

Government Performance and Results Act (GPRA)

SECTION B: Planned Services Glossary 2.0

MODALITY [SELECT AT LEAST ONE MODALITY/PROGRAM TYPE.]

1. **Case Management**—Defining, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client’s family.
2. **Intensive Outpatient Treatment**—Intense multimodal treatment for emotional or behavioral symptoms that interfere with normal functioning. These clients require frequent treatment to improve, while still maintaining family, student, or work responsibilities in the community. Intensive outpatient services differ from outpatient by the intensity and number of hours per week. Intensive outpatient services are provided 2 or more hours per day for 3 or more days per week.
3. **Inpatient/Hospital (Other Than Withdrawal Management)**—A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.
4. **Outpatient Therapy**—A patient who is admitted to a hospital or clinic for treatment that does not require an overnight stay.
5. **Outreach**—Educational interventions conducted by a peer or paraprofessional educator face to face with high-risk individuals in the client’s neighborhood or other areas where clients typically congregate.
6. **Medication**—Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose (SAMHSA, 2022b).
 - a. **Methadone**—Methadone is a long-acting opioid agonist, which reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Methadone is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT), as well as for pain management. 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).
 - b. **Buprenorphine**—Buprenorphine is a partial opioid agonist medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD) as a medication-assisted treatment (MAT) by suppressing and reducing cravings for opioids. Buprenorphine is the first medication to treat OUD that can be prescribed or dispensed in physician offices, significantly increasing access to treatment (SAMHSA, 2022a). Also known as Sublocade, Buprenex, Butrans, Probuphine, and Belbuca, and Suboxone.

- c. *Naltrexone – Short Acting*—Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms with stop of use. Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings (SAMHSA, 2022c). Also known as Depade or Revia.
 - d. *Naltrexone – Long Acting*—Intramuscular extended-release Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) as a Medication-Assisted Treatment (MAT) option. A Risk Evaluation and Mitigation Strategy (REMS) is required for the long-acting injectable formulation to ensure that the benefits of the drug outweigh its risks (SAMHSA, 2022c). Also known as Vivitrol.
 - e. *Disulfiram*—Disulfiram is a medication that is used to treat alcohol use disorder. Disulfiram works by blocking the breakdown of alcohol in the body. This leads to buildup of a toxic alcohol-related compound that can cause people who drink alcohol while taking this medication to become very sick. This reaction helps encourage people to avoid alcohol while taking the medication (NAMI, 2016c). Also known as Antabuse.
 - f. *Acamprosate*—Acamprosate is a medication that works in the brain to treat alcohol use disorder. Acamprosate works by decreasing cravings and urges to use alcohol. This allows people who take the medication to control urges to drink and help to continue to not use alcohol. Acamprosate does not help with symptoms of alcohol withdrawal (NAMI, 2016a). Also known as Campral.
 - g. *Nicotine Replacement*—Nicotine replacement therapy works by supplying nicotine in an alternative form, such as chewing gum or patches for a limited period, which helps reduce the nicotine withdrawal symptoms (WHO, 2021a). This includes patches, gum, and lozenges.
 - h. *Bupropion*—Bupropion is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), seasonal affective disorder (SAD), and to help people quit smoking (smoking cessation) (NAMI, 2016b). Also known as Zyban, Wellbutrin, Aplenzin, and Forfivo.
 - i. *Varenicline*—Varenicline is a selective alpha4-beta2 neuronal nicotinic acetylcholine receptor partial agonist approved as an aid to smoking cessation therapy. This receptor is believed to play a significant role in reinforcing the effects of nicotine and in maintaining smoking behaviors. The agonist effect of varenicline at the nicotinic receptor is approximately half that of nicotine, which may lessen craving and withdrawal without inducing dependence (AAFP, 2007). Also known as Chantix and Tyrvaya.
7. **Residential/Rehabilitation**—A residential facility or halfway house that provides onsite structured therapeutic and supportive services specifically for alcohol and other drugs.

8. **Withdrawal Management (Select Only One)**—A medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.
 - a. *Hospital Inpatient*—Client resides at a medical facility or hospital during their treatment.
 - b. *Free Standing Residential*—Patient resides at a facility other than a hospital while treatment is provided.
 - c. *Ambulatory Detoxification*—Treatment that is performed in a specialized therapeutic environment and is designed to provide both psychological and physiological stabilization to ensure safe withdrawal from alcohol and/or drugs.
9. **After Care**—Treatment given for a limited time after the client has completed their primary treatment program but is still connected to the treatment provider.
10. **Recovery Support**—Support from peers, family, friends, and health professionals during recovery. Includes any of the following: assistance in housing, educational, and employment opportunities; building constructive family and other personal relationships; stress management assistance; alcohol- and drug-free social and recreational activities; recovery coaching or mentoring to help manage the process of obtaining services from multiple systems, including primary and mental health care, child welfare, and criminal justice systems.
11. **Other (Specify)**—Specify any other service modalities, not mentioned above, to be received by the client.

[SELECT AT LEAST ONE SERVICE]

TREATMENT SERVICES

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

1. **Screening**—A gathering and sorting of information used to determine if an individual has a problem with alcohol or other drug abuse, and if so, whether a detailed clinical assessment is appropriate. Screening is a process that identifies people at risk for the "disease" or disorder (National Institute on Alcohol Abuse and Alcoholism, 1990). As such, screening refers to a brief procedure used to determine the probability of the presence of a problem, substantiate that there is a reason for concern, or identify the need for further evaluation. In a general population, screening for substance abuse and dependency would focus on determining the presence or absence of the disorder, whereas for a population already identified at risk, the screening process would be concerned with measuring the severity of the problem and determining the need for a comprehensive assessment.
2. **Brief Intervention**—Those practices that aim to investigate a potential problem and motivate an individual to begin to do something about their substance abuse, either by natural, client-directed means or by seeking additional substance use treatment.
3. **Brief Treatment**—A systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. Brief therapies usually consist of more (as well as longer) sessions than brief interventions. The duration of brief therapies is reported to be anywhere from 1 session (Bloom, 1997) to 40 sessions (Sifneos, 1987), with the typical therapy lasting between 6 and 20 sessions. Twenty sessions usually are the maximum because of limitations placed by many managed care organizations. Any therapy may be brief by accident or circumstance, but the focus is on planned brief therapy. The therapies described here may involve a set number of sessions or a set range (e.g., from 6 to 10 sessions), but they always work within a time limitation that is clear to both therapist and client.

Note: Brief Treatment is not applicable to ATR Grants.

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

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

5. **Assessment**—To examine systematically in order to determine suitability for treatment.
6. **Treatment Planning**—A program or method worked out beforehand to administer or apply remedies to a patient for illness, disease, or injury.
7. **Recovery Planning**—Programs or methods worked out beforehand to support individuals experiencing mental and/or substance use issues in their journey to recovery. Often guided by professionals and/or peers it may include clinical treatment, medications, peer support, self-care, family support, and other approaches.
8. **Individual Counseling**—Professional guidance of an individual by utilizing psychological methods.

9. **Group Counseling**—Professional guidance of a group of people gathered utilizing psychological methods.
10. **Contingency Management**—An incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020f).
11. **Community Reinforcement**—Promotes healthy, drug-free living in a way that makes it rewarding. It includes progressive involvement in non-substance-related and pleasant social activities, while also working on enhancing the enjoyment found within the “community” of a family and job.
12. **Cognitive Behavioral Therapy**—Involves working with a counselor to understand what drives substance use, and to develop ways to overcome this through better understanding behaviors and motivations, as well as using problem solving techniques to better cope with stressful situations.
13. **Family/Marriage Counseling**—A type of psychotherapy for a married couple or family for the purpose of resolving problems in the relationship.
14. **Co-Occurring Treatment Services**—Assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).
15. **Pharmacological Interventions**—The use of any pharmacological agent to affect the treatment outcomes of substance-abusing clients. For example, the use of phenytoin in alcohol withdrawal and the use of buprenorphine in opioid treatment.
16. **HIV/AIDS Counseling**—A type of psychotherapy for individuals infected with and living with HIV/AIDS.
17. **Cultural Interventions/Activities**—Interventions and/or activities which acknowledge, respect, and respond to an individual’s health beliefs, practices, and cultural and linguistic needs (SAMHSA, 2022d).
18. **Other Clinical Services (Specify)**—Other client services the client received that are not listed above.

CASE MANAGEMENT SERVICES

1. **Family Services (e.g., Marriage Education, Parenting, Child Development Services)**—Resources to assist in the well-being and safety of children, families, and the community.
2. **Child Care**—Care provided to children for a period of time.
3. **Employment Service**—Resources provided to clients to assist in finding employment.
 - A. **Pre-Employment**—Services provided to clients prior to employment, which can include background checks, drug tests, and assessments. These services allow employers to “check out” prospective employees before hiring them.
 - B. **Employment Coaching**—Provides tools and strategies to clients to assist in gaining employment. These strategies include implementing new skills, changes, and actions to ensure that clients achieve their targeted results.
4. **Individual Services Coordination**—Services that families may choose to use when they need help obtaining support for their child(ren) with cognitive and/or intellectual disabilities to live as independently as possible in the community.
5. **Transportation**—Providing a means of transport for clients to travel from one location to another.
6. **HIV/AIDS Services**—Resources provided to clients to improve the quality and availability of care for people with HIV/AIDS and their families.
 - A. **If HIV Neg, Pre-Exposure Prophylaxis**—Pre-Exposure Prophylaxis (PrEP) is medication used to prevent HIV infection in individuals who have tested negative but are at high risk of exposure (CDC, 2021a). Emtricitabine in combination with tenofovir disoproxil fumarate (Truvada) or Emtricitabine in combination with tenofovir alafenamide (Descovy) are pills taken daily. The third medication, cabotegravir (Apretude), is an injection provided every 2 months.
 - B. **If HIV Neg, Post-Exposure Prophylaxis**—Post-Exposure Prophylaxis (PEP) is a medication used to prevent HIV infection after an exposure (CDC, 2016). Medication treatment should be started within 72 hours and is a combination of disoproxil fumarate and emtricitabine daily and raltegravir twice daily or dolutegravir once daily.
 - C. **If HIV Positive, HIV Treatment**—HIV treatment done through antiretroviral therapy (ART) (NIH, 2021). It is a combination of medications that the individual must take every day.
7. **Transitional Drug-Free Housing Services**—Provides rental assistance for families and individuals who are seeking to be drug-free who can be housed for up to 2 years while receiving intensive support services from the agency staff.
8. **Housing Support**—Activities around locating, securing, and maintaining stable housing. May include identifying housing resources, completing applications, transitioning the individual into housing, assistance with utilities and working with landlords.
9. **Health Insurance Enrollment**—Assistance determining eligibility for and formal enrollment in public insurance such as Medicaid, Medicare, state-sponsored health plan, or Children’s Health Insurance Program or private insurance including that obtained through a workplace, union, professional association or individual purchase (CDC, 2022d).
10. **Other Case Management Services (Specify)**—Other case management services the client received that are not listed above.

MEDICAL SERVICES

1. **Medical Care**—Professional treatment for illness or injury.
2. **Alcohol/Drug Testing**—Any process used to identify the degree to which a person has used or is using alcohol or other drugs.
3. **OB/GYN Services**—Reproductive healthcare services provided to clients by an obstetrician-gynecologist.
4. **HIV/AIDS Medical Support & Testing**—Medical services provided to clients who have HIV/AIDS and their families.
5. **Dental Care**—Dental care services provided to clients by a dentist, dental assistant, or dental hygienist to support oral hygiene.
6. **Viral Hepatitis Medical Support & Testing**—Medical services provided to clients focusing on the prevention and treatment of viral hepatitis. Hepatitis A is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is typically transmitted person to person through the fecal-oral route or through consumption of contaminated food or water. Hepatitis B is a vaccine preventable liver disease cause by the hepatitis B virus (HBV) typically transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected (e.g., sexual contact, sharing needles or other injection equipment, birth). Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), a blood-borne virus typically transmitted by sharing needles or other injection equipment (CDC, 2018).
7. **Other STI Support & Testing**—Other sexually transmitted infection support and testing not mentioned above.
8. **Other Medical Services (Specify)**—Other medical services the client received that are not listed above.

AFTER CARE SERVICES

1. **Continuing Care**—Providing health care for extended periods of time.
2. **Relapse Prevention**—Identifying each client’s current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.
3. **Recovery Coaching**—Guidance involving a combination of counseling, support, and various forms of mediation treatments to find solutions to deal with breaking the habit of substance abuse.
4. **Self-Help and Support Groups**—Helping or improving oneself without assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing.
5. **Spiritual Support**—Spiritual/religion-based support for the clients’ recovery process.
6. **Other After Care Services (Specify)**—Other after care services the client received that are not listed above.

EDUCATION SERVICES

1. **Substance Use Education**—A program of instruction designed to assist individuals in drug prevention, relapse, and/or treatment.
2. **HIV/AIDS Education**—A program of instruction designed to assist individuals with HIV/AIDS and their families with HIV/AIDS prevention and/or treatment.
3. **Naloxone Training**—Information and education about opioid overdose response and naloxone administration. Training should include education about how to recognize the signs of an opioid overdose and how to administer naloxone.
4. **Fentanyl Test Strip Training**—A program of instruction designed to assist individuals with how to use fentanyl test strips. Fentanyl test strips can prevent opioid overdose, as they allow individuals to test drugs for the presence of fentanyl.
5. **Viral Hepatitis Education**—Information or a program of instruction around how viral hepatitis is prevented, transmitted, and treated. Hepatitis A is a vaccine- preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is typically transmitted person to-person through the fecal-oral route or through consumption of contaminated food or water. Hepatitis B is a vaccine preventable liver disease cause by the hepatitis B virus (HBV) typically transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected (e.g., sexual contact, sharing needles or other injection equipment, birth). Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), a blood-borne virus typically transmitted by sharing needles or other
6. **Other STI Education Services**—Other sexually transmitted infection education services not mentioned above.
7. **Other Education Services (Specify)**—Other education services the client received that are not listed above.

RECOVERY SUPPORT SERVICES

1. **Peer Coaching or Mentoring**—Services involving a trusted counselor or teacher to another person of equal standing or others in support of a client’s recovery.
2. **Vocational Services**—Assistance with employment readiness and the integration of employment into substance use recovery planning. Can include services related to vocational counseling, job obtainment, vocational training, job maintenance, reintegration, and other services related to connecting the client to employment as a facet of their recovery.
3. **Recovery Housing**—Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co- occurring disorders (SAMHSA, 2019).
4. **Recovery Planning**—Programs or methods worked out beforehand to support individuals experiencing mental and/or substance use issues in their journey to recovery. Often guided by

professionals and/or peers it may include clinical treatment, medications, peer support, self-care, family support, and other approaches.

5. **Case Management Services to Specifically Support Recovery**—A coordinated approach to the delivery of health, substance abuse, mental health, and social services, linking clients with appropriate services to address specific needs and achieve stated goals (CSAT, 2000).
6. **Alcohol-and Drug-Free Social Activities**—An action, event, or gathering attended by a group of people that promotes abstinence from alcohol and other drugs.
7. **Information and Referral**—Services involving the provision of resources to a client that promote health behavior and/or directing a client to other sources for help or information.
8. **Other Recovery Support Services (Specify)**—Other recovery support services not mentioned above.
9. **Other Peer-to-Peer Recovery Support Services (Specify)**—Other recovery support services provided by peer staff not mentioned above.

REFERENCES

American Academy of Family Physicians (AAFP). (2007). Varenicline (Chantix) for smoking cessation. <https://www.aafp.org/pubs/afp/issues/2007/0715/p279.html>

Bloom, B. L. (1997). Planned short-term psychotherapy: A clinical handbook. Boston: Allyn and Bacon.

Center for Disease Control and Prevention (CDC). (2021a). Clinician’s quick guide: Preexposure prophylaxis for the prevention of HIV infection in the United States – 2021 update – a clinical practice guideline. Retrieved from: Clinicians’ Quick Guide: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update—A Clinical Practice Guideline (cdc.gov)

Center for Disease Control and Prevention (CDC). (2022d). National Center for Health Statistics: Health Insurance Coverage. Retrieved from <https://www.cdc.gov/nchs/hus/topics/health-insurance-coverage.htm>

Centers for Disease Control and Prevention (CDC). (2018). Viral Hepatitis Surveillance — United States, 2018. [Viral Hepatitis Surveillance – United States | CDC](#)
Published July 2020. Accessed [9/6/2022].

National Alliance on Mental Illness (NAMI). (2016a). Acamprosate (Campral). Retrieved from [https://nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications/Types-of-Medication/Acamprosate-\(Campral\)](https://nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications/Types-of-Medication/Acamprosate-(Campral))

National Alliance on Mental Illness (NAMI). (2016b). Bupropion (Wellbutrin). Retrieved from [https://nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications/Types-of-Medication/Bupropion-\(Wellbutrin\)](https://nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications/Types-of-Medication/Bupropion-(Wellbutrin))

National Alliance on Mental Illness (NAMI). (2016c). Disulfiram (Antabuse)

National Institute on Alcohol Abuse and Alcoholism. (1990). Screening for alcoholism. Alcohol Alert 8(No. 8, PH 285), 1–4.

National Institute of Health (NIH). (2021). HIV treatment. Retrieved from: HIV Treatment: The Basics | NIH.

National Institute of Health, National Institute on Drug Abuse (NIDA). (2020f). Contingency Management Interventions/Motivational Incentives (Alcohol, Stimulants, Opioids, Marijuana, Nicotine). Retrieved from <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022a). MAT Medications, Counseling, and Related Conditions. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#medications-used-in-mat>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022b). Medication-Assisted Treatment (MAT). Retrieved from <https://www.samhsa.gov/medication-assisted-treatment>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022c). Naltrexone. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naltrexone>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022d). Recovery and Recovery Support: Cultural Awareness and Competency. Retrieved from <https://www.samhsa.gov/find-help/recovery#cultural-awareness>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). Recovery Housing: Best Practices and Suggested Guidelines. Retrieved from <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). (2000). Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 27. HHS Publication No. (SMA) 15-4215. Rockville, MD. <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4215.pdf>

Sifneos, P. E. (1987). Short-term dynamic psychotherapy: Evaluation and technique. New York: Plenum Medical Book Company.

World Health Organization (WHO). (2021a). Two new tobacco cessation medicines added to the WHO essential medicines list. Retrieved from <https://www.who.int/news/item/05-11-2021-two-new-tobacco-cessation-medicines-added-to-the-who-essential-medicines-list>