time.
A.2. Relapse Prevention	____ Sessions	Relapse Prevention – identifying each client’s current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.
A.3. Recovery Coaching	____ Sessions	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 abuse.
A.4. Self-Help and Mutual Support Groups	____ Sessions	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.
A.5. Spiritual Support	____ Sessions	Spiritual Support – spiritual/religion-based support for the clients’ recovery process.
A.6. Other After Care Services ( <b>Specify</b> )	____ Sessions	Other After Care Services (Specify) – other after care services the client received that are not listed above.
<b>Education Services</b>		
A.1. Substance Abuse Education	____ Sessions	Substance Abuse Education – a program of instruction designed to assist individuals in drug prevention, relapse, and/or treatment.
A.2. HIV/AIDS Education	____ Sessions	HIV/AIDS Education – a program of instruction designed to assist individuals with HIV/AIDS and their families with HIV/AIDS prevention and/or treatment.

A.3. Hepatitis Education	____ Sessions	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).
A.4. Other STI Education Services	____ Sessions	Other STI Education Services—Other sexually transmitted infections education services not mentioned above.
A.5. Naloxone Training	____ Sessions	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.
A.6. Fentanyl Test Strip Training	____ Sessions	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.
A.7. Other Education Services (Specify)	____ Sessions	Other Education Services (Specify) – other education services the client received that are not listed above.
<b>Recovery Support Services</b>		
A.1. Peer Coaching or Mentoring	____ Sessions	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.
A.2. Vocational Services	____ Sessions	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.
A.3. Recovery Housing	____ Sessions	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).
A.4. Recovery Planning	____ Sessions	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.
A.5. Case Management Services to Specifically Support Recovery	____ Sessions	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).
A.6. Alcohol- and Drug-Free Social Activities	____ Sessions	Alcohol-and Drug-Free Social Activities – action, event or gathering attended by a group of people that promotes abstinence from alcohol and other drugs.
A.7. Information and Referral	____ Sessions	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.
A.8. Other Recovery Support Services ( <b>Specify</b> )	____ Sessions	Other Recovery Support Services (Specify) the client received that are not listed above.
A.9. Other Peer-to-Peer Recovery Support Services ( <b>Specify</b> )	____ Sessions	Other Peer-to-Peer Recovery Support Services (Specify) – other peer-to-peer recovery services the client received that are not listed above.

<p>8. Has this client attended 60% or more of their planned services?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>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 – Modality (denominator) versus the actual number of days of services provided at discharge - (Modality (numerator)).</p>
<p>9. Did this client receive any services via telehealth or a virtual platform?</p>	<p>The intent is to record whether the client received services virtually.</p>
<p>10. Has this client previously been diagnosed with an opioid use disorder?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No <i>[SKIP to Q11]</i></p>	<p>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.</p> <p><b>Skip Pattern:</b> If No, skip to question 11</p>

<p>10.a. [IF YES] 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.]</p> <ul style="list-style-type: none"> <li>○ Methadone <b>[IF RECEIVED]</b> Specify how many days received</li> <li>○ Buprenorphine <b>[IF RECEIVED]</b> Specify how many days received</li> <li>○ Naltrexone <b>[IF RECEIVED]</b> Specify how many days received</li> <li>○ Extended-release Naltrexone <b>[IF RECEIVED]</b> Specify how many doses received</li> <li>○ Client did not receive an FDA-approved medication for a diagnosed opioid use disorder <b>[SKIP TO QUESTION 11]</b></li> </ul>	<p>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?” Indicate days/doses received. Check all that apply.</p> <p>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 HCl Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>10b. <b>[IF RECEIVED ONE OF THE MEDICATIONS ABOVE]</b> Has this client taken the medication as prescribed?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p>The purpose of this question is to determine if the client has taken the medication as prescribed.</p>

<p>11. Has this client previously been diagnosed with an alcohol use disorder?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No <i>[SKIP to Q12]</i></li> </ul>	<p>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.</p> <p><b>Skip Pattern:</b> If No, skip to question 12</p>
<p>11.a. [IF YES] 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.]</p> <ul style="list-style-type: none"> <li>○ Naltrexone <b>[IF RECEIVED]</b> Specify how many <b>days</b> received</li> <li>○ Extended-release Naltrexone <b>[IF RECEIVED]</b> Specify how many <b>doses</b> received</li> <li>○ Disulfiram <b>[IF RECEIVED]</b> Specify how many <b>days</b> received</li> <li>○ Acamprosate <b>[IF RECEIVED]</b> Specify how many <b>days</b> received</li> <li>○ Client did not receive an FDA-approved medication for a diagnosed alcohol use disorder <i>[SKIP TO QUESTION 12]</i></li> </ul>	<p>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?” Indicate days/doses received. Check all that apply.</p> <p><b>Naltrexone</b>—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.</p> <p><b>Extended-release Naltrexone</b>—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.</p> <p><b>Disulfiram</b>—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.</p> <p><b>Acamprosate</b>—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.</p> <p><b>Skip Pattern:</b> If client did not receive an FDA-approved medication for a diagnosed alcohol use disorder, skip to question 12.</p>

<p>11.b. <i>[IF RECEIVED ONE OF THE MEDICATIONS ABOVE]</i> Has this client taken the medication as prescribed?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p>The purpose of this question is to determine if the client has taken the medication as prescribed.</p>
<p>12. Has this client previously been diagnosed with a stimulant use disorder?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No <i>[SKIP to Q13]</i></li> </ul>	<p>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.</p> <p><b>Skip Pattern:</b> If No, skip to question 13</p>
<p>12.a. <i>[IF YES]</i> In the past 30 days, which evidence-based interventions did the client receive for the treatment of this stimulant use disorder? <i>[CHECK ALL THAT APPLY.]</i></p> <ul style="list-style-type: none"> <li>○ Contingency Management <i>[IF RECEIVED]</i> Specify how many days received</li> <li>○ Community Reinforcement <i>[IF RECEIVED]</i> Specify how many days received</li> <li>○ Cognitive Behavioral Therapy <i>[IF RECEIVED]</i> Specify how many days received</li> <li>○ Other treatment approach <i>[IF RECEIVED]</i> Specify how many days received</li> <li>○ Client did not receive any intervention for a stimulant use disorder <i>[SKIP TO QUESTION 13]</i></li> </ul>	<p>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?” Indicate days received. Select all that apply. Answer if the client has taken the medication as prescribed.</p> <p>Contingency Management—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).</p> <p>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.</p> <p>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.</p> <p>Other treatment approach—Other treatment approaches not mentioned above.</p> <p><b>Skip Pattern:</b> If Other treatment approach selected, skip to question 13</p>
<p>12b. <i>[IF RECEIVED ONE OF THE INTERVENTIONS ABOVE]</i> Has this client attended and participated in evidence-based interventions for stimulant use disorder?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No <i>[SKIP to Q13]</i></li> </ul>	<p>The purpose of this question is to determine if the client attended and participated in evidence-based interventions for stimulant use disorder.</p> <p><b>Skip Pattern:</b> If no, skip to question 13</p>
<p>13. Has this client previously been diagnosed with a tobacco use disorder?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No <i>[SKIP TO SECTION B AND BEGIN CLIENT INTERVIEW. IF THIS IS AN ADMINISTRATIVE DISCHARGE, THE SURVEY IS COMPLETE.]</i></li> </ul>	<p>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</p>

	<p>the client, and this one is by the staff, and can be informed by medical records.</p> <p><b>Skip Pattern:</b> [SKIP TO SECTION B AND BEGIN CLIENT INTERVIEW. IF THIS IS AN ADMINISTRATIVE DISCHARGE, THE SURVEY IS COMPLETE.]</p>
<p>13a. 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.]</p> <ul style="list-style-type: none"> <li>○ Nicotine Replacement <b>[IF RECEIVED]</b> Specify how many days received</li> <li>○ Bupropion <b>[IF RECEIVED]</b> Specify how many days received</li> <li>○ Varenicline <b>[IF RECEIVED]</b> Specify how many days received</li> <li>○ Client did not receive an FDA-approved medication for a diagnosed tobacco use disorder <b>[SKIP TO SECTION B AND BEGIN CLIENT INTERVIEW. IF THIS IS AN ADMINISTRATIVE DISCHARGE, THE SURVEY IS COMPLETE.]</b></li> </ul>	<p>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?” Indicate days received. Select all that apply. Answer if the client has taken the medication as prescribed.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><b>Skip Pattern:</b> If client did not receive an FDA-approved medication for a diagnosed tobacco use disorder, skip to section B and begin client interview. If this is an Administrative Discharge, the survey is complete</p>
<p>13b. <b>[IF RECEIVED ONE OF THE MEDICATIONS ABOVE]</b> Has this client taken the medication as prescribed?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p>The purpose of this question is to determine if the client has taken the medication as prescribed.</p>

**For Intake GPRA, continue with SECTION A: PLANNED SERVICES**

**For Follow-up/Discharge GPRA, continue with SECTION B: SUBSTANCE USE & MENTAL HEALTH HISTORY.**

## SECTION A: PLANNED SERVICES (Intake GPRA)

### Overview:

Identify the modalities and services you plan to provide to the client during the client's course of treatment/recovery. 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 the client (complete interview on paper and then enter all information in online system afterward).

All grant programs must select at least one modality and at least once service. Identify the services the grant program plans to provide to the client during the client's course of treatment/recovery.

You need to **select at least one modality and one service** that the client will receive with SOR grant funds. **If you are unaware of exactly what services the client will receive, please check off the following as a default:**

- **A.4. Case Management**
- **A.18. Treatment/Recovery Planning**

Please indicate all relevant services, regardless of whether the services overlap (e.g. if a client received Cognitive Behavioral Therapy during individual counseling sessions, please mark both "Individual Counseling" and "Cognitive Behavioral Therapy (CBT)" in the *Treatment Services* section).

**Check circle if response is YES FOR EACH MODALITY, TREATMENT, OR SERVICE LISTED**

### MODALITY [SELECT AT LEAST ONE MODALITY]

A.1. Case Management	<input type="radio"/>	Case Management - Defining, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client's family
A.2. Intensive Outpatient Treatment	<input type="radio"/>	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.
A.3. Inpatient/Hospital (Other than Withdrawal Management)	<input type="radio"/>	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.
A.4. Outpatient Therapy	<input type="radio"/>	Outpatient Therapy—A patient who is admitted to a hospital or clinic for treatment that does not require an overnight stay.
A.5. Outreach	<input type="radio"/>	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.
A.6. <b>Medication</b> —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.6.a. Methadone	<input type="radio"/>	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). Brand names or prescription forms include Diskets Dispersible, Dolophine, Methadone HCl Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).

A.6.b. Buprenorphine	○	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.
A.6.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.
A.6.d. Naltrexone – Long Acting (report 28 days for each one injection)	○	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.
A.6.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.
A.6.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.
A.6.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.
A.6.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.
A.6.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.
A.7. Residential/Rehabilitation	○	Residential/Rehabilitation – a residential facility or halfway house that provides on-site structured therapeutic and supportive services specifically for alcohol and other drugs.

A.8. Withdrawal Management <b>(Select Only One)</b>	<input type="radio"/>	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.8a. Hospital Inpatient	<input type="radio"/>	Hospital Inpatient—Client resides at a medical facility or hospital during their treatment.
A.8b. Free Standing Residential	<input type="radio"/>	Free Standing Residential—Patient resides at a facility other than a hospital while treatment is provided.
A.8c. Ambulatory Detoxification	<input type="radio"/>	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.
A.9. After Care	<input type="radio"/>	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.
A.10. Recovery Support	<input type="radio"/>	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
A.18. Other Modality <b>(Specify)</b>	<input type="radio"/>	Other (Specify) – specify any other service modalities to be received by the client.
<b>TREATMENT SERVICES [SELECT AT LEAST ONE SERVICE]</b>		
A.1. Screening	<input type="radio"/>	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.
A.2. Brief Intervention	<input type="radio"/>	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.
A.3. Brief Treatment	<input type="radio"/>	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.



A.4. Referral to Treatment	<input type="radio"/>	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.
A.5. Assessment	<input type="radio"/>	Assessment – to examine systematically in order to determine suitability for treatment.
A.6. Treatment Planning	<input type="radio"/>	Treatment Planning—A program or method worked out beforehand to administer or apply remedies to a patient for illness, disease, or injury.
A.7. Recovery Planning	<input type="radio"/>	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.
A.8. Individual Counseling	<input type="radio"/>	Individual Counseling – professional guidance of an individual by utilizing psychological methods.
A.9. Group Counseling	<input type="radio"/>	Group Counseling – professional guidance of a group of people gathered together utilizing psychological methods.
A.10. Contingency Management	<input type="radio"/>	Contingency Management—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).
A.11. Community Reinforcement	<input type="radio"/>	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.
A.12. Cognitive Behavioral Therapy	<input type="radio"/>	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.
A.13. Family/Marriage Counseling	<input type="radio"/>	Family/Marriage Counseling – a type of psychotherapy for a married couple or family for the purpose of resolving problems in the relationship.
A.14. Co-occurring Treatment Services	<input type="radio"/>	Co-Occurring Treatment Services—Assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).
A.15. Pharmacological Interventions	<input type="radio"/>	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.
A.16. HIV/AIDS Counseling	<input type="radio"/>	HIV/AIDS Counseling – a type of psychotherapy for individuals infected with and living with HIV/AIDS.
A.17. Cultural Interventions/Activities	<input type="radio"/>	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).
A.18. Other Clinical Services ( <b>Specify</b> )	<input type="radio"/>	Other Clinical Services (Specify) – other client services the client received that are not listed above.
<b>Case Management Services</b>		
A.1. Family Services (Including Marriage Education, Parenting, Child Development Services)	<input type="radio"/>	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.
A.2. Child Care	<input type="radio"/>	Child Care – care provided to children for a period of time.
A.3. Employment Service	<input type="radio"/>	Employment Services – resources provided to clients to assist in finding employment.
A.3.a. Pre-Employment Services	<input type="radio"/>	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.
A.3.b. Employment Coaching	<input type="radio"/>	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.
A.4. Individual Services Coordination	<input type="radio"/>	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
A.5. Transportation	<input type="radio"/>	Transportation – providing a means of transport for clients to travel from one location to another.
A.6. HIV/AIDS Services & Counseling		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).
A.6.a. If HIV Neg, Pre-Exposure Prophylaxis	<input type="radio"/>	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
A.6.b. If HIV Neg, Post-Exposure Prophylaxis	<input type="radio"/>	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 dolutegravir once daily.
A.6.c. If HIV Positive, HIV Treatment	<input type="radio"/>	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.
A.7. Supportive Transitional Drug-Free Housing Services	<input type="radio"/>	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.
A.8. Housing Support	<input type="radio"/>	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.
A.9. Health Insurance Enrollment	<input type="radio"/>	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).
A.10. Other Case Management Services ( <b>Specify</b> )	<input type="radio"/>	Other Case Management Services (Specify) – other case management services the client received that are not listed above.
<b>Medical Services</b>		
A.1. Medical Care	<input type="radio"/>	Medical Care – professional treatment for illness or injury.
A.2. Alcohol/Drug Testing	<input type="radio"/>	Alcohol/Drug Testing – any process used to identify the degree to which a person has used or is using alcohol or other drugs.
A.3. OB/GYN Services	<input type="radio"/>	OB/GYN Services -- Reproductive healthcare services provided to clients by an obstetrician-gynecologist.
A.4. HIV/AIDS Medical Support & Testing	<input type="radio"/>	HIV/AIDS Medical Support & Testing—Medical services provided to clients who have HIV/AIDS and their families.

A.5. Dental Care	<input type="radio"/>	Dental Care—Dental care services provided to clients by a dentist, dental assistant, or dental hygienist to support oral hygiene.
A.6. Hepatitis Medical Support & Testing	<input type="radio"/>	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).
A.7. Other STI Support & Testing	<input type="radio"/>	Other STI Support and Testing—Other sexually transmitted infection support and testing not mentioned above.
A.8. Other Medical Services (Specify)	<input type="radio"/>	Other Medical Services (Specify) – other medical services the client received that are not listed above.
<b>After Care Services</b>		
A.1. Continuing Care	<input type="radio"/>	Continuing Care – providing health care for extended periods of time.
A.2. Relapse Prevention	<input type="radio"/>	Relapse Prevention – identifying each client’s current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.
A.3. Recovery Coaching	<input type="radio"/>	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 abuse.
A.4. Self-Help and Mutual Support Groups	<input type="radio"/>	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.
A.5. Spiritual Support	<input type="radio"/>	Spiritual Support – spiritual/religion-based support for the clients’ recovery process.
A.6. Other After Care Services (Specify)	<input type="radio"/>	Other After Care Services (Specify) – other after care services the client received that are not listed above.
<b>Education Services</b>		
A.1. Substance Use Education	<input type="radio"/>	Substance Use Education – a program of instruction designed to assist individuals in drug prevention, relapse, and/or treatment.
A.2. HIV/AIDS Education	<input type="radio"/>	HIV/AIDS Education – a program of instruction designed to assist individuals with HIV/AIDS and their families with HIV/AIDS prevention and/or treatment.
A.3. Naloxone Training	<input type="radio"/>	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.
A.4. Fentanyl Test Strip Training	<input type="radio"/>	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.
A.5. Hepatitis Education	<input type="radio"/>	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 caused 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).
A.6. Other STI Education Services	<input type="radio"/>	Other STI Education Services—Other sexually transmitted infections education services not mentioned above.
A.7. Other Education Services ( <b>Specify</b> )	<input type="radio"/>	Other Education Services (Specify) – other education services the client received that are not listed above.
<b>Recovery Support Services</b>		
A.1. Peer Coaching or Mentoring	<input type="radio"/>	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.
A.2. Vocational Services	<input type="radio"/>	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.
A.3. Recovery Housing	<input type="radio"/>	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).
A.4. Recovery Planning	<input type="radio"/>	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.
A.5. Case Management Services to Specifically Support Recovery	<input type="radio"/>	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).
A.6. Alcohol- and Drug-Free Social Activities		Alcohol- and Drug-Free Social Activities – action, event or gathering attended by a group of people that promotes abstinence from alcohol and other drugs.
A.7. Information and Referral		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.
A.8. Other Recovery Support Services ( <b>Specify</b> )		Other Recovery Support Services (Specify) the client received that are not listed above.
A.9. Other Peer-to-Peer Recovery Support Services ( <b>Specify</b> )		Other Peer-to-Peer Recovery Support Services (Specify) – other peer-to-peer recovery services the client received that are not listed above.

## SECTION A: DEMOGRAPHICS (Intake GRPA)

**Overview:** This section collects demographic information on the client on the Intake GPRA. While some of the information may seem apparent, please ask all questions for clarification. Do not complete a response based on the client's appearance. You must mark the response given by the client.

1. What is your birth month and year? Enter in format: mm/yyyy	The intent is to record the client's month and year of birth. Only the month and year is asked, recorded, and entered. This field does not ask for the birth date.
2. What do you consider yourself to be? <ul style="list-style-type: none"> <li><input type="radio"/> Male</li> <li><input type="radio"/> Female</li> <li><input type="radio"/> Transgender (Male to Female)</li> <li><input type="radio"/> Transgender (Female to Male)</li> <li><input type="radio"/> Gender non-conforming</li> <li><input type="radio"/> Other (Specify)</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>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 definitions are available in Appendix B.</p> <p><b>Additional probes:</b> 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.</p>
3. Are you Hispanic, Latino/a, or of Spanish origin? <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>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 themselves.</p> <p><b>Note that this is a two-part question.</b> 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.</p> <p><b>Skip pattern:</b> If No or Refused, skip to Question 4.</p>
3.a. [IF YES] What ethnic group do you consider yourself? You may indicate more than one. <ul style="list-style-type: none"> <li><input type="radio"/> Central American</li> <li><input type="radio"/> Cuban</li> <li><input type="radio"/> Dominican</li> <li><input type="radio"/> Mexican</li> <li><input type="radio"/> Puerto Rican</li> <li><input type="radio"/> South American</li> <li><input type="radio"/> Other (Specify)</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>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.</p> <p>The client can indicate "Yes" to as many ethnic groups that they choose.</p>

<p>4. What is your race? You may indicate more than one.</p> <ul style="list-style-type: none"> <li>○ Black or African American</li> <li>○ White</li> <li>○ American Indian</li> <li>○ Alaska Native</li> <li>○ Asian Indian</li> <li>○ Chinese</li> <li>○ Filipino</li> <li>○ Japanese</li> <li>○ Korean</li> <li>○ Vietnamese</li> <li>○ Other Asian</li> <li>○ Native Hawaiian</li> <li>○ Guamanian or Chamorro</li> <li>○ Samoan</li> <li>○ Other Pacific Islander</li> <li>○ Other (Specify) _____</li> <li>○ REFUSED</li> </ul>	<p>The intent of the question is to determine what race the client considers themselves. Record the response given by the client, not the interviewer's opinion. Mark all that apply.</p> <p><b>Read the available race response options. Multiple selections are allowed.</b> 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.</p>
<p>5. Do you speak a language <b>other than English</b> at home?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No [SKIP TO QUESTION 6]</li> <li>○ REFUSED [SKIP TO QUESTION 6]</li> </ul> <p>5. ¿Habla usted algún otro idioma <b>que no sea Español</b> en su hogar?</p> <ul style="list-style-type: none"> <li>○ Sí</li> <li>○ No [VAYA A LA PREGUNTA 6].</li> <li>○ SE NEGÓ A CONTESTAR [VAYA A LA PREGUNTA 6].</li> </ul>	<p>The intent of the question is to determine if a language other than English is spoken in the home. The Spanish GPRA determines if a language other than Spanish 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.</p> <p>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 at home, mark "Yes" and inquire about which language the client speaks at home in question 5a.</p> <p><b>Skip pattern:</b> If no or refused, skip to Question 6</p>
<p>5a. IF YES, what is this language?</p> <ul style="list-style-type: none"> <li>○ Spanish</li> <li>○ Other (Specify) _____</li> </ul> <p>5a. [EN CASO AFIRMATIVO] ¿Cuál idioma es?</p> <ul style="list-style-type: none"> <li>○ Ingles</li> <li>○ Otro (Especifique): _____</li> </ul>	<p>Indicate other language, if applicable.</p>
<p>6. Do you think of yourself as... [YOU MAY INDICATE MORE THAN ONE.]</p> <ul style="list-style-type: none"> <li>○ Straight Or Heterosexual</li> <li>○ Homosexual (Gay Or Lesbian)</li> <li>○ Bisexual</li> <li>○ Queer, Pansexual, And/Or Questioning</li> <li>○ Asexual</li> <li>○ Other (Specify) _____</li> <li>○ REFUSED</li> </ul>	<p>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.</p> <p>Please note: question 6 is considered a very sensitive question. Some clients may be uncomfortable providing this information. See Appendix B for additional definitions for this question.</p> <p>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.</p>

<p>7. What is your relationship status?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Married</li> <li><input type="radio"/> Single</li> <li><input type="radio"/> Divorced</li> <li><input type="radio"/> Separated</li> <li><input type="radio"/> Widowed</li> <li><input type="radio"/> In a relationship</li> <li><input type="radio"/> In multiple relationships</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>• Married—Client is legally married.</li> <li>• Single—Client is not legally married.</li> <li>• Divorced—Client was previously married and is now legally divorced.</li> <li>• Separated—Client is legally married but are currently separated from their spouse.</li> <li>• Widowed—Client was legally married, but their spouse has passed away, and they have not remarried.</li> <li>• In a relationship—Client is in a relationship, without a legal marriage.</li> <li>• In multiple relationships—Client is in more than one relationship. Relationships can be different types</li> </ul>
<p>8. Are you currently pregnant?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Do not know</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>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.</p>
<p>9. Do you have children? [Refers to children both living and/or who may have died]</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No [SKIP TO QUESTION 10]</li> <li><input type="radio"/> REFUSED [SKIP TO QUESTION 10]</li> </ul>	<p>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.</p> <p>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</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• Children who the client is babysitting or taking care of on a temporary basis (e.g., a neighbor's children).</li> <li>• Foster children</li> </ul> <p><b>Skip pattern:</b> If No or Refused, skip to question 10.</p>
<p>9a. How many children under the age of 18 do you have?</p> <p>___</p> <ul style="list-style-type: none"> <li><input type="radio"/> REFUSED</li> </ul>	<p>Enter the number of children under the age of 18 that the client has.</p>
<p>9b. Are any of your children, who are under the age of 18, living with someone else due to a court's intervention?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes Number of children removed from client's care ___</li> <li><input type="radio"/> No</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>If Yes, check and enter the number of children removed from care. <i>NOTE: [THE VALUE IN ITEM 9b CANNOT EXCEED THE VALUE IN 9a.]</i></p> <p><b>Skip Pattern:</b> If No or REFUSED, skip to question 10.</p>

<p>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?</p> <ul style="list-style-type: none"> <li>○ No</li> <li>○ Yes, In The Armed Forces</li> <li>○ Yes, In The Reserves</li> <li>○ Yes, In The National Guard</li> <li>○ Yes, Other Uniformed Services [Includes NOAA, USPHS]</li> <li>○ REFUSED</li> </ul>	<p>The intent of this question is to collect information on whether the client has <b>ever served</b> 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. This question refers to the most recent area of service. Only one response should be coded.</p> <p>Note that this is a two-part question. If the client indicates "Yes," the area of service must be indicated.</p> <p>See Appendix B for additional definitions for this question.</p>
<p>11. How long does it take you, on average, to travel to the location where you receive services provided by this grant?</p> <ul style="list-style-type: none"> <li>○ Half an hour or less</li> <li>○ Between half an hour and one hour</li> <li>○ Between one hour and one and a half hours</li> <li>○ Between one and a half hours and two hours</li> <li>○ Two hours or more</li> <li>○ REFUSED</li> </ul>	<p>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.</p>



## SECTION B: SUBSTANCE USE AND MENTAL HEALTH HISTORY (All GPRAs)

### 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. 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)

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 Client REFUSES for all substances, check REFUSED and continue to question 2.**

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. **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.

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.

For the following substances answer these:

B.1. During the past 30 days, how many days have you used the substance? # of days \_\_\_\_\_

How do you take the substance? Indicate Route (1, 2, 3, 4, 5, 6, 7, 0.)

#### Alcohol

- Alcohol
- Other (Specify)

#### Opioids:

- Heroin
- Morphine
- Fentanyl (Prescription Diversion or Illicit Source)
- Dilaudid
- Demerol

#### Additional probe:

You may prompt the client with examples (using slang and brand names) of drugs. For a more detailed list of commonly used substances and their brand and slang names please refer to Appendix A [\[Commonly Used Substances\]](#) and Appendix B for additional substance definitions per substance listed here.

- Percocet
- Codeine
- Tylenol 2, 3, 4
- OxyContin/Oxycodone
- Non-prescription methadone
- Non-prescription buprenorphine
- Other (Specify):

**Cannabis**

- Cannabis (Marijuana)
- Synthetic Cannabinoids
- Other (Specify)

**Sedative, Hypnotic, or Anxiolytics**

- Sedatives
- Hypnotics
- Barbiturates
- Anxiolytics/Benzodiazepines
- Other (Specify)

**Cocaine**

- Cocaine
- Crack
- Other (Specify)

**Other Stimulants**

- Methamphetamine
- Stimulant medications
- Other (Specify)

**Hallucinogens & Psychedelics**

- PCP
- MDMA
- LSD
- Mushrooms
- Mescaline
- Salvia
- DMT
- Other (Specify)

**Inhalants**

- Inhalants
- Other (Specify)

**Other Psychoactive Substances**

- Non-prescription GHB
- Ketamine
- MDPV/Bath Salts
- Kratom
- Khat
- Other tranquilizers
- Other downers
- Other sedatives
- Other hypnotics
- Other (Specify)

<b>Tobacco and Nicotine</b> <ul style="list-style-type: none"> <li>○ Tobacco</li> <li>○ Nicotine (Including Vape Products)</li> <li>○ Other (Specify)</li> </ul>	
<p>B.2. Have you been diagnosed with an <u>alcohol</u> use disorder, if so which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? <i>[CHECK ALL THAT APPLY.]</i></p> <ul style="list-style-type: none"> <li>○ Naltrexone [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Extended-release Naltrexone [IF RECEIVED] Specify how many doses received  __ __ </li> <li>○ Disulfiram [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Acamprosate [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED ALCOHOL USE DISORDER</li> <li>○ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS</li> </ul>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>B.3. Have you have been diagnosed with an <u>opioid</u> use disorder, if so which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? <i>[CHECK ALL THAT APPLY.]</i></p> <ul style="list-style-type: none"> <li>○ Methadone [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Buprenorphine [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Naltrexone [IF RECEIVED] Specify how many days received  __ __ </li> </ul>	<p>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.</p> <p>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</p>

<ul style="list-style-type: none"> <li>○ Extended-release Naltrexone [IF RECEIVED] Specify how many doses received  __ __ </li> <li>○ DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED OPIOID USE DISORDER</li> <li>○ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS</li> </ul>	<p>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 HCl Intensof, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>B.4. Have you been diagnosed with a <u>stimulant</u> 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.]</p> <ul style="list-style-type: none"> <li>○ Contingency Management [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Community Reinforcement [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Cognitive Behavioral Therapy [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Other evidence-based intervention [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ DID NOT RECEIVE ANY INTERVENTION FOR A DIAGNOSED STIMULANT USE DISORDER</li> <li>○ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS</li> </ul>	<p>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.</p> <p>Contingency Management—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).</p> <p>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.</p> <p>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.</p> <p>Other treatment approach—Other treatment approaches not mentioned above.</p>

<p>B.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.]</p> <ul style="list-style-type: none"> <li>○ Nicotine Replacement [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Bupropion [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ Varenicline [IF RECEIVED] Specify how many days received  __ __ </li> <li>○ DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED TOBACCO USE DISORDER</li> <li>○ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS</li> </ul>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>B.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?</p> <ul style="list-style-type: none"> <li>○ Yes [IF YES, SPECIFY BELOW, IN QUESTION 7]</li> <li>○ No [IF NO, MOVE TO QUESTION 8]</li> <li>○ REFUSED [MOVE TO QUESTION 8]</li> </ul>	<p>The intent of the question is to identify if the client experienced an overdose in the past 30 days.</p> <p><b>Additional Probes:</b> If they ask what is meant by an overdose, say, "take too much of a substance, that resulted in needing medical attention."</p> <p><b>Skip Pattern:</b> If the answer to question 6 is "No" or REFUSED, skip to question 8.</p>
<p>B.7. [IF YES TO #6] 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.</p> <ul style="list-style-type: none"> <li>○ Naloxone (Narcan)</li> <li>○ Care in an Emergency Department</li> <li>○ Care from a Primary Care Provider</li> <li>○ Admission to a hospital</li> <li>○ Supervision by someone else</li> <li>○ Other (Specify) _____</li> <li>○ REFUSED</li> </ul>	<p>The intent of the question is to ascertain what intervention they received for an overdose. Check all that apply.</p>
<p>B.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?</p> <ul style="list-style-type: none"> <li>○ One time</li> <li>○ Two times</li> <li>○ Three times</li> <li>○ Four times</li> <li>○ Five times</li> </ul>	<p>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.</p> <p><b>Skip Pattern:</b> If the answer to question 8 is "Never" or REFUSED, skip to question 10.</p>

<ul style="list-style-type: none"> <li>○ Six or more times</li> <li>○ Never [SKIP TO QUESTION 10]</li> <li>○ REFUSED [SKIP TO QUESTION 10]</li> </ul>	
<p>B.9. Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder?</p> <ul style="list-style-type: none"> <li>○ Less than 6 months ago</li> <li>○ Between 6 months and one year ago</li> <li>○ One to two years ago</li> <li>○ Two to three years ago</li> <li>○ Three to four years ago</li> <li>○ Five or more years ago</li> <li>○ REFUSED</li> </ul>	<p>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.</p>
<p>B.10. Have you ever been diagnosed with a mental health illness by a health care professional?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No [SKIP TO SECTION C. LIVING CONDITIONS]</li> <li>○ REFUSED [SKIP TO SECTION C. LIVING CONDITIONS]</li> </ul>	<p>The intent of the question is to ascertain if the client was diagnosed with a mental health illness by a health care professional.</p> <p><b>Skip Pattern:</b></p> <ul style="list-style-type: none"> <li>• If the answer to question 10 is “No” or REFUSED and is an intake, skip to question 11.</li> <li>• If the answer to question 10 is “No” or REFUSED and is a follow-up or discharge, go to Section C.</li> </ul>
<p>B.10a. [IF YES to B10] 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.</p>	<p>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.</p> <p><b>Additional Probes:</b> <i>What were you diagnosed with?</i></p> <p>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.”</p>
<p><b>Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders</b></p> <ul style="list-style-type: none"> <li>○ Brief psychotic disorder</li> <li>○ Delusional disorder</li> <li>○ Schizoaffective disorders</li> <li>○ Schizophrenia</li> <li>○ Schizotypal disorder</li> <li>○ Shared psychotic disorder</li> <li>○ Unspecified psychosis</li> </ul> <p><b>Mood [affective] disorders</b></p> <ul style="list-style-type: none"> <li>○ Bipolar disorder</li> <li>○ Major depressive disorder, recurrent</li> <li>○ Major depressive disorder, single episode</li> <li>○ Manic episode</li> <li>○ Persistent mood [affective] disorders</li> <li>○ Unspecified mood [affective] disorder</li> </ul> <p><b>Phobic Anxiety and Other Anxiety Disorders</b></p> <ul style="list-style-type: none"> <li>○ Agoraphobia without panic disorder</li> <li>○ Agoraphobia with panic disorder</li> </ul>	<p>Coding Topics/Definitions</p> <ul style="list-style-type: none"> <li>• Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders—Brief psychotic disorder; Delusional disorder; Schizoaffective disorders; Schizophrenia; Schizotypal disorder; Shared psychotic disorder; Unspecified psychosis.</li> <li>• Mood [affective] disorders—Bipolar disorder; Major depressive disorder, recurrent; Major depressive disorder, single episode; Manic episode; Persistent mood [affective] disorders; Unspecified mood [affective] disorder.</li> <li>• 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.</li> <li>• Obsessive-compulsive disorders—Excoriation (skin-picking) disorder; Hoarding disorder; Obsessive-compulsive disorder; Obsessive-compulsive disorder with mixed obsessional thoughts and acts.</li> </ul>

<ul style="list-style-type: none"> <li>○ Agoraphobia, unspecified</li> <li>○ Generalized anxiety disorder</li> <li>○ Panic disorder</li> <li>○ Phobic anxiety disorders</li> <li>○ Social phobias (Social anxiety disorder)</li> <li>○ Specific (isolated) phobias</li> </ul> <p><b>Obsessive-compulsive disorders</b></p> <ul style="list-style-type: none"> <li>○ Excoriation (skin-picking) disorder</li> <li>○ Hoarding disorder</li> <li>○ Obsessive-compulsive disorder</li> <li>○ Obsessive-compulsive disorder with mixed obsessional thoughts and acts</li> </ul> <p><b>Reaction to severe stress and adjustment disorders</b></p> <ul style="list-style-type: none"> <li>○ Acute stress disorder; reaction to severe stress, and adjustment disorders</li> <li>○ Adjustment disorders</li> <li>○ Body dysmorphic disorder</li> <li>○ Dissociative and conversion disorders</li> <li>○ Dissociative identity disorder</li> <li>○ Post traumatic stress disorder</li> <li>○ Somatoform disorders</li> </ul> <p><b>Behavioral syndromes associated with physiological disturbances and physical factors</b></p> <ul style="list-style-type: none"> <li>○ Eating disorders</li> <li>○ Sleep disorders not due to a substance or known physiological condition</li> </ul> <p><b>Disorders of adult personality and behavior</b></p> <ul style="list-style-type: none"> <li>○ Antisocial personality disorder</li> <li>○ Avoidant personality disorder</li> <li>○ Borderline personality disorder</li> <li>○ Dependent personality disorder</li> <li>○ Histrionic personality disorder</li> <li>○ Intellectual disabilities</li> <li>○ Obsessive-compulsive personality disorder</li> <li>○ Other specific personality disorders</li> <li>○ Paranoid personality disorder</li> <li>○ Personality disorder, unspecified</li> <li>○ Pervasive and specific developmental disorders</li> <li>○ Schizoid personality disorder</li> <li>○ NONE OF THE ABOVE</li> </ul>	<ul style="list-style-type: none"> <li>● 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.</li> <li>● Behavioral syndromes associated with physiological disturbances and physical factors— Eating disorders; Sleep disorders not due to a substance or known physiological condition.</li> <li>● 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.</li> </ul>
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## SECTION C: LIVING CONDITIONS (All GPRAs)

### Overview:

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

C.1. In the past 30 days, where have you been living most of the time *[DO NOT READ RESPONSE OPTIONS TO CLIENT, SELECT ONLY ONE]*

*[15 OR MORE DAYS IS CONSIDERED MOST OF THE TIME.]?*

- Shelter (Safe Havens, Transitional Living Center [TLC], Low-Demand Facilities, Reception Centers, Other Temporary Day or Evening Facility)
- Street/Outdoors (Sidewalk, Doorway, Park, Public Or Abandoned Building)
- Institution (Hospital, Nursing Home, Jail/Prison)
- Housed: [IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:]
  - Own/Rental Apartment, Room, Trailer, Or House
  - Someone Else's Apartment, Room, Trailer, Or House (including couch surfing)
  - Dormitory/College Residence
  - Halfway House or Transitional Housing
  - Residential Treatment
  - Recovery Residence/Sober Living
  - Other Housed (Specify) \_\_\_\_\_
- REFUSED

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 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?").

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



	<p>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).</p> <ul style="list-style-type: none"> <li>• Other Housed (SPECIFY)—Other housing arrangements not mentioned above.</li> </ul>
<p>C.2. Do you currently live with any person who, over the past 30 days, has regularly used alcohol or other substances?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> No, lives alone</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>The intent is to record if the client lives with anyone, over the past 30 days, who regularly used alcohol or other substances.</p>
<p>C.3. How satisfied are you with the conditions of your living space?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Very dissatisfied</li> <li><input type="radio"/> Dissatisfied</li> <li><input type="radio"/> Neither satisfied nor dissatisfied</li> <li><input type="radio"/> Satisfied</li> <li><input type="radio"/> Very satisfied</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>The intent is to record the client’s feelings about how satisfied they currently are with the conditions of their living space.</p> <p>Living space refers to where they have been staying or spending their nights.</p>
<p>C.4. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not at all</li> <li><input type="radio"/> Somewhat</li> <li><input type="radio"/> Considerably</li> <li><input type="radio"/> Extremely</li> <li><input type="radio"/> NOT APPLICABLE <i>[SELECT IF INDIVIDUAL REPORTED NO SUBSTANCES USED IN PAST 30 DAYS ON QUESTION B1.]</i></li> <li><input type="radio"/> REFUSED</li> </ul>	<p>The intent is to record the client’s feelings about how stressful things have been for them in the past 30 days, due to drug or alcohol problems. The question addresses stress in the past 30 days due to use of alcohol or other drugs.</p> <p><b>Additional probes:</b> Examples of stress include feeling overwhelmed or nervous, a craving for alcohol or drugs, withdrawal symptoms, disturbing effects of drug or alcohol, etc.</p> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• <i>Not at all</i> – this option should be checked when the client <u>has</u> used alcohol or drugs in the past 30 days but indicates that things have not been at all stressful for them.</li> <li>• <i>Not applicable</i> – This option should be checked when the client <u>has not</u> used alcohol or other drugs in the past 30 days (see Section B) <b>and</b> indicates that things have not been at all stressful for them.</li> </ul>
<p>C.5. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not at all</li> <li><input type="radio"/> Somewhat</li> <li><input type="radio"/> Considerably</li> <li><input type="radio"/> Extremely</li> <li><input type="radio"/> NOT APPLICABLE <i>[SELECT IF INDIVIDUAL REPORTED NO SUBSTANCES USED IN PAST 30 DAYS ON QUESTION B1.]</i></li> <li><input type="radio"/> REFUSED</li> </ul>	<p>The intent is to determine if the client’s use of alcohol or other drugs has caused them to reduce or give up important activities during the past 30 days. The question addresses reducing or giving up important activities past 30 days due to use of alcohol or other drugs.</p> <p><b>Additional probes:</b> Important activities can include work, school, family responsibilities, treatment involvement, legal responsibilities (e.g., probation appointments), or special events.</p> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• <i>Not at all</i> – This option should be checked when the client <u>has</u> used alcohol or other drugs in the past 30 days (see Section B) but indicates that they have not at all reduced or given up important activities.</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Not applicable</i> – This option should be checked when the client <u>has not</u> used alcohol or other drugs in the past 30 days (see Section B) <b>and</b> indicates that they have not at all reduced or given up important activities.</li> </ul>
<p>C.6. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?</p> <ul style="list-style-type: none"> <li>○ Not at all</li> <li>○ Somewhat</li> <li>○ Considerably</li> <li>○ Extremely</li> <li>○ NOT APPLICABLE [SELECT IF INDIVIDUAL REPORTED NO SUBSTANCES USED IN PAST 30 DAYS ON QUESTION B1.]</li> <li>○ REFUSED</li> </ul>	<p>The intent is to determine if the client’s use of alcohol or other drugs has caused them to have emotional problems during the past 30 days. The question refers to the client’s perception of emotional problems, not a clinical diagnosis by the counselor. The question addresses having emotional problems in past 30 days due to use of alcohol or other drugs.</p> <p><b>Additional probes:</b> Emotional problems include feelings of anxiousness, sadness, insomnia (inability to sleep), stress, or anger.</p> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• <i>Not at all</i>—This option should be checked when the client <u>has</u> used alcohol or other drugs in the past 30 days (see Section B) but indicates that they have not experienced any emotional problems at all.</li> <li>• <i>Not applicable</i>—This option should be checked when the client <u>has not</u> used alcohol or other drugs in the past 30 days (see Section B) <b>and</b> indicates that they have not experienced any emotional problems at all.</li> </ul>

## SECTION D: EDUCATION, EMPLOYMENT, AND INCOME (All GPRAs)

### 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.

D.1. Are you currently enrolled in school or a job training program? **[IF ENROLLED]** is that full time or part time?

- ☐ NOT ENROLLED
- ☐ ENROLLED, FULL TIME
- ☐ ENROLLED, PART TIME
- ☐ REFUSED

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

**This is a two-part question.** If the client responds that they are enrolled, ask if that enrollment is full or part time.

#### 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

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

- ☐ LESS THAN 12TH GRADE
- ☐ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
- ☐ VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
- ☐ SOME COLLEGE OR UNIVERSITY
- ☐ BACHELOR'S DEGREE (FOR EXAMPLE: BA, BS)
- ☐ GRADUATE WORK/GRADUATE DEGREE
- ☐ OTHER (SPECIFY) \_\_\_\_\_
- ☐ REFUSED

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.

#### Definitions:

- 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 (GED).
- 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.

<p>D.3. Are you currently employed?</p> <ul style="list-style-type: none"> <li>○ EMPLOYED, FULL TIME (35+ HOURS/WEEK, OR WOULD BE, IF NOT FOR LEAVE OR AN EXCUSED ABSENCE)</li> <li>○ EMPLOYED, PART TIME</li> <li>○ UNEMPLOYED—BUT LOOKING FOR WORK</li> <li>○ NOT EMPLOYED, NOT LOOKING FOR WORK</li> <li>○ NOT WORKING DUE TO A DISABILITY</li> <li>○ RETIRED, NOT WORKING</li> <li>○ OTHER (SPECIFY) _____</li> <li>○ REFUSED</li> </ul>	<p>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.</p> <p>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.</p> <p>[IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, SELECT “NOT LOOKING FOR WORK.”]</p> <p>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.</p> <p>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.</p> <p>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.”</p> <p>Definitions:</p> <ul style="list-style-type: none"> <li>● 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).</li> <li>● 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.</li> <li>● 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.</li> <li>● 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.</li> <li>● 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.”</li> </ul>
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	<ul style="list-style-type: none"> <li>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.”</li> </ul>
<p>D.4. Do you, individually, have enough money to pay for the following living expenses? Choose all that apply.</p> <ul style="list-style-type: none"> <li>Food</li> <li>Clothing</li> <li>Transportation</li> <li>Rent/Housing</li> <li>Utilities (Gas/Water/Electric)</li> <li>Telephone Connection (Cell or Landline)</li> <li>Childcare</li> <li>Health Insurance</li> <li>Not enough money for any of the above</li> <li>REFUSED</li> </ul>	<p>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. If the client indicates having no money for any of these, check “Not enough money for any of the above” option.</p>
<p>D.5. What is your personal annual income, meaning the total pre-tax income from all sources, earned in the past year?</p> <ul style="list-style-type: none"> <li>\$0 to \$9,999</li> <li>\$10,000 to \$14,999</li> <li>\$15,000 to \$19,999</li> <li>\$20,000 to \$34,999</li> <li>\$35,000 to \$49,999</li> <li>\$50,000 to \$74,999</li> <li>\$75,000 to \$99,999</li> <li>\$100,000 to \$199,999</li> <li>\$200,000 or more</li> <li>REFUSED</li> </ul>	<p>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.</p> <p>In some instances, the interviewer may need to ask the hourly, daily, weekly, or monthly wage to determine pre-tax income.</p> <p>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.</p>
<p>D.6. Do you have access to transportation when you need it (for example, car, public transportation or Medicaid-provided transportation)?</p> <ul style="list-style-type: none"> <li>Always</li> <li>More than half the time</li> <li>Half the time</li> <li>Less than half the time</li> <li>Never</li> <li>REFUSED</li> </ul>	<p>This item provides an indication of the client’s opportunity to become employed, since many jobs require driving while at work or at least the ability to get to work in places where public transportation is not available. It is also an indicator of ability to get to treatment appointments.</p> <p>Does not simply mean ownership of an automobile, only that they have one available on a regular basis and/or if they have access to transportation of some sort.</p>

## SECTION E: LEGAL (All GPRAs)

### 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 detention. 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.

<p>E.1. In the past 30 days, how many times have you been arrested? # of times _____ <input type="radio"/> REFUSED</p>	<p>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. <i>Check local laws about juvenile justice arrests.</i></p> <p>IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS, ENTER 0.</p> <p><b>Definition:</b> <u>Arrest</u> – 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.</p>
<p>E.2. Are you currently awaiting charges, trial, or sentencing? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> REFUSED</p>	<p>The intent is to record whether the client is currently awaiting some resolution for an arrest or crime for which they have been charged, even if the client is currently serving time for an unrelated arrest.</p> <p>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.”</p>
<p>E.3. Are you currently on parole or probation or intensive pretrial supervision? <input type="radio"/> Probation <input type="radio"/> Parole <input type="radio"/> Intensive Pretrial Supervision <input type="radio"/> No <input type="radio"/> REFUSED</p>	<p>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.</p> <p>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 may warrant intensive pretrial supervision (BJA, n.d.).</p> <p>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.”</p>
<p>E.4. Do you currently participate in a drug court program or are you in a deferred prosecution agreement? <input type="radio"/> Drug court program <input type="radio"/> Deferred prosecution agreement <input type="radio"/> No, neither of these <input type="radio"/> REFUSED</p>	<p>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.</p> <p>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</p>

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).

## SECTION F: MENTAL & PHYSICAL HEALTH AND TREATMENT/RECOVERY (All GPRAs)

### Overview:

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

<p>F.1. How would you rate your quality of life over the past 30 days?</p> <ul style="list-style-type: none"> <li>○ Very poor</li> <li>○ Poor</li> <li>○ Neither poor nor good</li> <li>○ Good</li> <li>○ Very good</li> <li>○ REFUSED</li> </ul>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>F.2. How satisfied are you with your health?</p> <ul style="list-style-type: none"> <li>○ Very dissatisfied</li> <li>○ Dissatisfied</li> <li>○ Neither satisfied nor dissatisfied</li> <li>○ Satisfied</li> <li>○ Very satisfied</li> <li>○ REFUSED</li> </ul>	<p>The intent is to determine how satisfied the client is with their health, which includes physical, mental, and emotional health.</p> <p>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</p>
<p>F.3. How satisfied are you with your ability to perform your daily activities?</p> <ul style="list-style-type: none"> <li>○ Very dissatisfied</li> <li>○ Dissatisfied</li> <li>○ Neither satisfied nor dissatisfied</li> <li>○ Satisfied</li> <li>○ Very satisfied</li> <li>○ REFUSED</li> </ul>	<p>The intent is to determine how satisfied a client is with their ability to perform daily activities.</p> <p>Daily activities can include work, school, family responsibilities, treatment involvement, legal responsibilities (e.g., probation appointments), or special events.</p> <p>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</p>



<p>F.4. In the past 30 days, how many days have you:</p> <ul style="list-style-type: none"> <li>a. Experienced serious depression</li> <li>b. Experienced serious anxiety or tension</li> <li>c. Experienced hallucinations</li> <li>d. Experienced trouble understanding, concentrating, or remembering</li> <li>e. Experienced trouble controlling violent behavior</li> <li>f. Attempted suicide</li> <li>g. Been prescribed medications for a psychological/emotional problem</li> </ul> <p># of days _____</p> <p><input type="radio"/> REFUSED</p>	<p>The intent is to determine the number of days in the past 30 that the client has experienced any serious psychiatric symptoms.</p> <p>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.</p> <p><b>Additional probes:</b>          Explain that the symptoms refer to times when they were not under the direct effects of alcohol, drugs, or withdrawal. This means that the behavior or mood was not due to a state of drug or alcohol intoxication, or to withdrawal effects.  <b>Note: reports of suicide attempts or thoughts should be brought to the attention of the clinical supervisor at the agency. If the client expresses suicidal ideation at the time of the interview they should be seen by the clinical supervisor before leaving the office.</b></p> <p><b>Definitions:</b>  <i>Serious depression:</i> This is the client's subjective feeling of "serious" depression. It does not refer to a diagnosis of depression.  <i>Serious anxiety or tension:</i> This is the client's subjective feeling of "serious" anxiety or tension. It does not refer to a diagnosis.  <i>Hallucinations:</i> Refers to seeing or hearing things that were not present or that other people could not see or hear.  <i>Trouble understanding, etc.:</i> Can be long- or short-term lapses.  <i>Trouble controlling violent behavior:</i> Can refer to violence against another person, themselves, an animal, an object, or against no directed target.  <i>Attempted suicide:</i> This does not include thoughts of suicide. Count only actual attempts.  <i>Prescribed medication for psychological/emotional problem:</i> Medication must have been prescribed by a physician/psychiatrist for a psychiatric or emotional problem. Record the number of days for which the medication was prescribed to be taken, even if the client did not take the medication. If the prescription is on a "take as needed" basis, ask how many times the client took the drug in the past 30 days.</p> <p><b>Skip pattern:</b>          If all responses to question 4a-g are 0, "Refused" or "Don't know", skip to G. Social Connectedness.</p>
<p>F.5. How much have you been bothered by these psychological or emotional problems in the past 30 days?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not at all</li> <li><input type="radio"/> Slightly</li> <li><input type="radio"/> Moderately</li> <li><input type="radio"/> Considerably</li> <li><input type="radio"/> Extremely</li> <li><input type="radio"/> NO REPORTED MENTAL HEALTH COMPLAINTS IN PAST 30 DAYS</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>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.</p> <p><b>Additional probes:</b>          Remind the client to respond to whatever problem(s) they identified in the previous question.</p>

<p>F.6. In the past 30 days, where have you gone to receive medical care? You may select more than one response.</p> <ul style="list-style-type: none"> <li>○ Primary Care Provider</li> <li>○ Urgent Care</li> <li>○ The Emergency Department</li> <li>○ A specialist doctor</li> <li>○ No care was sought</li> <li>○ Other (Specify) _____</li> </ul>	<p>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.</p> <p>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.</p> <p>Urgent Care—Immediate medical care for a non-life-threatening illness or injury in a walk-in clinic setting.</p> <p>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.</p> <p>A specialist doctor—A physician who has advanced education and training in a specific field of medicine.</p> <p>Other (SPECIFY)—Other location or provider not mentioned above.</p>
<p>F.7. Do you currently have medical/health insurance?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No [SKIP TO NEXT SECTION]</li> <li>○ REFUSED [SKIP TO NEXT SECTION]</li> </ul>	<p>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.</p>
<p>F.7a. [IF YES] What type of insurance do you have (Select all that apply).</p> <ul style="list-style-type: none"> <li>○ Medicare</li> <li>○ Medicaid</li> <li>○ Private Insurance or Employer Provided</li> <li>○ TRICARE or other military health care</li> <li>○ An assistance program [for example, a medication assistance program]</li> <li>○ Any other type of health insurance or health coverage plan (Specify) _____</li> <li>○ REFUSED</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> <li>• 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.</li> <li>• 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).</li> <li>• 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+.</li> <li>• Any other type of health insurance or health coverage plan (SPECIFY)—Other health insurance or health coverage plan not mentioned above.</li> </ul>

## SECTION G: SOCIAL CONNECTEDNESS (All GPRAs)

### Overview:

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

<p>G.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/fait-affiliated recovery mutual support groups, etc.? Attendance could have been in person or virtual?</p> <ul style="list-style-type: none"> <li><input type="radio"/> YES</li> <li><input type="radio"/> NO</li> <li><input type="radio"/> REFUSED</li> <li><input type="radio"/> DON'T KNOW</li> </ul> <p>G.1.a. If yes, specify how many times ____</p> <ul style="list-style-type: none"> <li><input type="radio"/> REFUSED</li> </ul>	<p>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.</p> <p><b>Additional probes:</b> 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.</p> <p><b>Note that this is a two-part question.</b> If "Yes", ask the number of times they attended said groups.</p>
<p>G.2. In the past 30 days, did you have interactions with family and/or friends that are supportive of your recovery?</p> <ul style="list-style-type: none"> <li><input type="radio"/> YES</li> <li><input type="radio"/> NO</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>The intent of this item is to measure whether clients have a social support network outside of a treatment or recovery support network.</p> <p>The client does not have to be in "recovery" to have these interactions. Therefore, ask this question of all clients</p>
<p>G.3 How satisfied are you with your personal relationships?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Very dissatisfied</li> <li><input type="radio"/> Dissatisfied</li> <li><input type="radio"/> Neither satisfied nor dissatisfied</li> <li><input type="radio"/> Satisfied</li> <li><input type="radio"/> Very satisfied</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>The intent of this question is to determine how satisfied the client is with their personal relationships.</p> <p>Read all the response options that appear in lowercase letters and record the client's answer. Do not read the REFUSED response category.</p> <p><b>Additional probes:</b> Personal relationships can include relationships with family, friends, a significant other, and work colleagues, but the term is left to the client's interpretation.</p>
<p>G.4. In the past 30 days did you realize that you need to change those social connections or places that negatively impact your recovery?</p> <ul style="list-style-type: none"> <li><input type="radio"/> YES</li> <li><input type="radio"/> NO</li> <li><input type="radio"/> REFUSED</li> <li><input type="radio"/> DON'T KNOW</li> </ul>	<p>The intent of this question is to determine if the client realized that they have to change social connections or places due to recovery.</p> <p><b>Additional Probes:</b> Social connections can include relationships with family, friends, a significant other, and work colleagues, but the term is left to the client's interpretation.</p>

## SECTION H: PROGRAM-SPECIFIC QUESTIONS (All GPRAs)

H.1 BARC-10: Check answer in appropriate column for each statement

H.1a. There are more important things to me in life than using substances

H.1b. In general, I am happy with my life

H.1c. I have enough energy to complete the tasks I set for myself

H.1d. I am proud of the community I live in and feel a part of it

H.1e. I get lots of support from friends

H.1f. I regard my life as challenging and fulfilling without the need for using drugs or alcohol

H.1g. My living space has helped to drive my recovery journey

H.1h. I take full responsibility for my actions

H.1.i. I am happy dealing with a range of professional people

H.1.j. I am making good progress on my recovery journey

The Brief Assessment of Recovery Capital (BARC) is a 10-item assessment used to gauge the level of broader personal, social, physical, and professional resources in an individual's environment that are used to initiate and sustain recovery including structural supports such as a recovery-supportive living space and community relationships. It assesses the characteristics and assets a person develops on the recovery journey from a substance use disorder.

Select one response option for each statement from this list:

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Agree
- ☐ Strongly Agree
- ☐ Refused (RF)

H.2. Do you currently work with a peer supporter (e.g., Peer Recovery Specialist, Peer Recovery Coach)?

- ☐ YES
- ☐ NO
- ☐ REFUSED

Intent is to record Information about whether the client has a peer-recovery specialist ("peer"), coach, or mentor that they are working with.

**Skip pattern:**

If "Yes", ask H2a through H2d.

If "No", skip to H.2e.

If "Refused" end the survey.

H.2a. [IF YES] How were you connected to the peer support that you work with?

- ☐ I worked with a peer supporter as a part of my treatment at the CSB/Agency
- ☐ I was connected with a peer supporter through an AA/NA sponsor
- ☐ I was connected with a peer supporter through a jail or prison program
- ☐ I was connected with a peer supporter at a hospital or other medical setting

This question is only asked if the response to H.3 is "Yes".

Intent is to determine how the client began interacting with the peer recovery specialist.

<ul style="list-style-type: none"> <li><input type="radio"/> I developed a relationship peer supporter through a support or recovery group</li> <li><input type="radio"/> Other (Please specify)</li> <li><input type="radio"/> REFUSED</li> </ul>	
<p>H.2b. [IF YES] Is your contact with peer supporter mandatory or voluntary?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Voluntary</li> <li><input type="radio"/> Mandatory, through my treatment program</li> <li><input type="radio"/> Mandatory, through courts/parole</li> <li><input type="radio"/> Mandatory, other (specify)</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>This question is only asked if the response to H.2 is "Yes."</p> <p>Intent is to determine whether the client has been mandated to work with a peer supporter or they have elected to do so.</p>
<p>H.2c. [IF YES] How helpful has working with a peer supporter been to your recovery?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not at all</li> <li><input type="radio"/> Slightly</li> <li><input type="radio"/> Moderately</li> <li><input type="radio"/> Considerably</li> <li><input type="radio"/> Extremely</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>This question is only asked if the response to H.2. is "Yes."</p> <p>Intent is to determine the impact of working with a peer supporter on recovery.</p>
<p>H.2d. [IF YES] If you had not worked with a peer supporter, where do you think you would be in your recovery now?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not as far along in recovery</li> <li><input type="radio"/> In the same place</li> <li><input type="radio"/> Further along in recovery</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>This question is only asked if the response to H.2. is "Yes."</p> <p>Intent is to determine the impact of working with a peer supporter on recovery.</p> <p><b>Skip pattern:</b> If H.2 = "Yes", the survey ends after this question. Only ask H.2e. if H.2. = "No."</p>
<p>H.2e. [IF NO] What are the main reasons you are not working with a peer supporter? [CHECK ALL THAT APPLY]</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am not interested in working with a peer supporter</li> <li><input type="checkbox"/> I am interested and am planning to connect with a peer supporter soon</li> <li><input type="checkbox"/> I'm interested, but there is not a peer supporter available for me to work with</li> <li><input type="checkbox"/> I'm interested, but I don't feel comfortable working with any of the peer supporters available</li> <li><input type="checkbox"/> I'm interested, but it is hard for me to find time to work with a peer supporter</li> <li><input type="checkbox"/> I'm interested, but it is hard for me to get transportation work with a peer supporter</li> <li><input type="checkbox"/> I didn't know working with a peer supporter was an option</li> <li><input type="checkbox"/> Other (specify)</li> <li><input type="radio"/> REFUSED</li> </ul>	<p>This question is only asked if the response to H.2. is "No."</p> <p>Intent is to determine why the client is not working with a peer recovery specialist. Select all answers that apply.</p>

# APPENDIX A: COMMONLY USED SUBSTANCES

Substance	Examples and common names
<b>Alcohol</b>	Beer (Regular Beer, Lite or Light Beer, Hard Cider, Malt Liquor); Wine (Red or White Wine, Rosé, Champagne, Fortified Wines, Wine Coolers); Liquor (Bourbon, Scotch, Gin, Tequila, Rum, Vodka); Liqueurs, Cordials, and Brandy (Brandy, Schnapps, Kahlua, Triple Sec), Mixed Drinks and Cocktails (Bloody Mary, Irish Coffee, Margarita, Daiquiri, Martini); Grain Alcohol
<b>Tobacco</b>	
Cigarettes	Menthol Cigarettes, Regular Cigarettes, and Loose Tobacco rolled into Cigarettes or Cigars.
Other tobacco products (excluding cigarettes)	Pipe tobacco, Smokeless Tobacco (Snuff, Dip, Chewing Tobacco, Chew, Snus), Cigars made only of Tobacco (Cigarillos, Big Cigars, and Little Cigars that look like Cigarettes).
Electronic vapor products	Vapes, Personal Vaporizers, Vape Pens, Mods, Electronic Cigarettes (e-cigarettes or e-cigs), e- pipes or Electronic Nicotine Delivery Systems (ENDS). Some brand examples include JUUL, NJOY, Blu, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo.
<b>Non-Prescription Opioids</b>	
Heroin	Smack, Horse, Brown Sugar, Junk, Black Tar, H, Big H, Dope, Skag, Negra, White Horse, China White, Chiva, Hell Dust, Thunder
Illicitly-made Fentanyl or Fentanyl analogs	Carfentanil or Carfentanyl
Other non-prescription opioid	U-47700, U4, pink, pinky
<b>Prescription Opioids</b>	
Methadone	Dolophine, Methadose, LAAM (Levomethadyl Acetate)
Fentanyl (Rx formulations)	Fentora, Duragesic, Actiq, Sublimaze
Hydrocodone	Lortab Dihydrocodeinone (Vicodin, , Norco, Zohydro)
Oxycodone	OxyContin, Percocet, Percodan, Roxicodone
Morphine	Avinza, Kadian, MS Contin, Duramorph, extended-release Morphine
Tramadol	Ultram, Ultram ER, Ultracet, extended-release Tramadol
Hydromorphone	Dilaudid, Exalgo, extended-release Hydromorphone
Oxymorphone	Opana, Opana ER, extended-release Oxymorphone
Buprenorphine	Butrans, Suboxone
Codeine	
Demerol	
Darvon	
Tylenol 2, 3, 4	Acetaminophen (Tylenol) with varying levels of codeine added
Other prescription opioid	Talwin and any other prescription opioid not used as prescribed

Other (Non-Opioid) Drugs	
Barbiturates	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal, Barbs, Phennies, Red Birds, Reds, Tooies, Yellow Jackets, Yellows
Cocaine/Crack	Cocaine Crystal, Free-Base Cocaine or Crack, "Rock Cocaine", Coca Paste, Coke, Flake, C, Coca, Bump, Toot, Snow, Blow, Candy, Charlie
Amphetamine/ Methamphetamine	Meth, Speed, Crystal, Chalk, Crank, Tina, Tweak, Go-Fast, Ice, Glass, Uppers, Monster, Amp, Benzedrine, Dexedrine, Methylphenidate (Ritalin, Concerta), Preludin, Adderall, Dextroamphetamine, Mixed Amphetamine-Dextroamphetaime.
Cannabis	Weed, Blunt, Hydro, Grass, Pot, Marijuana, Edibles, Hashish (Hash or Hash Oil), Marinol if using in an unprescribed manner.
Hallucinogens	LSD or Acid; Ecstasy, Molly, or MDMA; Shrooms, Mushrooms or Psilocybin; PCP, Angel Dust, or Phencyclidine; Katamine, Special K, Super K, K, Cat Valium; Mescaline or Peyote (except if used in a Native American setting for religious purposes); Salvia Divinorum, Dimethyltryptamine (DMT or Dimitri), Alpha-Methyltryptamine (AMT) or Foxy, 5-MeO-DIPT; Ayahuasca
Inhalants	Felt-tip Pens, Felt-tip Markers, or Magic Markers; Nitrous Oxide or Whippits; Amyl Nitrite, Poppers, Locker Room Odorizers, or Rush; Computer Keyboard Cleaner (Air Duster); Correction Fluid, Degreaser, or Cleaning Fluid; Glue, Show Polish, or Toluene; Halothane, Ether, or Other Anesthetics; Lacquer Thinner or Other Paint Solvents; Lighter Gases, such as Butane or Propane; Spray Paints; Gasoline or Lighter Fluid; Aerosols (Hair Spray, Lysol, Air Freshener); Gluey, Huff, Laughing Gas, Snappers, Bold
Benzodiazepines	Benzos, Candy, Downers, Sleeping Pills, Nerve Pills, Tranks, Alprazolam (Xanax), Chlorodiazepoxide (Librium), Lorazepam (Ativan), Clonazepam (Klonopin), Diazepam (Valium), and Temazepam (Restoril), Triazolam (Halicon), Serax, Flunitrazepam (Rohypnol) Roofies
Synthetic stimulants	Bath Salts, Flakka, Cathinones

# APPENDIX B: ADDITIONAL CODING TOPICS and DEFINITIONS

## Gender Question: 2. What do you consider yourself to be?

*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 themselves and what they call themselves. 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 themselves and what they call themselves. 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).

## Question: Sexual Identity: 6. Do you think of yourself as...

*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).

**Question: 5. 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?**

*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).

**Question B.1. Alcohol and substance use -- additional definitions:**

#### **Alcohol**

*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.

#### **Opioids**

*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).

*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.).

*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.).

*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).

*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).

*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).

*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).

*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).

*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 (Aquino 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).

*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 HCl Intensol, Methadose, LAAM (Levomethadyl Acetate) (SAMHSA, n.d.; Mayo Clinic, 2022d).

*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.).

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

## **Cannabis**

*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.

*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).

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

## **Sedative, Hypnotic, or Anxiolytics**

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

*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 aroused easily (Mihic & Harris, 2015).

*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).

*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 (Halcion), and flunitrazepam (Rohypnol) (SAMHSA, n.d.).

*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).

## **Cocaine**

*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).

*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).

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

## Other Stimulants

*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).

*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).

*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).

## Hallucinogens & Psychedelics

*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).

*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).

*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).

*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).

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

*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).

*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).

## Inhalants

*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.

## Other Psychoactive Substances

*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.

**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).

**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).

**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).

**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).

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

## **Tobacco & Nicotine**

**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).

**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.

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