



PA Department of Drug and Alcohol Programs

State Opioid Response (SOR)
Government Performance and
Results Act
(GPRA)

Opening Remarks

Deputy Secretary Department of Drug and Alcohol Programs

Ellen DiDomenico

▶ Presenter:

Rob Rounce
Division Chief, Specialty Grants

References

- CSAT GPRA Tool
- GPRA Question by Question Instruction Guide
- GPRA Frequently Asked Questions
- GPRA PowerPoint
- SOR Gift Card Procedural Statement
- All of the above on DDAP website
 - “For Professionals”
 - “For Single County Authorities (SCA)”

What is GPRA?

- GPRA is public law passed by Congress in 1993
- GPRA Modernization Act of 2010 updated some aspects
 - Setting priorities
 - Cross-organizational collaboration
 - Analysis of goals and measures to improve outcomes
 - Due to mandate, all SAMHSA grantees and providers are required to collect and report data
- Enacted to improve stewardship in Federal Gov't
- Links resources and management decisions with performance

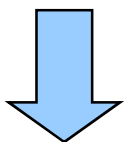
▶ GPRA - Purpose

- Increase accountability
- Initiate program improvements
- Improve service delivery
- Improve congressional decision-making

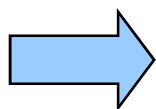
What's the Big Deal?



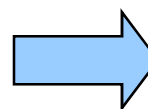
1. Providers collect GPRA data (WITS)



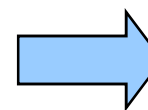
2. WITS uploads data to CSAT



3. CSAT Project Officers review data for adherence to goals



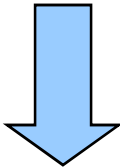
4. Branch Chief and Division Director review data.



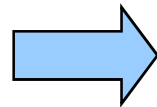
What's the Big Deal? (continued)



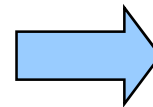
5. CSAT Director submits data to SAMHSA for review



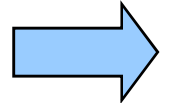
6. SAMHSA analyzes data against CSAT performance measures and submits to DHHS



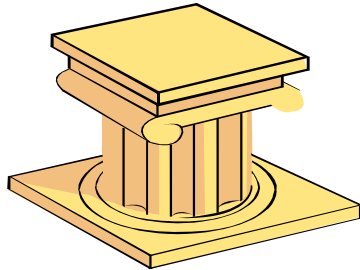
7. DHHS reviews SAMHSA data and submits to OMB



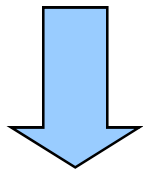
8. OMB reviews data and submits to Congress



What's the Big Deal? (continued)



9. Congress reviews data from all agencies under DHHS.



10. Limited resources requires selective funding by Congress

- Administration for Children and Families
- Administration on Aging
- Agency for Healthcare Research and Quality
- Agency for Toxic Substances and Disease Registry
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- Program Support Center
- **Substance Abuse and Mental Health Services Administration**

Good data helps convince Congress to continue funding treatment

▶ What is the CSAT GPRA Tool?

- The CSAT GPRA Tool is a list of broad items and questions
- Questions were taken from widely used data collection instruments
 - Addiction Severity Index (ASI)
 - McKinney Homeless Program reporting system
 - AIDS Risk Assessment (ARA)
 - Short Form-36 Health Survey

Who gets a CSAT GPRA?

- SOR GPRA is required for all clients/patients/consumers who are receiving SOR funded services.
- If a client has been funded through another federal grant, and has left services but is returning and engaging in services funded through SOR then that client should have a GPRA interview completed.

▶ How is the CSAT GPRA Tool Used?

- Questions on tool must be asked as written
- Tool shall not be changed
- Administered face-to-face with clients
- Administered over the course of one day
- Clients should not fill out the tool
- Should not be used to formulate a diagnosis for clients

When is the CSAT GPRA Tool Used?

- After the Level of Care Assessment
 - *not required to be entered into PA WITS*
- After diagnosis
 - *not required to be entered into PA WITS until admission into treatment*
- SOR funded treatment (in part or whole)
- SOR funded Treatment-Related & Recovery Support Services
 - Case Management
 - Housing support services
- If DDAP-funded, SOR funds must be used first, if
OUD

Who administers the CSAT GPRA?

- CSAT GPRA tool administration is considered a Case Management function not a treatment function
- SCAs should not be passing along the responsibility of completing the CSAT GPRA tool to treatment providers

The CSAT GPRA Tool

Form Approved
OMB No. 0930-0208
Expiration Date: 02/28/2022

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

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E21B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0208.

GPRRA Overview

- Section A
 - Record Management
 - Behavioral Health Diagnosis
 - Planned Services
 - Demographics
 - Military Family and Deployment

GPRRA Overview

- Section B – Drug and Alcohol Use
- Section C – Family and Living Conditions
- Section D – Education, Employment and Income
- Section E – Crime and Criminal Justice Status
- Section F – Mental and Physical Health Problems and Treatment/Recovery
- Section G – Social Connectedness
- Section I – Follow-Up Status
- Section J – Discharge Status
- Section K – Services Received

What are the Data Collections Points?

GPR data collection points

Intake/Baseline

6-month-post-intake (5-to 8 months after GPR intake interview date)

Discharge GPR allowed after 30 days of no activity or when client is discharged from treatment, Case Management or Recovery Support Service

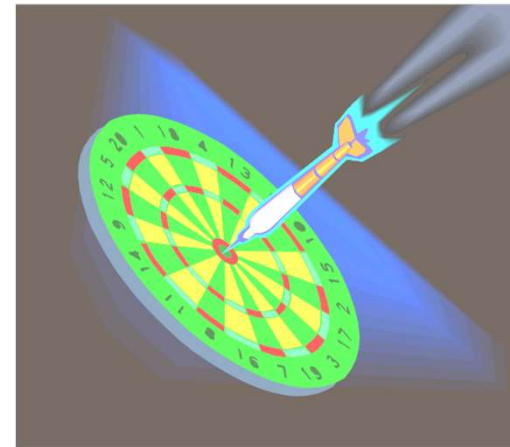
▶ GPRA Sections to be Completed

GPRA data collection points
Intake/Baseline
6-month-post-intake
Discharge

GPRA sections completed
A-G
B-G, I
B-G, J, K

CSAT GPRA Tool Expectation

- Intake, 6 month post intake, and discharge
- Minimum expectation 80% follow up GPRA
- Follow-up valid if obtained during period 5 months to 8 months following intake GPRA
- Face-to-Face, Telephone interview, if client is not available for in person interview
- Target Follow-up Rate = 100%
- Minimum Follow-up Rate = 80%

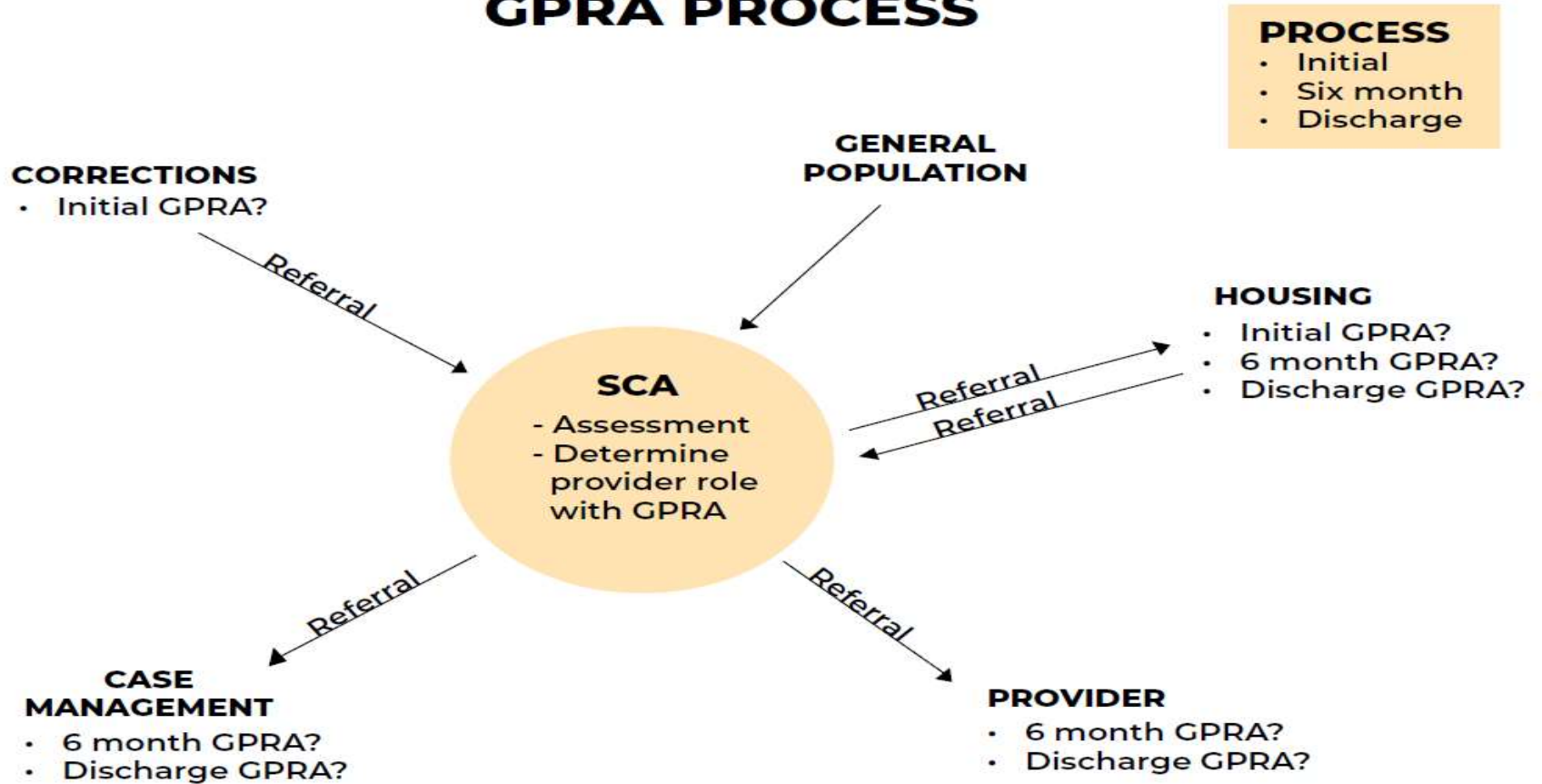


Incentives for CSAT GPRA follow-up / discharge

- Incentives
- SOR funding may be used for incentives to encourage the completion of certain types of GPRA interviews, with a maximum non-cash value of \$30 per interview.
- Interviews
 - GPRA 6 month post intake
 - GPRA discharge interview where staff contact a client to complete a discharge interview who has either left or dropped out of a program. An incentive cannot be used for “routine discharge interviews”

SCAs Role in the CSAT GPRA Process

GPRA PROCESS



Next Steps:

- ✓ Role of WITS /
Changes in
WITS
- ✓ "Save the Date"
Tuesday, Sept.
10, 2019
9am to 11am
SOR Module
Instruction



▶ The End!

