

## Definitions (FR-CARA, ODTA, PDO, SPF-Rx)

**Alternatives:** Alternatives refers to prevention strategies that provide opportunities for populations of focus to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.

**Assessment:** Assessment is the first step in the Strategic Prevention Framework (SPF) process and helps prevention planners understand prevention needs for the population of focus based on a careful review of data gathered from a variety of sources. Specifically, assessment involves collection and analysis of available data sources to identify substance misuse consumption patterns, related consequences, and risk and protective factors impacting the population of focus. A comprehensive assessment also involves the examination of available resources to identify gaps, examines readiness to address problems identified, and prioritizes problems based on specific criteria (e.g., magnitude, trends, severity). See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details. (Also, see definition for Needs Assessment.)

**Behavioral therapies:** Behavioral therapies area variety of different types of mental health treatment approaches that focus on complex issues over a long period of time.

**Community-based process prevention strategies:** Community-based process prevention strategies provide ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

**Community-based social marketing/public education plan:** A community-based social marketing/public education plan is a component of a comprehensive strategic plan. Its purpose is to increase awareness of prescription drug misuse issues and the need for a coordinated approach, and to promote increased use of prescription drug monitoring program (PDMP) data.

**Counseling:** Counseling is a type of mental health therapy and considered to be a short-term treatment. It is goal-oriented and tends to focus on a specific issue or life challenge.

**Dentists:** Dentists are individuals with advanced dental-related degrees such as DDS (Doctor of Dental Surgery) or DMD (Doctor of Medicine in Dentistry or Doctor of Dental Medicine) including general dentists, endodontists, periodontists, and oral and maxillofacial surgeons who are licensed to practice dentistry (which may involve oral surgery and prescribing pain medication).

**Direct prevention efforts:** Direct prevention efforts are individual-based prevention strategies or services directly delivered to individuals, either on a one-on-one basis or in a group format. Typically, service providers and participants are at the same location during the grant-funded prevention service encounter.

**Disparities impact statement:** SAMHSA requires all grant recipients, or grantees, to prepare the disparity impact statement (DIS) as part of a data-driven, quality improvement approach to advance equity using grant programs. The DIS helps grantees identify underserved populations at risk of experiencing behavioral health disparities. The aim is to increase inclusion of underserved populations in SAMHSA-funded grants, achieve behavioral health equity for disparity-vulnerable populations, and help systems better meet the needs of these populations.

**Education prevention strategies:** Education prevention strategies build skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants than there is for information dissemination.

**Environmental prevention strategies:** Environmental prevention strategies establish or change written and unwritten community standards, policies, laws, codes, and attitudes. The intent of environmental strategies is to influence the general population's use of alcohol and other drugs.

**Evaluation:** Evaluation is the fifth step in the SPF process and is about enhancing prevention practice. It is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

**Evaluation plan:** An evaluation plan is a written document that describes how grant-funded prevention strategies will be assessed and establishes outcome and/or impact measures tied to the original problem that the grant-funded program plans to address.

**Evaluation report:** An evaluation report is a written document that summarizes the purpose, methodologies, findings, and conclusions of grantee evaluation efforts and offers recommendations for program improvements. As part of the findings section, the evaluation report should examine whether prevention activities were successful in achieving the grant program's goals and objectives as laid out in the evaluation plan. Ideally, evaluation reports should include both process and outcome evaluation.

**Evidence-based practices, policies, and programs (EBPs):** EBPs are prevention strategies that were reported as effective for your target substance and population of focus on a formal registry (e.g., federal, state, foundation) or in a published peer-reviewed journal article, were based on a documented theory of change, or were deemed effective by a panel of experts.

**Evidence-informed prevention strategy:** Evidence-informed prevention strategies are approaches or methods based in research, with demonstrated effectiveness in addressing a prevention priority, but are not considered an evidence-based practice, policy, or program (i.e., not listed in a registry of evidence-based practices, studied in a peer-reviewed journal article, based on a theory of change, or deemed effective by a panel of experts).

**Family members:** Family members are individuals who have a relative (e.g., spouse, child, parent, sibling, grandparent, or other familial relation) that has experienced an opioid overdose.

**First responders:** First responders are individuals who are expected to immediately go to the scene of an emergency when alerted and are among the first to arrive to render assistance. First responders include firefighters, law enforcement officers, paramedics, emergency medical technicians, mobile crisis providers or other legally organized and recognized volunteer organizations that respond to adverse opioid related incidents.

**Goal:** A goal is a broad statement about the long-term expectation of what should happen because of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence. The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved.
- Goals are concise.
- Goals describe the behavior or condition in the community expected to change.
- Goals describe who will be affected by the project.
- Goals lead clearly to one or more measurable results.

**Health care providers:** Health care providers are licensed medical professionals authorized to prescribe medications (e.g., physicians, physician assistants, nurse practitioners, dentists) and other individuals certified to provide medical-related services in a health care setting.

**Implementation:** Implementation is the fourth step of the SPF process and puts a community’s prevention plan into action by delivering evidence-based programs and practices as intended. To accomplish this task, planners will need to balance fidelity and adaptation, and establish critical implementation supports. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

**Indicated prevention strategies:** Indicated prevention strategies are intended for individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels.

**Individuals reached:** Individuals reached refers to grant-funded population-based prevention strategies aimed at impacting an entire population. Because there is no direct interaction with populations affected by the prevention strategies implemented, counts of people reached are typically estimates obtained from sources such as the US Census (population of targeted community) or media outlets (estimated readership or audience size).

**Individuals served:** Individuals served refers to grant-funded individual-based prevention strategies or services directly delivered to individuals, either on a one- on-one basis or in a group format. Typically, the provider of prevention services and participants are at the same physical location or virtual environment (e.g., webinar) during the service encounter. Because providers have direct interaction with these individuals, they are able to keep accurate counts and, in many cases, to collect data about the characteristics and outcomes of these participants through attendance lists and pre-post surveys. Examples include virtual training sessions and in-person educational classes.

**Information dissemination prevention strategies:** Information dissemination prevention strategies provide knowledge and increase awareness of the nature and extent of alcohol and other drug use, use, and addiction, as well as their effects on individuals, families, and communities. They also provide knowledge and increase awareness of available prevention and treatment programs and services. In addition, information dissemination prevention strategies are characterized by one-way communication from the information source to the audience, with limited contact between the two.

**Innovation/innovative strategy:** An innovative prevention strategy is a method, idea, or approach that departs from the common ways of addressing a problem by applying adaptations, new processes, or new techniques to accomplish a goal.

**Known or suspected opioid overdose events:** For the purpose of grantee reporting, known or suspected opioid overdose events refer to situations where a first responder or other key community sector member administers one or more doses of naloxone or other FDA-approved opioid overdose-reversing medication in response to a known or suspected opioid overdose. The first responder or other key community sector member administering naloxone must have been received training or equipped with naloxone funded by the grant. The known or suspected overdose event concludes once the person experiencing the known or suspected opioid overdose leaves the location where naloxone was administered (e.g., walks away) or is transferred into the care of others assuming responsibility for medical care (e.g., transported to hospital, care transferred to emergency department attending physician).

**Lead trainer:** The lead trainer is the key personnel responsible for curriculum development and dissemination. This role will directly train health care providers and pharmacists to become certified ToT trainers.

**Linkage/linked:** Linkage or linked is defined as a confirmed encounter with a support service for which an individual was provided information through verbal or written referral. See definition for “referral.”

**Logic model:** A logic model is a graphic planning tool, much like a roadmap, that can help prevention planners communicate where prevention efforts are headed and how goals will be reached. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

**Medical professionals:** Medical professionals are defined as licensed medical service providers authorized to prescribe medication including opioids (e.g., physicians, physician assistants, nurse practitioners, dentists).

**Medication for opioid use disorder (MOUD):** Medication for opioid use disorder is an evidence-based pharmacological treatment for opioid use disorder and is most used in combination with counseling. There are 3 approved medications to treat opioid use in the U.S.: [methadone](#), [buprenorphine](#), and [naltrexone](#).

**Naloxone:** For the purpose of grantee reporting, naloxone refers to naloxone or any other FDA-approved opioid overdose-reversing medication or device. Naloxone is a medication approved by the [Food and Drug Administration](#) (FDA) designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids, such as heroin, morphine, and oxycodone. Administered when a patient is showing signs of [opioid overdose](#), naloxone is a temporary treatment and its effects do not last long. Therefore, it is critical to obtain medical intervention as soon as possible after administering/receiving naloxone. The medication can be given by intranasal spray (into the nose), intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.

**Naloxone administration:** Naloxone administration refers to an event where naloxone or any other FDA-approved opioid overdose-reversing medication is administered to a person known or suspected to be experiencing an opioid overdose.

**Naloxone administration training:** In addition to instruction on how to administer naloxone or any other FDA-approved opioid overdose-reversing medication or device during a known or suspected opioid overdose, naloxone administration training should include education on recognizing signs of opioid overdose and best practices for carrying and storing naloxone.

**Naloxone distribution plan:** A naloxone distribution plan is a component of a comprehensive strategic plan. It outlines a proposed strategy for distributing naloxone in high-need communities. The plan should also include annual goals with the proposed number naloxone kits to be distributed and to whom for each budget year of the grant.

**Naloxone administration:** Naloxone administration refers to an event where naloxone or any other FDA-approved opioid overdose-reversing medication is administered to a person known or suspected to be experiencing an opioid overdose.

**Naloxone dose:** A naloxone dose is the measured quantity delivered in a single administration. One naloxone kit includes two doses. See also definition for naloxone kit.

**Naloxone education and distribution plan:** A naloxone education and distribution plan is a component of a comprehensive strategic plan. It outlines a proposed approach for development, recruitment, and delivery of opioid overdose death prevention-related trainings to first responders and other key community sector members and describes the proposed strategy for distributing naloxone. The plan should also include annual goals with the proposed number of trainings to be conducted, individuals to be trained, and naloxone kits to be distributed for each budget year of the grant.

**Naloxone kit:** One naloxone kit includes two doses of naloxone or other FDA-approved opioid-reversing medication, including all FDA-approved delivery devices (e.g., auto-injector, intranasal spray).

**Needs assessment:** A needs assessment uses data to define the nature and extent of substance abuse problems, identifies affected populations, identifies underlying causal factors that lead to consumption patterns, and uses findings to select appropriate strategies. (Also, see definition for Assessment.)

**Nurse practitioners:** Nurse practitioners are registered nurses with an advanced degree (master's or doctoral degree) and additional clinical training who are licensed to practice medicine (including prescribing medication) autonomously or in collaboration with other health care providers.

**Objectives:** Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability.

**Opioid overdose survivor:** An opioid overdose survivor is an individual who has experienced an opioid overdose.

**Other entities:** Other entities include individuals or organizations collaborating with the grantee on grant-related activities (e.g., subgrantees/subrecipients, contractors/subcontractors, or other partners).

**Other key community sector members:** Other key community sector members are individuals who may be available to respond to an emergency but are not first responders. These individuals represent other key sectors such as, but not limited to, the following: emergency medical services agencies; agencies and organizations working with prison and jail populations; offender reentry programs; physical and behavioral health care providers, including community health centers, community mental health centers, federally qualified health centers, and Certified Community Behavioral Health Clinics (CCBHCs); harm reduction agencies; organizations providing housing support; pharmacies; cultural support resources appropriate to the population of focus; family and children's support services (including school systems); LGBT centers, and other local psychosocial support providers.

**Outcomes:** Outcomes reported should be based on the results of naloxone administration delivered and reported by first responders and other key community sector members who received grant-funded naloxone training or were equipped with grant-funded naloxone. Grantees are not expected to report outcomes that occur after the person experiencing a known or suspected opioid overdose leaves the location where naloxone was administered (e.g., walks away) or is transferred into the care of others assuming responsibility for medical care (e.g., transported to hospital via ambulance, care transferred to emergency department attending physician).

- a. **Opioid overdose reversal:** Regardless of the number of naloxone doses administered to a person known or suspected to be experiencing an opioid overdose naloxone, if the person becomes responsive and their respiration returns to normal within a few minutes of naloxone administration, the outcome is considered to be an "opioid overdose reversal."
- b. **Death:** If the administration of one or more doses of naloxone does not result in the return to normal respiration, and it is determined by someone with authority that the person suspected of experiencing an opioid overdose is deceased, the outcome is considered to be "death."
- c. **Not an opioid overdose:** If the administration of one or more doses of naloxone does not result in the return to normal respiration, and it is discovered that the person suspected of experiencing an opioid overdose is actually suffering from the effects of another health issue that mimics symptoms of opioid overdose (e.g., experiencing a heart attack, reacting to toxic levels of another substance), the outcome is considered to be "not an opioid overdose."

- d. **Unknown:** If a person experiencing a suspected opioid overdose is showing signs of life and remains unresponsive after receiving one or more doses of naloxone, but the naloxone administrator is unsure if the person is experiencing an opioid overdose or another health emergency when transferred to others assuming responsibility for medical care (e.g., transported to hospital, care transferred to emergency department attending physician), the outcome is considered to be “unknown.”

**Panel of experts:** A panel of experts may include qualified prevention researchers, local prevention practitioners, and key community leaders (e.g., law enforcement and education representatives, elders within indigenous cultures).

**Pharmacists:** Pharmacists are individuals with an advanced degree (PharmD) who are licensed to dispense medication and provide patient consultation regarding medications. Many states allow pharmacists to prescribe certain medications, including naloxone.

**Physician assistants:** Physician assistants are individuals with a master's level medical-related degree who are licensed to practice medicine (including prescribing medication) through an agreement with a physician.

**Physicians:** Physicians are individuals with advanced medical degrees such as an MD (Doctor of Medicine) or DO (Doctor of Osteopathic Medicine) who are licensed to practice medicine, including general practitioners and doctors with advanced training in medical specialties (e.g., urology, pediatrics, psychiatry, oncology, obstetrics, and gynecology). Excludes individuals with advanced dental-related degrees such as DDS (Doctor of Dental Surgery) or DMD (Doctor of Dental Medicine).

**Policy:** Policy is a set of organizational rules (including but not limited to laws) intended to promote healthy behavior and prevent unhealthy behavior.

**Population-based prevention efforts:** Population-based prevention efforts are prevention strategies aimed at impacting an entire population.

**Population of focus:** Population of focus refers to a group of individuals that prevention efforts are intended to reach or serve.

**Practice:** A practice is a type of approach, technique, or strategy that is intended to promote wellbeing and reduce the onset and progression of substance misuse and its related problems.

**Prevention:** Prevention is the active, assertive process of creating conditions and/or personal attributes that promotes the wellbeing of people. A proactive process designed to empower individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. Substance misuse prevention is intended to promote wellbeing and reduce the onset and progression of substance misuse and related problems.

**Prevention strategies:** Prevention strategies are practices, policies, or programs intended to promote wellbeing and reduce the onset and progression of substance misuse and its related problems.

**Primary training:** The primary training is provided by the lead trainer to health care providers and pharmacists enrolled in the ToT program. The primary training will prepare trainees to present the information effectively, respond to participant questions, and lead activities that reinforce the learning material. Recipients of the primary training will commit to providing the training material in their respective regions.

**Problem identification and referral prevention strategies:** Problem identification and referral prevention strategies aim to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior

can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment.

**Program:** A program is a set of predetermined, structured, and coordinated activities intended to promote wellbeing and reduce the onset and progression of substance misuse and its related problems. It can incorporate different practices; guidance for implementing a specific practice can be developed and distributed as a program.

**Promising approach:** A promising approach is an activity, program, initiative, or policy that shows potential for improving outcomes or addressing a prevention priority. Promising approaches may be in earlier stages of implementation and/or evaluation than evidence-informed or evidence-based prevention strategies.

**Recovery support services:** Recovery support services refers to a broad range of non-clinical services, that are culturally and linguistically designed to support individuals with mental health and/or substance use disorders seeking recovery. Recovery support services may include, but are not limited to, employment coaching, linkages to housing, recovery housing services, care navigation services, support groups, and peer support services that foster health, wellness, and resilience. Recovery support services, assisting both individuals and families, are offered in various settings and help individuals enter and navigate care systems, remove obstacles to recovery, stay engaged in the recovery process, and lead fulfilling lives in their chosen communities.

**Referral:** A referral is defined as the act of providing information about, or direction to, support services. A referral may be provided verbally or in writing.

**Secondary training:** The secondary training is provided by certified ToT trainers and provides information on policies, procedures, and models of care for prescribing, co-prescribing, and expanding access to naloxone and other FDA-approved overdose reversal medications to the specified population of focus (rural or urban).

**Selective prevention strategies:** Selective prevention strategies are intended for individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

**Recovery support services:** Recovery support services refers to a broad range of non-clinical services, that are culturally and linguistically designed to support individuals with mental health and/or substance use disorders seeking recovery. Recovery support services may include, but are not limited to, employment coaching, linkages to housing, recovery housing services, care navigation services, support groups, and peer support services that foster health, wellness, and resilience. Recovery support services, assisting both individuals and families, are offered in various settings and help individuals enter and navigate care systems, remove obstacles to recovery, stay engaged in the recovery process, and lead fulfilling lives in their chosen communities.

**Resource mapping plan:** A resource mapping plan is a component of a comprehensive strategic plan. It specifies how a grantee will collaborate with existing community partners and is based on a detailed synopsis of the existing resources in a defined service catchment area.

**Service requests:** Service requests includes all requests received by the grantee organization, subgrantees/subrecipients or other partners for services related to a known or suspected opioid overdose event where grant-funded naloxone was administered or where naloxone was administered by someone who received grant-funded naloxone administration training. Qualifying requests may originate from individuals present at the event or others familiar with the individual who experienced the known or suspected opioid overdose (e.g., person who experienced an overdose, family members or friends of the person who experienced an overdose) and may occur at any time (e.g., during the event or anytime following the event). See definition of services/support services.

**Services/support services:** Individuals who experience an opioid overdose reversed by naloxone or families of victims of an opioid overdose may be referred/linked to a number of different

services/support services immediately following a known or suspected opioid overdose event. Services/support services may include, but are not limited to, early intervention services, peer support specialist services, treatment services, supportive services, navigator services, recovery housing programs, case management, health systems navigation services, psycho-social support, and other ancillary support services.

**SPARS:** SPARS is the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System. It is an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA.

**Strategic plan:** Strategic planning is the fifth step in the SPF process and increases the effectiveness of prevention efforts by ensuring prevention planners select and implement the most appropriate programs/strategies for population of focus. A strategic plan is a written document that prioritizes substance misuse problems identified in the assessment process (SPF Step 1), selects appropriate programs/practices to address each priority, combines programs/practices to ensure a comprehensive approach, and builds/shares a logic model with key stakeholders. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

**Subgrantee:** A subgrantee is an entity that receives a sub-award from a grant recipient or another subgrantee under an award of financial assistance. The subgrantee is accountable to the grant recipient or other subgrantee for use of federal funds provided by the sub-award. Subgrantees are also referred to as subrecipients.

**Subrecipient:** A subrecipient is an entity that receives a sub-award from a grant recipient or another subrecipient under an award of financial assistance. The subrecipient is accountable to the grant recipient or other subrecipient for use of federal funds provided by the sub-award. Subrecipients are also referred to as subgrantees.

**Tertiary training:** Tertiary training is provided by recipients of the secondary training. Recipients may include colleagues, patients, family members, friends, students, and community level partners.

**ToT trainer:** A ToT trainer has completed the ToT program provided by the lead trainer. The ToT program will include a curriculum that covers training topics and materials as well as instruction on how to deliver the training topics and materials to others. ToT trainers will master facilitative skills and demonstrate subject matter expertise in the training topic areas.

**Universal prevention strategies:** Universal prevention strategies are intended for the general public or a whole population group that has not been identified on the basis of individual risk.

**Universal/direct prevention strategies:** Universal/direct prevention strategies directly serve an identifiable group of participants who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

**Universal/indirect prevention strategies:** Universal/indirect prevention strategies support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.