



*START RECORDING*

Cheryl

Greetings everyone and welcome to our training

## Your OMNI Presenters

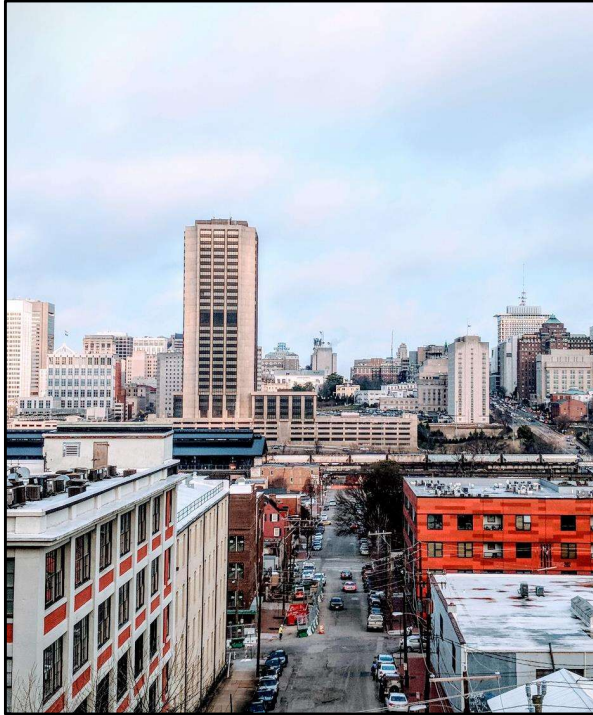
**Becca Ruiz** *(she/her)*



**Cheryl Winston** *(she/her)*



- OMNI is the evaluation partner with DBHDS for Statewide Opioid Response (SOR) funding in Virginia in the areas of Prevention, Treatment, and Recovery, since 2019
- Also a hello to Mike Zohab and/or Angela Weight from DBHDS



## Agenda

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- Overview & Logistics
- GPRA Timeline
- Overview of Changes to the New GPRA
- Walkthrough of the New GPRA
- Wrap-up & Questions

Here's our agenda for today.

We have a lot of content to share, so we will need to move through it pretty quickly. However, we will make slides and the recording available on the website and will announce when that is ready.

We'll have a FULL GPRA training on Jan 31, 2023 where we will take a deep dive into the tool and have more time to spend as we walk through it.



## Overview & Logistics

## Training Logistics

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Length: 1 hour



Post questions in the chat box



Format: Recorded presentation



Group norms

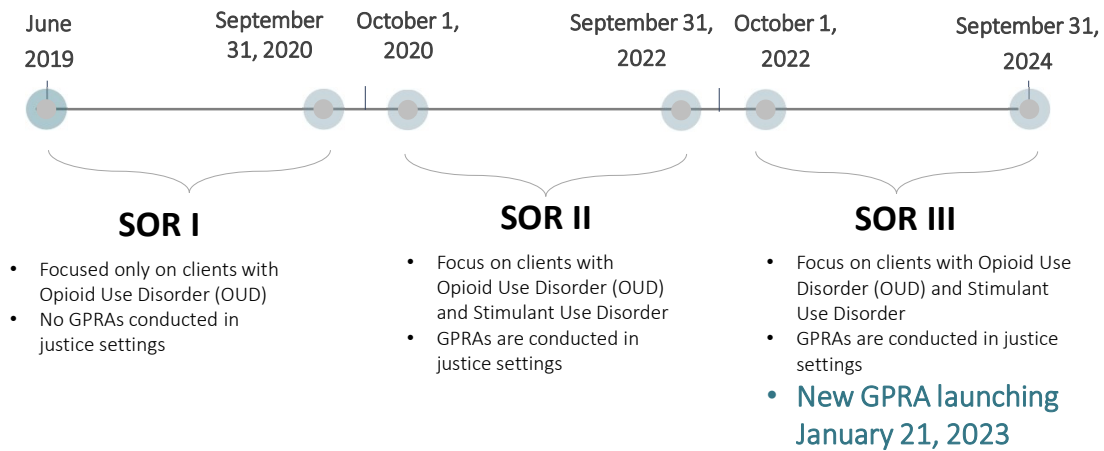


## **Overview of Changes to the New GPRA**

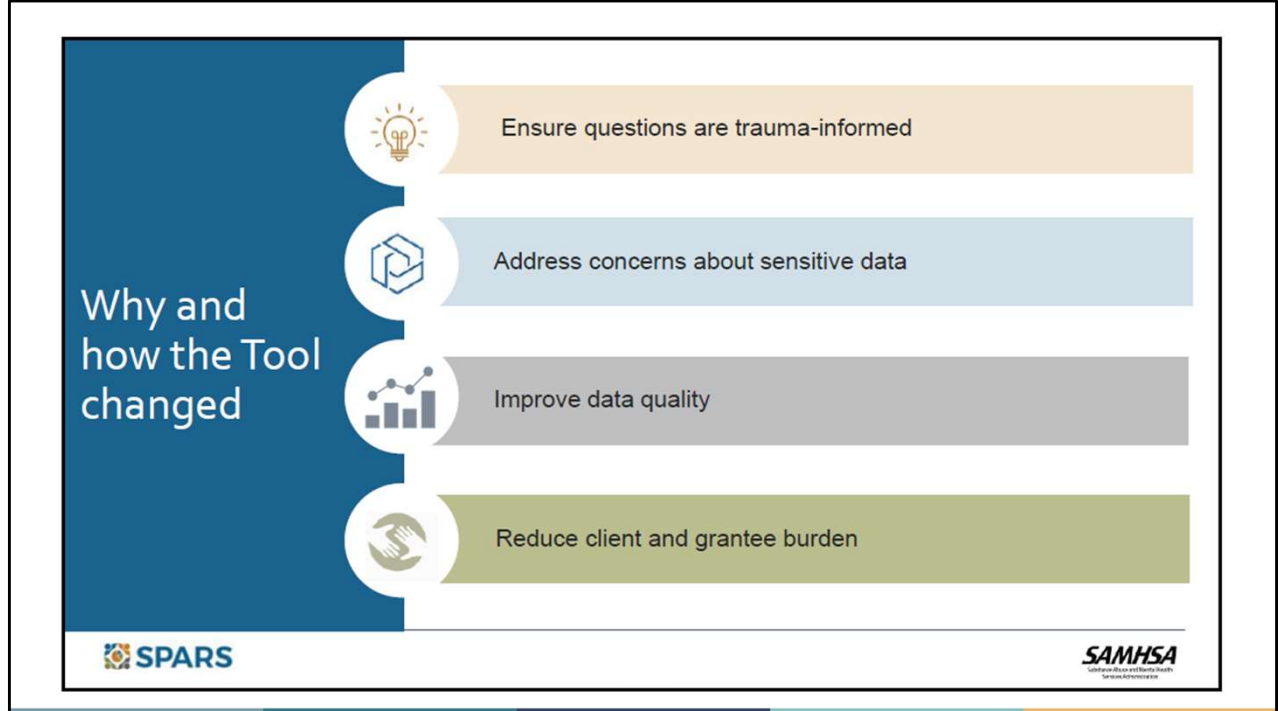
As you know, SAMHSA has updated the GRPA for SOR III. We're going to go over all the details in this training.

These changes will actually support data collection and streamline some things, so we think you will like hearing about this!

## SOR Grant Timeline



- The newly revised GPRAs will launch for all starting January 21, 2023
- Even if you started with the current GPRAs, once the new GPRAs launch you would use the new version of the follow-up and discharge GPRAs. Be sure to have paper versions available by that time.




Now let's talk about why and how the GPRA tool changed.

- As you can see on the slide:
  - They revised questions so that they **were trauma-informed**
  - **Addressed concerns about the collection of sensitive data by limiting such questions to clients served by relevant programs.**
  - They modified the tool **to improve data quality** by applying skip patterns, improving question flow, and adding response options to reduce missing data.
  - **Reduced client and grantee burden** by collecting data necessary. Questions that have not been used in routine program evaluation at the Federal level have been removed, and others have been simplified.




## Overview of Modifications to the New Tool




**Revisions included –**

- Removed 48 questions
- Added 42 questions
- Revised some existing questions/response options
- Moved questions for better flow





**Most significant changes –**

- Section A – Record Management, Demographics
- Section B – Substance Use and Planned Services
- Discharge - Services Received (staff report at discharge)



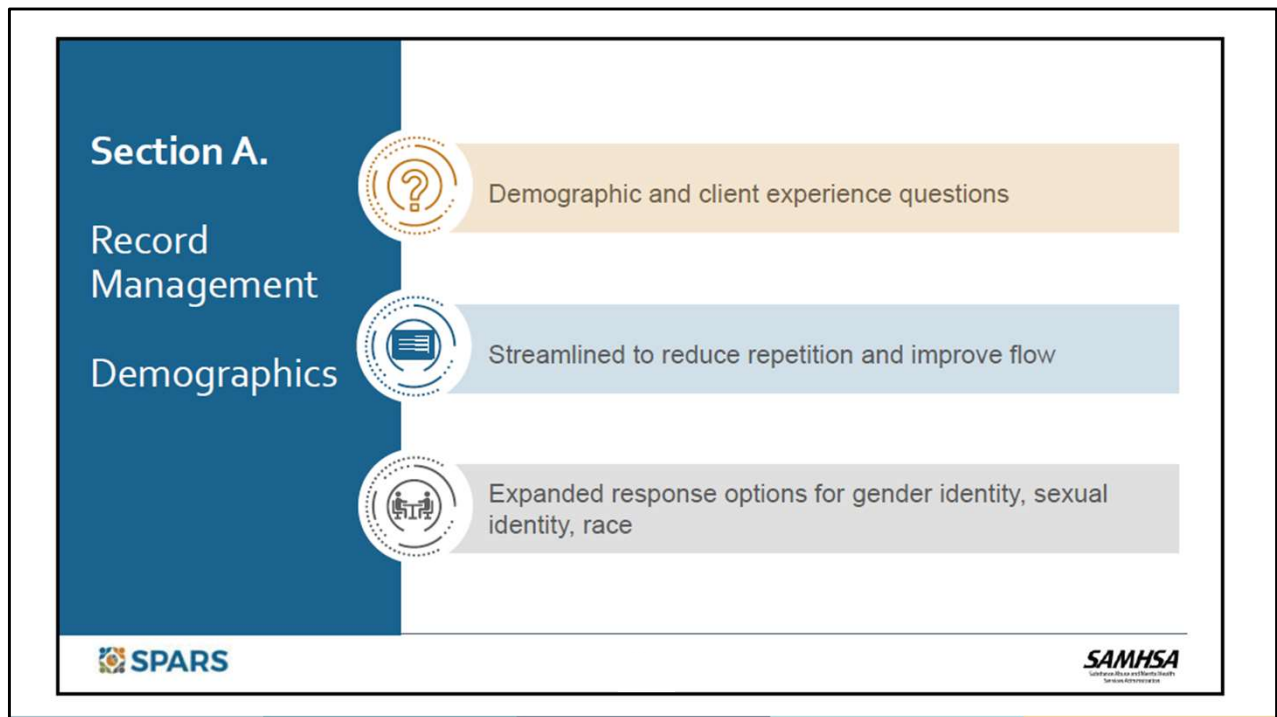
**Important to know –**

- The “Not Applicable” and “Don’t Know” response options have been removed to improve the quality of data collection
- Public reporting burden estimated to average 36 minutes

**This slide shows the High-level overview of the changes made.**

- SAMHSA removed 40+ questions –many identified as being traumatizing or insensitive
- They added Questions for clarity and data enrichment –for example, languages spoken at home..
- And some questions were simply revised and moved around.
- The sections with the most changes are
  - Section A (Record Management and Demographics),
  - Section B (now called Substance Use and Planned Services)
  - Discharge GPRA – Services received
- Across the GPRA Tool, the “Not Applicable” and “Don’t Know” options were removed from many questions to improve data quality.
- Finally, the average time to complete the interview is about 36 minutes.



Section A –which includes record management and demographic questions –is one of the four sections with the most revisions.

- Demographic questions that had been in various sections of the expiring tool are now in Section A.
- They reduced repetition and improved flow with some moves
- And Questions concerning gender identity, sexual orientation, and race have been expanded to include additional categories in the response options.

**Section B.**  
**Substance Use and Planned Services**

- Removed ICD-10 coding
- Added – previous treatment engagement, recent experiences with overdose and interventions
- Updated and expanded services to reflect more diverse and relevant interventions

**SPARS** **SAMHSA**  
Substance Use and Mental Health Services Administration

Section B also had several revisions.

- ICD-10 coding was removed. It was replaced with a question in Section B regarding mental health diagnoses that we'll look at together in a bit.
- Added are Validated questions (from the Addiction Severity Index) concerning previous treatment engagement and questions related to recent experiences with overdose and interventions
  - Wording was revised to simplify content and avoid stigmatization.
- Services were expanded to reflect more diverse and relevant interventions.

**Services Received under Grant Funding**

- Added modality options and service categories
- Added questions about telehealth utilization, attendance in planned services, and medications/interventions for substance use disorders
- Reported by program staff at discharge only

**SPARS** **SAMHSA**

- The last section with significant changes is The Discharge Status and Services Received section of the GPRA.
- The services received question contains added modalities and service categories.
- There are also added questions related to telehealth, treatment adherence, and engagement.
- Note: These questions are reported by program staff only at discharge.

**Any questions?**

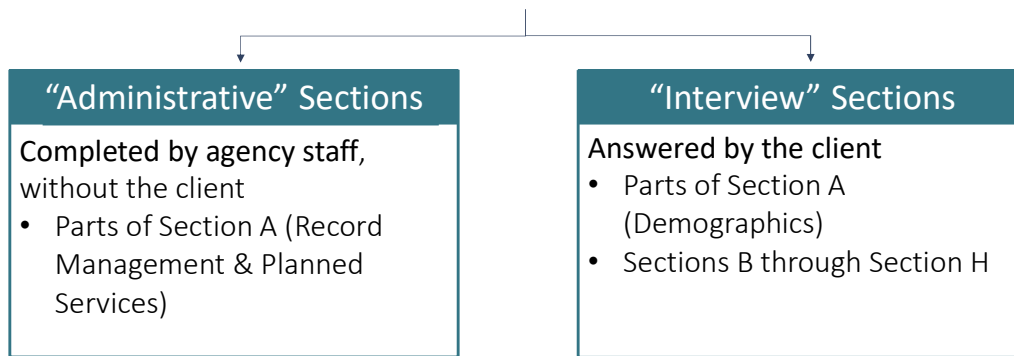
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## GPRA Components

The GPRA has 8 “Sections”, labeled by letters:



The GPRA consists of 8 sections, labeled by letters, A-H. We differentiate the sections as either “administrative” sections or “interview” sections. By administrative, we mean questions that can be completed by agency staff with or without the client present, as they can be answered from the patient’s charts/files. Parts of Section A are administrative. Depending on your agency’s workflow, this could be pre-filled out by an agency staff before the client comes for the GPRA interview in order to save time/be more efficient.

The Interview sections require the client to be present, as they provide the answers to the questions. The latter parts of Section A and Section B through H are Interview sections.

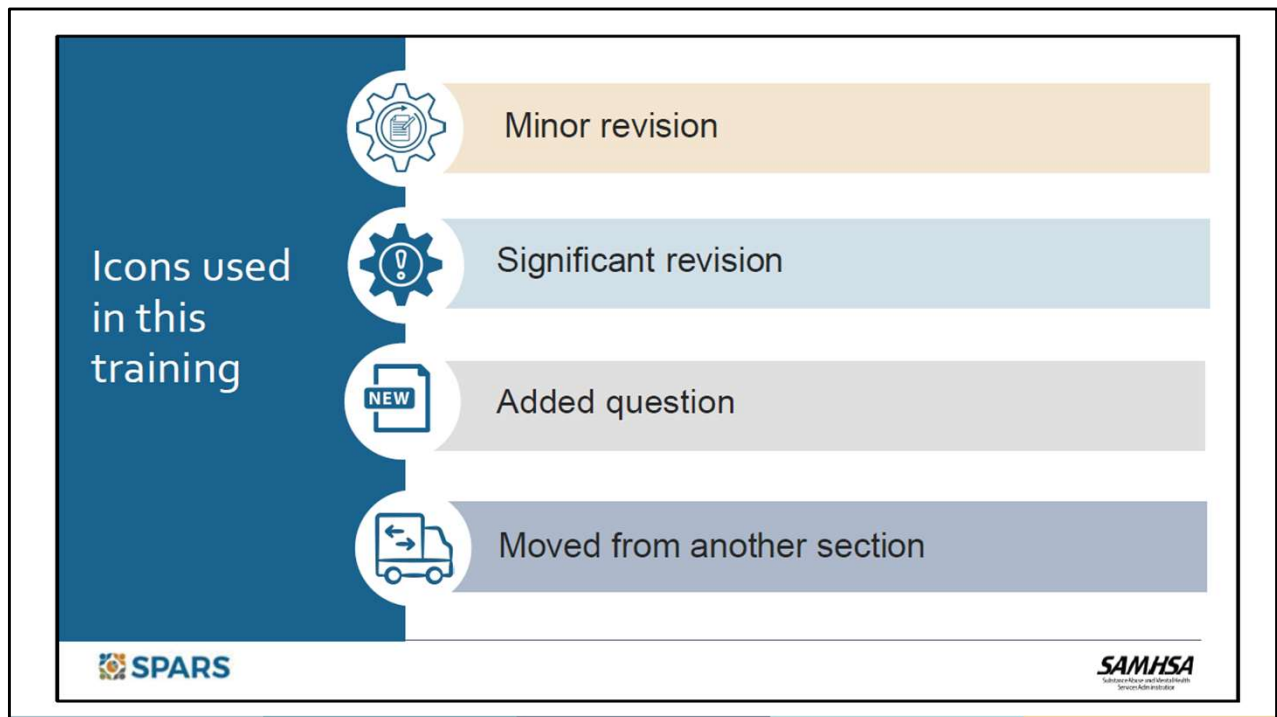
## New GPRA Sections

Section and Topic	Type	Section and Topic	Type
<b>Section A</b>		<b>Section F</b>	
• Record Management	Administrative	• Mental & Physical Health Problems & Treatment/Recovery	Interview
<del>• Behavioral Health Diagnoses</del>	<del>Administrative</del>	<del>• Violence and Trauma</del>	Interview
• Planned Services	Administrative	<b>Section G – Social Connectedness</b>	Interview
• Demographics	Interview	<b>Section H – Program-Specific Questions</b>	Interview
<del>• Military Family &amp; Deployment</del>	<del>Interview</del>		
<b>Section B – Drug &amp; Alcohol Use-Substance Use and Mental Health History</b>	Interview		
<b>Section C – Family &amp; Living Conditions</b>	Interview		
<b>Section D – Education, Employment, Income</b>	Interview		
<b>Section E – Crime &amp; Criminal Justice Status Legal</b>	Interview		

This lists the GPRA’s sections and whether it is an administrative or interview section

This Table outlines the New GPRA sections, with strike out of prior titles so you can note the changes more easily.





There are icons throughout the presentation to help give an easy visual of the various changes to the tool.

- Revisions refer to a question from the expiring tool that was retained with changes made in the new tool. Revisions can be minor or significant.
- Minor revisions refers to those that do not change the intent of the question and the response options.
- Significant revisions means that the question did change BUT still collects comparable information.
- Added refers to a new question.
- Moved means a question was relocated in the question sequence within the tool. It used to be in one spot and it's now in another.

## GPRA Section A Changes

Section and Topic	Type
<b>Section A</b>	
• Record Management	Administrative
• Planned Services	Administrative
• Demographics	Interview
Section B – Substance Use and 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

Significant revisions made to questions, and response options added to gender identity question



## Section A. Demographics

- 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

- Question 1 moved to Demographics now includes birth month and year only.
- The question text and response options were both revised for question 2. Instead of “What is your gender?” it asks, “What do you consider yourself to be?”
- Additionally, the transgender response option is broken out into two categories and Gender non-conforming was added as a response option.

Minor revisions made to questions and response options



 SPARS

## Section A. Demographics

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

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



3a. What ethnic group do you consider yourself? You may indicate more than one.

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other (SPECIFY) \_\_\_\_\_
- REFUSED




 SAMHSA  
Substance Abuse and Mental Health Services Administration

- The text in question 3 was updated. Instead of “Are you Hispanic or Latino” the question now reads, “Are you Hispanic, Latino/a, or of Spanish origin?”
- If Yes, the interviewer will ask the follow-up question (3a) which was revised. Response options were simplified from Yes/No/Refused for each ethnicity to selecting one or more ethnicity. The list of ethnic groups remains the same.


## Section A. Demographics



**4. What is your race? You may indicate more than one.**

- Black or African American
- White
- American Indian
- Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other (SPECIFY) \_\_\_\_\_
- REFUSED



Significant revision made to question and response options




In question 4 the question text and response options were both revised. Here too, response options were simplified from Yes/No/Refused for each race, to select one or more. In addition, the list of racial groups was expanded from 6 to 16.

The “Other (SPECIFY)” field can be used to capture a race not explicitly listed. One race can be entered in this field.

New question added about languages spoken at home



## Section A. Demographics

**5. Do you speak a language other than English at home?**

- Yes
- No *[SKIP TO QUESTION 6]*
- REFUSED *[SKIP TO QUESTION 6]*

**5a. What is this language?**

- Spanish
- Other (SPECIFY) \_\_\_\_\_



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**5. ¿Habla usted algún otro idioma que no sea español en casa?**

- Sí
- No *[VAYA A LA PREGUNTA 6]*
- SE NEGÓ A CONTESTAR *[VAYA A LA PREGUNTA 6]*

**5a. ¿Cuál es este idioma?**

- Inglés
- Otro (ESPECIFIQUE) \_\_\_\_\_

Questions 5 and 5a were added. They focus on languages other than English spoken at home.

On the Spanish version of the tool, it asks the reverse, “Do you speak a language other than Spanish at home?”

New question added  
about sexual identity

## Section A. Demographics

6. Do you think of yourself as... [YOU MAY INDICATE MORE THAN ONE.]

- Straight Or Heterosexual
- Homosexual (Gay Or Lesbian)
- Bisexual
- Queer, Pansexual, And/Or Questioning
- Asexual
- Other (SPECIFY) \_\_\_\_\_
- REFUSED




Question 6 is new and focuses on sexual identity.


New question added about relationship status

Question about pregnancy moved to Section A



## Section A. Demographics

7. What is your relationship status? 

- Married
- Single
- Divorced
- Separated
- Widowed
- In a relationship
- In multiple relationships
- REFUSED

8. Are you currently pregnant? 

- Yes
- No
- Do not know
- REFUSED

Question 7, “What is your relationship status?” was added to the new tool.

Question 8, “Are you currently pregnant” moved (from Section C. Family and Living Conditions in expiring tool) to Section A. Demographics.



**Section A. Demographics**

9. **Do you have children? [Refers to children both living and/or who may have died]**



Yes  
 No [SKIP TO QUESTION 10]  
 REFUSED [SKIP TO QUESTION 10]

9a. **How many children under the age of 18 do you have?**

REFUSED

Questions about children moved to Section A

Minor revisions made to question text



Question 9 moved. A minor revision was made to the question text which includes the clarification in brackets.

Question 9a also moved. The question text was revised and asks for the number of children under the age of 18 only.

## Section A. Demographics

**9b. Are any of your children, who are under the age of 18, living with someone else due to a court's intervention? [THE VALUE IN ITEM A9b CANNOT EXCEED THE VALUE IN A9a.]**

Yes    Number of children removed from client's care    
 No        [SKIP TO QUESTION 10]  
 REFUSED [SKIP TO QUESTION 10]

**9c. Have you been reunited with any of your children, under the age of 18, who have been previously removed from your care? [THE VALUE IN ITEM A9c CANNOT EXCEED THE VALUE IN A9a.]**

Yes    Number of children with whom the client has been reunited    
 No  
 REFUSED

Significant revision made to question and response options

Question moved to Section A

New question added about child reunification

Question 9b was significantly revised. The question focuses on the number of children under the age of 18 living with someone else due to a court's intervention (instead of child protection order).



Question 9c was added and asks whether the client has been reunited with any children under the age of 18. If yes, the question asks for the number of children with whom they've been reunited.

These were moved from section C. Living

3 questions dropped from the GPRA Tool

## Section A – Dropped Questions

- Indicate the client's current behavioral health diagnoses using ICD-10-CM codes (reported by program staff)
- Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?
  - Have you ever been deployed to a combat zone?
- Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard, or separated or retired from the Armed Forces, Reserves, or National Guard?
  - Deployed in support of combat operations?
  - Was physically injured during combat operations?
  - Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?
  - Died or was killed?

Three questions were dropped from Section A and are **not included in the new tool**. We'd like to note that while these specific questions regarding Uniformed Services have been dropped from the tool, there are other questions which capture data related to those connected to the Armed Forces, Reserve, and/or National Guard.


## GPRA Section B Changes

Section and Topic	Type
Section A	
• Record Management	Administrative
• Planned Services	Administrative
• Demographics	Interview
<b>Section B – Substance Use and Mental Health History</b>	<b>Interview</b>
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

12 questions about substance use and planned services

Significant revision made to question and response options about substance use in past 30 days



## Section B. Substance Use and Planned Services



**I. USING THE TABLE BELOW, PLEASE INDICATE THE FOLLOWING:**

**A. THE NUMBER OF DAYS, IN THE PAST 30 DAYS, THAT THE CLIENT REPORTS USING A SUBSTANCE.**



*[DO NOT READ TO CLIENT]* The client should be encouraged to list the substances on their own. If they are unsure, the list from the table below can be read to the client. Please note that not all substance use is considered harmful or illicit – it may be that a substance is prescribed by a licensed provider, or that the client uses the substance in accordance with official, national safety guidelines. In such instances, clarification from the client should be sought, but if the substance is only taken as prescribed or used on each occasion in accordance with official, national safety guidelines, then it is not considered misuse. If no use of a listed substance is reported, please enter a zero (‘0’) in the corresponding ‘Number of Days Used’ column. If the client refuses to answer the question, then select ‘REFUSED’.

**B. THE ROUTE BY WHICH THE SUBSTANCE IS USED.**

*[DO NOT READ TO CLIENT]* Mark one route only for each substance used. But, if the client identifies more than one route, choose the corresponding route with the highest associated number value (numbers 1 – 6). Responses should capture the past 30 days of use.

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

REFUSED

Section B. Question 1 was significantly revised. This is a two-part question with special instructions for each part (A & B).

Part A is asking you to report the number of days, in the past 30 days, that the client reports using a substance. This is administered as an open-ended question, meaning the interviewer should not read the entire list of substances to the client. Instead, the client should be encouraged to list the substances on their own. If they are unsure, the list of substances from the table (which you’ll see on the next few slides) can be read to the client.

Some important things to note about question 1:

- Question 1 no longer asks about lifetime use, only use in the past 30 days.
- The misuse of over-the-counter medications to get high should be counted as “misuse of a substance” and reported as such. Misuse of over-the-counter products such as rubber cement, aerosols, gasoline, etc. -which are sniffed, huffed or inhaled -to get high should be counted as misuse and coded under inhalants (which you will see listed on the table).

- **Also, because marijuana remains a schedule I substance under federal law, the use of marijuana, whether prescribed or not, should be reported here.**
- The appropriate or “as prescribed use” of a prescription drug (such as Tylenol 2, 3, 4, oxycontin, or any prescription drug listed in the table) should NOT be reported in the Question 1 Table. This table is for reporting the MISUSE of prescription or over-the-counter drugs and illicit drugs.

The second part of the question (B.) asks for the route by which the substance is used. More on that in a moment.

Significant revision made to question and response options

### Section B. Substance Use and Planned Services

	A. Number of Days Used	B. Route					
		1. Oral	2. Intranasal	3. Vaping	4. Smoking	5. Non-IV Injection	6. Intravenous (IV) Injection
<b>a. Alcohol</b>							
1. Alcohol							
2. Other (SPECIFY)							
<b>b. Opioids</b>							
1. Heroin							
2. Morphine							
3. Fentanyl (Prescription Diversion Or Illicit Source)							
4. Dilaudid							
5. Demerol							
6. Percocet							
7. Codeine							
8. Tylenol 2, 3, 4							
9. OxyContin/Oxycodone							
10. Non-prescription methadone							
11. Non-prescription buprenorphine							
12. Other (SPECIFY)							

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The first part of the question, Part A, is the number of days used and the second part of the question, Part B, is the route of administration.

Please note, the response categories for **“route”** changed, but they are still listed from least to most severe (1 –6).

- **Number 3 “Vaping” and number 0 “Other” are new routes that were added to the tool**

The interviewer should read all six response categories to the client and mark one route only for each substance used. If the client identifies more than one route, the interviewer should choose the corresponding **route with the highest associated number value (numbers 1 –6)**.



For example, if the interviewer asks, “During the past 30 days, how many days have you use any substance and how did you take the substance?” And the client responds that they used heroin for 10 of the past 30 days the interviewer will record “10” under “number of days used” and ask “And how did you take the substance –1. Oral, 2. Intranasal, 3. Vaping, 4. Smoking, 5. Non-IV Injection, 6. IV Injection, or 0. Another route?” If the client responds, “smoking and IV injection” the interviewer will record “6. IV Injection”

because six is higher than four and is a more severe route of administration.



Significant revision made to question and response options

### Section B. Substance Use and Planned Services



	A. Number of Days Used	B. Route					
		1. Oral	2. Intranasal		3. Vaping		
		4. Snoking	5. Non-IV Injection	6. Intravenous (IV) Injection		0. Other	
<b>c. Cannabis</b>							
1. Cannabis (Marijuana)							
2. Synthetic Cannabinoids *							
3. Other (SPECIFY)							
<b>d. Sedative, Hypnotic, or Anxiolytics</b>							
1. Sedatives *							
2. Hypnotics							
3. Barbiturates							
4. Anxiolytics/Benzodiazepines *							
5. Other (SPECIFY)							
<b>e. Cocaine</b>							
1. Cocaine *							
2. Crack							
3. Other (SPECIFY)							

As the table continues, you will notice that **more substances were added throughout this table.**

- Under the Cannabis section, Synthetic Cannabinoids was added.
- For the Sedative, Hypnotic, or Anxiolytics section, you'll see sedatives and hypnotics are two separate categories and Benzodiazepines is now called Anxiolytics/Benzodiazepines.
- The section which captures Cocaine use was split into two separate categories – Cocaine and Crack.

Significant revision made to question and response options


### Section B. Substance Use and Planned Services

	A. Number of Days Used	B. Route					
		1. Oral		2. Intranasal		3. Vaping	
		4. Smoking	5. Non-IV Injection	6. Intravenous (IV) Injection			
		0. Other					
<b>f. Other Stimulants</b>							
1. Methamphetamine							
2. Stimulant medications ★							
3. Other (SPECIFY)							
<b>g. Hallucinogens &amp; Psychedelics</b>							
1. PCP							
2. MDMA							
3. LSD							
4. Mushrooms							
5. Mescaline							
6. Salvia							
7. DMT							
8. Other (SPECIFY)							


- **Other added substances** include Stimulant medications (under Other Stimulants)
- Hallucinogens and Psychedelics is now broken out into eight categories.

Significant revision made to question and response options





**SPARS**

### Section B. Substance Use and Planned Services



	A. Number of Days Used	B. Route					
		1. Oral	2. Intranasal		3. Vaping		
		4. Smoking	5. Non-IV Injection		6. Intravenous (IV) Injection		0. Other
<b>h. Inhalants</b>							
1. Inhalants							
2. Other (SPECIFY)							
<b>i. Other Psychoactive Substances</b>							
1. Non-prescription GHB							
2. Ketamine							
3. MDPV/Bath Salts							
4. Kratom							
5. Khat							
6. Other tranquilizers							
7. Other downers							
8. Other sedatives							
9. Other hypnotics							
10. Other (SPECIFY)							





In the Other Psychoactive Substances section, MDPV/Bath Salts, Kratom, and Khat were added.



There are now also response options to record the use of Other tranquilizers, downers, sedatives, and hypnotics not named above.

Significant revision made to question and response options

### Section B. Substance Use and Planned Services



	A. Number of Days Used	B. Route					
		1. Oral	2. Intranasal		3. Vaping		
		4. Smoking	5. Non-IV Injection		6. Intravenous (IV) Injection		
		0. Other					
<b>i. Tobacco and Nicotine</b>							
1. Tobacco							
2. Nicotine (Including Vape Products)							
3. Other (SPECIFY)							

Lastly, **Tobacco and Nicotine** were added as well.

## Section B. Substance Use and Planned Services



2. Have you been diagnosed with an alcohol 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.]*

- |  |                      |                                 |                      |                      |
|--|----------------------|---------------------------------|----------------------|----------------------|
| <input type="checkbox"/> Naltrexone  | <i>[IF RECEIVED]</i> | Specify how many days received  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Extended-release Naltrexone   | <i>[IF RECEIVED]</i> | Specify how many doses received | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Disulfiram  | <i>[IF RECEIVED]</i> | Specify how many days received  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Acamprosate   | <i>[IF RECEIVED]</i> | Specify how many days received  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED ALCOHOL USE DISORDER |                      |                                 |                      |                      |
| <input type="checkbox"/> CLIENT DOES NOT REPORT SUCH A DIAGNOSIS   |                      |                                 |                      |                      |



Significant revision made to question and response options about alcohol use disorder and medication

Question moved from Section A



Question 2 was significantly revised and **moved from Section A to Section B** in the new tool.

Question 2 asks if the client has been diagnosed with an alcohol use disorder, and if so, which FDA-approved medication(s) did they receive in the past 30 days.

or each medication the client reports receiving in the past 30 days, the interviewer asks the client to specify how many days it was received.

In some cases, the question asks about the number of DOSES. Be sure to note this.

## Section B. Substance Use and Planned Services



3. Have you been diagnosed with an opioid use disorder, if so which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? [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 

- DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED OPIOID USE DISORDER
- CLIENT DOES NOT REPORT SUCH A DIAGNOSIS



Significant revision made to question and response options about opioid use disorder and medication

Question moved from Section A



Question 3 follows the same format but asks about opioid use disorder and related medications. Again, note that one of the questions is about DOSES not days.

## Section B. Substance Use and Planned Services

NEW

4. Have you been diagnosed with a stimulant use disorder, if so which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? [CHECK ALL THAT APPLY.]

- Contingency Management *[IF RECEIVED]* Specify how many days received
- Community Reinforcement *[IF RECEIVED]* Specify how many days received
- Cognitive Behavioral Therapy *[IF RECEIVED]* Specify how many days received
- Other evidence-based intervention *[IF RECEIVED]* Specify how many days received
- DID NOT RECEIVE ANY INTERVENTION FOR A DIAGNOSED STIMULANT USE DISORDER
- CLIENT DOES NOT REPORT SUCH A DIAGNOSIS


5. Have you been diagnosed with a tobacco use disorder, if so which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [CHECK ALL THAT APPLY.]

- Nicotine Replacement *[IF RECEIVED]* Specify how many days received
- Bupropion *[IF RECEIVED]* Specify how many days received
- Varenicline *[IF RECEIVED]* Specify how many days received
- DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED TOBACCO USE DISORDER
- CLIENT DOES NOT REPORT SUCH A DIAGNOSIS


NEW

New questions added about stimulant use disorder, tobacco use disorder, and interventions/medications



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Questions 4 and 5 are new!

- Question 4 asks if the client has been diagnosed with a stimulant use disorder, and if so, which evidence-based intervention did they receive in the past 30 days.
- Question 5, also new, follows the same pattern as questions 2 (AOD), 3 (OUD), and 4 (StUD) but for tobacco use disorder and related medications.

## Section B. Substance Use and Planned Services

**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, SKIP TO QUESTION 8]*
- REFUSED *[SKIP TO QUESTION 8]*


**NEW**



**7. 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

**NEW**

New questions added about overdose and interventions



Question 6 was added and asks about overdose(s) in the past 30 days. If the client reports experiencing an overdose, then question 7 is asked to determine if they received an intervention(s).



## Section B. Substance Use and Planned Services


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]

9. Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder?

- Less than 6 months ago
- Between 6 months and one year ago
- One to two years ago
- Two to three years ago
- Three to four years ago
- Five or more years ago
- REFUSED

New questions added about inpatient and outpatient treatment for substance use disorder



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45

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Questions 8 and 9 were added.

- Question 8 asks how many times the client has been treated at an inpatient or outpatient facility for a substance use disorder.
- If they report any past treatment, the interviewer asks question 9 about the last time they received treatment.

## Section B. Substance Use and Planned Services

10. **Have you ever been diagnosed with a mental health illness by a health care professional?**

Yes  
 No *[SKIP TO QUESTION 11]*  
 REFUSED *[SKIP TO QUESTION 11]*


10a. **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
<b>Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders</b>	
Brief psychotic disorder	<input type="radio"/>
Delusional disorder	<input type="radio"/>
Schizoaffective disorders	<input type="radio"/>
Schizophrenia	<input type="radio"/>
Schizotypal disorder	<input type="radio"/>
Shared psychotic disorder	<input type="radio"/>
Unspecified psychosis	<input type="radio"/>

New question added about mental health diagnoses

Question text and response options significantly revised

Question about mental health diagnoses moved from Section A



- Question 10, “Have you ever been diagnosed with a mental health illness by a health care professional?” was added. **If the client responds, “Yes” 10a is asked.**
  - Question 10a was moved (from the Behavioral Health Diagnoses section in the expiring tool) and both the instructions and response categories were revised.
  - **The client is asked to self-report their mental health illnesses, but if preferred, the list in the table can be read to the client.**
  - The list begins with, Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders.

Please note, there is a **NONE OF THE ABOVE** is a response option if the client does not report any of the mental health illnesses on the list, at the bottom.

## Section B. Substance Use and Planned Services


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	○
Phobic anxiety disorders	○
Social phobias (Social anxiety disorder)	○
Specific (isolated) phobias	○
Obsessive-compulsive disorders	
Excoriation (skin-picking) disorder	○
Hoarding disorder	○
Obsessive-compulsive disorder	○
Obsessive-compulsive disorder with mixed obsessional thoughts and acts	○

Question text and response options significantly revised



Question moved from Section A

Next on the list is Mood [affective] disorders, Phobic Anxiety and other anxiety disorders, and Obsessive-compulsive disorders.

## Section B. Substance Use and Planned Services





Reaction to severe stress and adjustment disorders		
Acute stress disorder, reaction to severe stress, and adjustment disorders		<input type="radio"/>
Adjustment disorders		<input type="radio"/>
Body dysmorphic disorder		<input type="radio"/>
Dissociative and conversion disorders		<input type="radio"/>
Dissociative identity disorder		<input type="radio"/>
Post traumatic stress disorder		<input type="radio"/>
Somatoform disorders		<input type="radio"/>
Behavioral syndromes associated with physiological disturbances and physical factors		
Eating disorders		<input type="radio"/>
Sleep disorders not due to a substance or known physiological condition		<input type="radio"/>

Question text and response options significantly revised


Question moved from Section A

Reactions to severe stress and adjustment disorders and Behavioral syndromes associated with physiological disturbances and physical factors, were also added.

42

## Section B. Substance Use and Planned Services






Disorders of adult personality and behavior	
Antisocial personality disorder	<input type="radio"/>
Avoidant personality disorder	<input type="radio"/>
Borderline personality disorder	<input type="radio"/>
Dependent personality disorder	<input type="radio"/>
Histrionic personality disorder	<input type="radio"/>
Intellectual disabilities	<input type="radio"/>
Obsessive-compulsive personality disorder	<input type="radio"/>
Other specific personality disorders	<input type="radio"/>
Paranoid personality disorder	<input type="radio"/>
Personality disorder, unspecified	<input type="radio"/>
Pervasive and specific developmental disorders	<input type="radio"/>
Schizoid personality disorder	<input type="radio"/>

NONE OF THE ABOVE

Question text and response options significantly revised

Question moved from Section A



Finally, there is the Disorders of adult personality and behavior category.


Please note, **NONE OF THE ABOVE** is a response option if the client does not report any of the mental health illnesses on the list.

Minor revisions made to question text about screening

Questions moved from Section A

New question added about referral to assessment for co-occurring disorders

Reported by program staff only at intake



## Section B. Substance Use and Planned Services

**[FOLLOW-UP AND DISCHARGE INTERVIEWS: GO TO SECTION C. AT INTAKE, CONTINUE WITH THE FOLLOWING QUESTIONS]**

**11. Was the client screened by your program, using an evidence-based tool or set of questions, for co-occurring mental health and/or substance use disorders?**



Yes  No *[SKIP TO QUESTION 12]*

**11a. Did the client screen positive for co-occurring mental health and substance use disorders?**

Yes  No

**11b. *[IF YES TO QUESTION 11a]* Was the client referred for further assessment for a co-occurring mental health and substance use disorder?**

Yes  No

This set of questions is reported by program staff at intake only. Questions 11 and 11a moved (from the Behavioral Health Diagnoses section in the expiring tool to Section B in the new tool).


Question 11 underwent minor revisions –The question text was revised to read “using an evidence-based tool or set of questions.” If the program does not screen for co-occurring disorders, then the interviewer can skip to question 12.

If the program does screen for co-occurring disorders, program staff answer question 11a about whether the client screened positive for co-occurring mental health and substance use disorders and question 11b (Added Question), asks if the client was referred for further assessment.

Significant revisions made to question and response options about planned services

Question moved from Section A

Reported by program staff only at intake)



**SPARS**

## Section B. Planned Services Provided Under Grant Funding

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.]*

**Modality**  
*[SELECT AT LEAST ONE MODALITY.]*

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
  - E. Disulfiram
  - F. Acamprosate
  - G. Nicotine Replacement
  - H. Bupropion
  - I. Varenicline
7. Residential Rehabilitation
8. Withdrawal Management (Select Only One)
  - A. Hospital Inpatient
  - B. Free Standing Residential
  - C. Ambulatory Detoxification
9. After Care
10. Recovery Support
11. Other (Specify)

*[SELECT AT LEAST ONE SERVICE.]*

**Treatment Services**  
*[SBIRT GRANTS: YOU MUST PROVIDE AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]*

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)

Question 12, the Planned Services section was moved (from Section A of the expiring tool) to Section B in the new tool.

This question underwent significant revisions -service categories were revised, and several categories were added.

**These data are still reported by program staff only at intake.** Program staff check all the modalities and service categories that will be provided as part of the grant.

Under Modality: eight medications were added.


Under Treatment Services: Treatment/Recovery Planning was made into two separate categories (Treatment Planning and Recovery Planning) and Contingency Management, Community Reinforcement, Cognitive Behavioral Therapy, and Cultural Interventions/Activities were added.

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Significant revisions made to question and response options about planned services



Question moved from Section A

Reported by program staff only at intake)



## Section B. Planned Services Provided Under Grant Funding

<p><b>Case Management Services</b></p> <ol style="list-style-type: none"> <li>1. Family Services (E.g. Marriage Education, Parenting, Child Development Services) <input type="radio"/></li> <li>2. Child Care <input type="radio"/></li> <li>3. Employment Service <input type="radio"/> <ol style="list-style-type: none"> <li>A. Pre-Employment <input type="radio"/></li> <li>B. Employment Coaching <input type="radio"/></li> </ol> </li> <li>4. Individual Services Coordination <input type="radio"/></li> <li>5. Transportation <input type="radio"/></li> <li>6. HIV/AIDS Services <input checked="" type="radio"/> <ol style="list-style-type: none"> <li>A. If HIV Neg. Pre-Exposure Prophylaxis <input type="radio"/></li> <li>B. If HIV Neg. Post-Exposure Prophylaxis <input type="radio"/></li> <li>C. If HIV Positive, HIV Treatment <input type="radio"/></li> </ol> </li> <li>7. Transitional Drug-Free Housing Services <input type="radio"/></li> <li>8. Housing Support <input checked="" type="radio"/></li> <li>9. Health Insurance Enrollment <input checked="" type="radio"/></li> <li>10. Other Case Management Services (Specify) <input type="radio"/></li> </ol> <p><b>Medical Services</b></p> <ol style="list-style-type: none"> <li>1. Medical Care <input type="radio"/></li> <li>2. Alcohol/Drug Testing <input checked="" type="radio"/></li> <li>3. OB/GYN Services <input checked="" type="radio"/></li> <li>4. HIV/AIDS Medical Support &amp; Testing <input type="radio"/></li> <li>5. Dental Care <input checked="" type="radio"/></li> <li>6. Viral Hepatitis Medical Support &amp; Testing <input checked="" type="radio"/></li> <li>7. Other STI Support &amp; Testing <input checked="" type="radio"/></li> <li>8. Other Medical Services (Specify) <input type="radio"/></li> </ol>	<p><b>After Care Services</b></p> <ol style="list-style-type: none"> <li>1. Continuing Care <input type="radio"/></li> <li>2. Relapse Prevention <input type="radio"/></li> <li>3. Recovery Coaching <input type="radio"/></li> <li>4. Self-Help and Mutual Support Groups <input checked="" type="radio"/></li> <li>5. Spiritual Support <input type="radio"/></li> <li>6. Other After Care Services (Specify) <input type="radio"/></li> </ol> <p><b>Education Services</b></p> <ol style="list-style-type: none"> <li>1. Substance Use Education <input type="radio"/></li> <li>2. HIV/AIDS Education <input type="radio"/></li> <li>3. Naloxone Training <input type="radio"/></li> <li>4. Fentanyl Test Strip Training <input type="radio"/></li> <li>5. Viral Hepatitis Education <input checked="" type="radio"/></li> <li>6. Other STI Education Services <input type="radio"/></li> <li>7. Other Education Services (Specify) <input type="radio"/></li> </ol> <p><b>Recovery Support Services</b></p> <ol style="list-style-type: none"> <li>1. Peer Coaching or Mentoring <input type="radio"/></li> <li>2. Vocational Services <input type="radio"/></li> <li>3. Recovery Housing <input type="radio"/></li> <li>4. Recovery Planning <input type="radio"/></li> <li>5. Case Management Services to Specifically Support Recovery <input checked="" type="radio"/></li> <li>6. Alcohol- and Drug-Free Social Activities <input type="radio"/></li> <li>7. Information and Referral <input type="radio"/></li> <li>8. Other Recovery Support Services (Specify) <input type="radio"/></li> <li>9. Other Peer-to-Peer Recovery Support Services (Specify) <input type="radio"/></li> </ol>
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Under Case Management Services there are five added categories, the three types of HIV services, Housing Support, and Health Insurance Enrollment.

Added under Medical Services are OB/GYN Services, Dental Care, Viral Hepatitis Medical Support & Testing, and Other STI Support & Testing.

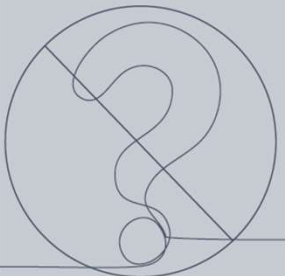
The Aftercare Service categories are the same as in the previous tool with one revision made to the Self-Help and Mutual Support Groups category (Previously: Self-Help and Support Groups)

Under Education Services, Naloxone Training, Fentanyl Test Strip Training, Viral Hepatitis Education, Other STI Education Services, were ADDED. Substance Abuse Education was changed to Substance Use Education.

Peer-to-Peer Recovery Support Services was changed to Recovery Support Services. And added planned service categories include Vocational Services, Recovery Housing, Recovery Planning, and Case Management Services to Specifically Support Recovery.





3 questions dropped from GPRA Tool



## Section B – Dropped Questions

- During the past 30 days, how many days have you used the following:
  - Any alcohol
  - Alcohol to intoxication (5+ drinks in one sitting)
  - Alcohol to intoxication (4 or fewer drinks in one sitting but felt high)
  - Illegal drugs
  - Both Alcohol and drugs (on the same day)
- During the past 30 days, how many days have you used any of the following:
  - Previous list of drugs (read to the client)
  - Route of Administration Types
- In the past 30 days, have you injected drugs?
  - In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?

This is a list of the questions that were dropped and are not included in the new tool.

## GPRA Section C Changes


Section and Topic	Type
<b>Section A</b>	
• Record Management	Administrative
• Planned Services	Administrative
• Demographics	Interview
<b>Section B – Substance Use and Mental Health History</b>	Interview
<b>Section C – Living Conditions</b>	<b>Interview</b>

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

2 questions about living conditions

Minor revision made to response options for housed categories

New question added about living with someone using alcohol or other substances



## Section C. Living Conditions



**C. LIVING CONDITIONS**

1. **In the past 30 days, where have you been living most of the time? *(DO NOT READ RESPONSE OPTIONS TO CLIENT.)***

- 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

Section C. was reduced to two questions about living conditions.

In question 1, minor revisions were made to the Housed subcategories to be more inclusive of different living situations. Wording to include trailers was added to the first two subcategories as seen here. The Halfway House option was expanded to include Transitional Housing and there is now an additional response subcategory for clients living in Recovery Residence or Sober Living.

Question 2 was added and asks if the person is living with anyone who over the past 30 days has regularly used alcohol or other substances.


## GPRA Section D Changes

Section and Topic	Type
Section A	
• Record Management	Administrative
• Planned Services	Administrative
• Demographics	Interview
Section B – Substance Use and Mental Health History	Interview
Section C – Living Conditions	Interview

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

5 questions about education, employment, and income

Minor revisions made to response options about enrollment in school/job training and education



## Section D. Education, Employment, and Income



**D. EDUCATION, EMPLOYMENT, AND INCOME**

1. Are you currently enrolled in school or a job training program? *[IF ENROLLED] Is that full time or part time? [IF CLIENT IS INCARCERATED, CODE DI AS "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





For Section D Question1, response options of “Other” and “Don’t Know” were removed for simplicity.

Number 2, has fewer response options

Minor revisions made to response options


New question added about individual living expenses



## Section D. Education, Employment, and Income

3. Are you currently employed? *[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.] (IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS "NOT LOOKING FOR WORK.")*


- EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD BE, IF NOT FOR LEAVE OR AN EXCUSED ABSENCE)
- EMPLOYED, PART TIME
- UNEMPLOYED—BUT LOOKING FOR WORK
- NOT EMPLOYED, NOT LOOKING FOR WORK
- NOT WORKING DUE TO A DISABILITY
- RETIRED, NOT WORKING
- OTHER (SPECIFY) \_\_\_\_\_
- REFUSED





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4. Do you, individually, have enough money to pay for the following living expenses? **Choose all that apply.**

- Food
- Clothing
- Transportation
- Rent/Housing
- Utilities (Gas/Water/Electric)
- Telephone Connection (Cell or Landline)
- Childcare
- Health Insurance
- REFUSED



question 3's response options, which asks about employment status, were revised for clarity but no new response options were added.

Question 4, is a new question that asks the client if they individually have enough money to pay for eight types of living expenses. Choices are read aloud and they should choose all that apply.

## Section D. Education, Employment, and Income

5. What is your personal annual income, meaning the total pre-tax income from all sources, earned in the past year?

- \$0 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more
- REFUSED

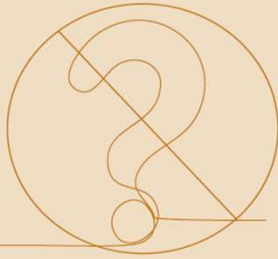


New question added  
about personal annual  
income



Question 5 is a new question that asks about annual income from all sources.

2 questions dropped  
from GPRA Tool



## Section D – Dropped Questions

- Approximately, how much money did you receive (pre-tax individual income) in the past 30 days from...
  - Wages
  - Public assistance
  - Retirement
  - Disability
  - Non-legal income
  - Family and/or friends
  - Other
- Have you enough money to meet your needs?



Two questions were dropped from Section D. The questions related to annual income and living expenses were streamlined to reduce burden.



## GPRA Section E Changes


Section and Topic	Type
Section A	
• Record Management	Administrative
• Planned Services	Administrative
• Demographics	Interview
Section B – Substance Use and Mental Health History	Interview
Section C – Living Conditions	Interview

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

4 questions about legal status

Significant and minor revisions made to question text and response options


New question added about drug court programs




## Section E. Legal

**E. LEGAL**


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

Section E. Legal was revised.

In question 1 –“In the past 30 days, how many times have you been arrested?” – clarification was added in brackets and “currently incarcerated” was added as a response option.

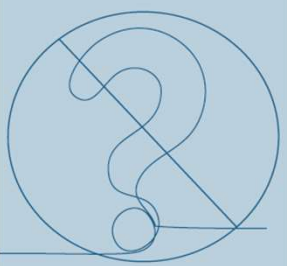
In question 3 –the question stem –“Are you currently on parole or probation” was clarified to include “intensive pretrial supervision” and response options were added.



Question 4, is an added question related to current participation in a drug court program or deferred prosecution agreement.

2 questions dropped from GPRA Tool

## Section E – Dropped Questions

- In the past 30 days, how many times have you been arrested for drug-related offenses?
  - In the past 30 days, how many nights have you spent in jail/prison?
- In the past 30 days, how many times have you committed a crime?



Here are the questions that were dropped from Section E.

## GPRA Section F Changes

Section and Topic	Type
<b>Section A</b>	
• Record Management	Administrative
• Planned Services	Administrative
• Demographics	Interview
<b>Section B</b> –Substance Use and Mental Health History	Interview
<b>Section C</b> –Living Conditions	Interview

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

5 questions about mental and physical health problems and treatment/recovery

Minor revision made to question text about quality of life



## Section F. Mental and Physical Health Problems and Treatment/Recovery



### F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

#### 1. How would you rate your quality of life over the past 30 days?


- Very poor
- Poor
- Neither poor nor good
- Good
- Very good
- REFUSED



Section F. Mental and Physical Health Problems and Treatment/Recovery was reduced to five questions. A minor revision was made to question 1 to focus on quality of life during the past 30 days.

Minor revisions made to question text and response options for mental health symptoms

Significant revision to question text and response options about being bothered by mental health symptoms



## Section F. Mental and Physical Health Problems and Treatment/Recovery

2. 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
2a. Experienced serious depression	<input type="text"/>	<input type="radio"/>
2b. Experienced serious anxiety or tension	<input type="text"/>	<input type="radio"/>
2c. Experienced hallucinations	<input type="text"/>	<input type="radio"/>
2d. Experienced trouble understanding, concentrating, or remembering	<input type="text"/>	<input type="radio"/>
2e. Experienced trouble controlling violent behavior	<input type="text"/>	<input type="radio"/>
2f. Attempted suicide	<input type="text"/>	<input type="radio"/>
2g. Been prescribed medication for psychological/emotional problem	<input type="text"/>	<input type="radio"/>

[IF CLIENT REPORTS 1 OR MORE DAYS TO ANY QUESTION IN #2, PLEASE ENSURE THAT THEY ARE SEEN BY A LICENSED PROFESSIONAL AS SOON AS POSSIBLE.]

3. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- NO REPORTED MENTAL HEALTH COMPLAINTS IN THE PAST 30 DAYS ★
- REFUSED


**SPARS**

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

For question 2 , both the question text and instructions changed. The question no longer includes the phrase “not due to your use of alcohol or drugs.”

In question 3, response options changed –it now includes “No Reported Mental Health Complaints in the Past 30 Days.”

New questions added about medical care and health insurance



**SPARS**

## Section F. Mental and Physical Health Problems and Treatment/Recovery NEW

**4. In the past 30 days, where have you gone to receive medical care? You may select more than one response.**


- Primary Care Provider
- Urgent Care
- The Emergency Department
- A specialist doctor
- No care was sought
- Other (SPECIFY) \_\_\_\_\_

**5. Do you currently have medical/health insurance?**

- Yes
- No *[GO TO NEXT SECTION]*
- REFUSED *[GO TO NEXT SECTION]*

**5a. What type of insurance do you have [CHECK ALL THAT APPLY]?**

- Medicare
- Medicaid
- Private Insurance or Employer Provided
- TRICARE or other military health care
- An assistance program [for example, a medication assistance program]
- Any other type of health insurance or health coverage plan (SPECIFY) \_\_\_\_\_
- REFUSED

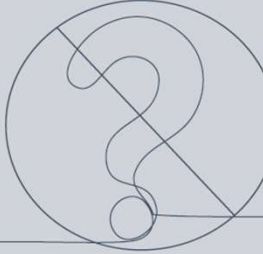


Three new questions related to access to medical care and health insurance were added.

Question 4 asks where the client has gone to receive medical care in the past 30 days.

Questions 5 and 5a –Asks if the client currently has medical or health insurance, and if so, what type of insurance they have. The client can select more than one type of insurance and/or coverage.



questions dropped  
from GPRA Tool



## Section F – Dropped Questions

- How would you rate your overall health right now?
- During the past 30 days, did you receive:
  - Inpatient treatment
  - Outpatient treatment
  - Emergency room treatment
- Have you ever been tested for HIV?
  - Do you know the results of your HIV testing?
- Do you have enough energy for everyday life?

- How satisfied are you with yourself?
- Have you ever experienced violence or trauma in any setting?
  - Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or present you:
    - Have had nightmares about it or thought about it when you did not want to?
    - Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
    - Were constantly on guard, watchful, or easily startled?
    - Felt numb and detached from others, activities, or your surroundings?
- In the past 30 days, how often have you been hit, kicked, slapped or otherwise physically hurt?

These questions were dropped from Section F, including the entire section on violence and trauma.

We'd also like to remind folks, that while these specific questions were dropped, similar data is captured elsewhere in the new tool. The goal here and elsewhere was to ask questions that are applicable to the general population.




## GPRA Section G Changes


Section and Topic	Type	Section and Topic	Type
Section A		Section D – Education, Employment, Income	Interview
• Record Management	Administrative	Section E – Legal	Interview
• Planned Services	Administrative	Section F – Mental & Physical Health Problems & Treatment/Recovery	Interview
• Demographics	Interview	<b>Section G – Social Connectedness</b>	<b>Interview</b>
Section B – Substance Use and Mental Health History	Interview	Section H – Program-Specific Questions	Interview
Section C – Living Conditions	Interview		

4 questions about social connectedness

Minor revisions made to question text and response options about support groups and family/friend support





## Section G. Social Connectedness



**G. SOCIAL CONNECTEDNESS**

**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 *[IF YES] Specify How Many Times* 
 REFUSED  
 No  
 REFUSED


In Section G. Social Connectedness, questions around involvement in self-help groups were combined to reduce burden and a new question about social connections to support recovery was added.

Question 1 was revised to include all types of self-help groups and now indicates that voluntary mutual support groups for recovery could be in-person or virtual attendance.

## Section G. Social Connectedness


**3. How satisfied are you with your personal relationships?**

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- REFUSED




Minor revisions made to response options about relationships



New question added about changing social connections/places that negatively impact recovery



**4. In the past 30 days did you realize that you need to change those social connections or places that negatively impact your recovery?**

- Yes
- No
- REFUSED

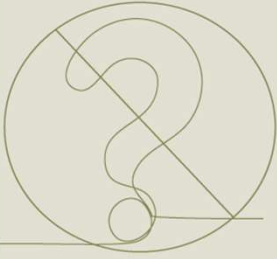




Question 3 –which asks about satisfaction with personal relationships also remains mostly unchanged. The “Don’t Know” response option was removed.

Question 4 –Is a new/added question about realizing the need to change social connections and/or places that negatively impact a person’s recovery.

3 questions dropped  
from GPRA Tool



## Section G – Dropped Questions

- In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?
- In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?
- To whom do you turn to when you are having trouble?



Three questions were dropped from the Section G.

## GPRA Section H: Program Specific Questions

Section and Topic	Type
<b>Section A</b>	
• Record Management	Administrative
• Planned Services	Administrative
• Demographics	Interview
<b>Section B – Substance Use and Mental Health History</b>	Interview
<b>Section C – Living Conditions</b>	Interview

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

## GPRA Section H: Program Specific Questions

### 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. In general I am happy with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. I have enough energy to complete the tasks I set for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. I am proud of the community I live in and feel a part of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. I get lots of support from friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. I regard my life as challenging and fulfilling without the need for using drugs or alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1g. My living space has helped to drive my recovery journey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. I take full responsibility for my actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1i. I am happy dealing with a range of professional people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1j. I am making good progress on my recovery journey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FYI!  
BARC-10 will remain the same

Section H!

## **GPRC Follow-Up/Discharge Changes**

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**FOLLOW-UP STATUS**

**DISCHARGE STATUS & SERVICES RECEIVED**

3 questions about follow-up status

Data reported by program staff at follow-up only

New question added about client contact




## Follow-up Status

*[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]*

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, DON'T KNOW, AND MISSING WILL NOT BE ACCEPTED.]*

01 = Deceased at time of due date

11 = Completed interview within specified window

12 = Completed interview outside specified window

21 = Located, but Refused, unspecified

22 = Located, but unable to gain institutional access

23 = Located, but otherwise unable to gain access

24 = Located, but withdrawn from project

31 = Unable to locate, moved

32 = Unable to locate, other (Specify) \_\_\_\_\_



3. Is the client still receiving services from your program?

Yes

No

Please complete Sections B, C, D, E, F, G and those sections of Section II assigned to your program.

*[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]*

Follow-up Status –Is reported by program staff. This section has one additional question, number 1. The intent is to record if the client was contacted to conduct the follow-up interview.

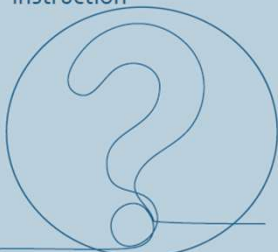
Questions 2 and 3 about follow-up status remain unchanged.



6 questions about discharge status

Data reported by program staff only at discharge

Minor revision to discharge status skip instruction



## Discharge Status

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

#### 1. On what date was the client discharged?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

#### 2. What is the client's discharge status?

- 01 = Completion/Graduate [SKIP TO QUESTION 3]
- 02 = Termination




#### 2a. If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]

- 01 = Left on own against staff advice with satisfactory progress
- 02 = Left on own against staff advice without satisfactory progress
- 03 = Involuntarily discharged due to nonparticipation
- 04 = Involuntarily discharged due to violation of rules
- 05 = Referred to another program or other services with satisfactory progress
- 06 = Referred to another program or other services with unsatisfactory progress
- 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- 11 = Transferred to another facility for health reasons
- 12 = Death
- 13 = Other (Specify) \_\_\_\_\_




The only change here is the skip instructions that were added

## Discharge Status


3. Did the program order an HIV test for this client? 



Yes *[SKIP TO QUESTION 5]*  
 No

4. Did the program refer this client for HIV testing with another provider? 

Yes  
 No

Minor revisions to question text about HIV testing





Questions 3 and 4 underwent minor revisions with the question text being revised.

## Discharge Status


5. **Did the program provide Naloxone and/or Fentanyl Test Strips to this client at any time during their involvement in grant funded services?**



- Naloxone
- Fentanyl Test Strips
- Both Naloxone and Fentanyl Test Strips
- Neither

6. **Is the client fully vaccinated against the virus that causes COVID-19?**

- Yes
- No, partially vaccinated with plans to receive the subsequent vaccination on time
- No, partially vaccinated with no plan to receive the subsequent vaccination
- No, client refused vaccination
- Refused to answer

New questions added about Naloxone and/or Fentanyl Test Strip distribution and COVID-19 vaccination status



Questions 5 and 6 are new.

Question 5 asks program staff if the program provided Naloxone and/or Fentanyl Test Strips to the client at any time during the involvement in the grant program.


And question 6 asks program staff if the client is fully vaccinated against the virus that causes COVID-19.

*If a client reports having received two doses of the Pfizer, Moderna, or Novavax vaccines, or one dose of the Johnson & Johnson vaccine, they are considered fully vaccinated. If they received only one dose of Pfizer or Moderna/Spikevax, or none of the vaccines, they are not fully vaccinated.*

7 questions about services received under grant funding

Significant revisions made to question and response options

Reported by program staff only at discharge





## Services Received Under Grant Funding

**I. Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]**

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. Acamprosat	
G. Nicotine Replacement	
H. Bupropion	
I. Vaccinations	
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. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE SESSION IN ONE SERVICE CATEGORY.]**

Treatment Services (SEMI GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.)	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) _____	





Services Received Under Grant Funding is reported by program staff only at discharge. The categories here align with to the categories in Section B. Planned Services that we already reviewed so we won't dig into those here.

For Modality -- The stem of the question remains the same. It asks program staff to report the number of days of services provided to the client during the client's course of treatment/recovery.

**Please make sure to read all the instructions in the question when you are administering the GPRA you know how to answer it correctly.**

New questions added about attendance in planned services, telehealth, and opioid use disorder diagnosis and medication



## Services Received Under Grant Funding

**2. Has this client attended 60% or more of their planned services?**

Yes  
 No

**3. Did this client receive any services via telehealth or a virtual platform?**

Yes  
 No

**4. Has this client previously been diagnosed with an opioid use disorder?**



Yes  
 No *[SKIP TO QUESTION 5]*

**4a. 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.]**

<input type="radio"/> Methadone	[IF RECEIVED] Specify how many days received	[ ] [ ]
<input type="radio"/> Buprenorphine	[IF RECEIVED] Specify how many days received	[ ] [ ]
<input type="radio"/> Naltrexone	[IF RECEIVED] Specify how many days received	[ ] [ ]
<input type="radio"/> Extended-release Naltrexone	[IF RECEIVED] Specify how many doses received	[ ] [ ]
<input type="radio"/> Client did not receive an FDA-approved medication for a diagnosed opioid use disorder <i>[SKIP TO QUESTION 5]</i>		

**4b. Has this client taken the medication as prescribed?**

Yes  
 No

Questions 2 through 4b are new. (And also reported by program staff only at discharge.)

Question 2 asks, “Has this client attended 60% or more of their planned services?”

Question 3 asks, “Did this client receive any services via telehealth or a virtual platform?”

And Section, questions 4 through 7 follow a format similar to those in Section B. Planned Services (B2 through B5).

Question 4 asks, “Has this client previously been diagnosed with an opioid use disorder (OUD)?”

If Yes, question 4a asks, “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].” If the client received the medication, staff should specify how many days (out of the last 30) they received it.

Question 4b asks if the client has taken the medication as prescribed.

## Services Received Under Grant Funding

**NEW**

5. **Has this client previously been diagnosed with an alcohol use disorder?**

Yes  
 No *[SKIP TO QUESTION 6]*


5a. **In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? [CHECK ALL THAT APPLY.]**



<input type="radio"/> Naltrexone	<i>[IF RECEIVED]</i> Specify how many days received	<input type="text"/>	<input type="text"/>
<input type="radio"/> Extended-release Naltrexone	<i>[IF RECEIVED]</i> Specify how many doses received	<input type="text"/>	<input type="text"/>
<input type="radio"/> Disulfiram	<i>[IF RECEIVED]</i> Specify how many days received	<input type="text"/>	<input type="text"/>
<input type="radio"/> Acamprosate	<i>[IF RECEIVED]</i> Specify how many days received	<input type="text"/>	<input type="text"/>
<input type="radio"/> Client did not receive an FDA-approved medication for an alcohol use disorder <i>[SKIP TO QUESTION 6]</i>			

5b. **Has this client taken the medication as prescribed?**

Yes  
 No


New questions added about alcohol use disorder and medications







Question 5 follows the same format as question 4 but focuses on alcohol use disorder and associated medications.

New question added about stimulant use disorder and interventions



## Services Received Under Grant Funding



6. Has this client previously been diagnosed with a stimulant use disorder?



Yes  
 No *[SKIP TO QUESTION 7]*

6a. In the past 30 days, which interventions did the client receive for the treatment of this stimulant use disorder? *[CHECK ALL THAT APPLY.]*

<input type="checkbox"/> Contingency Management	<i>[IF RECEIVED]</i> Specify how many days received	[ ] [ ]
<input type="checkbox"/> Community Reinforcement	<i>[IF RECEIVED]</i> Specify how many days received	[ ] [ ]
<input type="checkbox"/> Cognitive Behavioral Therapy	<i>[IF RECEIVED]</i> Specify how many days received	[ ] [ ]
<input type="checkbox"/> Other treatment approach	<i>[IF RECEIVED]</i> Specify how many days received	[ ] [ ]
<input type="checkbox"/> Client did not receive any intervention for a stimulant use disorder; <i>[SKIP TO QUESTION 7]</i>		

6b. Has this client attended and participated in interventions for stimulant use disorder?

Yes  
 No

Question 6 follows the same format but focuses on stimulant use disorder and associated interventions.



New question added about tobacco use disorder and medications



## Services Received Under Grant Funding



7. Has this client previously been diagnosed with a tobacco use disorder?

- Yes
- No *[THE DISCHARGE INTERVIEW IS COMPLETE.]*

7a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? *[CHECK ALL THAT APPLY.]*

- Nicotine Replacement *[IF RECEIVED]* Specify how many days received 

- Bupropion *[IF RECEIVED]* Specify how many days received 

- Varenicline *[IF RECEIVED]* Specify how many days received 

- Client did not receive an FDA-approved medication for a tobacco use disorder *[THE DISCHARGE INTERVIEW IS COMPLETE.]*

7b. Has this client taken the medication as prescribed?

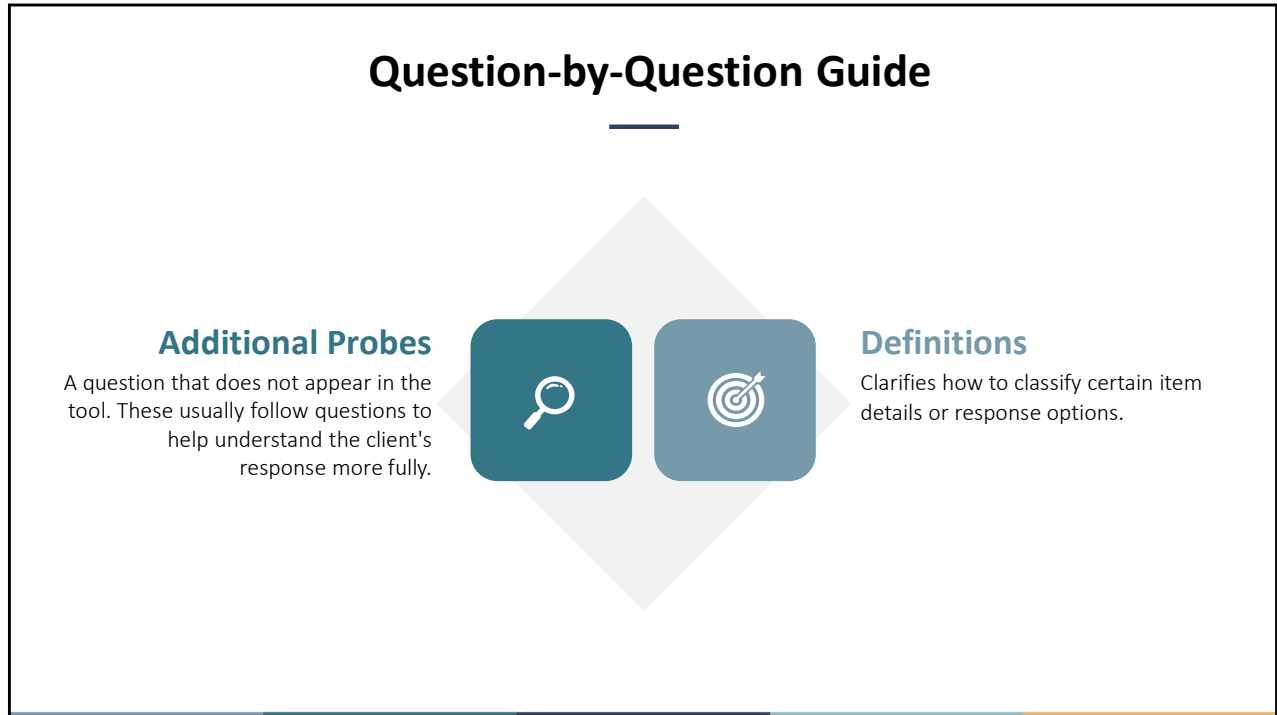
- Yes
- No



Question 7 follows the same format but focuses on tobacco use disorder and associated medications.



## Wrap-Up & Questions



The Q by Q is a great tool to help understand every question in the GPRA. It is organized by the sections of the GPRA tool. For each section there is an overview as well as definitions that apply to the items in that section. This is a great tool to refer to if you ever aren't sure about a particular item, what it's asking, how to categorize certain responses, etc. Many folks we have trained try to have this with them when conducting their first few interviews as you can refer to it quickly if need be. We would encourage you and your staff to get familiar with this resource.

## Tips and Next Steps

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- ✓ Print new GRPAs January 20 to be ready for launch on Jan 21!
- ✓ Read through the GPRAs completely before using
- ✓ Use the Question-by-Question guide
- ✓ Review this training and the slides
- ✓ Access updated GPRA links on our website
- ✓ Reminder! The consent form changed October 1
- ✓ Reminder! Maximum of 1 GPRA at each time point
- ✓ Full GPRA Training January 31



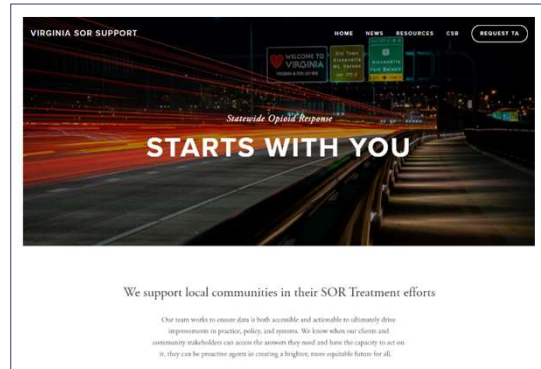
## SOR Website & Technical Support

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**Thank You!**

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