SOR III Follow-up & Discharge GPRA Training

March 2023

OMNI

Your OMNI Presenters

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About OMNI

OMNI Institute is a nonprofit social science consultancy that provides integrated research, evaluation, and capacity building services to foster understanding, guide collaboration, and inform action to accelerate positive social change. We believe in the power of data to inspire and support individuals and organizations in changing their world by finding solutions to complex social questions. Our clients are leaders and change-makers in governments, nonprofits, foundations, and social enterprises who are making a positive difference in their communities.

Agenda

- Training Logistics & Objectives

- OMNI's Technical Assistance (TA)

- GPRA Overview

- Tips for GPRA Administration

- Follow-up GPRA

- Discharge GPRA

- Follow-up/Discharge Administration

- Client Engagement

- GPRA Data & Tracking Support

- Next Steps & Questions

Training Logistics & Objectives

Training Logistics

Length: 1.5 hours

Post questions in the chat box

Format: Recorded presentation

Group norms

Learning Objectives

After today's training, you will…

Understand the **goals of the SOR III grant** and your role to help achieve the goals

Know **what the GPRA is** and how it relates to the SOR III grant

Feel confident in effectively and efficiently **administering the Follow-up/Discharge GPRA** with clients

Know **where to get Technical Assistance (TA)** if you need help or have questions

OMNI's Technical Assistance

OMNI's Role

01
GPRA management and reporting

Develop processes to track GPRA data and report it efficiently to SAMHSA

02
Training and technical assistance on GPRA

GPRA trainings, webinars, reminders about intake and follow-up surveys

03
Provide support and resources

OMNI is your resource to ensure success in GPRA requirements and data collection processes

CSB/Agency Role

01
Administer the GPRA to all eligible clients
Clients receiving SOR-funded services should complete the GPRA

02
Complete the quarterly survey
Track data and report quarterly if you are the main treatment or recovery contact

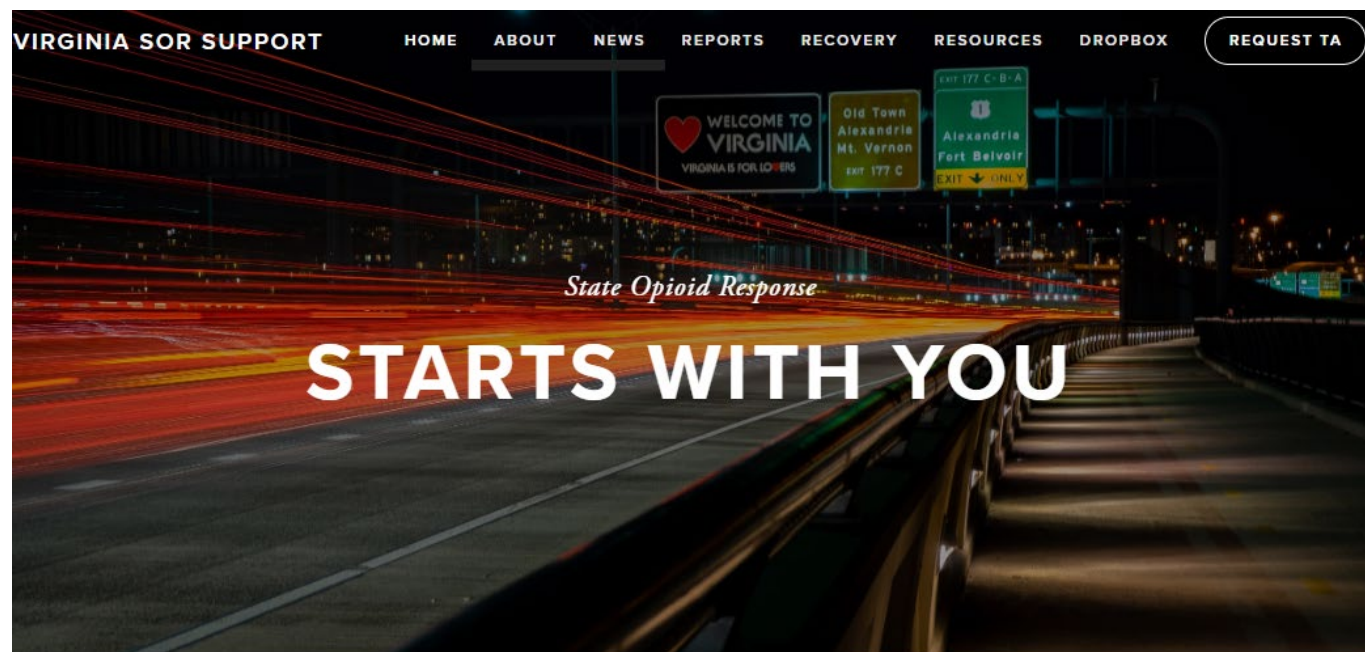## 03
Use GPRA data to support your work
Data can help you learn more about clients' stories and connect them with key services they need.

SOR Website

Visit VirginiaSORSupport.org for more information, including:

- About SOR & OMNI
- News
- Reports
- Resources
- Dropbox Folder Guidance
- Request TA Form

Email us at SORSupport@omni.org with any questions or requests.

Resources
Found on the SOR Support website

Surveys:
- GPRA Intake, Follow-up, & Discharge Surveys (English & Spanish)

Supporting Documents include:
- Question-by-Question Guide
- Consent Form (English & Spanish)
- Getting Started with GPRA Admin
- SOR Funding & GPRA 101 Resource
- GPRA Admin Tips & Best Practices
- Follow-Up & Discharge One-Pager
- GPRA Admin FAQs
- Dropbox Instructions
- BARC-10 Info Sheet

Training Materials:
- Webinar Slides/Recordings
- Orientation One-Pager

Client Engagement Support:
- Follow-Up Reminder Scripts
- Engagement Sheet for Clients
- GPRA Admin Tips & Best Practices
- Client Locator Form
- Follow-Up Reminder Scripts
- Contingency Management Training

Technical Assistance

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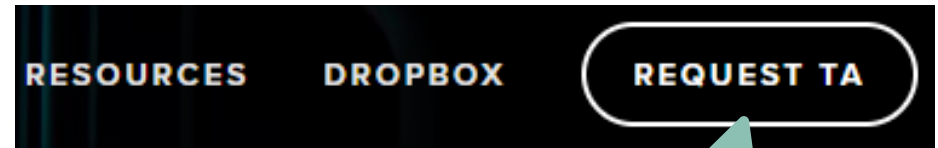## Email: **SORSupport@omni.org**

- TA requests

- GPRA questions

- Staff changes

- Anything!

Encryption: When emailing SORSupport@omni.org with confidential information (client IDs, date of birth, etc.), please **send an encrypted email**! If you do not have encrypted emails, please request an encrypted email on the *Request TA* form on the website.

RESOURCES   DROPBOX   REQUEST TA

SOR III Communications

Website News Posts

News emails from DBHDS and OMNI team - subscribe on website

Dropbox

Shared folder per agency – reach out to SOR Support if you need your invitation

Intake Alerts and Follow-Up Reminders

- Intake Alerts: sent monthly to agencies w/o intakes in 30+ days
- Follow-up Reminders: sent weekly to agencies with follow-up windows closing in the next 2 weeks

Encrypted Emails

Use with any email communication that contains client ID or other PII

GPRA Overview

Need Basic GPRA Intake Information?
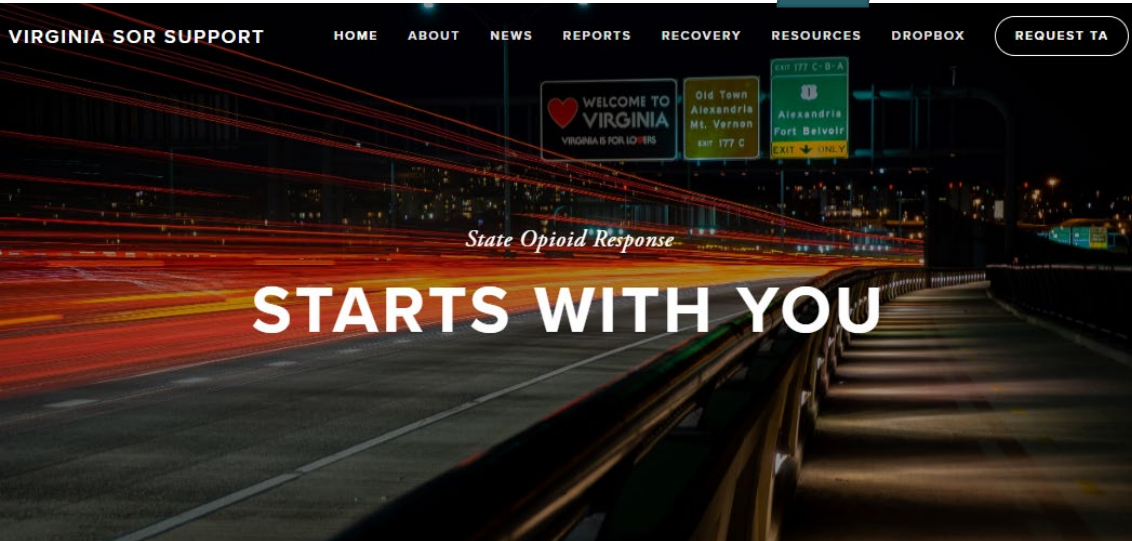
Visit the SOR Support Website for Resources!

VIRGINIA SOR SUPPORT   HOME   ABOUT   NEWS   REPORTS   RECOVERY   RESOURCES   DROPBOX   REQUEST TA

State Opioid Response

STARTS WITH YOU

We support local communities in their SOR Treatment efforts

Our team works to ensure data is both accessible and actionable to ultimately drive improvements in practice, policy, and systems. We know when our clients and community stakeholders can access the answers they need and have the capacity to act on it, they can be proactive agents in creating a brighter, more equitable future for all.

TABLE OF CONTENTS

GETTING STARTED

- Getting Started with GPRA Admin

- SOR & GPRA Orientation One-Pager

- SOR Funding & GPRA 101 Resource

- SOR III Refresher Training

INTAKE GPRA

- Online Practice Intake GPRA

- SOR III Full Intake Training

When is the GPRA completed?

There are three GPRA surveys:

Intake GPRA:	Follow-Up GPRA:	Discharge GPRA:
GPRA survey at client intake	*GPRA survey 6 months after client intake*	*GPRA survey at client discharge*

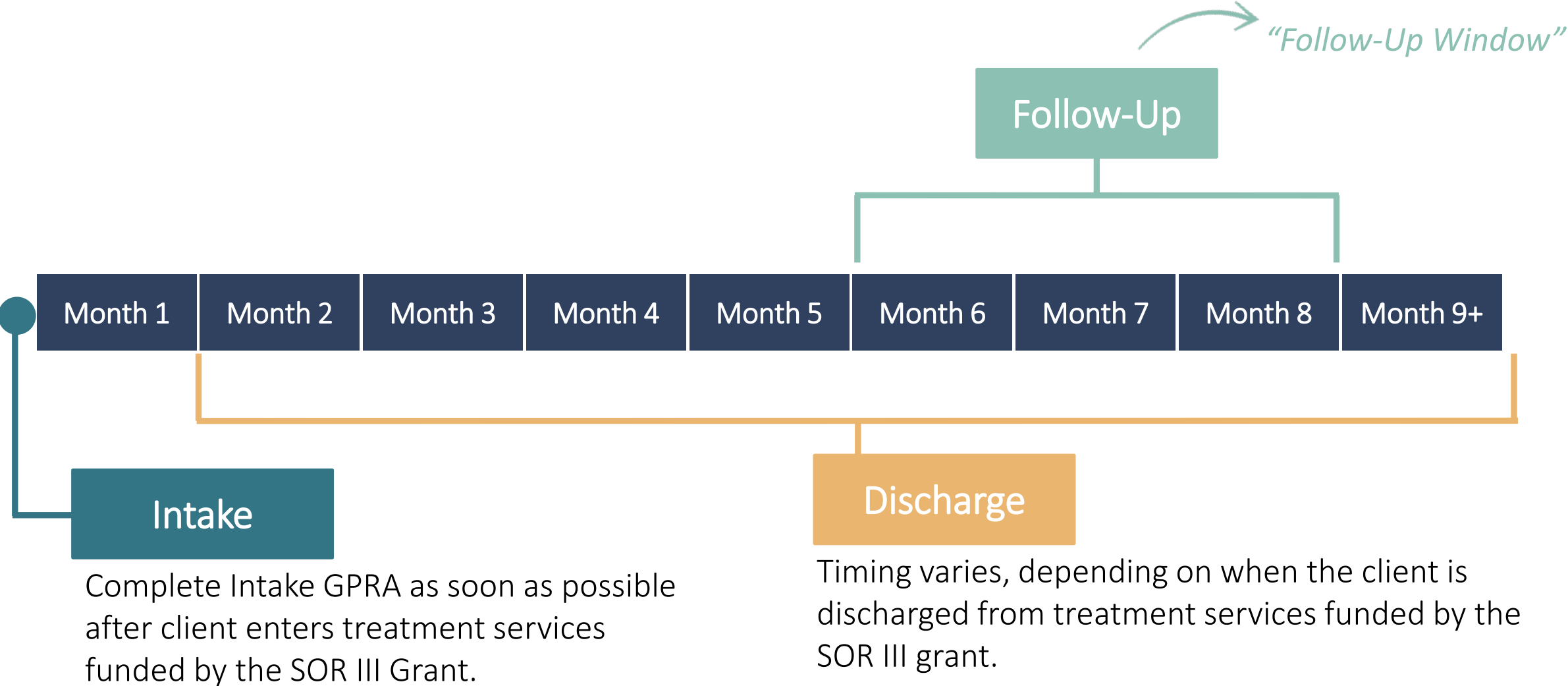# The Importance of GPRA Completion

Follow-Up Data Goals

- Set and monitored by SAMHSA and the state

- 80% follow-up interview rate of all clients who completed an intake GPRA

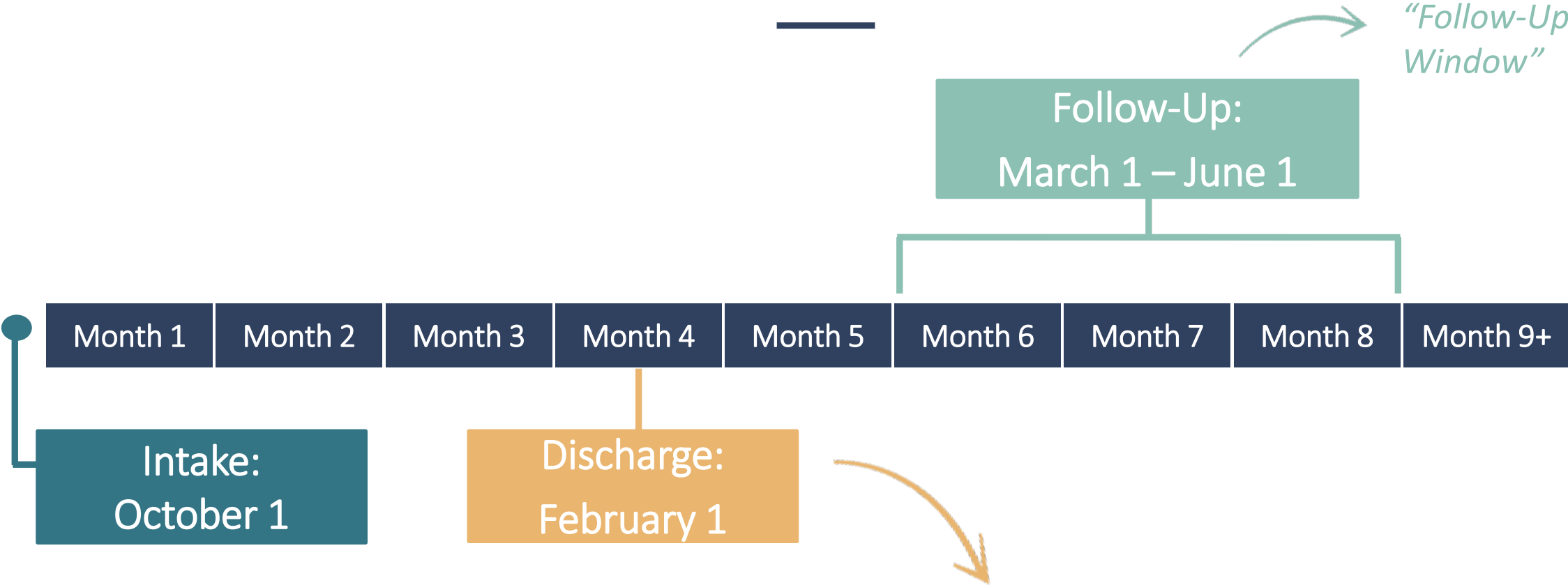 - Only includes <u>interviews</u> conducted during the <u>follow-up window</u>

Knowledge & Progress Tracking

- Generates knowledge for future impact

- Standardized data collection for monitoring client progress

When is the GPRA completed?

"Follow-Up Window"

Follow-Up

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9+

Intake

Complete Intake GPRA as soon as possible after client enters treatment services funded by the SOR III Grant.

Discharge

Timing varies, depending on when the client is discharged from treatment services funded by the SOR III grant.

Example 1

"Follow-Up Window"

Follow-Up:
March 1 – June 1

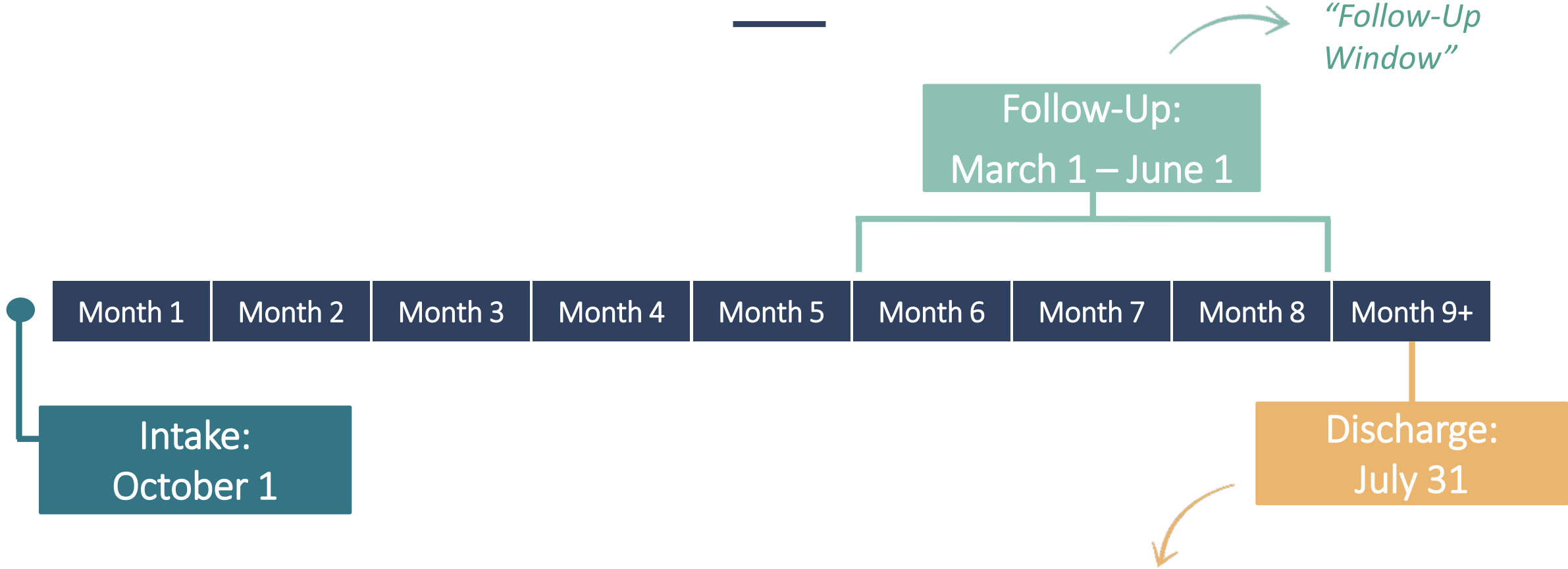| Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9+

Intake:
October 1

Discharge:
February 1

Important! If the client completes a discharge GPRA *before* the follow-up window, a follow-up GPRA is *still required*.

Example 2

"Follow-Up Window"

Follow-Up:
March 1 – June 1

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9+

Intake:
October 1

Discharge:
July 31

If the client has already completed a follow-up GPRA, a discharge GPRA is *still required*.

How is the GPRA completed?

How

The client completes the GPRA with a staff member via an interview (the client *cannot* complete the GPRA on their own).

The GPRA can be administered:

In-person

OR

Virtually via telephone or online platform

Who

The GPRA can be administered by any staff at your agency.

The following should be considered:

- The GPRA includes sensitive and personal questions.
- The administrator should participate in or watch a recording of OMNI's training session to be fully prepared.

How is the GPRA completed?

Documentation

GPRA responses can be recorded:

Directly into the online system (link on resources page of support website).

OR

On the paper survey and transferred to the online system within 4 days.

Tips for Administering the GPRA

Tips for Administering the GPRA

Introduce the beginning of each new section by describing what will be covered.

Some items are personal and sensitive – take any opportunity to remind the client that responses are confidential.

Before the interview, consider using a calendar to mark off the past 30 days to help clients with recall for certain questions.

Administering the GPRA

The client is to be provided the opportunity to answer all applicable questions.

Read each question as written. You may explain it after reading it as written.

Read aloud only response options that appear in lowercase lettering.
- Any text surrounded by brackets, [ ], should not be read to the client

If a client declines answering a question, mark "REFUSED". This response must be client generated.

Question-by-Question Guide

Additional Probes

A question that does not appear in the tool. These are usually follow-up questions to help understand the client's response more fully.

Definitions & Instructions

Clarifies how to classify certain item details or response options.

Question-by-Question Guide Example

Question

Question definition & instructions

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3. Are you Hispanic, Latino/a, or of Spanish origin?
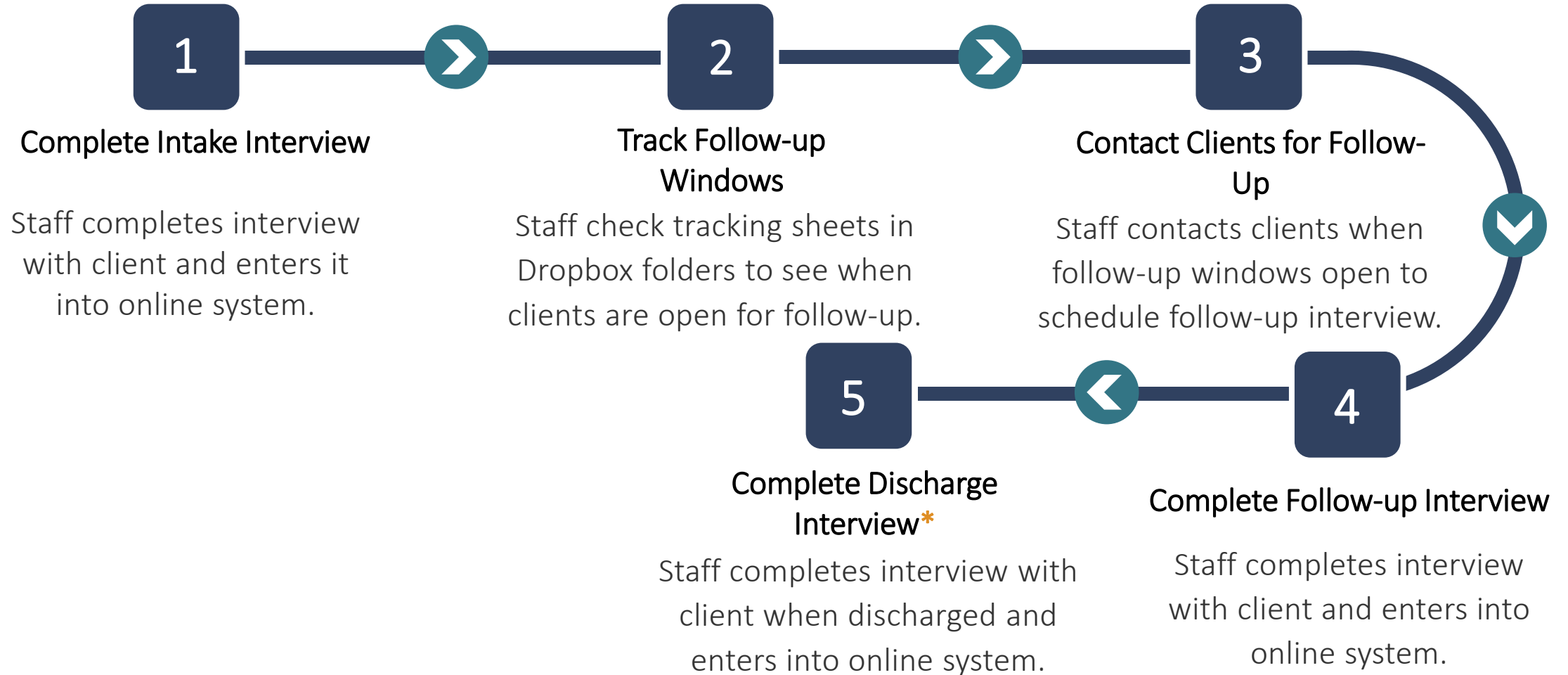   - o Yes
   - o No
   - o REFUSED

The intent of the question is to ascertain whether the client is Hispanic, Latino/a, or of Spanish origin, and, if Hispanic/ Latino/a/ Spanish origin, of which ethnic group the client considers themselves.

Note that this is a two-part question. Read the first question open-ended and record the client's response. If the answer is "Yes," read the follow-up question (3a) with the available ethnic response options. If the client responds that they are not Hispanic, Latino/a, or of Spanish origin check "No" and continue with question 4.

Skip pattern:
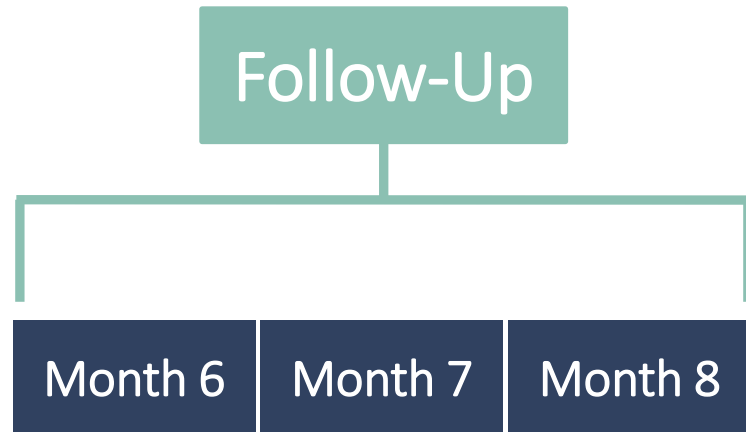If No or Refused, skip to Question 4.

GPRA Workflow Timeline

1

Complete Intake Interview

Staff completes interview with client and enters it into online system.

2

Track Follow-up Windows

Staff check tracking sheets in Dropbox folders to see when clients are open for follow-up.

3

Contact Clients for Follow-Up

Staff contacts clients when follow-up windows open to schedule follow-up interview.

5

Complete Discharge Interview*

Staff completes interview with client when discharged and enters into online system.

4

Complete Follow-up Interview

Staff completes interview with client and enters into online system.

*Discharge can happen anytime after intake.

Follow-up GPRA

Follow-Up GPRA

Follow-Up

| Month 6 | Month 7 | Month 8 |

What: GPRA survey completed approximately 6 months after the intake GRPA.

Who: **All clients** who completed an intake GPRA, regardless of whether they already completed a discharge GPRA, should complete a follow-up GPRA.

When: During the 6th, 7th, or 8th month after the intake interview

Types of Follow-up GPRAs

There are **2 types** of follow-up GPRAs:

Interview

- <u>Able to</u> contact client
- Able to interview the client
- Complete Sections A-H
- Complete in follow-up window

Administrative

- <u>Unable to</u> contact client or client refuses
- Complete Section A
- Complete in last two weeks of follow-up window if unable to contact client

Interview Follow-up GPRA

Selecting either of these options indicates you are completing an <u>interview</u> follow-up GPRA
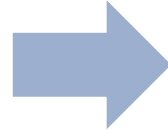
2. **What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, AND MISSING WILL NOT BE ACCEPTED.]**
    ○ Deceased at time of due date
    ○ Completed interview within specified window
    ○ Completed interview outside specified window
    ○ Located, but refused, unspecified
    ○ Located, but unable to gain institutional access
    ○ Located, but otherwise unable to gain access
    ○ Located, but withdrawn from project
    ○ Unable to locate, moved
    ○ Unable to locate, other (Specify) _____

Administrative Follow-up GPRA

Selecting any of these options indicates you are completing an administrative follow-up GPRA
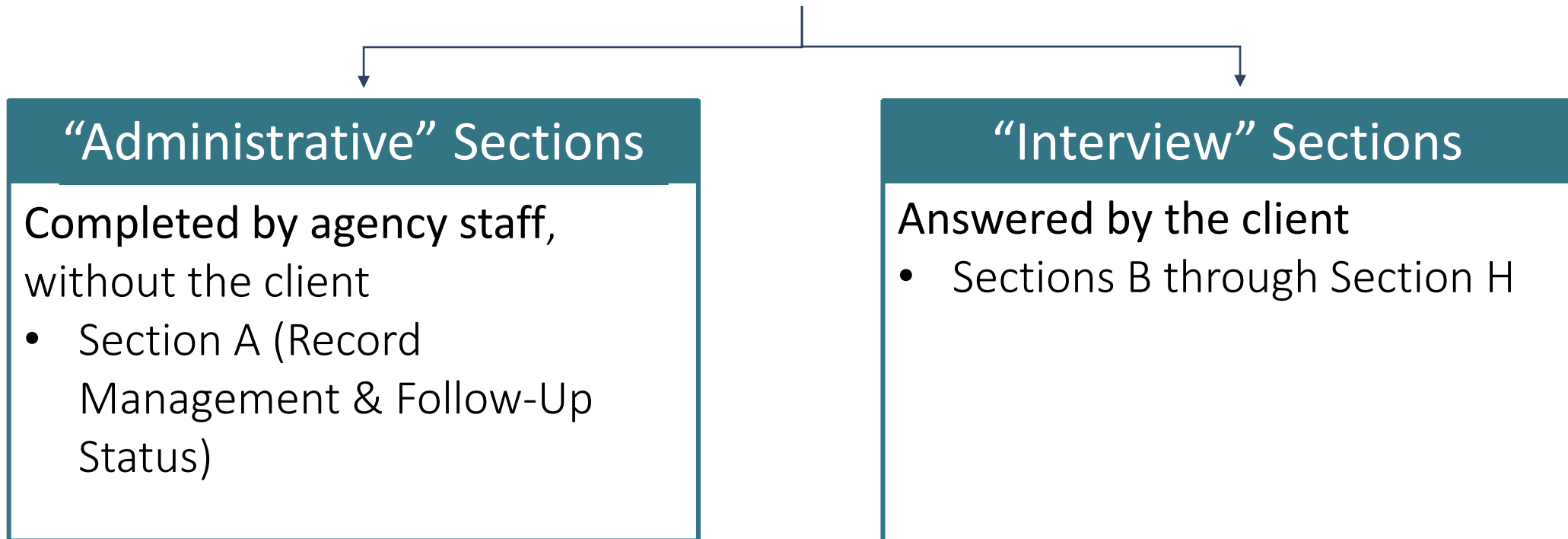
2. **What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, AND MISSING WILL NOT BE ACCEPTED.]**
   - ○ Deceased at time of due date
   - ○ Completed interview within specified window
   - ○ Completed interview outside specified window
   - ○ Located, but refused, unspecified
   - ○ Located, but unable to gain institutional access
   - ○ Located, but otherwise unable to gain access
   - ○ Located, but withdrawn from project
   - ○ Unable to locate, moved
   - ○ Unable to locate, other (Specify) _____

Follow-up GPRA Components

- The Follow-up GPRA has 8 "sections"
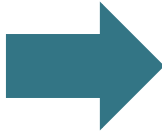- Each section is either an Administrative or Interview section:

"Administrative" Sections

Completed by agency staff, without the client
- Section A (Record Management & Follow-Up Status)

"Interview" Sections

Answered by the client
- Sections B through Section H

Follow-up GPRA Sections

Section and Topic	Type
Section A	
• Record Management	Administrative
• Follow-up Status	Administrative
Section B – Substance Use & Mental Health History	Interview
Section C – Living Conditions	Interview

| Section and Topic	Type
Section D – Education, Employment, Income	Interview
Section E – Legal	Interview
Section F -- Mental & Physical Health Problems & Treatment/Recovery	Interview
Section G – Social Connectedness	Interview
Section H – Program-Specific Questions	Interview

Key Questions for Follow-Ups

- Client ID

- Interview Date

- Date of Admission

- Agency Name

- Which survey?

A. RECORD MANAGEMENT

[REPORTED BY PROGRAM STAFF. DO NOT INCLUDE IN CLIENT INTERVIEW.]

1. **Client ID** |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
   [UNIQUE CLIENT ID – CAN BE SAME AS CCS3 ID OR OTHER UNIQUE IDENTIFIER]

2. **Interview Date** |___|___| / |___|___| / |___|___|___|___|
   Month   Day   Year

3. **Date of Admission** |___|___| / |___|___| / |___|___|___|___|
   Month   Day   Year

4. **Agency Name** _____

6. **Which survey are you reporting? [CHOOSE ONLY ONE TYPE].**
   ○ 6-month follow-up *[CONTINUE TO FOLLOW-UP STATUS SECTION.]*
   ○ Discharge *[SKIP TO DISCHARGE STATUS AND SERVICES RECEIVED SECTION.]*
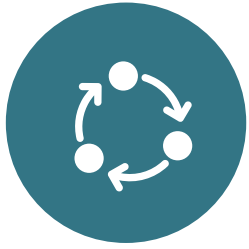
Key Questions for Follow-Ups

- Able to be contacted?

- Follow-up status

- Receiving services

A. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP. IF AT DISCHARGE, SKIP TO NEXT SECTION: DISCHARGE STATUS]

1. **Was the client able to be contacted for follow-up?**
   - Yes
   - No

2. **What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, AND MISSING WILL NOT BE ACCEPTED.]**
   - Deceased at time of due date
   - Completed interview within specified window
   - Completed interview outside specified window
   - Located, but refused, unspecified
   - Located, but unable to gain institutional access
   - Located, but otherwise unable to gain access
   - Located, but withdrawn from project
   - Unable to locate, moved
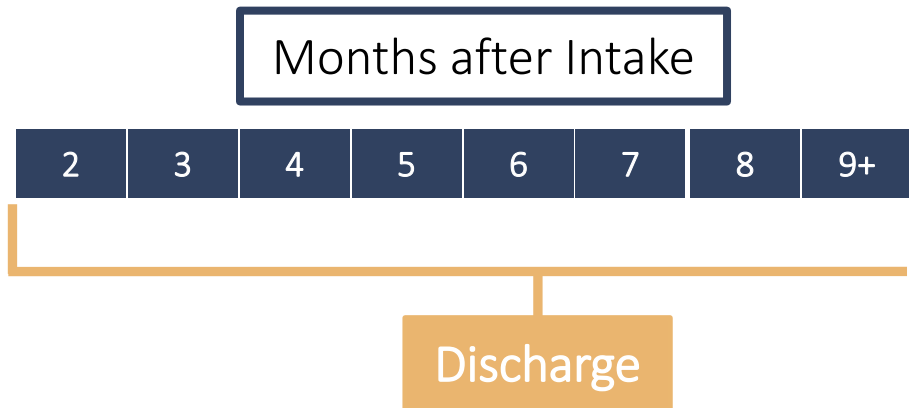   - Unable to locate, other (Specify) _____

3. **Is the client still receiving services from your program?**
   - Yes
   - No

Discharge GPRA

Discharge GPRA

2	3	4	5	6	7	8	9+

Months after Intake

Discharge

What: GPRA survey completed when the client is no longer receiving services funded by the SOR grant at your agency.

Who: All clients who completed an intake GPRA, regardless of a Follow-Up GPRA has yet been done, should complete a discharge GPRA.

When: **Anytime after the intake survey,** regardless of when the follow-up GPRA is completed or scheduled.

Types of Discharge GPRAs

There are **2 types** of discharge GPRAs:

Interview	Administrative
• <u>Able to</u> contact client	• <u>Unable to</u> contact client
• Able to interview the client	• Complete Section A
• Complete Sections A-H	

Interview Discharge GPRA

Selecting this option indicates you are completing an <u>interview</u> discharge GPRA
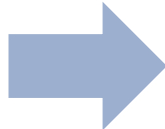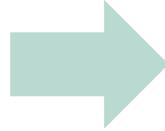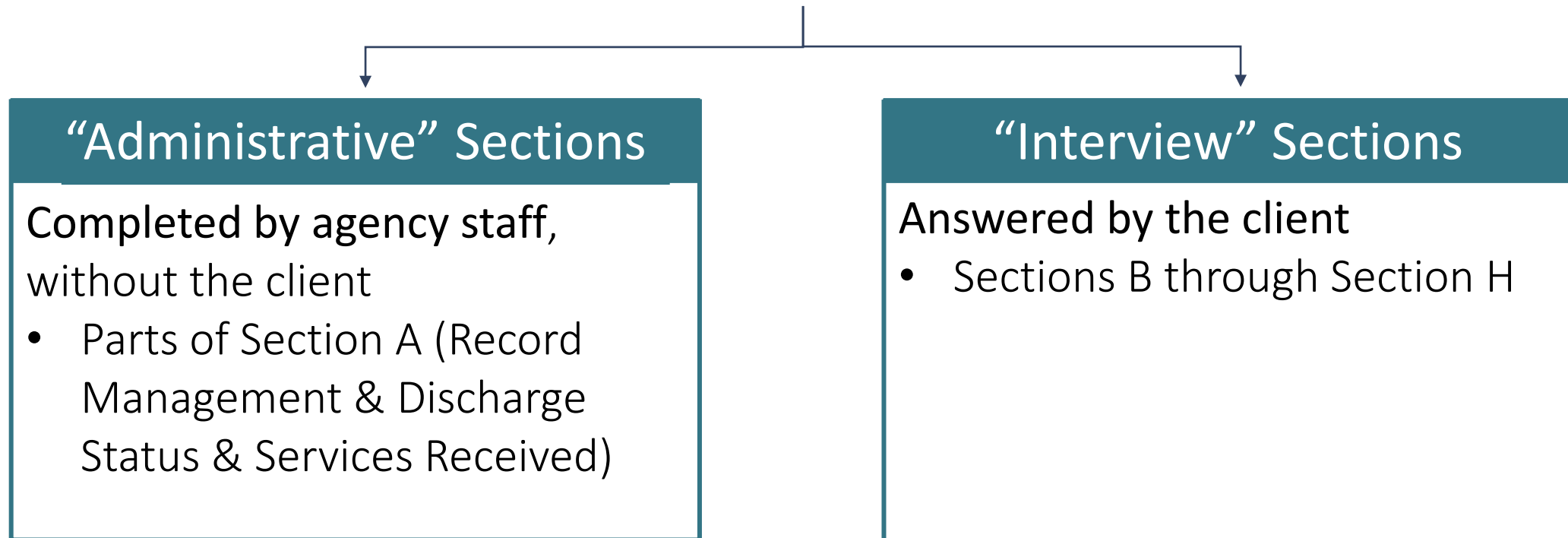
→

A. DISCHARGE STATUS & SERVICES RECEIVED

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

1. **What type of discharge is this?**
   ○ Interview (Already conducting or conducting now)
   ○ Administrative (No interview conducted)

Administrative Discharge GPRA

Selecting this option indicates you are completing an administrative discharge GPRA

→

A. DISCHARGE STATUS & SERVICES RECEIVED

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

1. **What type of discharge is this?**
   ○ Interview (Already conducting or conducting now)
   ○ Administrative (No interview conducted)

Discharge GPRA Components

- The Discharge GPRA has 8 "sections"
- Each section is either an Administrative or Interview section:

"Administrative" Sections

Completed by agency staff, without the client
- Parts of Section A (Record Management & Discharge Status & Services Received)

"Interview" Sections

Answered by the client
- Sections B through Section H

Discharge GPRA Sections

Section and Topic	Type
Section A	
• Record Management	Administrative
• Discharge Status & Services Received	Administrative
Section B – Substance Use & Mental Health History	Interview
Section C – Living Conditions	Interview

Section and Topic	Type
Section D – Education, Employment, Income	Interview
Section E – Legal	Interview
Section F -- Mental & Physical Health Problems & Treatment/Recovery	Interview
Section G – Social Connectedness	Interview
Section H – Program-Specific Questions	Interview

Key Questions for Discharge GPRAs

- Type of Discharge: Interview vs. Administrative

- Date of discharge

- Discharge Status (completion vs. termination and reason)

- HIV Testing & Referral

- Provision of naloxone or fentanyl test strips

- COVID-19 vaccination status

A. DISCHARGE STATUS & SERVICES RECEIVED

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

1. **What type of discharge is this?**
   - ○ Interview (Already conducting or conducting now)
   - ○ Administrative (No interview conducted)

2. **On what date was the client discharged?**
   |____|____| / |____|____| / |____|____|____|____|
     MONTH   DAY   YEAR

3. **What is the client's discharge status?**
   - ○ Completion/Graduate *[SKIP TO Q4]*
   - ○ Termination *[GO TO Q3A]*

   3a. **If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]**
   - ○ Left on own against staff advice with satisfactory progress
   - ○ Left on own against staff advice without satisfactory progress
   - ○ Involuntarily discharged due to nonparticipation
   - ○ Involuntarily discharged due to violation of rules
   - ○ Referred to another program or other services with satisfactory progress
   - ○ Referred to another program or other services with unsatisfactory progress
   - ○ Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
   - ○ Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
   - ○ Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
   - ○ Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
   - ○ Transferred to another facility for health reasons
   - ○ Death
   - ○ Other (Specify) _____
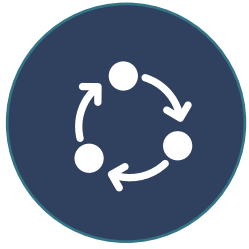
Key Questions for Discharge GPRAs

- Services Received (Modalities)
  - # Days
  - # Sessions

SERVICES RECEIVED UNDER GRANT FUNDING [*Reported by program staff at discharge.*]

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery.

Modality	Days
1. Case Management	
2. Intensive Outpatient Treatment	
3. Inpatient/Hospital (Other Than Withdrawal Management)	
4. Outpatient Therapy	
5. Outreach	
6. Medication	
a. Methadone	
b. Buprenorphine	
c. Naltrexone – Short Acting	
d. Naltrexone – Long Acting (report 28 days for each one injection)	
e. Disulfiram	
f. Acamprosate	
g. Nicotine Replacement	
h. Bupropion	
i. Varenicline	
7. Residential/Rehabilitation	
8. Withdrawal Management (Select Only 1)	
a. Hospital Inpatient	
b. Free Standing Residential	
c. Ambulatory Detoxification	
9. After Care	
10. Recovery Support	
11. Other (Specify)_____	

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery.

| Treatment Services	Sessions
1. Screening	
2. Brief Intervention	
3. Brief Treatment	
4. Referral to Treatment	
5. Assessment	
6. Treatment Planning	
7. Recovery Planning	
8. Individual Counseling	
9. Group Counseling	
10. Contingency Management	
11. Community Reinforcement	
12. Cognitive Behavioral Therapy	
13. Family/Marriage Counseling	
14. Co-Occurring Treatment Services	
15. Pharmacological Interventions	
16. HIV/AIDS Counseling	
17. Cultural Interventions/Activities	
18. Other Clinical Services (Specify)_____	

Case Management Services	Sessions
1. Family Services (e.g. Marriage Education, Parenting, Child Development)	
2. Child Care	
3. Employment Service	
a. Pre-Employment	
b. Employment Coaching	
4. Individual Services Coordination	
5. Transportation	
6. HIV/AIDS Services & Counseling	
7. Transitional Drug-Free Housing Services	
8. Housing Support	
9. Health Insurance Enrollment	
10. Other Services (Specify)_____	

Medical Services	Sessions
1. Medical Care	
2. Alcohol/Drug Testing	
3. OB/GYN Services	
4. HIV/AIDS Medical Support & Testing	
5. Hepatitis Medical Support & Testing	
6. Other STI Support & Testing	
7. Dental Care	
8. Other Medical Services (Specify)_____	

After Care Services	Sessions
1. Continuing Care	
2. Relapse Prevention	
3. Recovery Coaching	
4. Self-Help and Mutual Support Groups	
5. Spiritual Support	
6. Other Services (Specify)_____	

Education Services	Sessions
1. Substance Misuse Education	
2. HIV/AIDS Education	
3. Hepatitis Education	
4. Other STI Education Services	
5. Naloxone Training	
6. Fentanyl Test Strip Training	
7. Other Services (Specify)_____	

Recovery Support Services	Sessions
1. Peer Coaching or Mentoring	
2. Vocational Services	
3. Recovery Housing	
4. Recovery Planning	
5. Case Management Services to Specifically Support Recovery	
6. Alcohol- and Drug-Free Social Activities	
7. Information and Referral	
8. Other Recovery Support Services (Specify)	
9. Other Peer-to-Peer Recovery Support Services (Specify)	
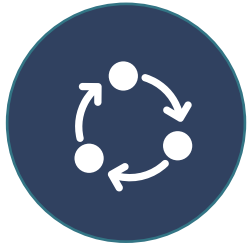
Key Questions for Discharge GPRAs

- Planned services attendance rate

- Telehealth or virtual sessions

- Diagnosis status and interventions for Opioid, Alcohol, Stimulant, and Tobacco Use Disorders

DISCHARGE STATUS & SERVICES RECEIVED, cont'd.

8. **Has this client attended 60% or more of their planned services?**
   - ○ Yes
   - ○ No

9. **Did this client receive any services via telehealth or a virtual platform?**
   - ○ Yes
   - ○ No

10. **Has this client previously been diagnosed with an opioid use disorder?**
    - ○ Yes
    - ○ No *[SKIP to Q11]*

    10a. *[IF YES]* **In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder?** *[CHECK ALL THAT APPLY.]*
    - ○ Methadone   *[IF RECEIVED]* Specify how many days received |___|___|
    - ○ Buprenorphine   *[IF RECEIVED]* Specify how many days received |___|___|
    - ○ Naltrexone   *[IF RECEIVED]* Specify how many days received |___|___|
    - ○ Extended–release Naltrexone   *[IF RECEIVED]* Specify how many doses received |___|___|
    - ○ Client did not receive an FDA-approved medication for a diagnosed opioid use disorder *[SKIP TO QUESTION 11]*

    10b. *[IF RECEIVED ONE OF THE MEDICATIONS ABOVE]* **Has this client taken the medication as prescribed?**
    - ○ Yes
    - ○ No

Follow-up/Discharge GPRA Interview Questions

Please open the paper version of the Intake GPRA on the SOR website for the next section of the training:
www.VirginiaSORSupport.org

Follow-up & Discharge Interview Questions

Section and Topic	Type
~~Section A~~	
~~• Record Management~~	~~Administrative~~
~~• Discharge Status & Services Received~~	~~Administrative~~
Section B – Substance Use & Mental Health History	Interview
Section C – Living Conditions	Interview
Section D – Education, Employment, Income	Interview

Section and Topic	Type
Section E – Legal	Interview
Section F – Mental & Physical Health Problems & Treatment/Recovery	Interview
Section G – Social Connectedness	Interview
Section H – Program-Specific Questions	Interview

Interview Questions Highlights
Section B: Substance Use & Mental Health History

- 30-Day substance use and route

- Client lists on their own; if unsure, ok to read.

- Choose the Route: if more than one, select the highest number choice

1. **During the past 30 days, how many days have you used any substance, and how do you take the substance?**

○ REFUSED

	Number of Days Used	Route		
		1. Oral	**2.** Intranasal	**3.** Vaping
		4. Smoking	**5.** Non-IV Injection	**6.** Intravenous (IV) Injection
			0. Other	
Alcohol				
Alcohol	|__|__|__|		|__|	
Other (Specify)	|__|__|__|		|__|	
Opioids				
Heroin	|__|__|__|		|__|	
Morphine	|__|__|__|		|__|	
Fentanyl (Prescription Diversion Or Illicit Source)	|__|__|__|		|__|	
Dilaudid	|__|__|__|		|__|	

Interview Questions Highlights

Section B: Substance Use & Mental Health History

- Self-reported substance use disorders and interventions/ medications

- Overdose, interventions, and treatment

2. Have you been diagnosed with an <u>alcohol</u> use disorder, if so which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? *[CHECK ALL THAT APPLY.]*
   - ○ Naltrexone   *[IF RECEIVED]* Specify how many days received |___|___|
   - ○ Extended–release Naltrexone   *[IF RECEIVED]* Specify how many doses received |___|___|
   - ○ Disulfiram   *[IF RECEIVED]* Specify how many days received |___|___|
   - ○ Acamprosate   *[IF RECEIVED]* Specify how many days received |___|___|
   - ○ DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED ALCOHOL USE DISORDER
   - ○ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS

6. In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?
   - ○ Yes   *[IF YES, SPECIFY BELOW, IN QUESTION 7]*
   - ○ No   *[IF NO, MOVE TO QUESTION 8]*
   - ○ REFUSED   *[MOVE TO QUESTION 8]*

7. *[IF YES TO #6]* In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one.
   - ○ Naloxone (Narcan)
   - ○ Care in an Emergency Department
   - ○ Care from a Primary Care Provider
   - ○ Admission to a hospital
   - ○ Supervision by someone else
   - ○ Other (Specify) _____
   - ○ REFUSED

8. Not including this current episode, how many times in your life have you been treated at an inpatient or outpatient facility for a substance use disorder?
   - ○ One time
   - ○ Two times
   - ○ Three times
   - ○ Four times
   - ○ Five times
   - ○ Six or more times
   - ○ Never   *[SKIP TO QUESTION 10]*
   - ○ REFUSED   *[SKIP TO QUESTION 10]*

Interview Questions Highlights

Section B: Substance Use & Mental Health History

- Self-reported mental health illness diagnoses

10. Have you ever been diagnosed with a mental health illness by a health care professional?
- ○ Yes   [CONTINUE TO QUESTION 10A]
- ○ No   [SKIP TO SECTION C. LIVING CONDITIONS]
- ○ REFUSED   [SKIP TO SECTION C. LIVING CONDITIONS]

10a. [IF YES] PLEASE ASK THE CLIENT TO SELF-REPORT THEIR MENTAL HEALTH ILLNESSES AS LISTED IN THE TABLE BELOW. THE CLIENT SHOULD BE ENCOURAGED TO REPORT THEIR OWN MENTAL HEALTH ILLNESSES BUT IF PREFERRED, THE LIST CAN BE READ TO THE CLIENT. PLEASE INDICATE ALL THAT APPLY.

	SELF-REPORTED
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	
Brief psychotic disorder	○
Delusional disorder	○
Schizoaffective disorders	○
Schizophrenia	○
Schizotypal disorder	○
Shared psychotic disorder	○
Unspecified psychosis	○
Mood [affective] disorders	
Bipolar disorder	○
Major depressive disorder, recurrent	○
Major depressive disorder, single episode	○
Manic episode	○
Persistent mood [affective] disorders	○
Unspecified mood [affective] disorder	○
Phobic Anxiety and Other Anxiety Disorders	
Agoraphobia without panic disorder	○
Agoraphobia with panic disorder	○
Agoraphobia, unspecified	○
Generalized anxiety disorder	○
Panic disorder	○

Interview Questions Highlights
Section C: Living Conditions

- Where client lives and living with others who use substances

- Satisfaction with living conditions

- Stress, mental health impacts of substances

C. LIVING CONDITIONS

I'd like to ask you some questions about where you have been living lately. Your answers to these questions are confidential and you may choose to skip any questions you do not want to answer.

1. **In the past 30 days, where have you been living most of the time?**
   [DO NOT READ RESPONSE OPTIONS TO CLIENT, SELECT ONLY ONE]
   [15 OR MORE DAYS IS CONSIDERED MOST OF THE TIME.]

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

2. **Do you currently live with any person who, over the past 30 days, has regularly used alcohol or other substances?**
   - ○ Yes
   - ○ No
   - ○ No, lives alone
   - ○ REFUSED

Interview Questions Highlights
Section D: Education, Employment, and Income

- School/Job Training Enrollment

- Level Of Education Completed

- Employment Status

- Income Level

- Ability To Cover Living Expenses

- Access To Transportation

D. EDUCATION, EMPLOYMENT, AND INCOME

Now I have some questions about your education, your employment status, and your income. Your answers are confidential and you may choose to skip any questions you do not want to answer.

1. Are you currently enrolled in school or a job training program? *[IF ENROLLED]* Is that full time or part time? *[IF INCARCERATED, SELECT 'NOT ENROLLED']*
   - ○ NOT ENROLLED
   - ○ ENROLLED, FULL TIME
   - ○ ENROLLED, PART TIME
   - ○ REFUSED

2. What is the highest level of education you have finished, whether or not you received a degree?
   - ○ LESS THAN 12TH GRADE
   - ○ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
   - ○ VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
   - ○ SOME COLLEGE OR UNIVERSITY
   - ○ BACHELOR'S DEGREE (FOR EXAMPLE: BA, BS)
   - ○ GRADUATE WORK/GRADUATE DEGREE
   - ○ OTHER (SPECIFY)_____
   - ○ REFUSED

Interview Questions Highlights

Section E: Legal

- Number Of Arrests

- Charges, Trial, Sentencing Status

- Parole/Probation Status

- Drug Court Program Participation & Deferred Prosecution Agreements

E. LEGAL

Now I have some questions about whether you've been arrested recently or have a case pending. I want to remind you that your answers to these questions will not impact your legal standing. You may choose to skip any questions you do not want to answer.

1. In the past 30 days, how many times have you been arrested? *[IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS, BUT IS INCARCERATED AT THE TIME OF THE INTERVIEW, MARK CURRENTLY INCARCERATED]*

   |_____| TIMES   ○ REFUSED   ○ Currently Incarcerated

2. Are you currently awaiting charges, trial, or sentencing?
   - ○ Yes
   - ○ No
   - ○ REFUSED

3. Are you currently on parole or probation or intensive pretrial supervision?
   - ○ Probation
   - ○ Parole
   - ○ Intensive Pretrial Supervision
   - ○ No
   - ○ REFUSED

4. Do you currently participate in a drug court program or are you in a deferred prosecution agreement?
   - ○ Drug court program
   - ○ Deferred prosecution agreement
   - ○ No, neither of these
   - ○ REFUSED

- Quality Of Life

- Satisfaction With Overall Health & Ability To Perform Daily Tasks

- Mental/Emotional Challenges

- Medical Care

- Health Insurance

3. How satisfied are you with your ability to perform your daily activities?
- O Very dissatisfied
- O Dissatisfied
- O Neither satisfied nor dissatisfied
- O Satisfied
- O Very satisfied
- O REFUSED

4. In the past 30 days, how many days have you: *[ENTER '0' IN DAYS IF THE CLIENT REPORTS THAT THEY HAVE NOT EXPERIENCED THE CONDITION. SELECT REFUSED FOR NO RESPONSE]:*

	Days	REFUSED
a. Experienced serious depression	|___|___|	O
b. Experienced serious anxiety or tension	|___|___|	O
c. Experienced hallucinations	|___|___|	O
d. Experienced trouble understanding, concentrating, or remembering	|___|___|	O
e. Experienced trouble controlling violent behavior	|___|___|	O
f. Attempted suicide	|___|___|	O
g. Been prescribed medication for a psychological/emotional problem	|___|___|	O

[IF CLIENT REPORTS 1 OR MORE DAY TO ANY QUESTION IN #4, PLEASE ENSURE THAT THEY ARE SEEN BY A LICENSED PROFESSIONAL AS SOON AS POSSIBLE.]

Interview Questions Highlights
Section G: Social Connectedness

- Types of recovery group attendance

- Supportive interactions with family/friends

- Satisfaction with personal relationships

G. SOCIAL CONNECTEDNESS

Next, we'll talk through some questions about social connectedness. Please remember your answers to these questions are confidential and you may choose to skip any questions you do not want to answer.

1. In the past 30 days, did you attend any voluntary mutual support groups for recovery? In other words, did you participate in a non-professional, peer-operated organization that assists individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Women for Sobriety, religious/faith-affiliated recovery mutual support groups, etc.? Attendance could have been in person or virtual.
   - ○ Yes
   - ○ No
   - ○ REFUSED

   1a. [If Yes] Specify How Many Times: |___|___|___| ○ REFUSED

2. In the past 30 days, did you have interactions with family and/or friends that are supportive of your recovery?
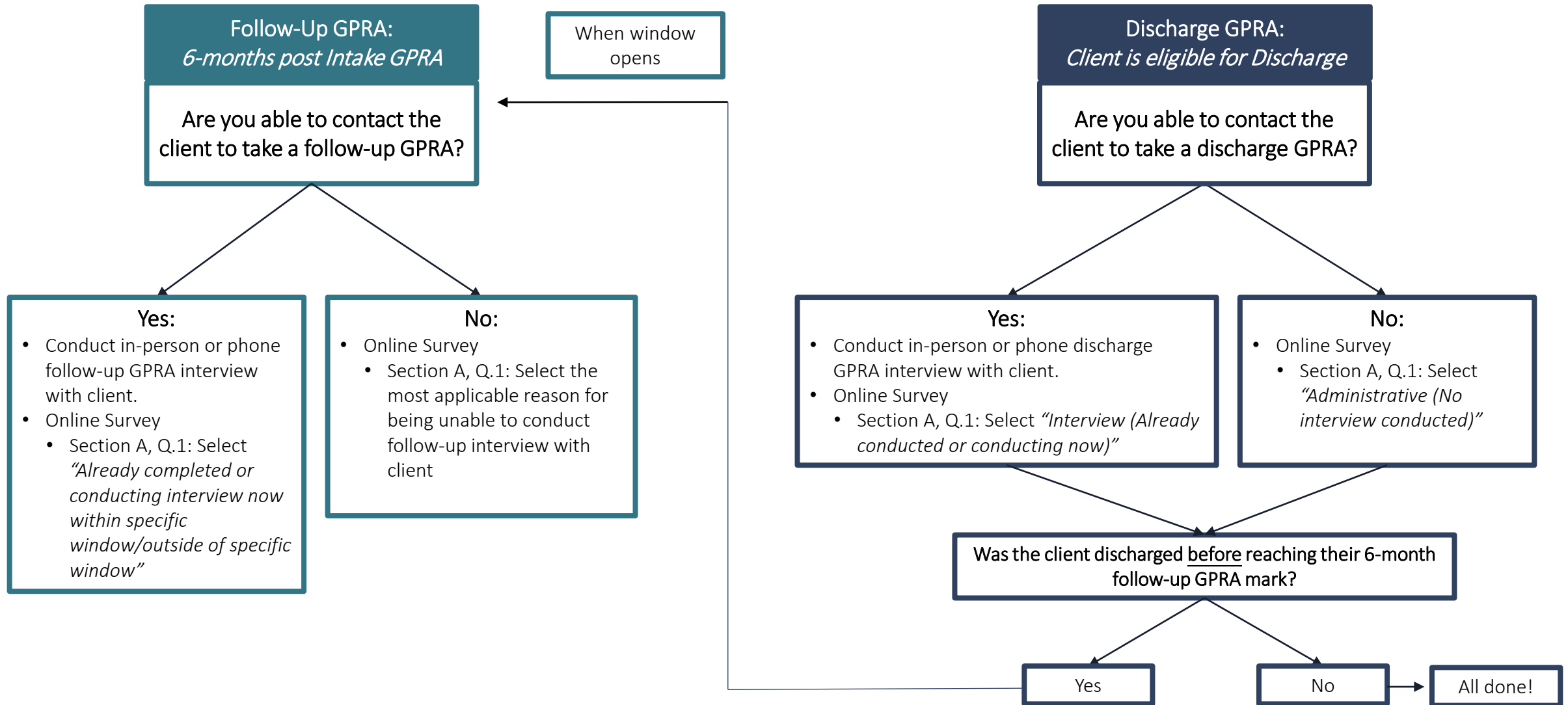   - ○ Yes
   - ○ No
   - ○ REFUSED

Interview Questions Highlights

- BARC-10

- Peer-Supporter Involvement

H. PROGRAM-SPECIFIC QUESTIONS

Finally, I will ask you a handful of program-specific questions, including a brief assessment of recovery capital (BARC-10) and questions about any work you've done with a peer supporter. Your answers to these questions are confidential and you may choose to skip any questions you do not want to answer.

1. BRIEF ASSESSMENT OF RECOVERY CAPITAL (BARC-10)

[CHECK ANSWER IN APPROPRIATE COLUMN FOR EACH STATEMENT]

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree	RF
1a. There are more important things to me in life than using substances	○	○	○	○	○	○	○
1b. In general I am happy with my life	○	○	○	○	○	○	○
1c. I have enough energy to complete the tasks I set for myself	○	○	○	○	○	○	○
1d. I am proud of the community I live in and feel a part of it	○	○	○	○	○	○	○

Follow-up/Discharge GPRA Administration

Follow-Up & Discharge Flowchart

Follow-Up GPRA:
6-months post Intake GPRA

Are you able to contact the client to take a follow-up GPRA?

Yes:
- Conduct in-person or phone follow-up GPRA interview with client.
- Online Survey
  - Section A, Q.1: Select *"Already completed or conducting interview now within specific window/outside of specific window"*

No:
- Online Survey
  - Section A, Q.1: Select the most applicable reason for being unable to conduct follow-up interview with client

Follow-Up & Discharge Flowchart

Follow-Up GPRA:
6-months post Intake GPRA

Are you able to contact the client to take a follow-up GPRA?

When window opens

Discharge GPRA:
Client is eligible for Discharge

Are you able to contact the client to take a discharge GPRA?

Yes:
- Conduct in-person or phone follow-up GPRA interview with client.
- Online Survey
  - Section A, Q.1: Select *"Already completed or conducting interview now within specific window/outside of specific window"*

No:
- Online Survey
  - Section A, Q.1: Select the most applicable reason for being unable to conduct follow-up interview with client

Yes:
- Conduct in-person or phone discharge GPRA interview with client.
- Online Survey
  - Section A, Q.1: Select *"Interview (Already conducted or conducting now)"*

No:
- Online Survey
  - Section A, Q.1: Select *"Administrative (No interview conducted)"*

Was the client discharged <u>before</u> reaching their 6-month follow-up GPRA mark?

Yes

No

All done!

When Discharge and Follow-Up Occur Together

- If a client is due for a discharge and 6-month follow-up GPRA interview **within 10 days** of each other, GPRA responses **may be saved from the first GPRA** and used to enter the second GPRA

- However, administrative questions unique to either the Follow-up or Discharge GPRA will need to be answered anew

- Download GPRA responses after survey is complete

- Reach out to SORSupport@omni.org for a **copy of previous GPRA** responses

Client Engagement

Tips and Strategies

Virginia State Opioid Response-III (SOR-III)

GPRA (Government Performance and Results Act) Survey

Follow-Up & Discharge Survey

Revised Version Launched January 21, 2023

This survey was compiled by OMNI Institute based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs.

It is designed for use by the Virginia subrecipients who are providing treatment and recovery services funded by the SOR grant.

For more information or questions, please contact the OMNI SOR support team at SORSupport@omni.org

OMNI

Two biggest hurdles to completing follow up and discharge surveys (anecdotally):

- Maintaining client contact

- Client engagement

Tips for Maintaining Client Contact

- First, capture **accurate contact information** at intake
  - Can be done using the **Client Locator Form**, on the SORSupport website
- Then, **update or confirm this information at each time you see them**. This can also serve as a reminder about the follow and discharge surveys.

Client Locator Form Content

- Name, nicknames, aliases
- Date of birth
- Phone number
- Email address
- Physical address
- Work phone number

Additional Contacts:
- Friends, family, sponsor, mentor, counselor, peer
- Caseworker, doctor, community clinic, religious community
- Probation or parole officer

Permission to mention treatment and survey

Client Engagement Sheet

? What is the GPRA?

? Why have I been asked to complete a GPRA survey?

? Who completes the GPRA?

? What will I be asked to do?

? Why do a follow-up GPRA?

About the GPRA Survey

What is the GPRA?

GPRA stands for *Government Performance & Results Act* and is a survey used to collect information on:

- Substance use history
- Mental health and physical needs
- Relationships and family support
- Living Conditions
- Education and employment
- Recovery Support Structure

Why have I been asked to complete a GPRA survey?

Virginia has received a **federal grant** to support individuals receiving substance use services. One requirement of this grant is to complete GPRA surveys over the course of services. This will **help Virginia to continue to receive funding** to provide services for those in need.

- The data collected informs **future work** in the field
- The data collected informs **service delivery**

Gift Cards & Contingency Management

Gift Cards	Contingency Management
• Clients can receive a $30 gift card at the Follow-Up GPRA • Purchased with SOR Grant funds. • Gift cards are budgeted for, purchased, managed, and distributed completely by CSBs and agencies	• Clients can receive $75 per year, in $15 increments • Can be given at any time, per your agency policies
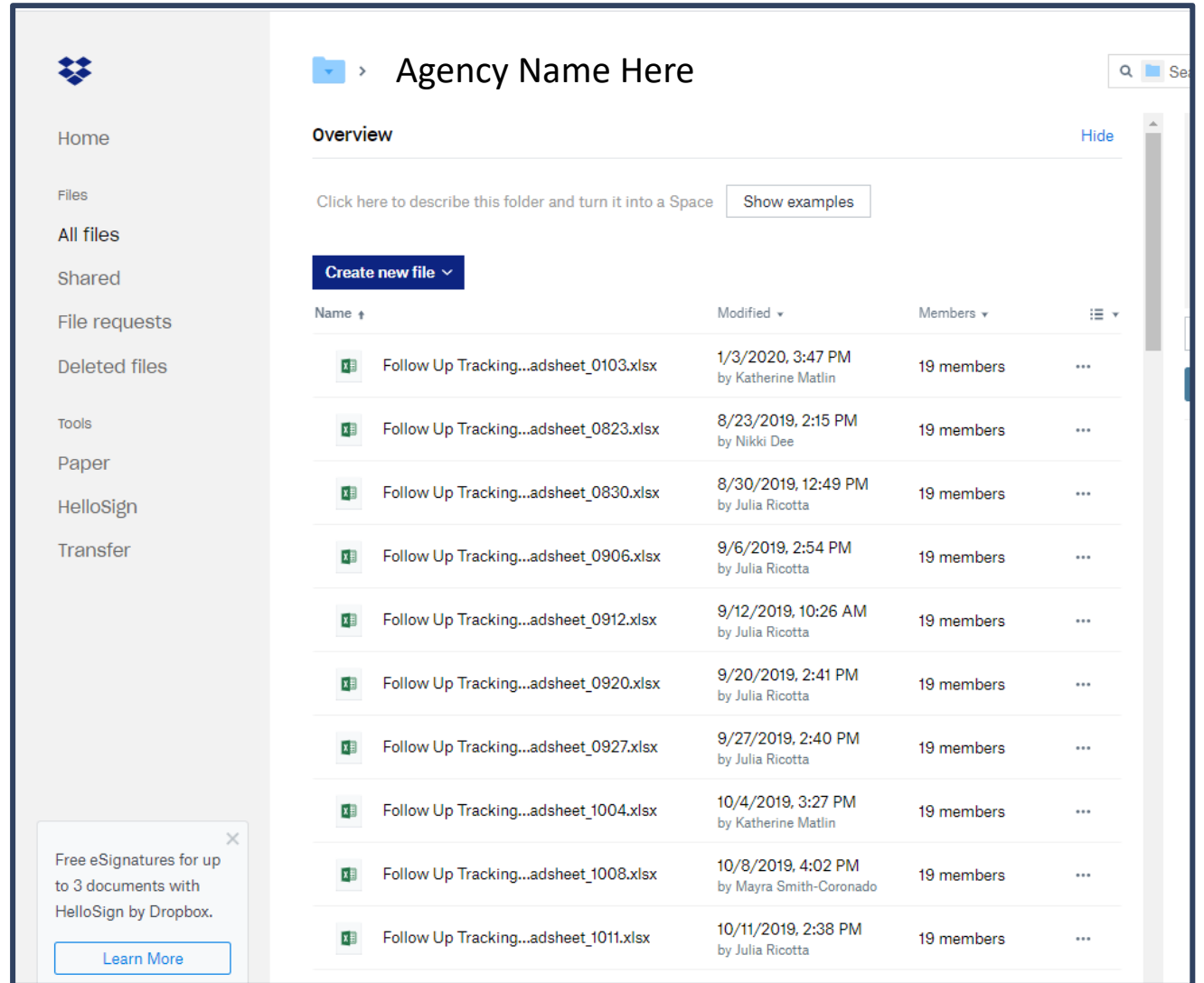
Justice: Justice-Involved Clients cannot receive gift cards or contingency management funds while in the justice-setting.

GPRA Data & Tracking Support

Tracking Sheet

How do I track all of this?

Dropbox!

Dropbox

CSB Specific Dropbox Folders

The SOR Support Team at OMNI uses Dropbox folders to share with each CSB information including:

1. Follow-up & discharge tracking with open window dates and completions of each timepoint for clients (see: Weekly Tracking Sheet Overview)

2. GPRA completion rates

3. Secured data-related communications (when necessary)

For more information on understanding and using the data in your CSB's Dropbox folder, please see the below community forum recording and slides:

- Understanding & Using Data Community Forum Recording (April 2022)

- Understanding & Using Data Community Forum Slides (April 2022)

CSB DROPBOX RESOURCE:

Please click here to view a resource with guidance on accessing and setting up your CSB's Dropbox folder!

Tracking Sheet

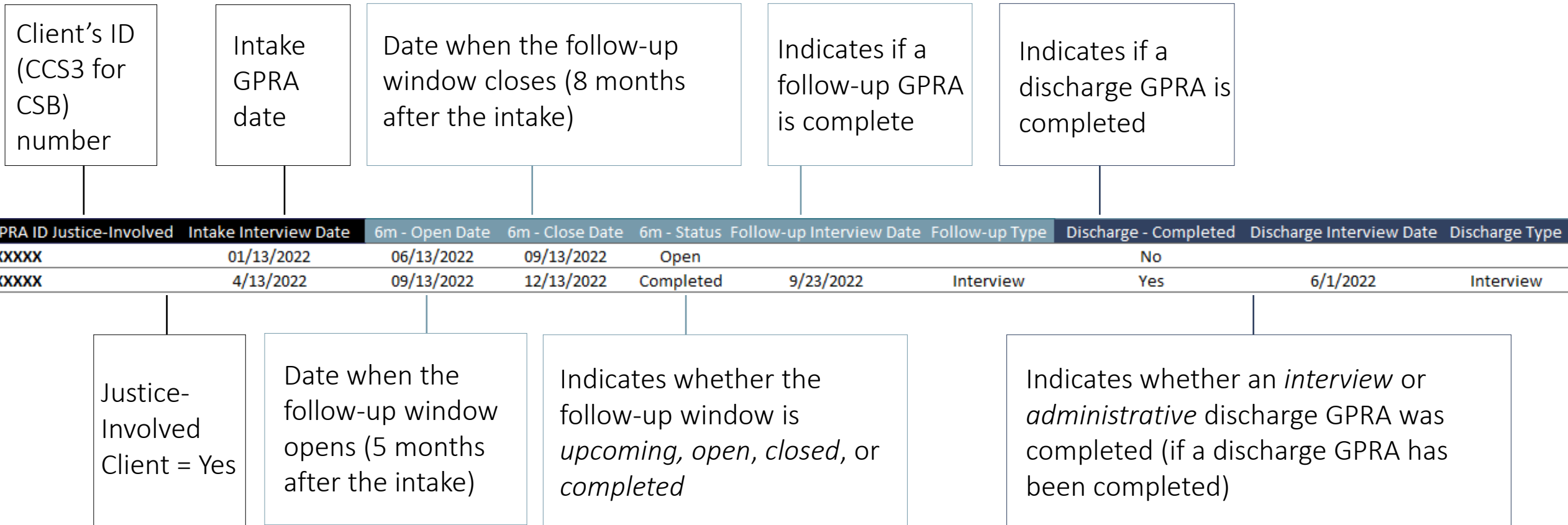Example of the important information in the tracking sheet's header:

Site Name: CSB		Number of clients with open windows: 2	
Sheet Updated: May 1, 2023		Number of clients with windows closing in next two weeks: 2	
SOR 3 Year 1 Intakes Completed To-Date: 30			
SOR 3 Year 1 Intake Target: 50			
SOR 3 Year 1 Months Remaining: 5			

Site information, tracking sheet date, and intake information to-date

Follow-up alerts

Tracking Sheet

What other information is in the tracking sheets?

| Client's ID (CCS3 for CSB) number | Intake GPRA date | Date when the follow-up window closes (8 months after the intake) | Indicates if a follow-up GPRA is complete | Indicates if a discharge GPRA is completed |

GPRA ID	Justice-Involved	Intake Interview Date	6m - Open Date	6m - Close Date	6m - Status	Follow-up Interview Date	Follow-up Type	Discharge - Completed	Discharge Interview Date	Discharge Type
XXXXX		01/13/2022	06/13/2022	09/13/2022	Open			No		
XXXXX		4/13/2022	09/13/2022	12/13/2022	Completed	9/23/2022	Interview	Yes	6/1/2022	Interview

| Justice-Involved Client = Yes | Date when the follow-up window opens (5 months after the intake) | Indicates whether the follow-up window is *upcoming, open, closed,* or *completed* | Indicates whether an *interview* or *administrative* discharge GPRA was completed (if a discharge GPRA has been completed) |

Progress Reports

Monthly GPRA Progress Report: CSB/Agency Name

This report is a summary of CSB/Agency's completed SOR III Intake GPRAs from October 01, 2022 to December 31, 2022.

Follow-Ups and Discharges

Total Follow-Ups: 58

Total Discharges: 20

Of the 83 clients whose follow-up (FU) windows have closed as of September 06, 2022, the number of follow-ups is:
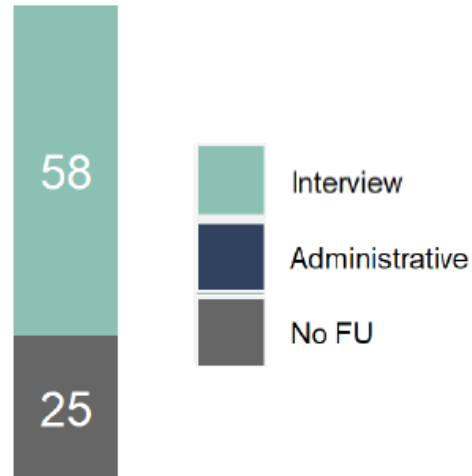
Follow-Up Rate:

SAMHSA requires an 80% follow-up rate. Only "Interview" follow-up GPRAs count towards this rate, whereas "Administrative" follow-up GPRAs do not count.

Follow-Up Rates*:

○ Agency : 66%

○ Virginia: 44.5%

*% of interview follow-ups completed during the follow-up window out of all follow-ups that should be completed.

58 — Interview
— Administrative
25 — No FU

- Updated monthly

- Follow-Ups and Discharges section will list counts and follow-up rates

- Located in your Dropbox folders

GPRA Revisions & Retakes

If you need to delete or change something in a GPRA survey:

- Email SORSupport@omni.org an _encrypted_ email with the appropriate details of the deletion or submit a TA request (not including confidential info). The TA team will make the change within the data.

If you need to re-open a GPRA survey:

- Email SORSupport@omni.org with the appropriate details of the GPRA survey. The TA team will provide a link to re-open the GPRA survey.
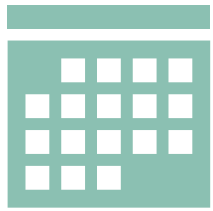
Next Steps & Questions

Next Steps

Review the SOR website and the resources available to you

Register for upcoming trainings or review prior trainings to support your use of the GPRA!

Keep in touch! The OMNI TA Team is here to support you! Reach out with any questions or needed support to SORSupport@omni.org.

Questions?

Thank You!

—

SORSupport@omni.org