



# SOR III Full Intake GPRA Training

January 2023



# Your OMNI Presenters

**Becca Ruiz** *(she/her)*



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# About OMNI

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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

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- Training Logistics & Objectives
- Technical Assistance Information
- Grant Overview
- GPRA Overview
- Tips for Administration
- Intake GPRA
- Client Engagement
- GPRA Data & Tracking Support
- Next Steps & Questions





# Training Logistics & Objectives



# Training Logistics

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Length: 2 hours



Post questions in the chat box



Format: Recorded presentation



Group norms

# Learning Objectives

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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 Intake GPRA with clients

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

A close-up photograph of a person's hand pointing at a laptop screen. The screen displays a video player with a play button and a tennis court diagram. The person is wearing a blue long-sleeved shirt. The laptop is silver and has a black keyboard. The background is blurred, showing a person in a green safety vest.

# Training and Technical Assistance



# OMNI's Role

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01

## GPR management and reporting

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



02

## Training and technical assistance on GPR

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



03

## Provide support and resources

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

# CSB/Agency Role

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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.

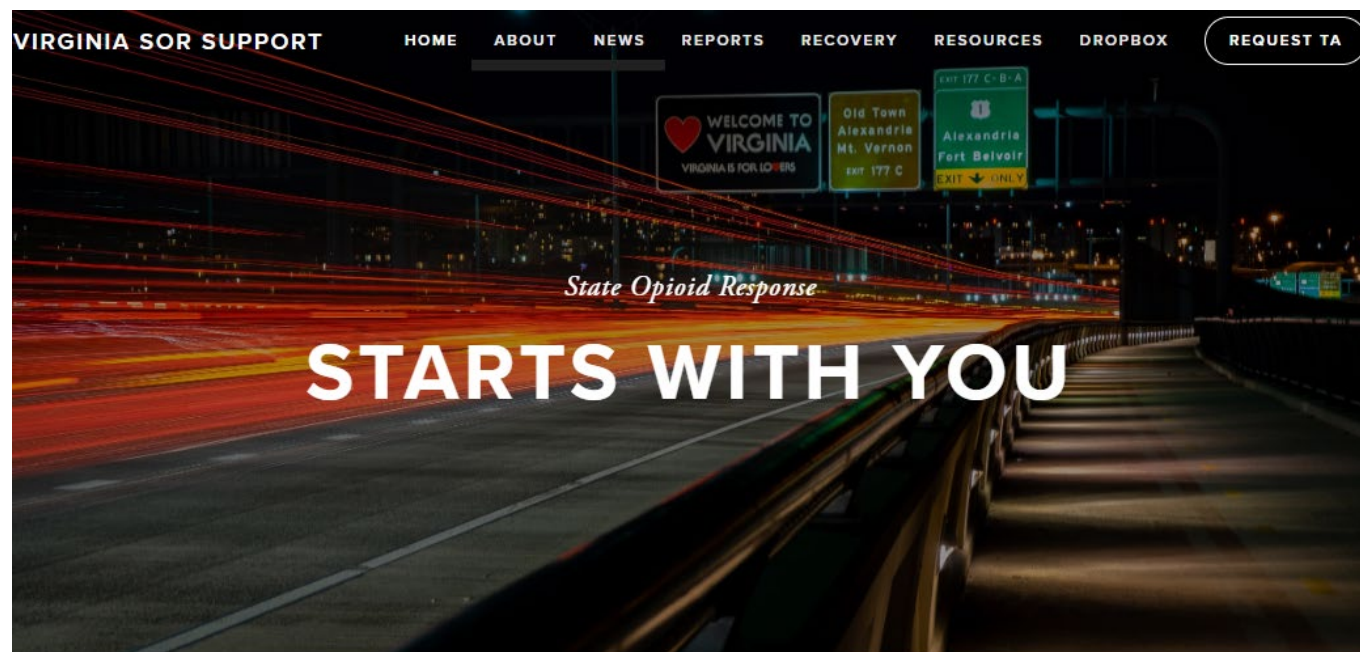


# SOR Website

Visit [VirginiaSORSupport.org](https://VirginiaSORSupport.org) for more information, including:

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

Email us at [SORSupport@omni.org](mailto:SORSupport@omni.org) with any questions or requests.



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.

# 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

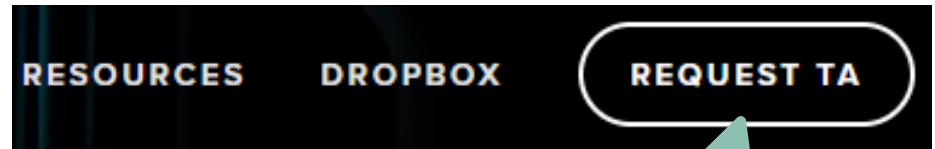
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Email: [SORSupport@omni.org](mailto:SORSupport@omni.org)



- TA requests
- GPRA questions
- Staff changes
- Anything!

**Encryption:** When emailing [SORSupport@omni.org](mailto: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.



# SOR III Communications

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## 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





# SOR Grant Overview

# Grant Overview

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Funds are awarded for opioid and stimulant use disorder treatment

DBHDS approves your plan and budget for the services you will fund

GPR data collection is required for individuals receiving services

OMNI is continuing to support evaluation of the SOR grant activities in collaboration with DBHDS

# SOR Grant Overview

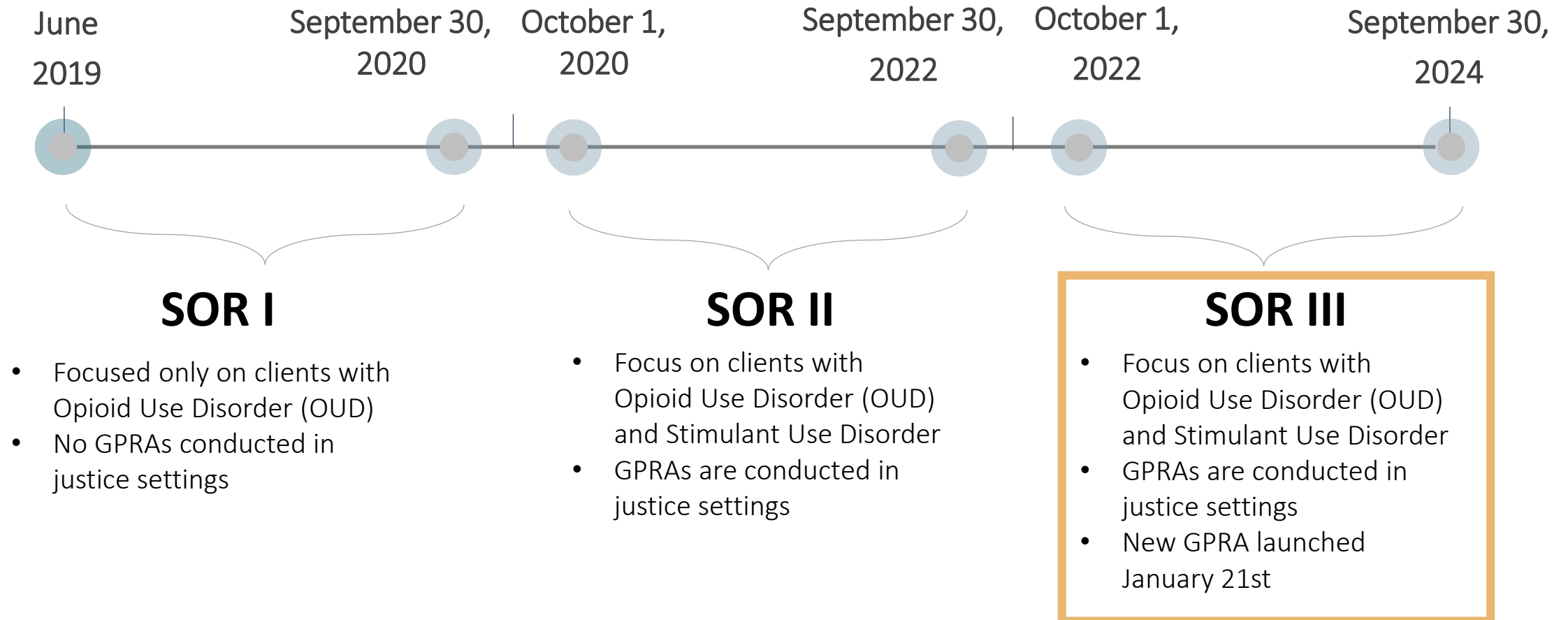
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## SOR Treatment Goals

- Implement strategies to **improve access** to treatment services.
- Provide a total of **3,000** people diagnosed with **Opioid Use Disorder or Stimulant Use Disorder** with **MAT** and other treatment **services** (across all CSBs).



# SOR Grant Timeline



# SOR Treatment Evaluation Outcomes

GPRA Data		Epidemiological Data
During grant period amongst treatment receivers		Beyond grant period across Virginia residents
Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> <li>• Treatment engagement</li> <li>• Successful completion of treatment</li> <li>• Successful discharge from treatment</li> <li>• Active participation in recovery services</li> </ul>	<ul style="list-style-type: none"> <li>• Substance use</li> <li>• Physical and mental health</li> <li>• Social connectedness</li> <li>• Education/employment status</li> <li>• Crimes, criminal justice status</li> <li>• Living conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Overdose rates</li> <li>• Criminal justice measures</li> <li>• Population-level substance use</li> </ul>

# SOR Prevention & Recovery

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## SOR Prevention

- Community capacity and coalitions
- REVIVE! (Naloxone) Trainings
- Supply Reduction: drug take-backs, permanent drop boxes, deactivation packets, lock boxes, smart pill bottles



## SOR Recovery

- Train & Certify More Peer-Recovery Specialists
- Connect Trained Peers to SOR Clients
- Place Peers in More Settings



# GPRA Overview





# What is the GPRA?

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Government  
Performance &  
Results Act



Law passed by  
Congress in  
1993 with a  
Modernization  
Act passed in  
2010



Federal mandate  
to analyze  
outcomes of all  
federally funded  
programs



SAMHSA's  
“approved  
measurement  
tool” for all  
grantees

# What is the GPRA?

**A. RECORD MANAGEMENT**  
[REPORTED BY PROGRAM STAFF. DO NOT INCLUDE IN CLIENT IDENTIFIER]

1. Client ID [UNIQUE CLIENT ID - CAN BE SAME AS CCS3 ID]

2. Interview Date Month / Day /

3. Date of Admission Month / Day /

4. Agency Name

5. Where was the client referred to?  
 Emergency Department  
 Criminal Justice/Courts  
 Social Services/Casework  
 Health care provider  
 Warmline  
 Peer Specialist  
 Family member  
 Self referral  
 Other, please specify

6. Was the question asked?

**Virginia State Opioid Response-III (SOR-III) GPRA (Government Performance and Results Act) Survey Intake 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](mailto:SORSupport@omni.org)

Last updated: November 30, 2022

**OMNI**

Virginia SOR-III Intake Survey

Page 1

## Survey and Administration Process:

- Collects individual-level information about clients
- Completed at intake, discharge, and 6 months after intake
- Multiple staff at your agency can conduct GPRA interviews and enter them online
- Data are provided back to your agency in an annual report (data files available upon request)



# Which clients should receive the GPRA?

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- All clients receiving SOR-funded services
- All clients receiving services from staff funded by the SOR Grant (includes telehealth services)
- ***Note:** Clients receiving services from SOR-funded staff do not necessarily have to have an Opioid Use Disorder or Stimulant Use Disorder diagnosis*

# SOR Justice-Involved Populations

Clients receiving SOR-funded services in *specialized programs in a justice setting* should complete a GPRA.

If your agency works with clients in a specialized justice setting program that are receiving services funded by SOR, please review the **Justice-Involved GPRA resources** on the SOR Support Website.

JUSTICE GPRA RESOURCE	<a href="#">Justice GPRA Resource</a> Guide to conducting the GPRA with justice-involved clients, including defining who Justice-Setting Clients are, special considerations, differences in the GPRA survey for this population, and a helpful FAQ on the topic.
DOC GPRA TRAINING	<a href="#">DOC GPRA Training Recording (April 2021)</a> <a href="#">DOC GPRA Training Slides (April 2021)</a>
JUSTICE GPRA TRAINING	<a href="#">Justice GPRA Training Recording (October 2020)</a> <a href="#">Justice GPRA Training Slides (October 2020)</a>

# When is the GPRA completed?

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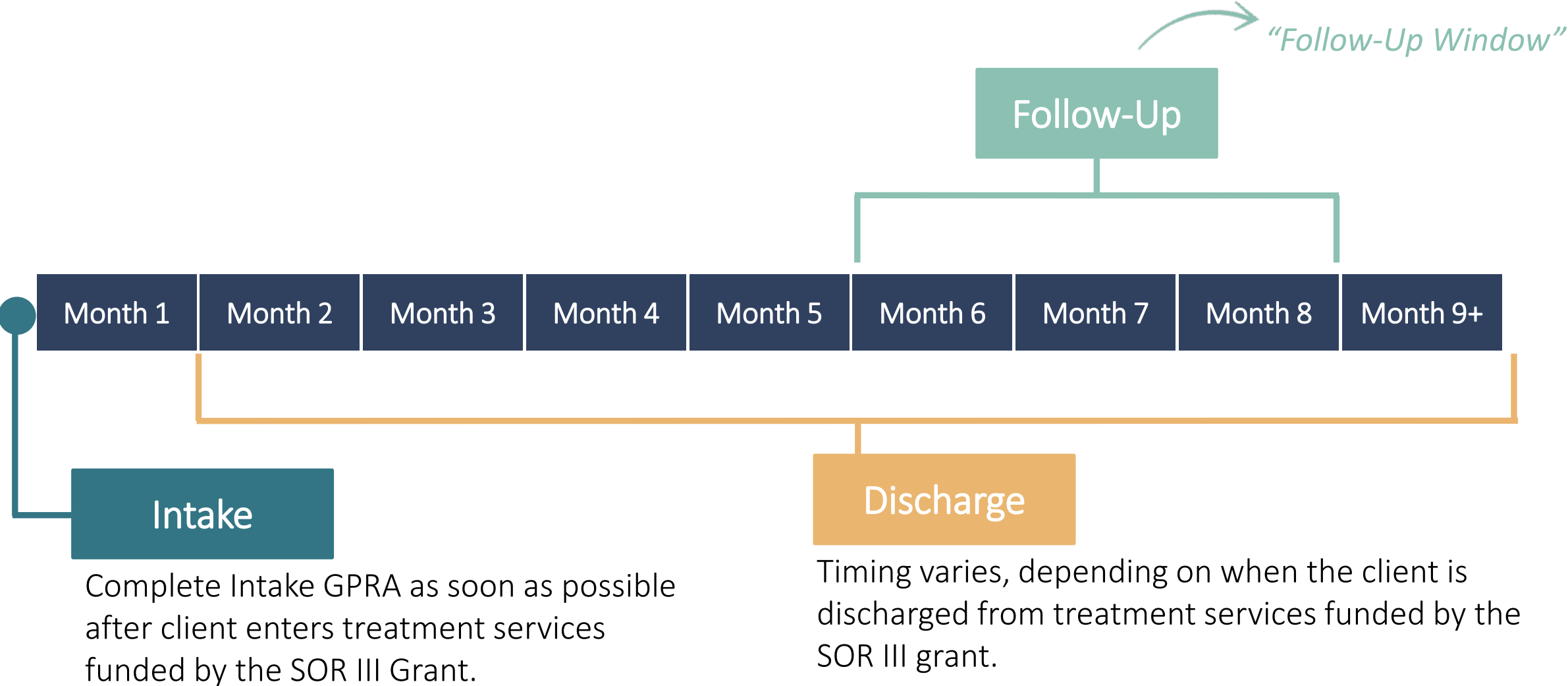
There are three GPRA surveys:

**Intake GPRA:**  
*GPRA survey at client intake*

**Follow-Up GPRA:**  
*GPRA survey 6 months after client intake*

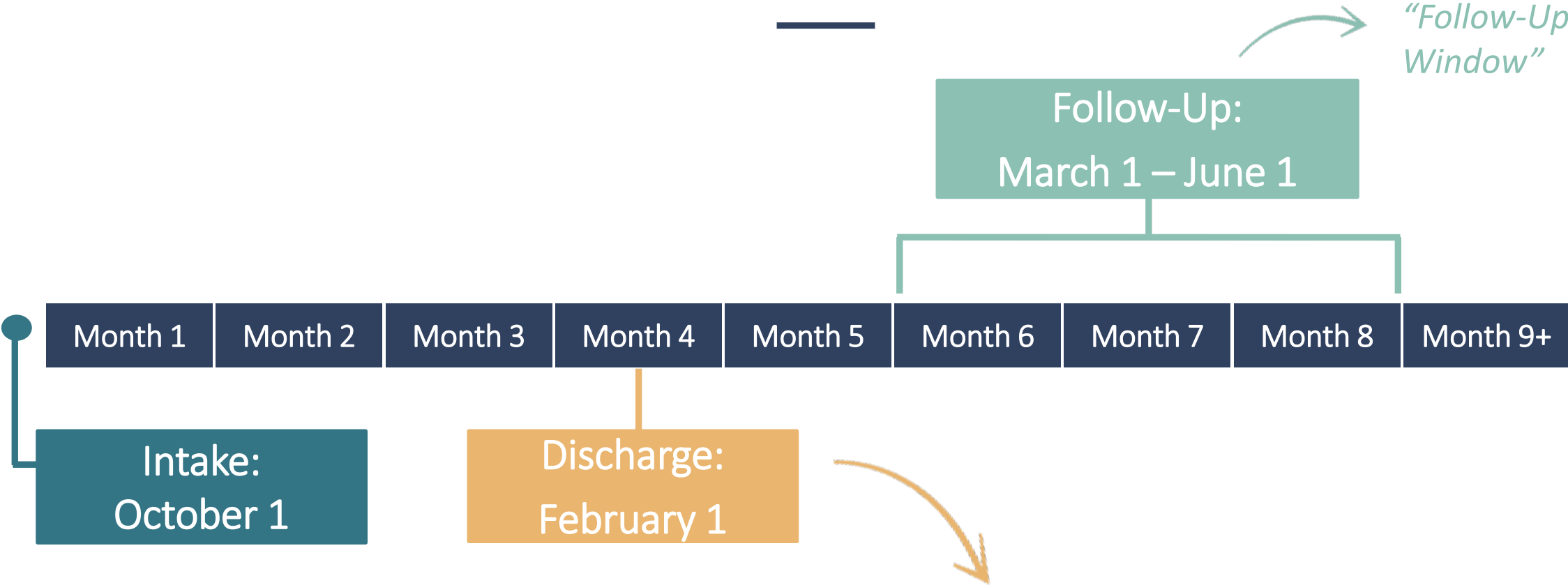
**Discharge GPRA:**  
*GPRA survey at client discharge*

# When is the GPRA completed?



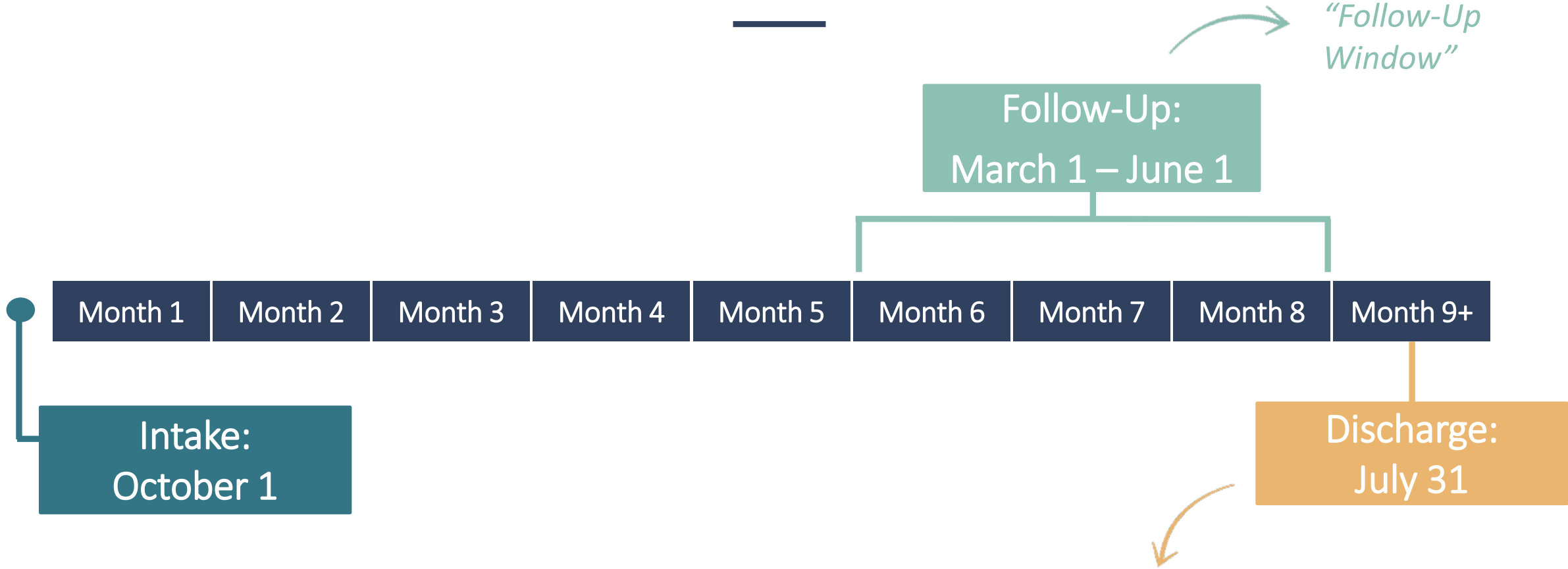


# Example 1



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

# Example 2



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

# How is the GPRA completed?

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## 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?

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## 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.



A group of three people are high-fiving in a modern office setting. The person on the left is a Black woman with curly hair, wearing a white long-sleeved shirt, smiling broadly. The person in the middle is a man wearing a brown jacket and large black headphones around his neck, also smiling. The person on the right is a man with glasses and a beard, wearing a blue and white checkered shirt, high-fiving the man in the middle. The background shows office equipment, including a grey overhead light fixture with a yellow light tube, and a blue wall with a QR code. A semi-transparent white banner is overlaid across the middle of the image, containing the text.

# **Tips for Administering the GPRA**



# Tips for Administering the GPRA

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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.



# Administering the GPRA

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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

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## 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

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Question



Question definition & instructions

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



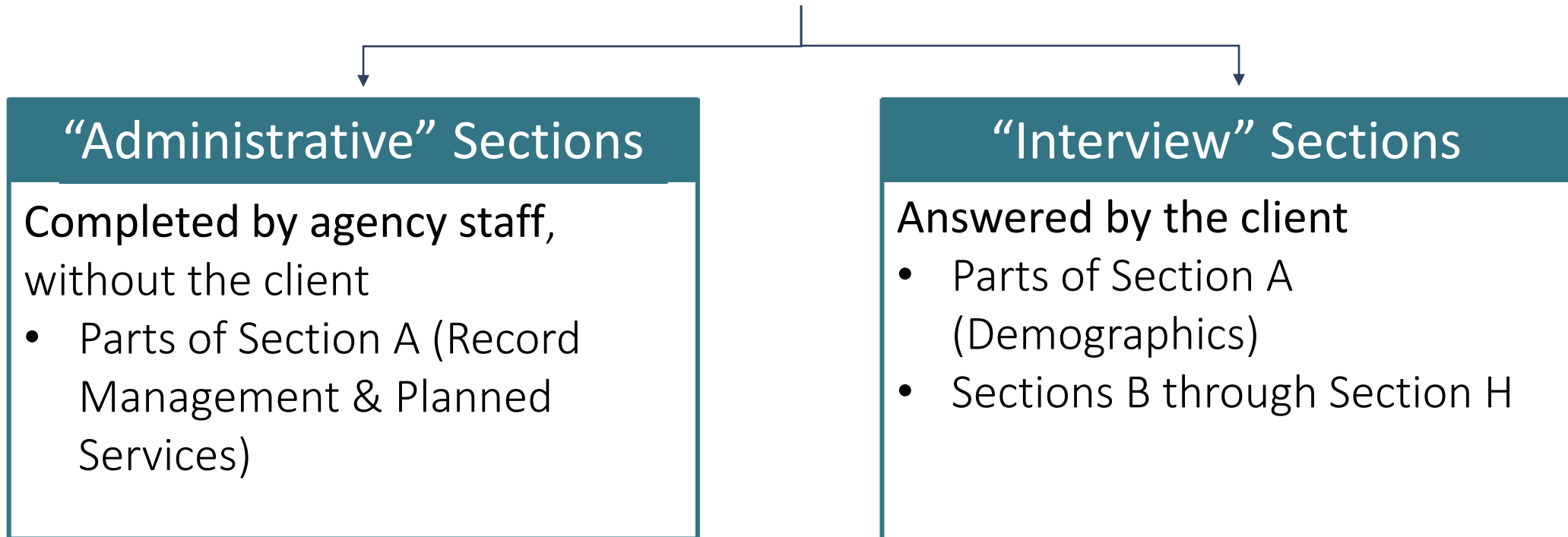
# Intake GPRA



# GPRA Components

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- The Intake GPRA has 8 “sections”
- Each section is either an Administrative or Interview section:



# GPRAs Sections

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Section and Topic	Type
Section A	
<ul style="list-style-type: none"> <li>Record Management</li> </ul>	Administrative
<ul style="list-style-type: none"> <li>Planned Services</li> </ul>	Administrative
<ul style="list-style-type: none"> <li>Demographics</li> </ul>	Interview
Section B – Substance Use & Mental Health History	Interview
Section C – Living Conditions	Interview
Section D – Education, Employment, Income	Interview
Section E – Legal	Interview

Section and Topic	Type
Section F	
<ul style="list-style-type: none"> <li>Mental &amp; Physical Health Problems &amp; Treatment/Recovery</li> </ul>	Interview
Section G – Social Connectedness	Interview
Section H – Program-Specific Questions	Interview

# GPRA Consent



**All clients must consent** to participate in the evaluation before completing an intake GPRA.

**Justice-setting clients** receive separate consent information.

## **Types of consent:**

In-person OR Verbal (phone or computer)

## **Documenting consent:**

- **In-person:**
  - Retain the signed consent form and keep the form separate from the GPRA survey forms to protect confidentiality.
  - Indicate in-person consent was received in the online GPRA system.
- **Verbal:**
  - Indicate verbal consent was received in the online GPRA system.

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

[www.VirginiaSORSupport.org](http://www.VirginiaSORSupport.org)





## Section A

- Record Management
- Planned Services
- Demographics
  - *Client interview starts here*

# Section A: Record Management



## Record Management

- Client ID
- Interview Date
- Date of Admission
- Agency Name
- Referral Source
- SOR-Funded Services Location
- Jail/Criminal Justice Setting Questions

### 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** \_\_\_\_\_
- 5. Where was the client referred for treatment from?**
  - Emergency Department (ED)
  - Criminal Justice/Court/Parole
  - Social Services/Case manager
  - Health care provider
  - Warmline
  - Peer Specialist/Mentor
  - Family member or friend
  - Self referral
  - Other, please specify: \_\_\_\_\_

# Section A: Planned Services



## Planned Services

- Modality
- Treatment
- Case Management
- Medial
- After Care
- Education
- Recovery Support

<b>A. PLANNED SERVICES</b>	
<b><u>PROVIDED UNDER GRANT FUNDING</u></b>	
<i>[Reported by program staff about client only at intake.]</i>	
<b>Identify the services you plan to provide to the client during the client's course of treatment/recovery. [MARK ONLY THE CIRCLE CORRESPONDING TO THE PLANNED SERVICE THAT WILL BE PROVIDED UNDER THE CURRENT GRANT. MARK ALL THAT APPLY IN EACH SECTION.]</b>	
<b>Modality [SELECT AT LEAST 1 MODALITY.]</b>	
1. Case Management	<input type="checkbox"/>
2. Intensive Outpatient Treatment	<input type="checkbox"/>
3. Inpatient/Hospital (Other Than Withdrawal Management)	<input type="checkbox"/>
4. Outpatient Therapy	<input type="checkbox"/>
5. Outreach	<input type="checkbox"/>
6. Medication	<input type="checkbox"/>
a. Methadone	<input type="checkbox"/>
b. Buprenorphine	<input type="checkbox"/>
c. Naltrexone – Short Acting	<input type="checkbox"/>
d. Naltrexone – Long Acting	<input type="checkbox"/>
e. Disulfiram	<input type="checkbox"/>
f. Acamprosate	<input type="checkbox"/>
g. Nicotine Replacement	<input type="checkbox"/>
h. Bupropion	<input type="checkbox"/>
i. Varenicline	<input type="checkbox"/>
7. Residential/Rehabilitation	<input type="checkbox"/>
8. Withdrawal Management (Select Only 1)	<input type="checkbox"/>
a. Hospital Inpatient	<input type="checkbox"/>
b. Free Standing Residential	<input type="checkbox"/>
c. Ambulatory Detoxification	<input type="checkbox"/>
9. After Care	<input type="checkbox"/>
10. Recovery Support	<input type="checkbox"/>
11. Other (Specify) _____	<input type="checkbox"/>
<b>Case Management Services</b>	
1. Family Services (E.g. Marriage Education, Parenting, Child Development)	<input type="checkbox"/>
2. Child Care	<input type="checkbox"/>
3. Employment Service	<input type="checkbox"/>
a. Pre-Employment	<input type="checkbox"/>
b. Employment Coaching	<input type="checkbox"/>
4. Individual Services Coordination	<input type="checkbox"/>
5. Transportation	<input type="checkbox"/>
6. HIV/AIDS Services	<input type="checkbox"/>
a. If HIV Neg, Pre-Exposure Prophylaxis	<input type="checkbox"/>
b. If HIV Neg, Post-Exposure Prophylaxis	<input type="checkbox"/>
c. If HIV Positive, HIV Treatment	<input type="checkbox"/>
7. Transitional Drug-Free Housing Services	<input type="checkbox"/>
8. Housing Support	<input type="checkbox"/>
9. Health Insurance Enrollment	<input type="checkbox"/>
10. Other Services (Specify) _____	<input type="checkbox"/>
<b>Medical Services</b>	
1. Medical Care	<input type="checkbox"/>
2. Alcohol/Drug Testing	<input type="checkbox"/>
3. OB/GYN Services	<input type="checkbox"/>
4. HIV/AIDS Medical Support & Testing	<input type="checkbox"/>
5. Dental Care	<input type="checkbox"/>
6. Viral Hepatitis Medical Support & Testing	<input type="checkbox"/>
7. Other STI Support & Testing	<input type="checkbox"/>
8. Other Medical Services (Specify) _____	<input type="checkbox"/>
<b>After Care Services</b>	
1. Continuing Care	<input type="checkbox"/>
2. Relapse Prevention	<input type="checkbox"/>
3. Recovery Coaching	<input type="checkbox"/>

# Section A: Demographics

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## Demographics

- Sex/Gender
- Race/Ethnicity
- Sexual Orientation
- Relationship Status
- Children
- Military Service

### A. DEMOGRAPHICS

[CLIENT INTERVIEW PORTION BEGINS HERE.]

Let's start with some demographic questions about you. Remember that your answers to this survey are confidential and will not affect the treatment services you receive. You may choose to skip any questions you do not want to answer.

1. What is your birth month and year?

|\_|\_| / |\_|\_|\_|  
Month Year

REFUSED

2. What do you consider yourself to be?

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)
- Gender non-conforming
- Other (Specify) \_\_\_\_\_
- REFUSED

3. Are you Hispanic, Latino/a, or of Spanish origin?

- Yes
- No [SKIP TO QUESTION 4]
- REFUSED [SKIP TO QUESTION 4]





## Section B - Substance Use & Mental Health History

- Reported Alcohol And Drug Use – Frequency And Route Of Administration
- Substance Use Disorder Intervention/Treatment History
- Mental Health Illness Diagnoses

# Section B - Drug & Alcohol Use Table



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		
<b><u>Alcohol</u></b>				
Alcohol	□□□		□	
Other (Specify)	□□□		□	
<b><u>Opioids</u></b>				
Heroin	□□□		□	
Morphine	□□□		□	
Fentanyl (Prescription Diversion Or Illicit Source)	□□□		□	
Dilaudid	□□□		□	



## Section C: Living Conditions

- Living/Housing Status
- Alcohol and Drug Use By Housemates
- Satisfaction With Housing Status
- Impact Of Alcohol And Drug Use



## Section D: Education, Employment & Income

- School/Job Training Enrollment
- Level Of Education Completed
- Employment Status
- Income Level
- Ability To Cover Living Expenses
- Access To Transportation





## Section E: Legal

- Number Of Arrests
- Charges, Trial, Sentencing Status
- Parole/Probation Status
- Drug Court Program Participation & Deferred Prosecution Agreements



## Section F: Mental & Physical Health Problems and Treatment/Recovery

- Quality Of Life
- Satisfaction With Overall Health & Ability To Perform Daily Tasks
- Mental/Emotional Challenges
- Medical Care
- Health Insurance



## Section G: Social Connectedness

- Types of recovery group attendance
- Supportive interactions with family/friends
- Satisfaction with personal relationships





# Client Engagement



# Client Locator Form

Stay connected to clients through their treatment process

Obtain accurate contact information for follow-up GPRAs and gift cards

Completed at intake and stored by the agency

Optional resource for agencies, not required for the grant

## Virginia SOR Client Locator Form

Date: \_\_\_\_\_

Client GPRA ID: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

We are collecting this information to help us contact you for follow-up interviews related to the treatment evaluation program in approximately 6 months. You will receive a gift card for participating in the follow-up interviews. You will get a \$30 gift card for completing the 6-month interview. The information you provide here will ONLY be used to help us locate you to complete these interviews and to give you your gift card. It will be kept private and will not be used for any other reason.

### What is your date of birth?

Date of Birth	____ / ____ / ____ (month) (day) (year)
---------------	--

### What address, email address, and phone numbers would be best to use when we need to reach you?

Street Address (Address, Apt #, P.O. Box)	
City	
State	
Zip Code	
Phone Number	( ) _____ - _____ Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>

# Client Locator Form Content

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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

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\$30 gift card at Follow-Up



Contingency Management: \$75 per year in \$15 increments



GPRA as a benchmark for client progress



Opportunity for clients to contribute to improving programming and increasing the likelihood for future funding and services.



Engagement Information Sheet Infographic

# 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



Living Conditions



Mental health and physical needs



Education and employment



Relationships and family support



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

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## Gift Cards

- 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

## Contingency Management

- 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.

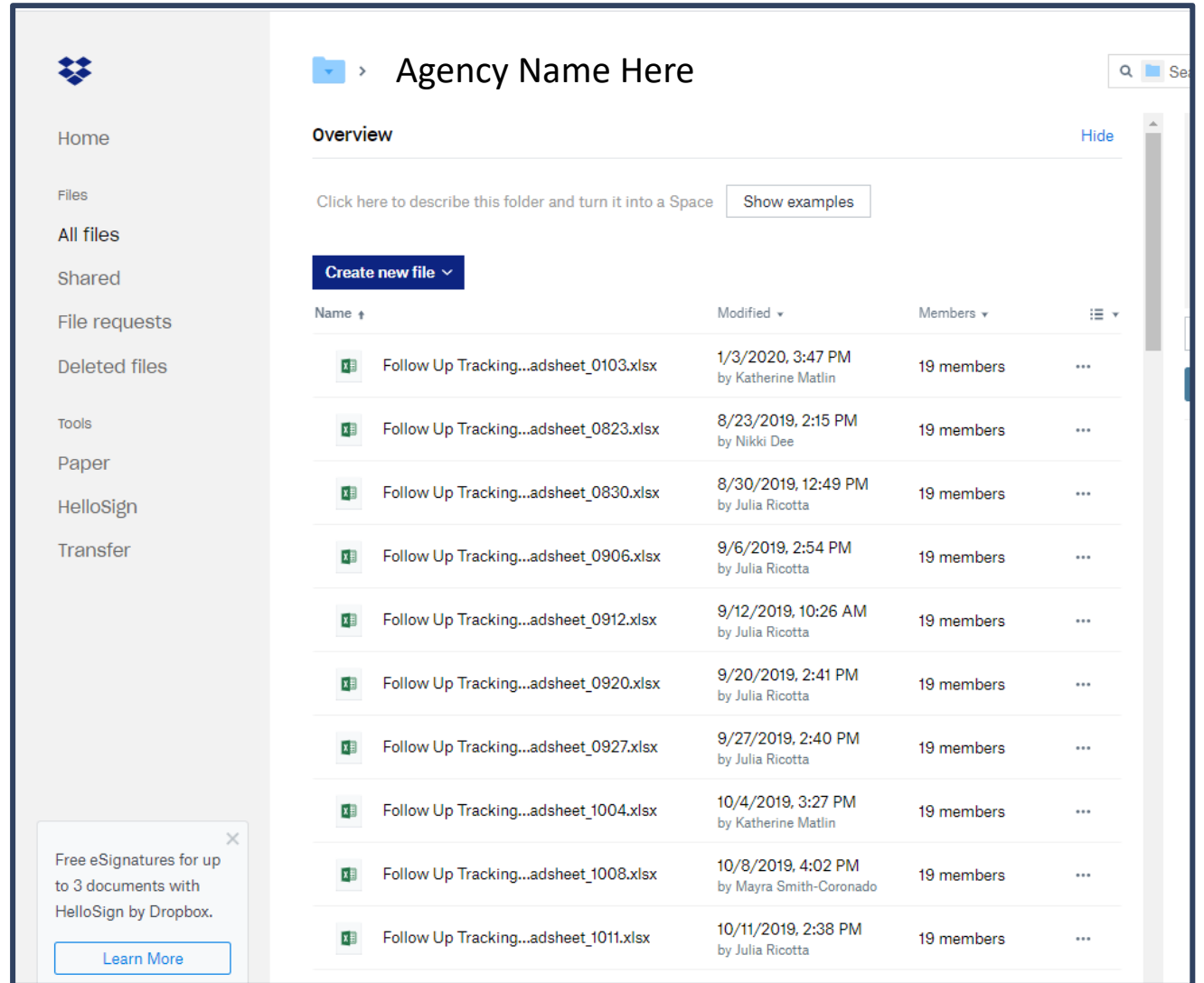




# **GPRA Data & Tracking Support**

# Tracking Sheet

How do I track all of this?



The screenshot shows a Dropbox interface for a folder named "Agency Name Here". The left sidebar contains navigation options: Home, Files, All files, Shared, File requests, Deleted files, Tools, Paper, HelloSign, and Transfer. The main area displays an "Overview" section with a "Show examples" button and a "Create new file" button. Below this is a table listing tracking sheets.

Name	Modified	Members	
Follow Up Tracking...adsheet_0103.xlsx	1/3/2020, 3:47 PM by Katherine Matlin	19 members	...
Follow Up Tracking...adsheet_0823.xlsx	8/23/2019, 2:15 PM by Nikki Dee	19 members	...
Follow Up Tracking...adsheet_0830.xlsx	8/30/2019, 12:49 PM by Julia Ricotta	19 members	...
Follow Up Tracking...adsheet_0906.xlsx	9/6/2019, 2:54 PM by Julia Ricotta	19 members	...
Follow Up Tracking...adsheet_0912.xlsx	9/12/2019, 10:26 AM by Julia Ricotta	19 members	...
Follow Up Tracking...adsheet_0920.xlsx	9/20/2019, 2:41 PM by Julia Ricotta	19 members	...
Follow Up Tracking...adsheet_0927.xlsx	9/27/2019, 2:40 PM by Julia Ricotta	19 members	...
Follow Up Tracking...adsheet_1004.xlsx	10/4/2019, 3:27 PM by Katherine Matlin	19 members	...
Follow Up Tracking...adsheet_1008.xlsx	10/8/2019, 4:02 PM by Mayra Smith-Coronado	19 members	...
Follow Up Tracking...adsheet_1011.xlsx	10/11/2019, 2:38 PM by Julia Ricotta	19 members	...

A small notification box at the bottom left of the screenshot reads: "Free eSignatures for up to 3 documents with HelloSign by Dropbox. Learn More".

Dropbox!



# Dropbox

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## 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

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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

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## 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.

Figure 1 reports the number of Intake GPRAs CSB/Agency has completed per month since the start of the SOR III grant period (Oct 2022).

Figure 2 shows that **CSB/Agency has completed a total of 29 Intake GPRAs so far, which is 45% of Year 1's Intake Target (64)**. Year 1 of the SOR III grant period ends September 30, 2023; 26% of Year 1 has elapsed.

Figure 1: Number of Intake GPRAs Completed per Month



Figure 2: Year 1 Intakes and Intake Target Progress



- Updated monthly
- Follow Ups section to be added once client windows open
- Figure 2 (new): intake target progress
- Located in your Dropbox folders

# GPRA Revisions & Retakes

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

- Email [SORSupport@omni.org](mailto: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](mailto:SORSupport@omni.org) with the appropriate details of the GPRA survey. The TA team will provide a link to re-open the GPRA survey.

### Request Technical Assistance

Need some help? The OMNI Institute's Technical Assistance team is here to help you navigate through every aspect of the Statewide Opioid Response. Just fill out the form below and a member of our TA team will be in touch soon.

Name \*

  
First Name Last Name

Email \*

What kind of TA are you seeking? \*

Please select a topic.

Please select a topic.

Need access to your CSB folder

Question about the GPRA survey

Suggest a new TA or training resource

Request an encrypted email

Need to change something in a GPRA

Request an encrypted email (to send confidential info)

Other





# Next Steps & Questions



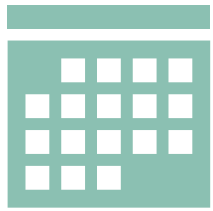


# Next Steps

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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](mailto:SORSupport@omni.org).

The background features a repeating pattern of light blue question marks inside white speech bubbles, set against a teal background. A horizontal white band is centered across the image, containing the text.

**Questions?**





# Thank You!

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[SORSupport@omni.org](mailto:SORSupport@omni.org)