



Survey of HRSA-Funded Health Centers Regarding Substance Use Disorder (SUD) Treatment Service Provision

List of Definitions

Substance use disorders are characterized by impairment caused by the recurrent use of drugs including health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance use disorder is defined as meeting DSM-5 substance use disorder for one or more of the following drugs: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, as well as prescription stimulants, tranquilizers, sedatives, and pain relievers.

Opioid use disorder is a specific type of substance use disorder where the misuse of prescription opioids (i.e., opioid pain relievers) and use of heroin are the primary causes of the substance use disorder.

Substance use disorder treatment services include all practices recommended for the treatment of substance use disorder. This includes medications for opioid use disorder (i.e., buprenorphine, methadone, naltrexone) and/or psychosocial services (e.g., treatment planning, motivational interventions, individual and group drug counseling, structured psychotherapies, peer services, mental health services, enabling services, and case management).

Service area. The precise boundaries, as defined by the health center, of the geographic area to be served under the Health Center Program project, including identified medically underserved population or populations within that area.

Services are encounters between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services that are documented, individual, and in-person or virtual (i.e., telemedicine).

Screening for substance use disorder. Screening can identify patients who may have diseases or conditions related to their substance use. Screening entails asking patients brief questions about substance use. Screening tools typically take 5–10 minutes, and some common tools include the Drug Abuse Screening Test (DAST) and the National Institute of Drug Abuse (NIDA) Screening Tool.

Medications for Opioid Use Disorder (MOUD). Opioid use disorder is a type of substance use disorder. The three MOUDs (i.e., medication-assisted treatment (MAT)) currently used for the treatment of opioid use disorder are methadone (i.e., Methadose, Dolophine), buprenorphine (i.e., Suboxone, Zubsolv, Bunavail, Subutex, Cassipa, Probuphine, Sublocade), and naltrexone (i.e., Vivitrol).



Psychosocial services include behavioral health and other support services. Behavioral health services include drug counseling such as motivational interventions, formal or informal individual and group counseling, structured psychotherapies, and mental health services. Support services include peer recovery support services, case management, and efforts to identify and address the social determinants of health (i.e., enabling services). These services can be provided by health center staff (e.g., the prescribing physician or another professional) or by providers and/or professionals outside the health center.

Medication management services may include the physician review of patients' medical and behavioral health problems, educating patients on medications for opioid use disorder, recommending types of treatment, referring patients to psychosocial support services, and assessing cravings and substance use.

Behavioral health services include drug counseling, mental health, and mutual-help services.

Drug counseling. These substance use disorder services may include formal one-on-one or group addiction counseling, and/or structured psychotherapies (e.g., motivational interventions, Cognitive Behavioral Therapy, Motivational Enhancement Therapy, Community Reinforcement Approach, Contingency Management) and may be provided by a variety of professionals. For the purposes of this survey, these services do not include medications for opioid use disorder services, medication management, or mutual-health services.

Motivational intervention services are also known as motivational interviewing or enhancement treatments that focus on increasing a patient's insight into and awareness about substance use and behavior change.

Individual counseling services may include formal one-on-one addiction counseling and/or structured psychotherapies (e.g., Cognitive Behavioral Therapy, Motivational Enhancement Therapy, Community Reinforcement Approach, Contingency Management).

Group counseling services provide social reinforcement offered by peer discussion and helps to promote drug-free lifestyles. These services may include group addiction counseling and/or structured psychotherapies (e.g., Cognitive Behavioral Therapy, Motivational Enhancement Therapy, Community Reinforcement Approach, Contingency Management, Family Behavior Therapy).

Structured therapy/psychotherapy services are substance use disorder treatment techniques and models such as Cognitive Behavioral Therapy, Motivational Enhancement Therapy, Community Reinforcement Approach, Contingency Management.

Mental health services. Serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavioral, or emotional disorder (e.g., depression, anxiety



disorders) that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Substance use disorder and mental illness often co-occur and patients with these comorbidities may receive therapy, medication, or a combination of both to treat their mental illness.

Mutual-help services are peer groups that provide patients with a support system and care group. They include 12-step programs, such as Alcoholics Anonymous (A.A.) and Narcotics Anonymous (N.A.), and non-12-step programs (e.g., SMART).

Peer services use non-clinical peer recovery coaches, peer recovery specialists, and/or peer navigators to provide case management services, connecting patients with enabling services—allowing counselors and clinicians to focus on clinical care. Peer services may be provided by a variety of professionals and may be unpaid, volunteer positions.

Support services address social determinants of health including non-clinical psychosocial supports such as social services, transportation services, housing supports, vocational/employment training, legal assistance, food access, and English language translation services specifically for substance use disorder patients.

Case management services are the coordination of support and enabling services to meet the ongoing needs of a patient. At a minimum, these services include an assessment of factors affecting health (e.g., medical, social, housing, food, income, legal aid, transportation, employment, or educational), behavioral health/counseling, and referrals to address identified needs, and periodic follow-up of services. Case management services may be provided by a variety of professionals from the prescribing physician to health center administrative staff.

Transportation services enable patients to access health center services when transportation would otherwise be a barrier to care (e.g., providing transport vans, bus tokens or vouchers for public transportation, or linkages to other community transportation programs).

Outreach services are a broad range of culturally and linguistically appropriate activities focused on recruiting and retaining patients from the target population/service area. At a minimum, these services must promote awareness of the health center's services and support entry into care.

Health education services are a variety of learning experiences designed to help individuals improve their health. At a minimum, these services include education regarding the availability and appropriate use of health services.

Eligibility assistance services provide support to health center patients to establish eligibility for and gain access to appropriate Federal, State, and local programs that provide or financially



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support the provision of medical, social, educational, housing, or other related services (e.g., Medicaid, Veteran's benefits, the Special Supplemental Nutrition Assistance Program, Legal Aid).

Translation services make care linguistically accessible and culturally responsive for individuals with limited English proficiency and/or a disability impacting communication. At a minimum, these services include the timely availability of professional translation (written) and interpretation (oral) services (e.g., access to bilingual providers, onsite interpreters, language telephone line) based on the primary language(s) spoken by a substantial number of individuals in the health center's target population and service area.

Pharmaceutical services provide access to prescribed medications. These services may include a broad spectrum of functions ranging from the dispensing and tracking of medications to pharmacist-delivered patient care services (e.g., disease state management, medication reconciliation, therapeutic monitoring, wellness promotion, and disease prevention).

Additional enabling/supportive services are beyond any required case management and/or eligibility assistance services and support a health center patient's access to non-medical, social, educational, or other related services. These services may include support for housing, employment/education counseling, food access, legal services, childcare, and clothing.

Certified Community Behavioral Health Clinics (CCBHCs) are centers that provide comprehensive, coordinated mental health and substance use disorder services. These centers can provide a range of evidence-based services and supports to meet the needs of their community. These centers must provide services to anyone seeking help for mental health or substance use disorder regardless of their diagnoses, place of residence, or ability to pay.

Opioid Treatment Programs (OTP) and Narcotic Treatment Programs (NTP) are accredited with the Substance Abuse and Mental Health Services Administration (SAMHSA) certification and Drug Enforcement Administration registration to administer and dispense opioid agonist medications that are approved by the Food and Drug Administration (FDA) to treat opioid addiction. Currently, these include methadone and buprenorphine products. Other medications, such as naltrexone, may be provided but are not subject to these regulations. OTPs must provide adequate medical, counseling, vocational, educational, and other assessment and treatment services either onsite or by referral to an outside agency or practitioner through a formal agreement.

Residential treatment programs provide 24-hour a day long-term (greater than 30-day stays) or short-term (less than 30-day stays) treatment where patients stay at a non-hospital facility. The level of clinical care intensity can vary from less intense to highly intense and these programs may provide a variety of SUD treatment services (e.g., treatment planning, motivational interventions, individual and group counseling, structured psychotherapies, peer services, medication management, enabling services, and case management).



Hospital inpatient treatment programs provide 24-hour a day inpatient hospital treatment. The level of clinical care intensity can vary from medically-monitored (i.e., 24-hour nursing care) to medically-managed care (24-hour nursing and daily physician care). They may provide a variety of SUD detoxification and treatment services (e.g., treatment planning, motivational interventions, individual and group counseling, structured psychotherapies, peer services, medication management, enabling services, and case management).

Partial hospitalization programs serve patients in the outpatient setting and include daily treatment with up-to 6-hour a day sessions. They may provide a variety of SUD treatment services (e.g., treatment planning, motivational interventions, individual and group counseling, structured psychotherapies, peer services, medication management, enabling services, and case management).

Intensive Outpatient Treatment (IOT) or Intensive Outpatient Program (IOP) programs serve patients in the outpatient setting and may include 6 to 30 hours per week of treatment services for a minimum of 90 days. They may provide a variety of SUD treatment services (e.g., treatment planning, motivational interventions, individual and group counseling, structured psychotherapies, peer services, medication management, enabling services, and case management).

Outpatient treatment program is a general category for outpatient programs that can include services provided through partial hospitalization, intensive outpatient treatment, smaller private practices, individual personnel, and SUD specialty treatment facilities/programs. Outpatient treatment programs may provide a variety of SUD treatment services (e.g., treatment planning, motivational interventions, individual and group counseling, structured psychotherapies, peer services, medication management, enabling services, and case management).

Substance use disorder providers are individual personnel or larger entities or organizations that provide any type of substance use disorder services (e.g., medications for opioid use disorder, behavioral health services).

Qualified substance abuse/behavioral health treatment personnel are licensed or credentialed to provide substance abuse, behavioral health, and/or mental health services by the State in which they perform the services. These personnel include physicians (including psychiatrists), clinical psychologists, clinical social workers, licensed mental health/substance abuse providers (e.g., therapists, counselors), and advanced practice nurses.

In-scope services include all the services in a health center's scope of project, including those services delivered directly, through formal written contracts or agreements, and formal written referrals (arrangement). These services can be provided through an in-person or virtual visit.



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In-scope, direct service delivery method is an SUD treatment service that is provided directly by health center employees or volunteers. The health center pays for and/or bills for the care through third-party insurance. (All services delivered through an in-scope, direct service delivery method are part of a health center's scope of project and recorded in Column I on the *Form 5A: Service Delivery Methods* submitted to HRSA annually.)

In-scope, contract service delivery method is a SUD treatment service that is provided on behalf of the health center via a formal contract/agreement between the health center and an external provider. The health center pays for and/or bills for the care through third-party insurance. (All services delivered through an in-scope, contract service delivery method are part of a health center's scope of project and recorded in Column II on the *Form 5A: Service Delivery Methods* submitted to HRSA annually.)

In-scope, formal written referral service delivery method is a SUD treatment service that is provided and billed for by an external provider with which the health center has a formal written referral arrangement. The health center is responsible for the act of referral and any follow-up care for the patients subsequent to the referral. (All services delivered through an in-scope, formal written referrals service delivery method are part of a health center's scope of project and recorded in Column III on the *Form 5A: Services Delivery Methods* submitted to HRSA annually.)

Out-of-scope services are not included in a health center's scope of project under HRSA's Health Center Program. These out-of-scope services could be provided directly by the health center and/or through contracts or referrals with external providers. (These services are not recorded in the *Form 5A: Services Delivery Methods*.)

Virtual services (i.e., telemedicine services) are virtual clinical services using interactive synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient. These services include when the health center provider provided care to a patient who was not at the health center, when the health center patient received services through telemedicine by a non-health-center provider paid for by the health center, or when the provider was not physically present at the health center when providing telemedicine services to a patient by having remote access to the patient's health record at the time of the visit.