

TOR GPRA Data Collection Overview

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GPRA Overview

- All SAMHSA grantees are required to collect and report data, so that SAMHSA can meet it's obligations under the GPRA Modernization ACT of 2010.
- GPRA data allows SAMHSA to determine the impact of its grant programs.
- GPRA data enables SAMHSA to report on key outcome measures related to the TOR program.



GPRR Data Reporting Requirements Overview

- Two GPRR data collection requirements:
 1. GPRR Program Instrument: Grantees who are purchasing and distributing naloxone **with TOR funds** are responsible for reporting the number of kits purchased and distributed on a quarterly basis.
 2. GPRR Client Instrument: Grantees providing individual treatment and recovery support services **with TOR funds** are required to report client-level data on elements including, but not limited to: diagnosis, demographics, substance use, services received, type of MAT received, etc.
- Data will be collected using [SAMHSA's Performance Accountability and Reporting System \(SPARS\)](#).



GPRR Program-Level Data Collection

- All TOR Grantees Report Program-Level Data
 - Data will be collected quarterly and reported in SPARS.
 - Information will be due 30 days after the end of the reporting period.

State Opioid Response (SOR)/Tribal Opioid Response (TOR) – Program Instrument

For all program-specific questions below, consider the past three months as the reporting time period. Information and data should be reported for all programs/services either funded wholly or in part by SOR/TOR grant funds.

For all questions below, if unable to answer a question that requires a number, please indicate the reason as follows:

- 1 DATA UNAVAILABLE
- 2 DATA AVAILABLE, BUT UNABLE TO OBTAIN IN ALLOTTED TIME
- 3 DATA AVAILABLE, BUT INCONSISTENT IN DIFFERENT DATA SOURCES
- 4 OTHER (Specify the reason following the section in the space provided).

Naloxone Overdose Reversal Kit Distribution and Utilization

| | |
|----|---|
| 1 | Has your state/territory/tribal entity used SOR/TOR funds to expand the availability, distribution, and use of naloxone overdose reversal kits (Narcan, Evzio, and others)? Yes/No |
| 1a | If "Yes," how many naloxone overdose reversal kits have been purchased (funded) wholly or in part since the last reporting period with SOR/TOR funds? ____ kits If information is unavailable, please indicate why using the codes provided above |
| 1b | If "Yes," how many naloxone overdose reversal kits funded wholly or in part by SOR/TOR funds have been distributed since the last reporting period? ____ kits If information is unavailable, please indicate why using the codes provided above _____ |



GPRA Client-Level Data Collection

- Client-level data collection is required for all clients receiving treatment or recovery services. Not required for prevention activities.
- Data collection is required at:
 1. Baseline (Intake)
 2. Six-month follow-up
 3. Discharge
- No three-month follow-up is required.
- Follow-up interviews are required for every client regardless of discharge status (i.e. complete, dropout).
- All GPRA interviews may be done via phone or video conferencing.



Baseline (Intake) Interview

- Grantees should collect GPRA data on each client as soon as possible after the client's intake into the program.
- Complete Section A through Section G.
- Do not complete Section H.
- Clients who drop out and return for a new episode of care will receive a new intake using the same Client ID number.
- If you have a new TOR grant, and have clients transitioning from a previous TOR grant to a new TOR grant, you must assign the same client ID and enter the client into the new TOR grant.




Follow-Up Interview

- **If the interview is conducted, complete:**
 - Section A – Record Management
 - Sections B through G
 - Section I
- **Administrative follow-up**
 - Section A – Record Management
 - Section I
- **Minimum follow-up rate = 80%**



Follow-Up Interview (con't)

- Follow-up timeline:

| | | |
|--|----------------------------------|--|
| One month before | Two months after (total 90 days) | |
| 5 th month (June 1 st) | 6 th month (July) | 7 th month (August 30 th) |
|  6 th month Anniversary date - July 1 st | | |

- Grantees have 90 days to complete the follow-up interview.



Discharge Interviews

- **Follow your own discharge policy.**
- **If client is reached, complete:**
 - Section A – Record Management
 - Sections B through G
 - Sections J and K
- **If client is not reached, complete administrative discharge:**
 - Record Management
 - Section J and Section K



Addressing Confidentiality Concerns

- GPRC client data is de-identified as clients are assigned ID numbers by your program.
- The client ID is designed match clients' intake and follow-up interviews, while maintaining the anonymity of the client.
- SAMHSA uses aggregate level data to develop reports which are shared with the US Congress.
- SAMHSA does not require IRB approval for GPRC data collection.



Section A: Record Management –Planned Services

A. PLANNED SERVICES

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]

Identify the services you plan to provide to the client during the client's course of treatment/recovery. [SELECT "YES" OR "NO" FOR EACH ONE.]

| Modality | Yes | No |
|--|-----------------------|-----------------------|
| [SELECT AT LEAST ONE MODALITY.] | | |
| 1. Case Management | <input type="radio"/> | <input type="radio"/> |
| 2. Day Treatment | <input type="radio"/> | <input type="radio"/> |
| 3. Inpatient/Hospital (Other Than Detox) | <input type="radio"/> | <input type="radio"/> |
| 4. Outpatient | <input type="radio"/> | <input type="radio"/> |
| 5. Outreach | <input type="radio"/> | <input type="radio"/> |
| 6. Intensive Outpatient | <input type="radio"/> | <input type="radio"/> |
| 7. Methadone | <input type="radio"/> | <input type="radio"/> |
| 8. Residential/Rehabilitation | <input type="radio"/> | <input type="radio"/> |
| 9. Detoxification (Select Only One) | | |
| A. Hospital Inpatient | <input type="radio"/> | <input type="radio"/> |
| B. Free-Standing Residential | <input type="radio"/> | <input type="radio"/> |
| C. Ambulatory Detoxification | <input type="radio"/> | <input type="radio"/> |
| 10. After Care | <input type="radio"/> | <input type="radio"/> |
| 11. Recovery Support | <input type="radio"/> | <input type="radio"/> |
| 12. Other (Specify) _____ | <input type="radio"/> | <input type="radio"/> |

[SELECT AT LEAST ONE SERVICE.]
Treatment Services
[SBIRT GRANTS: YOU MUST SELECT "YES" FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1-4.]

Case Management Services

| | Yes | No |
|--|-----------------------|-----------------------|
| 1. Family Services (Including Marriage Education, Parenting, Child Development Services) | <input type="radio"/> | <input type="radio"/> |
| 2. Child Care | <input type="radio"/> | <input type="radio"/> |
| 3. Employment Service | | |
| A. Pre-Employment | <input type="radio"/> | <input type="radio"/> |
| B. Employment Coaching | <input type="radio"/> | <input type="radio"/> |
| 4. Individual Services Coordination | <input type="radio"/> | <input type="radio"/> |
| 5. Transportation | <input type="radio"/> | <input type="radio"/> |
| 6. HIV/AIDS Service | <input type="radio"/> | <input type="radio"/> |
| 7. Supportive Transitional Drug-Free Housing Services | <input type="radio"/> | <input type="radio"/> |
| 8. Other Case Management Services (Specify) _____ | <input type="radio"/> | <input type="radio"/> |

Medical Services

| | Yes | No |
|---|-----------------------|-----------------------|
| 1. Medical Care | <input type="radio"/> | <input type="radio"/> |
| 2. Alcohol/Drug Testing | <input type="radio"/> | <input type="radio"/> |
| 3. HIV/AIDS Medical Support and Testing | <input type="radio"/> | <input type="radio"/> |
| 4. Other Medical Services (Specify) _____ | <input type="radio"/> | <input type="radio"/> |

After Care Services

| | Yes | No |
|--------------------------|-----------------------|-----------------------|
| 1. Continuing Care | <input type="radio"/> | <input type="radio"/> |
| 2. Relapse Prevention | <input type="radio"/> | <input type="radio"/> |
| 3. Other (Specify) _____ | <input type="radio"/> | <input type="radio"/> |



Section A. BEHAVIORAL HEALTH DIAGNOSES

- The intent of this question is to identify the client's current behavioral health diagnoses if known.
- You can Select "None of the Above"
- The GPRA interview does not have to be completed by a clinician.

A. BEHAVIORAL HEALTH DIAGNOSES

[REPORTED BY PROGRAM STAFF.]

Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known. | | |
|---|-----------------------|--|-----------------------|-----------------------|
| | Select up to 3 | Primary | Secondary | Tertiary |
| SUBSTANCE USE DISORDER DIAGNOSES | | | | |
| Alcohol-related disorders | | | | |
| F10.10 – Alcohol use disorder, uncomplicated, mild | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F10.11 – Alcohol use disorder, mild, in remission | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F10.20 – Alcohol use disorder, uncomplicated, moderate/severe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F10.21 – Alcohol use disorder, moderate/severe, in remission | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F10.9 – Alcohol use, unspecified | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Opioid-related disorders | | | | |
| F11.10 – Opioid use disorder, uncomplicated, mild | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F11.11 – Opioid use disorder, mild, in remission | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F11.20 – Opioid use disorder, uncomplicated, moderate/severe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F11.21 – Opioid use disorder, moderate/severe, in remission | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F11.9 – Opioid use, unspecified | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Client-Level Tool Section

Description of Sections B, C, D, & E

Pertains to issues of drug and alcohol use during past 30 days

Required at each interview

Section B
Drug and Alcohol Use

Situation over the past 30 days

Required at each interview

Section C
Family and Living Conditions

Attendance at school
Grade level completion

Required at each interview

Section D
Education

Involvement with criminal justice system

Asked at each interview
Reassure confidentiality

Section E
Crime and Criminal Justice Status

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Client-Level Tool Section, Cont'd

Description of Sections F & G

Mental and Physical Health Problems and Treatment Recovery
Violence and Trauma

Required at each interview

Section F
Mental and Physical Health

Social support network other than provider

Required at each interview

Section G
Social Connectedness

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Client-Level Tool Section, Cont'd

Description of Sections I, J, & K

Only completed at follow-up
Completed by interviewer, not asked to client
Required regardless if interview was conducted

Section I
Follow-up Status

Only completed at discharge
Completed by interviewer, not asked to client
Required regardless if interview was conducted

Section J
Discharge Status

Completed at follow-up and discharge
Completed by interviewer, not asked to client
Required regardless if interview was conducted

Section K
Services Received

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Section K: Services Received—Planned Services

K. SERVICES RECEIVED

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

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. Day Treatment | □ □ □ □ |
| 3. Inpatient/Hospital (Other Than Detox) | □ □ □ □ |
| 4. Outpatient | □ □ □ □ |
| 5. Outreach | □ □ □ □ |
| 6. Intensive Outpatient | □ □ □ □ |
| 7. Methadone | □ □ □ □ |
| 8. Residential/Rehabilitation | □ □ □ □ |
| 9. Detoxification (Select Only One): | |
| A. Hospital Inpatient | □ □ □ □ |
| B. Free-Standing Residential | □ □ □ □ |
| C. Ambulatory Detoxification | □ □ □ □ |
| 10. After Care | □ □ □ □ |
| 11. Recovery Support | □ □ □ □ |
| 12. Other (Specify) _____ | □ □ □ □ |

| Case Management Services | Sessions |
|--|----------|
| 1. Family Services (Including Marriage Education, Parenting, Child Development Services) | □ □ □ □ |
| 2. Child Care | □ □ □ □ |
| 3. Employment Service | |
| A. Pre-Employment | □ □ □ □ |
| B. Employment Coaching | □ □ □ □ |
| 4. Individual Services Coordination | □ □ □ □ |
| 5. Transportation | □ □ □ □ |
| 6. HIV/AIDS Service | □ □ □ □ |
| 7. Supportive Transitional Drug-Free Housing Services | □ □ □ □ |
| 8. Other Case Management Services (Specify) _____ | □ □ □ □ |
| Medical Services | Sessions |
| 1. Medical Care | □ □ □ □ |
| 2. Alcohol/Drug Testing | □ □ □ □ |
| 3. HIV/AIDS Medical Support and Testing | □ □ □ □ |
| 4. Other Medical Services (Specify) _____ | □ □ □ □ |

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Data Collection Staffing

- **Up to 25 percent** of the grant award may be used for Data Collection and Performance Assessment and Infrastructure Development.
- Grantees may contract with external evaluators for GPRA data collection and entry. Grantees are encouraged to work with Tribal Epidemiology Centers to implement this activity.
- GPRA data collection and data entry does not need to be done by clinical staff.



Questions?



Trauma and Culturally-Informed Data Collection

- Preparing for GPRA
 - Making client comfortable, develop rapport, smudge, humor if fitting
 - Approaching questions with sensitivity preferable
- Questions for attendees
 - What do you do before starting the assessment?
 - How do you engage your clients in a culturally-sensitive manner?



Trauma and Culturally-Informed Data Collection

- Confidentiality Concerns
 - GPRA cannot be self-administered and must be read as written, but can be supplemented with clarifying conversations
 - Data sovereignty and honoring tribal jurisdiction
- Collecting GPRA
 - Considering how to space questions
 - Nonverbal communication, body language
- Acting on GPRA
 - Referral to Treatment
 - Using GPRA to sustain your programs, making the case for budget changes



What is SPARS?

SAMHSA's Performance Accountability and Reporting System (SPARS) provides a system for grantees to:

- Submit and download data
- Generate reports
- Access resources
- Request technical assistance
- Register and attend online trainings



SPARS Home Page - <https://spars.samhsa.gov>

SPARS Search

Home Data Entry & Reports Training Technical Assistance Help

Welcome to SPARS!

SAMHSA's Performance Accountability and Reporting System

The Substance Abuse and Mental Health Services Administration (SAMHSA) is proud to launch the SPARS website. SPARS is a new online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA.

[Learn More](#)

Announcements

- New CSAT, CMHS, and CSAP Data Visualization Improvements Released on October 2, 2020
Improvements to the CSAT, CMHS, and CSAP data visualizations were released on October 2nd
- New CMHS Improvements Released on September 28, 2020
CMHS download improvements were released on September 28.
- Frequency Distribution Report Training for Best Practices Grantees

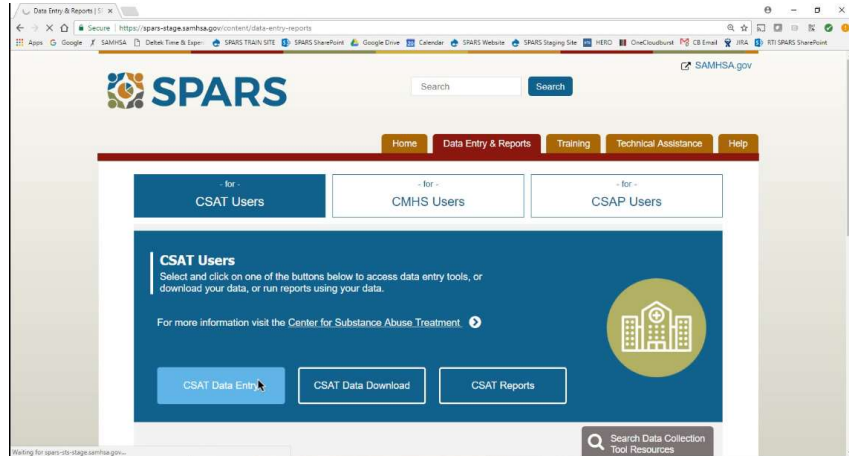
Quick Links

- SPARS-CSAT**
Enter data for Center for Substance Abuse Treatment grants.
- SPARS-CMHS**
Enter data for Center for Mental Health Services grants.
- SPARS-CSAP**
Enter data for Center for Substance Abuse Prevention grants.



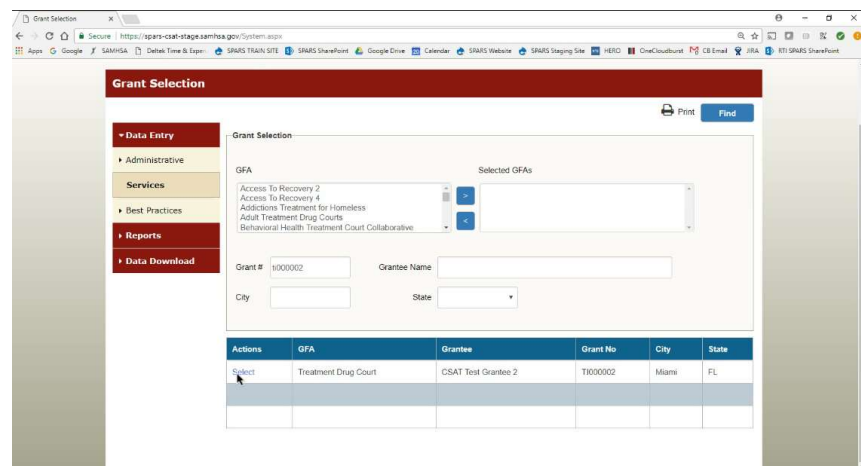
SPARS Data Entry

- TOR Grantees will enter GPRA data and generate reports under the “for CSAT Users” tab in SPARS.



SPARS Data Entry (cont'd)

- TOR Grantees will enter GPRA data under the “Services” tab.



GPR Reports Available on SPARS

- TOR Grantees will run GPR reports under the "Services" tab.

| Title | Description |
|----------------------------------|-------------------------------|
| Intake Coverage Report | Synopsis Detailed Description |
| 3 Month Follow-up Rate | Synopsis Detailed Description |
| 6 Month Follow-up Rate | Synopsis Detailed Description |
| 12 Month Follow-up Rate | Synopsis Detailed Description |
| Grantee Delinquency | Synopsis Detailed Description |
| 3 Month Follow-up Change Report | Synopsis Detailed Description |
| 6 Month Follow-up Change Report | Synopsis Detailed Description |
| 12 Month Follow-up Change Report | Synopsis Detailed Description |
| Grantee Cost | Synopsis Detailed Description |

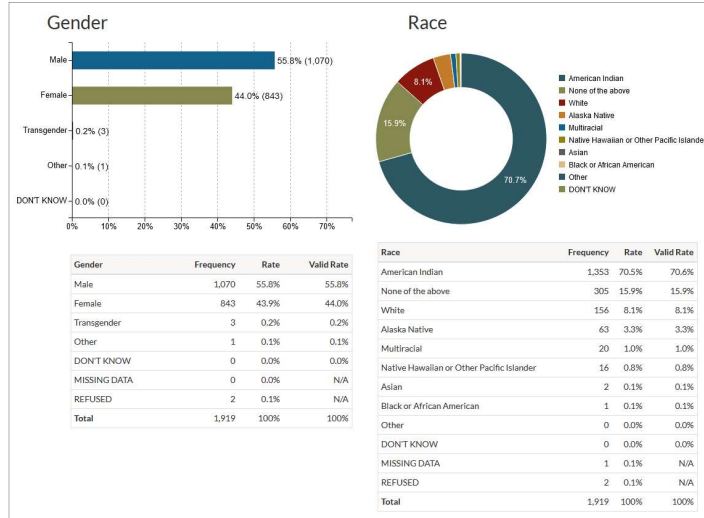
SPARS Data Visualization

- TOR Grantees can generate charts under the "Visualizations" tab.

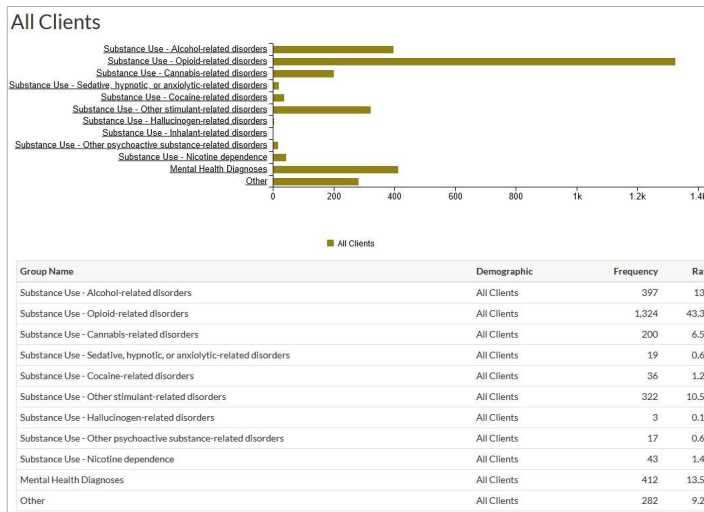
Click here to access the online reporting Visualizations.

Data Visualizations
NOW AVAILABLE

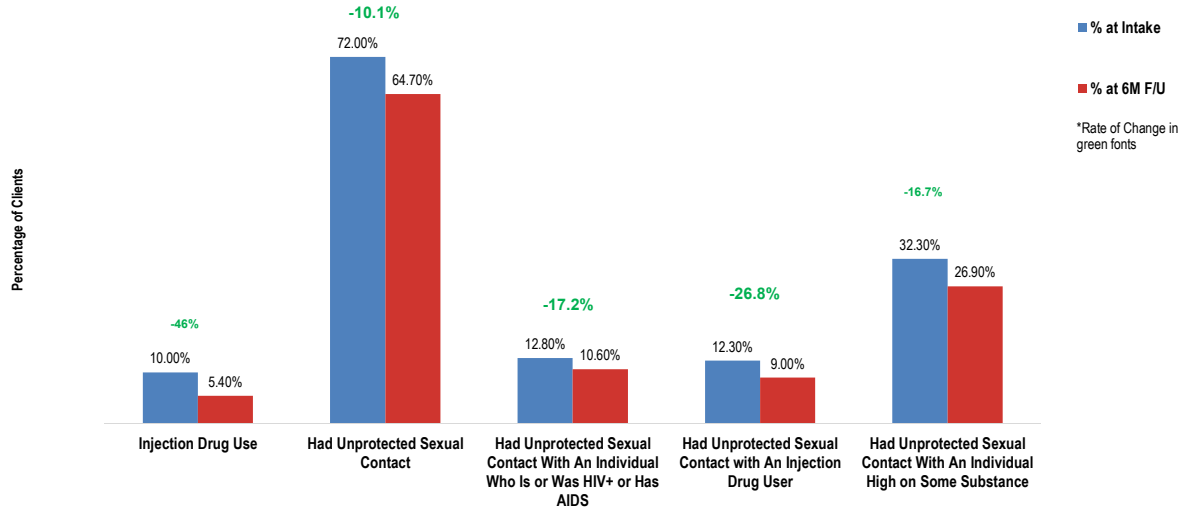
SPARS Data Visualization (cont'd)



SPARS Data Visualization (cont'd)



SPARS Data Visualization (cont'd)



OTAP
Office of Tribal Affairs and Policy

Data was extracted on 3/28/2018

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Contacting the SPARS Team

SPARS Help Desk

- **Hours:** Monday – Friday
- 8:00 a.m. to 7:00 p.m. (ET)
- **Phone:** 855-322-2746
- **E-mail:** SPARS-Support@rti.org



OTAP
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GPRA Next Steps

TOR Grantees should:

- Discuss specific data collection requirements per the grant applications with assigned GPO to determine GPRA targets.
- Review the GPRA data collection tools and associated documents (FAQs, Question by Question guide, etc.).
- Begin collecting and entering required information as soon as possible.
- Discuss any data-collection questions or concerns with assigned GPO.



GPRA Next Steps (cont'd)

Grantees should ...

- Submit grantee information sheet to SPARS
 - Verifies program information
 - Allows SPARS to setup or update grantee GPRA targets
 - Assigns and/or new staff
 - Verifies grantee GPRA type



GPRA/SPARS Resources

- SPARS Help Desk: Phone:1-855-322-2746 | Email: SPARS-Support@rti.org
- Introduction to GPRA and SPARS Webinar: [View the recording.](#)
- Introduction to GPRA Data Entry Webinar: [View the Recording.](#)
- [Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills](#)



Questions?

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- Amy Romero, (240) 276-1622 or amy.romero@samhsa.hhs.gov

