Attachment 3

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Prevention (CSAP) / Center for Substance Abuse Treatment (CSAT)

Minority AIDS Initiative: Substance Use Disorder Prevention and Treatment Pilot Program

Online Reporting Tool (MAI-PORT)

Table of Contents

Minority AIDS Initiative: Substance Use Disorder Prevention and Treatment Pilot Program
Online Reporting Tool (MAI-PORT)

I. Annual Targets Report

[TO BE ENTERED IN THE "WORK PLAN" SECTION OF SPARS]

Note: List of definitions can be found in Appendix A. List of prevention strategies targeting risk and protective factors can be found in Appendix B.

A. Award Recipient Information

[SECTION TO BE PRE-POPULATED IN SPARS.]

1. **Organization Name:** _____

2. **Award Number:** _____

3. **Reporting Period (Federal Fiscal Year):** _____

B. Award-Funded Prevention Strategies and Treatment-Related Services for Substance Use Disorder

B.1 Planned Prevention Strategies

For each planned prevention strategy your grant program is planning to implement during the federal fiscal year, select "add new prevention strategy" and identify the name of prevention strategy by selecting the corresponding name from the list of prevention strategies (see Appendix B). If the name of the prevention strategy you plan to implement is not included on the list, select "other prevention strategy." Then provide the name and brief description of the prevention strategy you plan to implement. For each strategy identified, indicate its evidence-based status and criteria for determining status.

If your grant is still in the planning phase and no prevention strategies have been identified, check this box: ☐

[IF BOX CHECKED, SKIP TO SECTION I.B.2.]

1. **Planned prevention strategy name:** *(Select from drop-down menu.)*

    [IF SELECTED ANY NAMED STRATEGY (I.E., ANY RESPONSE *OTHER THAN* "OTHER PREVENTION STRATEGY"), SKIP TO I.B.1.2.]

    a. **Other prevention strategy name:** _____

    b. **Other prevention strategy description:** _____

2. **Evidence-based status** *(Select one response.)*
    o Evidence-based strategy for population of focus
    o Evidence-informed, promising approach, or innovative strategy
    o Community-defined evidence practice *(Please describe: ___)*

3. **Criteria for determining evidence-based status** *(Select all that apply.)*
    o Registry of evidence-based strategies (e.g., federal, state, foundation)
    o Peer-reviewed journal article
    o Based on documented theory of change
    o Panel of experts

      o   Other *(Please specify: ____)*

Indicate the content focus, implementation level, Institute of Medicine (IOM) classification and type of prevention strategy.[1] <u>Note</u>: If your grant is implementing a comprehensive and/or multi-level prevention program that includes multiple components, you may select more than response option, as appropriate.

4. **Content focus of planned prevention strategy** *(Select all that apply.)*
   o Substance use/disorder prevention
   o Infectious disease prevention

5. **Implementation level of planned prevention strategy** *(Select all that apply.)*
   o Direct/individual-based effort or component
   o Indirect/population-based effort or component

6. **IOM classification of planned prevention strategy** *(Select all that apply.)*
   o Universal
   o Selective
   o Indicated

7. **Type of prevention strategy** *(Select all that apply.)*
   o Information dissemination
   o Education
   o Alternatives
   o Problem identification and referral
   o Community-based process
   o Environmental

If you are planning to implement another prevention strategy, select "add new strategy."

[IF SELECT "ADD NEW PREVENTION STRATEGY," THEN GO TO I.B.1.1]

[IF AT LEAST ONE SUBSTANCE USE/DISORDER PREVENTION STRATEGY <u>AND</u> AT LEAST ONE INFECTIOUS DISEASE PREVENTION STRATEGY ARE NOT IDENTIFIED IN SECTION I.B.1, RESPONDENT TO RECEIVE WARNING AND NOT BE ALLOWED TO CONTINUE UNTIL RESOLVED: "ALL GRANTEES ARE REQUIRED TO IMPLEMENT SUBSTANCE MISUSE/DISORDER <u>AND</u> INFECTIOUS DISEASE PREVENTION STRATEGIES. YOUR RESPONSES INDICATE THAT YOUR GRANT PROGRAM IS NOT PLANNING TO ADDRESS BOTH TYPES OF PREVENTION.]

B.2   Planned Substance Use Disorder Treatment or Related Services

Indicate the evidence-based practices (EBPs) for substance use disorder treatment or related services that your grant program is planning to implement during the FFY.

If your grant is still in the planning phase and no EBPs for substance use disorder treatment or related services have been identified, check this box: ☐

[IF BOX CHECKED, SKIP TO SECTION I.C.]

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[1] See https://www.samhsa.gov/grants/block-grants/subg for more information about IOM classifications. Also, see O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* The National Academies Press. Available at https://www.ncbi.nlm.nih.gov/books/NBK32775/.

8. **Planned evidence-based practices (EBPs) for substance use disorder treatment and related services** *(Select all that apply.)*
   o Cognitive behavioral therapy (CBT)
   o Community reinforcement approach (CRA)
   o Contingency management
   o Harm reduction, including opioid overdose education and naloxone distribution
   o Medications for alcohol use disorder (MAUD)
   o Medications for opioid use disorder (MOUD)
   o Motivational interviewing
   o Peer recovery support services
   o Other *(Please specify.)*: _____

C. Performance Measures

[IF NO STRATEGY IDENTIFIED IN I.B.1.5 = "INDIRECT/POPULATION-BASED," THEN SKIP TO I.C.2.

C.1 Indirect/population-based prevention services

Estimated number of individuals to be reached

Enter the aggregate total number of individuals your grant program is planning to reach through one or more *indirect/population-based prevention efforts* during the federal fiscal year.

1. **Estimated total number of individuals to be reached through indirect/population-based prevention efforts:** _____

C.2 Direct/individual-based services

Estimated *total number of individuals to be served*

Enter the aggregate total number of individuals your grant program is planning to *serve* through one or more *direct/individual-based* prevention and/or treatment efforts during the federal fiscal year. Be sure to consider both prevention and treatment efforts in your count.

2. **Estimated total number of individuals to be served:** ___

Estimated total number of individuals to be served by demographic category

For each demographic category, enter the total number of individuals your grant is planning to serve through one or more direct/individual-based prevention and/or treatment efforts during the federal fiscal year. Be sure to consider both prevention and treatment efforts in your count. If your grant program's focal population does not include a specific demographic category, enter "0" for that category. If your grant program is focusing on populations that identify with more than one race/ethnicity, include estimated counts for each applicable race/ethnicity category. Although there may be overlap across demographic categories, no demographic category should exceed the total estimated total number of individuals to be served in the previous item.

3. **Estimated total number of individuals to be served by demographic category**

   a. **Gender**
      (1) Female: ___
      (2) Male: ___
      (3) Transgender (male to female): ___
      (4) Transgender (female to male): ___
      (5) Two-Spirit: ___
      (6) Other *(Please specify):* ___

      Please enter details regarding "other"

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b. Sexual orientation
    (1) Lesbian or gay: ___
    (2) Straight or heterosexual: ___
    (3) Bisexual: ___
    (4) Two-Spirit: ___
    (5) Other *(Please specify)*: ___

        Please enter details regarding "other"

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c. Race/Ethnicity
    (1) American Indian or Alaska Native: _____
    (2) Asian: _____
    (3) Black or African American: _____
    (4) Hispanic or Latino: _____
    (5) Middle Eastern or North African: _____
    (6) Native Hawaiian or Pacific Islander: _____
    (7) White: _____

d. Age
    (1) 12 years and under: ___
    (2) 13 to 17 years: ___
    (3) 18 to 20 years: ___
    (4) 21 to 24 years: ___
    (5) 25 to 44 years: ___
    (6) 45 to 64 years: ___
    (7) 65 to 74 years: ___
    (8) 75 years and older: ___

C.3   Case Management/Navigation Assistance

For each type of service listed below, enter the total number of individuals your grant program is planning to serve during the federal fiscal year.

4. **Estimated number of individuals to be provided case management/navigation assistance for medical services: ___**

5. **Estimated number of individuals to be provided case management/navigation assistance for non-medical services: ___**

C.4   Planned treatment-related services

For each type of service listed below (items 6-19), enter the total number of individuals your grant program is planning to serve during the federal fiscal year.

C.4.1 Substance Use and Co-Occurring Mental Health Disorders (SUDs/CODs)

6. **Estimated number of individuals to be <u>screened</u> for substance use disorders (SUDs): ___**

7. **Estimated number of individuals to be <u>assessed</u> for SUDs: ___**

8. **Estimated number of individuals to be <u>screened</u> for substance use and co-occurring mental health disorders (CODs):** _____

9. **Estimated number of individuals to be <u>assessed</u> for CODs:** ____

10. **Estimated number of individuals to be provided <u>treatment</u> for SUDs:** ____

11. **Estimated number of individuals to be provided <u>treatment</u> for CODs:** ____

C.4.2 Infectious Diseases

All Infectious Diseases – Combined

12. **Estimated total number of individuals to receive a <u>comprehensive screening</u> for HIV, viral hepatitis A, B, and C, chlamydia, gonorrhea, and syphilis:** ____

Human Immunodeficiency Virus (HIV)

13. **Estimated number of <u>individuals</u> to be <u>rapid HIV tested</u>:** ____

14. **Estimated number of individuals to be provided HIV <u>risk factor and risk reduction</u> education services:** ____

Viral Hepatitis

15. **Estimated number of individuals to be tested for <u>hepatitis B</u>:** ____

16. **Estimated number of individuals to be tested for <u>hepatitis C</u>:** ____

17. **Estimated number of individuals expected to be vaccinated for <u>hepatitis A</u>:** ____

18. **Estimated number of individuals expected to be vaccinated for <u>hepatitis B</u>:** ____

Sexually Transmitted Infection (STI)

19. **Estimated number of individuals to be tested for STI:** ____
    a. **Chlamydia:** ____
    b. **Gonorrhea:** ____
    c. **Syphilis:** ____
    d. **Other STI** (Please specify.): ____
    Please enter details regarding "other."

C.5   Other Services to Be Provided

C.5.1   Planned prevention education services

For each prevention education services listed in items below, enter the total number of individuals your grant program is planning to serve through direct/individual-based prevention services during the federal fiscal year.

20. **Estimated number of individuals to be provided substance misuse prevention education services:** ____

21. **Estimated number of individuals to be provided information about overdose prevention:** _____

22. **Estimated number of individuals to be provided information about harm reduction:** ____

C.5.2   Planned distribution of harm reduction supplies

For each type of harm reduction supply listed in items below, enter the total number of supplies your grant program is planning to distribute during the federal fiscal year. If your grant program is not planning to disseminate a specific type of harm reduction supply during the federal fiscal year, enter "0" for the corresponding measure.

23. **Estimated number of medication lock boxes to be distributed: ___**

24. **Estimated number of sharps disposal containers to be distributed: ___**

25. **Estimated number of medication disposal kits to be distributed: ___**

26. **Estimated number of substance test strips to be distributed: ___**
    a. **Fentanyl test strips: ___**
    b. **Xylazine test strips: ___**
    c. **Other substance test strips (Please Specify): ___**
        Please enter details regarding "other."

27. **Estimated number of safer sex kits including condoms to be distributed: ___**

28. **Estimated number of wound management kits to be distributed: ___**

29. **Estimated number of opioid overdose reversal medication kits to be distributed: ___**

II.   Quarterly Performance Report

[TO BE ENTERED IN THE "PROGRESS REPORTS" SECTION OF SPARS.]

A.   Award Recipient Information

[SECTION TO BE PRE-POPULATED IN SPARS.]

1. **Organization Name: _____**

2. **Award Number: _____**

3. **Reporting Period (Federal Fiscal Year/Quarter): _____**

> IF NO PREVENTION STRATEGIES **AND** NO TREATMENT-RELATED SERVICES HAVE BEEN IDENTIFIED IN CURRENT ATR (SECTIONS I.B.1 AND I.B.2), DISPLAY THE FOLLOWING MESSAGE FOR RESPONDENT:
>
> YOUR ANNUAL TARGET REPORT (ATR) INDICATES YOU HAVE NOT YET IDENTIFIED ANY PREVENTION STRATEGIES OR TREATMENT-RELATED SERVICES THAT YOUR PROGRAM IS OR WILL BE IMPLEMENTING THIS FEDERAL FISCAL YEAR.
>
> CHECK THIS BOX ☐ TO CONFIRM THAT NO PREVENTION STRATEGIES OR TREATMENT-RELATED SERVICES HAVE BEEN IDENTIFIED TO DATE.
>
> IF YOUR PROGRAM HAS IDENTIFIED AT LEAST ONE PREVENTION STRATEGY OR TREATMENT-RELATED SERVICE THAT YOUR PROGRAM HAS OR IS PLANNING TO IMPLEMENT THIS FISCAL YEAR, YOU MUST UPDATE YOUR ATR AND GET YOUR GOVERNMENT PROJECT OFFICER (GPO) TO APPROVE IT BEFORE YOU CAN COMPLETE THIS QUARTERLY PERFORMANCE REPORT.
>
> IF BOX UNCHECKED, RESPONDENT WILL NOT BE ABLE TO PROGRESS.
>
> IF BOX CHECKED, SKIP TO SECTION II.D.

B. Award-Funded Prevention Strategies and Treatment-Related Services for Substance Use Disorder

B.1 Prevention Strategies Implemented

For each substance use prevention strategy included in your annual targets report, indicate whether the strategy was active during the reporting period.

1. Prevention Strategy Name

[SECTION TO BE PRE-POPULATED IN SPARS.]

2. Prevention strategy status *(Select one response.)*

- o Active [SKIP TO SECTION II.C.]
- o Inactive

For each inactive prevention strategy, indicate the reason for inactive status and provide additional detail for context, as appropriate.

3. Reason for inactive status *(Select one response.)*

- o Development or planning phase/Not yet implemented.
- o Implementation completed in a previous reporting period.
- o Implementation paused but expected to resume in future.
- o Approved scope change – no longer planning to implement.
- o Other (Please specify: _____)

4. Additional details regarding inactive status: _____

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5. **Provided evidence-based practices (EBPs) for substance use disorder treatment and related services** *(Select all that apply.)*

   o Cognitive behavioral therapy (CBT)
   o Community reinforcement approach (CRA)
   o Contingency management
   o Harm reduction, including opioid overdose education and naloxone distribution
   o Medications for alcohol use disorder (MAUD)
   o Medications for opioid use disorder (MOUD)
   o Motivational interviewing
   o Peer recovery support services
   o Other *(Please specify.)*: _____

C. Performance Measures

[IF ALL PREVENTION STRATEGIES IDENTIFIED IN SECTION II.B.1 = "INACTIVE," AND NO TREATMENT-RELATED SERVICES WERE SELECTED IN SECTION I.B.2, THEN SKIP TO SECTION D.]

[IF NO ACTIVE STRATEGY IDENTIFIED IN I.B.1.5 = "INDIRECT/POPULATION-BASED," THEN SKIP TO SECTION II.C.2.]

C.1   Indirect/population-based prevention services

Unduplicated total number of individuals reached

Enter the aggregate total number of individuals your grant program reached through one or more indirect/population-based prevention efforts during the reporting period. If no individuals were reached during the reporting period, enter "0." In addition, indicate the number of individuals reported as an actual count and/or as an estimated count. If either type of count is not applicable, enter "0" for that type. Note: The combined number of actual and estimated counts should equal the total unduplicated number of individuals reached. Regardless of the number of indirect/population-based strategies implemented or the number of times an individual may have been exposed to one, individuals reached should only be counted once for the reporting period.

1. **Total number of individuals reached through *indirect/population-based* prevention efforts:** ____
   a. **Actual Count:** _____
   b. **Estimated Count:** _____

Unduplicated number of new individuals reached

Enter the aggregate number of *new* individuals your grant program reached through one or more indirect/population-based prevention efforts during the reporting period.[2] If no new individuals were reached during the reporting period, enter "0." In addition, indicate the number of new individuals reported as an actual count and/or as an estimated count. If either type of count is not applicable, enter "0" for that type. Note: The combined number of actual and estimated counts should equal the unduplicated number of new individuals reached. Regardless of the number of indirect/population-based strategies implemented or the number of times an individual may have been exposed to one, new individuals reached should only be counted once for the reporting period.

2. **Unduplicated number of *new individuals reached* through *indirect/population-based prevention efforts*:** _____
   a. **Actual Count:** _____
   b. **Estimated Count:** _____

C.2 Direct/individual-based services

[IF NO STRATEGY IDENTIFIED IN I.B.1.5 = "DIRECT/INDIVIDUAL-BASED," THEN SKIP TO SECTION II.C.5.2].

Unduplicated *total number of individuals served*

Enter the aggregate total number of individuals your grant program *served* through one or more direct/individual-based prevention and/or treatment efforts during the reporting period. Be sure to consider both prevention and treatment efforts in your count. If no individuals were served during the reporting period, enter "0." Note: Regardless of the number of direct/individual-based services provided, individuals receiving grant-funded services should only be counted once for the reporting period.

3. **Total number of individuals served:** ____

Unduplicated total number of individuals served by demographic category

For each demographic category, enter the aggregate total number of individuals your grant *served* through one or more direct/individual-based prevention and/or treatment efforts during the reporting period. Be sure to consider both prevention and treatment efforts in your count. If no individuals served identified with a specific demographic category, enter "0" for that category. Note: Program participants can identify as more than one race/ethnicity. In these cases, count the program participants in all the applicable categories. Although there may be overlap across demographic categories, no demographic category should exceed the *total unduplicated number of individuals served* reported in the previous item.

4. **Number of individuals served by demographic category**
   a. **Gender**
      (1) Female: ____
      (2) Male: ____
      (3) Transgender (male to female): ____
      (4) Transgender (female to male): ____
      (5) Two-Spirit: ____
      (6) Other *(Please specify)*: ____

      Please enter details regarding "other."

      [   ]

      (7) Unknown/Not provided: ____
   b. **Sexual orientation**

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[2] "New individuals reached" during the reporting period are individuals exposed to one or more grant-funded population-based prevention strategies for the ***first time***. If individuals were exposed to any population-based prevention strategies during a previous reporting period and were counted in a previous QPR, do not report these individuals again as "new."

(1) Lesbian or gay: ___
(2) Straight or heterosexual : ___
(3) Bisexual: ___
(4) Two-Spirit: ___
(5) Other *(Please specify)*: ___

   Please enter details regarding "Other."

   [   ]

(6) Unknown/Not provided: ___

c. Race/Ethnicity

(1) American Indian or Alaska Native: _____
(2) Asian: _____
(3) Black or African American: _____
(4) Hispanic or Latino: _____
(5) Middle Eastern or North African: _____
(6) Native Hawaiian or Pacific Islander: _____
(7) White: _____
(8) Unknown/Not provided: _____

d. Age

(1) 12 years and under: ___
(2) 13 to 17 years: ___
(3) 18 to 20 years: ___
(4) 21 to 24 years: ___
(5) 25 to 44 years: ___
(6) 45 to 64 years: ___
(7) 65 to 74 years: ___
(8) 75 years and older: ___
(9) Unknown/Not provided: ___

Unduplicated number of <u>new</u> individuals <u>served</u>[3]

Enter the aggregate unduplicated number of first-time participants your grant program served through one or more direct/individual-based prevention and/or treatment efforts during the reporting period. Be sure to consider both prevention and treatment efforts in your count. If no new individuals were served during the reporting period, enter "0." *Note*: Regardless of the number of direct/individual-based services provided, first time participants should only be counted as once as *new individuals served*.

5. **Number of new individuals served:** ____

Unduplicated number of <u>new</u> individuals <u>served</u> by demographic category

For each demographic category, enter the aggregate unduplicated number of first-time participants your grant program served through one or more direct/individual-based prevention and/or treatment efforts during the reporting period. Be sure to consider both prevention and treatment efforts in your count. If no new individuals served identified with a specific demographic category, enter "0" for that category. <u>Note</u>: Program participants can identify as more than one race/ethnicity. In these cases, count the program participant in all the applicable categories. Although there may be overlap across demographic categories, no demographic category should exceed the *unduplicated number of new individuals served* reported in the previous item.

6. **Number of new individuals served by demographic category**

   a. **Gender**

   (1) Female: ____
   (2) Male: ____
   (3) Transgender (male to female): ____
   (4) Transgender (female to male): ____
   (5) Two-Spirit: ____
   (6) Other *(Please specify)*: ____

   Please enter details regarding "other"

   (7) Unknown/Not provided: ____

   b. **Sexual orientation**

   (1) Lesbian or gay: ____
   (2) Straight or heterosexual: ____
   (3) Bisexual: ____
   (4) Two-Spirit: ____
   (7) Other *(Please specify)*: ____

   Please enter details regarding "other"

   (8) Unknown/Not provided: ____

   c. **Race/Ethnicity**

   (1) American Indian or Alaska Native: _____
   (2) Asian: _____
   (3) Black or African American: _____
   (4) Hispanic or Latino: _____

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[3] "New individuals served" is the number of first-time grant program participants who received one or more grant-funded direct prevention, treatment, and/or other related services during the reporting period. The number reported should be an unduplicated count and should only include individuals receiving grant-funded services for the *first time*. If an individual received one or more grant-funded services during a previous reporting period and was counted in a previous QPR, do not report this person again as "new" since this individual should be considered a "continuing" program participant.

     (5) Middle Eastern or North African: _____
     (6) Native Hawaiian or Pacific Islander: _____
     (7) White: _____
     (8) Unknown/Not provided: _____

d. Age

     (1) 12 years and under: ____
     (2) 13 to 17 years: ____
     (3) 18 to 20 years: ____
     (4) 21 to 24 years: ____
     (5) 25 to 44 years: ____
     (6) 45 to 64 years: ____
     (7) 65 to 74 years: ____
     (8) 75 years and older: ____
     (9) Unknown/Not provided: ____

C.3   Case Management/Navigation Assistance Provided

For each type of service listed below, enter the unduplicated number of individuals your grant program served during the reporting period. Then report the number of new program participants and the number of continuing program participants.

7. Number of individuals provided case management/navigation assistance for medical services: ____

   a. New program participants: ____

   b. Continuing program participants: ____

8. Number of individuals provided case management/navigation assistance for non-medical services: ____

   a. New program participants: ____

   b. Continuing program participants: ____

C.4   Treatment-Related Services Provided

For each type of service listed below (items 9-39), enter the unduplicated number of individuals your grant program served during the reporting period. <u>Note</u>: For some items, you will only need to report the number of "new" individuals served. For other items, you will need to report counts for both new and continuing program participants. If your grant program did not provide an identified service during the reporting period, enter "0" for that service.

C.4.1   Substance Use and Co-Occurring Mental Health Disorders (SUDs/CODs)

SUD/COD Screening and Assessment

9. Number of *new* individuals screened for substance use disorders (SUDs): ____

10. Number of *new* individuals assessed for SUDs: ____

11. Number of *new* individuals screened for substance use and co-occurring mental health disorders (CODs): ____

12. Number of *new* individuals assessed for CODs: ____

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Linkages to SUD/COD treatment-related services

13. Number of *new* individuals linked to SUD treatment services: ___

14. Number of *new* individuals linked to peer recovery support services: ___

15. Number of *new* individuals linked to COD treatment: ___

SUD/COD treatment-related services

16. Number of individuals provided SUD treatment: ___
    a. New program participants: ___
    b. Continuing program participants: ___

17. Number of individuals provided COD treatment: ___
    a. New program participants: ___
    b. Continuing program participants: ___

18. Number of *new* individuals prescribed medications for the treatment of opioid use disorder (MOUD): ___

19. Number of *new* individuals prescribed medications for alcohol use disorder (MAUD): ___

20. Number of *new* individuals provided traditional outpatient or intensive outpatient services for SUD or COD: ___

21. Number of *new* individuals provided recovery support services, including peer support services: ___

All Infectious Diseases – Combined

22. **Number of individuals who received a comprehensive screening for HIV, viral hepatitis A, B, and C, chlamydia, gonorrhea, and syphilis**
    a. **New program participants:** ___
    b. **Continuing program participants:** ___

Human Immunodeficiency Virus (HIV)

23. **Number of <u>individuals</u> rapid HIV tested**
    a. **New program participants:** ___
    b. **Continuing program participants:** ___

24. **Number of individuals who received a positive confirmatory HIV test result:** ___

25. **Number of individuals provided HIV risk factor and risk reduction education services:** ___

26. **Number of individuals linked to services for pre-exposure prophylaxis (PrEP) medication:** ___

27. **Number of individuals linked to services for post-exposure prophylaxis (PEP) medication:** ___

28. **Number of individuals linked to HIV treatment services:** ___

Viral Hepatitis

29. **Number of individuals tested for hepatitis B:** ___

30. **Number of individuals who tested positive for hepatitis B:** ___

31. **Number of individuals linked to hepatitis B treatment services:** ___

32. **Number of individuals tested for hepatitis C:** ___

33. **Number of individuals who tested positive for hepatitis C:** ___

34. **Number of individuals linked to hepatitis C treatment services:** ___

35. **Number of individuals vaccinated for hepatitis A:** ___

36. **Number of individuals vaccinated for hepatitis B:** ___

Sexually Transmitted Infection (STI)

37. **Number of individuals tested for STI:** ___
    a. **Chlamydia:** ___
    b. **Gonorrhea:** ___
    c. **Syphilis:** ___

38. **Number of individuals who tested positive for STI:** ___
    a. **Chlamydia:** ___
    b. **Gonorrhea:** ___
    c. **Syphilis:** ___

39. **Number of individuals linked to STI treatment services: ___**

   a. **Chlamydia: ___**

   b. **Gonorrhea: ___**

   c. **Syphilis: ___**

C.5   Other Services Provided

C.5.1 Prevention education services

For each prevention education services listed in items below, enter the total number of individuals your grant program served through direct/individual-based prevention services during the reporting period. If your grant program did not provide an identified service during the reporting period, enter "0" for that service.

40. **Number of individuals provided substance misuse prevention education services: ___**

41. **Number of individuals provided information about overdose prevention: ___**

42. **Number of individuals provided information about harm reduction: ___**

C.5.2 Distribution of harm reduction supplies

For each harm reduction supply listed below, enter the total number distributed during the reporting period. If your grant program did not distribute an identified harm reduction supply during the reporting period, enter "0" for that supply.

43. **Number of medication lock boxes distributed: ___**

44. **Number of sharps disposal containers distributed: ___**

45. **Number of medication disposal kits distributed: ___**

46. **Number of substance test strips distributed**

   a. **Fentanyl test strips: ___**

   b. **Xylazine test strips: ___**

   c. **Other substance test strips (Please Specify): ___**

47. **Number of safer sex kits including condoms distributed: ___**

48. **Number of wound management kits distributed: ___**

49. **Number of opioid overdose reversal medication kits distributed: ___**

D. Progress Report Overview Updates

Please share updates for grant-funded activities during the reporting period related to overall programmatic implementation and to approved goals and objectives.

D.1. Overall progress

Please share an update on progress completed during the reporting period related to overall programmatic implementation and to approved goals and objectives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

D.2. Challenges/Barriers

If applicable, please share challenges faced during the reporting period related to overall programmatic implementation and to approved goals and objectives and identified strategies to overcome them. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

D.3. Successes

If applicable, please share accomplishments achieved during the reporting period related to overall programmatic implementation and to approved goals and objectives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

D.4. Innovations

If applicable, please share innovations developed and/or implemented during the reporting period related to program initiatives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

E. Comments (Optional)

Provide additional comments, as needed. This section is an opportunity for you to include information that your GPO wants or needs to know that is not already described in the sections above (e.g., technical assistance needs, lessons learned, best practices, proposed change in scope, expected changes in key personnel, or other issues you may want to discuss with your GPO.

[Open text field]

III. Work Plans

[TO BE ENTERED IN THE "WORK PLAN" SECTION OF SPARS]

A. Disparities impact statement

Upload and provide a brief description of your document. Once you upload your document, you will only update this section if you revise your disparities impact statement. *Due within 60 calendar days of grant award.*

B. Organizational Readiness Assessment

Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your organizational readiness assessment. *Due within four months of grant award.*

APPENDIX A – List of Definitions

Definitions

Active [prevention strategy status]: A prevention strategy is considered "active" if any part of the strategy was implemented at any point in time during the reporting period.

Alcohol Use Disorder (AUD): Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.[4]

Alternatives: Alternatives refers to prevention strategies that provide opportunities for target populations 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. For the purposes of this grant, alternatives also include prevention strategies intended to reduce risk factors for infectious disease.

American Indian or Alaska Native: American Indian or Alaska Native is a demographic category that refers to individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.[5]

Asian: Asian is a demographic category that refers to individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.[6]

Assess/Assessment: Assessment is a more in-depth evaluation that confirms a diagnosis, determines its severity, and specifies treatment options for addressing that diagnosis.[7] The purpose of an assessment is to further evaluate if a substance use disorder exists, and if so, to determine its severity including whether a substance use disorder exists based on formal criteria (e.g., Diagnostic and Statistical Manual of Mental Disorders-V).[8]

Award: An award is the provision of funds to carry out an approved program or project (based on an approved application or progress report). Awards include grants and other agreements in the form of money or property in lieu of money, by the federal government to an eligible recipient.

Black or African American: Black or African American is a demographic category that refers to individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.[9]

Case Management: Case management is a coordinated, individualized approach that links program participants with appropriate services to address their specific needs and help them achieve their stated

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[4] https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder
[5] Federal Register: Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity
[6] Federal Register: Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity
[7] https://store.samhsa.gov/sites/default/files/sma14-4736.pdf
[8] https://www.samhsa.gov/resource/ebp/tip-31-screening-assessing-adolescents-substance-use-disorders
[9] Federal Register: Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

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goals. For the purposes of this grant program, case management services includes the following: (1) comprehensive assessment of the participant's needs and development of an individualized service plan including, but not limited to, engaging in infectious disease prevention and/or treatment services; (2) helping participants access funding for treatment, including HCV treatment, as necessary; (3) healthcare system navigation; (4) psychoeducation; (5) supportive counseling; and (6) linkage to psychosocial supportive services to address social determinants of health.

Cognitive behavioral therapy (CBT): CBT is a form of psychotherapy that helps individuals learn to identify and correct problematic behaviors by applying a range of different skills that can be used to reduce and cease substance use and address a range of other problems that often co-occur with it.[10]

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

Community-defined evidence practice(s): Community-defined evidence practices are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

Community reinforcement approach (CRA): CRA is a behavioral therapy approach originally developed for alcohol use disorder that was later adapted for stimulant use disorder, particularly cocaine use. This approach includes multiple elements such as such as analyzing clients' substance use, relationship counseling, vocational guidance, and job skills training. CRA therapy also focuses on building social and drug refusal skills.[11]

Confirmatory HIV Test: A confirmatory HIV test, also known as a complement test, is a test to confirm whether a sample (e.g., swap, blood, or urine) is HIV positive. A confirmatory HIV test is often provided as a follow-up test to confirm the results of an initial rapid HIV test. The most common confirmatory test for HIV is the 'Western Blot,' which is a laboratory test that detects antibodies for HIV in the blood. The immune system responds to HIV infection by producing HIV antibodies.[12]

Contingency management: Contingency Management is a psychosocial treatment strategy used as a behavior modification intervention to establish a connection between new behaviors of focus and the opportunity to obtain a desired motivational incentive.[13]

Co-occurring substance use and mental health disorder (COD): COD refer to the co-existence of both a mental health and substance use disorder. COD may include the combination of one or more substance use or mental health disorders identified in the [Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR)](.)[14]

Direct/individual-based 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, the service providers and participants are at the same location during the grant-funded prevention service encounter.

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[10] https://www.samhsa.gov/sites/default/files/2022-state-opioid-response-grants-report.pdf

[11] pep20-06-01-001.pdf (samhsa.gov)

[12] https://clinicalinfo.hiv.gov/en/glossary/western-blot

[13] https://www.samhsa.gov/sites/default/files/2022-state-opioid-response-grants-report.pdf

[14] https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders

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

Disparities impact statement: SAMHSA requires all grant recipients, or grantees, to prepare a disparities 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 builds 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. Education involves 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 prevention strategies is to influence the general population's use of alcohol and other drugs. For the purposes of this grant program, environmental prevention strategies may also be intended to influence the onset and progression of HIV, viral hepatitis, and other infectious disease (e.g., STIs).

Evidence-based practices (EBPs): EBPs are interventions that are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the persons receiving the services that promote individual-level or population-level outcomes.[15]

Evidence-based practices, policies, and programs (EBPPPs): EBPPPs are prevention strategies that were reported as effective for a 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).

Federal fiscal year: Federal fiscal year (FY) is the annual period established for government accounting purposes. It begins on October 1 and ends on September 30 of the following year. For program monitoring purposes, the federal FY is further broken down into four quarters.
- Federal FY/Quarter 1: October 1 - December 31
- Federal FY/Quarter 2: January 1 - March 31
- Federal FY/Quarter 3: April 1 - June 30
- Federal FY/Quarter 4: July 1 – September 30

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[15] https://store.samhsa.gov/sites/default/files/pep23-06-01-001.pdf

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Fentanyl: Fentanyl is a synthetic opioid used for treating severe pain and is 50 to 100 times more potent than morphine. Most recent cases of fentanyl-related harm, overdose and death in the United States are linked to illicitly made fentanyl. Illicitly made fentanyl is often found in counterfeit pills, which are made to look like prescription drugs or may be added to other illicit drugs such as methamphetamine or cocaine. The risk of overdose exists when fentanyl is present given its potency and uncertain amount in the drug supply, but risk is especially high among persons who are not tolerant to it and may not be aware of the presence of fentanyl in what they are using.

Fentanyl test strips (FTS): FTS are a low-cost method of helping prevent drug overdoses and reducing harm. FTS are small strips of paper that can be used to determine if drugs have been mixed or contaminated with fentanyl, providing people who use drugs and communities with important information about fentanyl in the illicit drug supply so they can take steps to reduce their risk of overdose.

Gender: Gender is a social construct of identities, norms, behaviors, and roles that vary between societies and over time.[16]

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.

Harm Reduction: Harm reduction is a practical and transformative approach that incorporates community driven public health strategies — including prevention, risk reduction, and health promotion — to empower people who use drugs (and their families) with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of people who use drugs, especially those in underserved communities, in these strategies and the practices that flow from them.[17]

Hispanic or Latino: Hispanic or Latino is a demographic category that refers to individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.[18]

HIV risk factor and risk reduction education services: HIV risk factor education services provide participants with information about HIV risk factors, which depend upon the type of exposure (e.g., sharing needles, having sex without a condom). Risk reduction education provide participants with information on how to mitigate identified risks behaviors/exposures.

Inactive [prevention strategy status]: A prevention strategy is considered "inactive" if no part of the strategy was implemented during the reporting period. Strategies that have not yet started or were completed in a previous reporting period would be considered "inactive."

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[16] hhs-gender-identity-non-discrimination-inclusion-policy.pdf

[17] https://www.samhsa.gov/find-help/harm-reduction; https://store.samhsa.gov/sites/default/files/pep23-06-01-001.pdf

[18] Federal Register: Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

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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. [19] Examples of indicated prevention strategies may include, but are not limited to, substance use education programs for individuals arrested for driving under the influence, substance use screening/testing and referral services, substance use education programs for high school students experiencing problem behaviors (e.g., truancy, poor academic performance, depression, suicidal ideation and early signs of substance misuse), and distribution of harm reduction information and supplies (e.g., naloxone, fentanyl test strips) to individuals who may use substances but have not been diagnosed with a substance use disorder). For the purposes of this grant program, indicated prevention strategies may also be intended for individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing the transmission of HIV, viral hepatitis, and other infectious diseases (e.g., STIs).

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

Individuals reached/individuals to be reached: Individuals reached/individuals to be reached refers to award-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 to be served: Individuals served/individuals to be served refers to award-funded individual-based prevention or treatment services directly delivered to individuals, either on a one-on-one basis or in a group format. Typically, the provider of 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 provides knowledge and increases 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. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience, with limited contact between the two. For the purposes of this grant program, information dissemination prevention strategies may also be intended to provide knowledge and increase awareness of the nature and extent of HIV, viral hepatitis, and other infectious disease (e.g., STIs).

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.

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."

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[19] For more information, see O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* The National Academies Press. Available at https://www.ncbi.nlm.nih.gov/books/NBK32775/.

Medication for Alcohol Use Disorder (MAUD): MAUD is a term that refers to the use of medications in the treatment of alcohol use disorder (AUD). Acamprosate, disulfiram, and naltrexone are the most common medications used to treat AUD. They do not provide a cure for the disorder but are often effective for people in combination with counseling and other behavioral interventions for AUD. [20] Naltrexone (oral and long-acting injectable), acamprosate, and disulfiram may be used alone or combined with behavioral treatments or mutual-support groups.[21]

Medication for Opioid Use Disorder (MOUD): MOUD is a term that refers to the class of medications that are FDA-approved for the treatment of opioid use disorder (OUD). They are often used in combination with counseling and other behavioral therapies to provide a whole-patient approach to the treatment of OUD. This class of medications includes buprenorphine, methadone, and naltrexone in different formulations.[22]

Medication lock box: A medication lock box is a container designed to secure prescription medications so they cannot be accessed by anyone other than the person for whom the medications have been prescribed.

Middle Eastern or North African: Middle Eastern or North African is a demographic category that refers to individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli. [23]

Motivational interviewing: Motivational interviewing is a clinical approach that helps people with mental and substance use disorders and other chronic conditions make positive behavioral changes to support better health.[24]

Native Hawaiian or Pacific Islander: Native Hawaiian or Pacific Islander is a demographic category that refers to individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. [25]

Navigation/Navigation services: Navigation refers to an advocacy approach designed to support individuals in successfully navigating prevention, treatment, and other health care-related systems and includes identifying and reducing barriers to care. For the purposes of this grant, navigation services may include: (1) extensive outreach services to high-risk populations; (2) linkages to substance use and HIV evidence-based and evidence-informed interventions and strategies utilizing SAMHSA's Strategic Prevention Framework (SPF); (3) HIV, viral hepatitis, and STI testing; (4) referrals/linkages for individuals with substance use disorders (SUDs), co-occurring substance use and mental health disorders (CODs), and/or HIV to appropriate providers of care and treatment services; and (5) linkages to housing, social services, and other supportive services. Navigation services should include follow up to ensure individuals are engaged and retained in care and treatment services.

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[20] https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions

[21] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3678283/

[22] https://store.samhsa.gov/sites/default/files/pep23-06-01-001.pdf

[23] Federal Register: Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

[24] https://www.samhsa.gov/sites/default/files/2022-state-opioid-response-grants-report.pdf

[25] Federal Register: Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

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Navigator: A navigator is an individual specifically trained to provide navigation services as outlined in the Notice of Funding Opportunity (NOFO). Navigators assist program participants in navigating prevention, treatment, social support, and other health care-related systems and may be community health workers, neighborhood navigators, peer support specialists, and/or other advocates who facilitate the identification and reduction of barriers to care.

Non-binary: Non-binary is a term used to describe people who do not describe themselves or their genders as fitting into the binary categories of male or female.[26]

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 education and naloxone distribution: Opioid overdose education and naloxone distribution entail activities that aim to increase awareness about the use of naloxone and other opioid overdose reversal medications and to educate individuals on recognizing potential overdose symptoms. Key components of activities include education and training on recognition and prevention of opioid overdose, opioid overdose rescue response, and distributing naloxone and other opioid overdose reversal medications.[27]

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

Opioid use disorder (OUD): Per DSM-5, a disorder characterized by loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal. Tolerance and withdrawal do not count toward the diagnosis in people experiencing these symptoms when using opioids under appropriate medical supervision. OUD covers a range of severity and replaces what DSM-IV termed "opioid abuse" and "opioid dependence." An OUD diagnosis is applicable to a person who uses opioids and experiences at least 2 of the 11 symptoms in a 12-month period.[28]

Organizational readiness assessment: An organizational readiness assessment (ORA) is an appraisal of an award recipient organization's capacity to implement required activities as specified in the Notice of Funding Opportunity (NOFO) and as described in the recipient's application for funding. Specifically, the ORA identifies existing community substance use, HIV, viral hepatitis, and STI prevention and treatment assets, strengths, opportunities, and gaps relevant to the program's goals, including available internal and external resources to address gaps and opportunities. In addition, the ORA identifies environmental prevention strategies aimed at changing or influencing community conditions, standards, institutions, structure, systems, and policies at the individual and community levels. ORA results will support the implementation of prevention strategies, culturally responsive programming, and capacity development.

Other substance test strips: Other substance test strips refers to small strips of paper, other than fentanyl and xylazine test strips, that detect the presence of a substance and are approved by SAMHSA for purchase and distribution using grant funds. Other substance test strips may be used to inform drug practices that can help prevent drug overdose and reduce harm.

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).

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[26] hhs-gender-identity-non-discrimination-inclusion-policy.pdf

[27] https://www.samhsa.gov/sites/default/files/2022-state-opioid-response-grants-report.pdf

[28] https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf

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Peer support services (PSS): Peer support services (PSS) are a range of services designed, developed, and delivered by peer workers who have lived experience in recovery from problematic substance use and can fill a range of roles to support other people in recovery. PSS can be used to enhance substance use disorder (SUD) treatment, extend related services, and improve outcomes for people in or seeking recovery.[29]

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

Post-Exposure Prophylaxis (PEP): Post-Exposure Prophylaxis (or PEP) is the use of antiretroviral drugs after a single high-risk event to stop HIV seroconversion.[30]

Pre-Exposure Prophylaxis (PrEP): Pre-Exposure Prophylaxis (or PrEP) is medicine taken to prevent the development of HIV infection.[31]

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. For the purposes of this grant program, prevention also refers to the intent to reduce the onset and progression HIV, viral hepatitis, and other infectious disease (e.g., STIs).

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

Prevention practice: A prevention 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 program: A prevention 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.

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. For the purposes of this grant program, prevention strategies also include practices, policies, or programs intended to prevent the onset and progression of HIV, viral hepatitis, and other infectious diseases (e.g., STIs).

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[29] pep23-02-01-001.pdf (samhsa.gov)

[30] https://www.cdc.gov/hiv/risk/pep/index.html

[31] https://www.cdc.gov/hiv/risk/prep/index.html

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. For the purposes of this grant program, problem identification and referral prevention strategies include the identification of individuals who are at risk of contracting HIV, viral hepatitis, and other infectious disease (e.g., STIs).

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.

Rapid HIV test: A rapid HIV test is a type of HIV antibody test used to screen for HIV infection. A rapid HIV antibody test can detect HIV antibodies in blood or oral fluid in less than 30 minutes. There is also a rapid antigen/antibody test available. A positive rapid HIV antibody test must be confirmed by a second test for a person to be definitively diagnosed with HIV infection.[32]

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.

Safer sex kits: Safer sex kits are a compilation of information and products intended to reduce the risk of HIV, viral hepatitis, and sexually transmitted infection. Safer sex kits may vary in composition, but at a minimum should include condoms, educational information on preventing HIV, as well as information on PrEP and PEP.

Screen/screening: Screening is a formal interviewing and/or testing process that identifies areas of an individual's life that might need further examination. It evaluates for the possible presence or risk of a problem but does not diagnose or determine the severity of a disorder. For instance, screening for substance use might entail asking a few interview questions about drug use and related problems and using a brief screening scale for substance use and/or substance use disorder.[33] Screening typically takes 5–10 minutes and can be repeated at various intervals as needed to determine changes in patients' progress over time, depending on the setting. The screening process does not exactly identify what kind of problem a person might have or how serious it might be; screening simply determines whether a problem exists or whether further assessment is needed.[34]

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[32] https://clinicalinfo.hiv.gov/en/glossary/rapid-test
[33] https://store.samhsa.gov/sites/default/files/sma14-4736.pdf
[34] https://store.samhsa.gov/product/tap-33-systems-level-implementation-screening-brief-intervention-and-referral-treatment

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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. Identification of risk may be based on biological, psychological, or social risk factors associated with substance misuse or substance use disorder (e.g., family history of substance disorder, living in high-poverty/high-crime neighborhood). Selective prevention strategies focus on the entire subgroup at elevated risk regardless risk level for any individual member.[35] Examples of selected prevention strategies may include, but are not limited to, support groups for individuals with parents diagnosed with substance use disorder, skills training for youth living in a high-poverty/high-crime neighborhoods, and social media campaigns targeting specific populations at higher risk for substance misuse. For the purposes of this grant program, selective prevention strategies are also intended for individuals at a higher risk of contracting HIV, viral hepatitis, and other infectious diseases (e.g., STIs).

Sexual Orientation: Sexual orientation refers to the enduring physical, romantic, or emotional attraction to members of the same or other genders (e.g., including lesbian, gay, bisexual, asexual, and straight orientations).[36]

Sexually transmitted infection (STI): An STI is a virus, bacteria, fungus, or parasite people can get through sexual contact. Many STIs have no symptoms, so people can have an infection but not know it. For the purpose of this grant, STIs include chlamydia, gonorrhea, and syphilis. Excludes testing for HIV or viral hepatitis.

SPARS: SPARS is the Substance Abuse and Mental Health Services Administration's (SAMHSA) 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.

Substance misuse: Substance misuse is the use of illegal drugs and the excessive use of legal substances, such as alcohol and tobacco.

Substance use disorder: Substance use disorder is a health condition and diagnosis characterized by a cluster of cognitive, behavioral, and physiological symptoms related to an individual's compulsive and continued use of a substance despite significant adverse problems.

Substance use: Substance use encompasses all forms and frequencies of using potentially harmful substances.

Transgender: Transgender is a term that describes a person whose gender identity or expression differs from the sex assigned at birth and societal and cultural expectations around sex. The term "transgender woman" or "trans woman" typically refers to someone assigned male at birth but identifies as female. Likewise, the term "transgender man" or "trans man" typically refers to someone who was assigned female at birth but who identifies as male. A person does not need to undergo a medical procedure to be considered transgender. Furthermore, not all individuals whose gender identity differs from the sex assigned at birth use the term transgender to describe themselves.

Treatment: Treatment refers to the provision of services intended to improve the wellbeing of individuals diagnosed with a physical or behavioral health condition or disorder.

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[35] For more information, see O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* The National Academies Press. Available at https://www.ncbi.nlm.nih.gov/books/NBK32775/.
[36] hhs-gender-identity-non-discrimination-inclusion-policy.pdf

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Two-Spirit: Two-spirit is a term used within some American Indian (AI) and Alaska Native (AN) communities to refer to a person who has both a male and a female essence or spirit. However, the meaning and use of this term is not universal across all AI/AN cultures. Most AI/AN communities have specific terms in their own languages for gender-variant members of their communities as well as the social and spiritual roles these individuals fulfill. (Definition adapted from NIH and IHS definitions of two-spirit).

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. Examples of universal prevention strategies may include, but are not limited to, interventions focused on promoting positive school climate, media and public awareness campaigns, and universal screenings. Universal prevention strategies can be direct or indirect; see definitions for universal/direct prevention strategies and universal/indirect prevention strategies.

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.

Warm handoff: A warm handoff is a transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family. This transparent handoff of care allows patients and families to hear what is said and engages patients and families in communication, giving them the opportunity to clarify or correct information or ask questions about their care.[37]

White: White is a demographic category that refers to individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish. [38]

Xylazine test strips: Xylazine test strips (XTS) are small strips of paper that can be placed within a personal sample of drugs to detect the presence of xylazine. Such strips may be used to inform decisions about drug use practices; for example, upon receiving a positive test result, an individual may opt to not use the drugs or use them in a less risky manner.

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[37] https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html
[38] Federal Register: Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

List of Prevention Strategies

Name of Prevention Strategy
¡Cuídate!
Across Ages
Alcohol Literacy Challenge (ALC)
AlcoholEdu for High School
All Stars
American Indian Life Skills Development/Zuni Life Skills Development
AMIGAS
Assisting in Rehabilitating Kids (ARK)
Be Proud! Be Responsible!
Becoming a Responsible Teen (BART)
Border Binge Drinking Reduction (environmental)
Brief Alcohol Screening and Interventions for College Students (BASICS)
Brief Strategic Family Therapy (BSFT)
Building Assets—Reducing Risks (BARR)
CASA Striving Together to Achieve Rewarding Tomorrows (CASASTART)
CAST (Coping and Support Training)
Challenging College Alcohol Abuse (environmental)
CHAT Intervention
Choosing Life: Empowerment, Action, Results! (CLEAR)
Class Action
Communities Mobilizing for Change on Alcohol (environmental)
Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies)
Community Trials Intervention To Reduce High Risk Drinking (environmental)
Comparative Risk Counseling Services (CRCS)
Condom Distribution Structural Intervention (CDSI)
Connect
Connect – Couples
Connect – Woman Alone
Connect 2
Coping with Work and Family Stress
Creating Lasting Family Connections/Creating Lasting Connections
d-up: Defend Yourself!
Familias Unidas

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Name of Prevention Strategy
Families and Schools Together (FAST)
Family Matters
Focus on Youth + ImPACT
Guiding Good Choices
Healer Women Fighting Disease (HFWD)
Healthy Relationships
Healthy Workplace
Hip Hop 2 Prevent Substance Abuse and HIV (H2P)
Holistic Health Recovery Program (HHRP)
Keep a Clear Mind (KACM)
Keepin' It REAL
Life Skills Training
Lions Quest Skills for Adolescence
Living in Balance
Many Men, Many Voices
Modelo de Intervencion Program (MIP)
Motivational Enhancement Therapy (MET)
Motivational Interviewing-based HIV Risk Reduction-TK STOP
Mpowerment
Nia
NIDA Community Outreach Model
Parenting Wisely
Partnership for Health
Peers Reaching Out and Modeling Intervention Strategies (PROMISE)
Popular Opinion Leader
Positive Action
Pre-exposure Prophylaxis (PrEP)
PRIME for Life
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
PROMISE for HIP (Peers Reaching Out and Modeling Intervention Strategies for High-Impact Prevention)
Project AIM
Project ALERT
Project Image
Project Northland
Project START
Project SUCCESS
Project Towards No Drug Abuse

Name of Prevention Strategy
Project Venture
Protecting You/Protecting Me
Protocol-Based HIV Counseling and Testing (PBC)-DUPLICATE
Rapid HIV Testing
Real AIDS Prevention Project (RAPP)
Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY)
RESPECT
Right Decisions, Right Now: Be Tobacco Free (RDRN)
Safe Dates
Safe in the City
Safety Counts
Salud, Educacion, Prevencion y Autocuidado (SEPA)
Say It Straight (SIS)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
Seeking Safety
Self-Help in Eliminating Life-Threatening Diseases (SHIELD)
Sin Buscar Excusas/No Excuses
Sister to Sister
Sisters Informing Healing Living and Empowering (SIHLE)
Sisters Informing Sisters about Topics on AIDS (SISTA)
SPORT
Stars For Families
Status Neutral HIV Prevention and Care, or Status Neutrality
Storytelling for Empowerment
Street Smart
Strengthening Families Program
Syringe Services Programs (SSPs)
Team Awareness
Teen Health Project
The Future is Ours
Together Leaning Choices
Too Good for Drugs
Training for Intervention Procedures (TIPS)
Transforming from HIV Prevention Practice to Prevention Innovation (TRANSFORM): Comprehensive HIV Care Delivery for MSM of Color
Transgender Women Involved in Strategies for Transformation (TWIST)
Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES)

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Name of Prevention Strategy
Wellness Outreach at Work
Women Involved in Life Learning from Other Women (WILLOW)-TK START
Other (Specify: _____)