Center for **S**ubstance **A**buse **T**reatment (CSAT) **G**overnment **P**erformance and **R**esults **A**ct (GPRA) Training

Division of Substance Abuse and Mental Health (DSAMH)
Research, **E**valuation, and **P**opulation **H**ealth Bureau (formerly Statistics and Research Unit, **SRU**)
&
University of Delaware
Center for **D**rug and **H**ealth **S**tudies (CDHS)

Training Objectives

- Requirements of the SOR Project:
  - Clients Served
  - Data Collection
  - How to Submit
- Introduction to CSAT GPRA: What is it and why do we need to do it?
- CSAT-GPRA Client Instrument: Content of Instrument
- FAQs

Why GPRA? –> The SOR Project

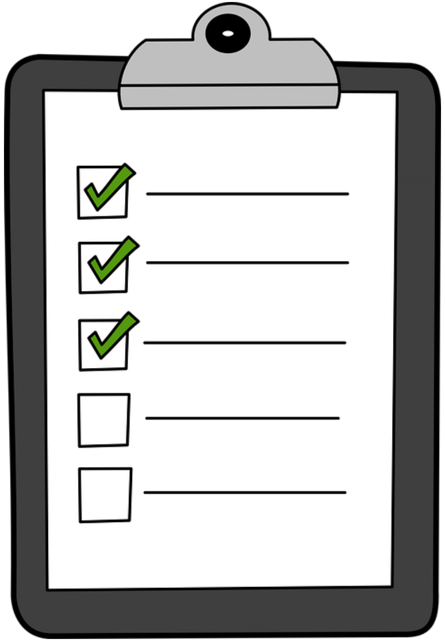
- Delaware received **S**tate **O**pioid **R**esponse (SOR) funding to:
    - Reduce opioid related overdoses
    - Reduce **unmet** need for treatment
    - Increase access to medication assisted treatment (MAT)
- SOR Project Target for Clients Served:
    - 11,850 **unduplicated** clients over a two-year period.
- SAMHSA requires the CSAT GPRA to be completed for clients being served by providers that are funded by SOR.
    - <u>All clients being served by your provider</u> should be interviewed, even if they are not being treated for a substance use disorder (SUD). This includes Behavioral Health clients.

What is the CSAT GPRA?

- Federal law requires providers receiving SOR funds to: 1) set long-term goals and objectives, and 2) specific near-term performance goals
  - Agencies are required to demonstrate that they are using funds effectively and efficiently
- SAMHSA requires this client-level instrument to be completed
- **Purpose: CSAT GPRA is used to aid in tracking provider goals and used to monitor progress towards those goals**

CSAT-GPRA for SOR

- Interview clients at 3 points in time:
  - Baseline/Intake
  - 6-month (3-month for adolescents only)
  - Discharge



But First: Client Consent

- **Before** conducting the CSAT GPRA clients **<u>must</u>** be consented using the provided consent form
  - Included in provider training packet

- Clients must be able to give **written** consent

- Consent must be voluntary

- If a client does not give written consent via the appropriate form, do **NOT** start the interview
  - the GPRA **cannot** be completed
- If the GPRA is not completed, the client **can still** receive services from a provider
- Recommendation: place a printed copy of the consent form on top of all printed CSAT GPRA tools

Consent During COVID-19

- *If the initial appointment is not in-person, please* ***email the client the entire consent form*** *(through secure email) or through patient portal.*
- *The client can give consent via email AND a signed consent form will also need to be obtained at their first in person appointment.*
- *SAMSHA may revise COVID-19 guidance at any time. Please contact Kristen Rego (kristen.rego@delaware.gov) if you have any questions regarding obtaining consent for clients who are not on site.*

CSAT GPRA Data Collection Requirements

Baseline Interview

A. **Record Management**
   - Record Management
   - Behavioral Health Diagnoses
   - *Planned Services*
   - *Demographics*
   - Military Family and Development

B. **Alcohol/Drugs**

C. **Family/Living Conditions**

D. **Employment/Education/Income**

E. **Legal Status**

F. **Medical Status (Mental/Physical)**
   - Violence and Trauma (sensitive questions)

G. **Social Connectedness**

H. Program-Specific Questions** (**not required**)

Follow-Up (every 6 months)

(A-G) Except for Demographics and Planned services, ask all baseline sections plus:

I. Follow-Up Status

Discharge

(A-G) Except for Demographics and Planned services, ask all baseline sections plus:

J. Discharge Status

K. Services Received

Administering GPRA

- **Client Identification (ID):** Each client should have his/her own unique client ID
- **Providers will use the MCI number as the Client ID.**
  - If a client has never been in the State system, they will not have an MCI number and the provider must request the SRU to create an MCI number.
- **The client ID is used at all 3 data collection points.**
- Only <u>one</u> GPRA intake for each client counts toward providers' target numbers.
- **Contract Grant ID** will be automated in SPARS
  - Providers should fill in with **DSAMH treatment ID**

Administering GPRA

- **The interviewer should introduce the questions**
  - At the beginning of each section, the *type of questions* that are going to be asked should be introduced
- **Do not read the prompts out loud**
  - For example: “IF YES”, “IF RECEIVED”, or “CHECK ALL THAT APPLY”

Administering GPRA

- Do not leave any questions blank,
  - If client refuses, you **must** mark "Refused"
  - If the response is "0", you **must** write "0"

Administering GPRA: Timeframes

Baseline/Intake Interview

- **Administer within <u>7</u> days of client starting services**

Follow-up Interview

- At 6 months
    - ❑ Conduct the 6-month follow-up *<u>regardless of</u>* <u>when the client is</u> *<u>discharged</u>* from the program.
    - ❑ If the client *cannot be contacted* **and** *has not been discharged* from the program, then conduct an **administrative discharge** (FAQ #30).
- Timeframe
    - ❑ As early as **1 month prior or 2 months after** the 6-month follow-up anniversary date.
    - ❑ Example**: January 1 (intake)**
        - ❑ **July 1 (6-month follow up date);**
            - ❑ **as early as June 1, or as late as Sept 1**

- The minimum targeted **<u>follow-up rate: 80%.</u>**

Administering GPRA: Timeframes

Discharge Interview

- **Discharge Interview For Programs With a Discharge Policy or Definition**
  - If client is present on the day of discharge
    - Same day discharge (Sections A-G *skip demographics and planned services*, J & K)
  - If client is not present on the day of discharge, drops out, unfinished treatment
    - Provider has **14** days (after your policy's number of days without contact) to conduct in-person interviews.
  - Day **15**: Administrative discharge and complete first 4 items in **Section A (Record Management); Section J (Discharge); and Section K (Services Received);** ***marking that the GPRA discharge interview was not completed*.**
  - If client is **discharged within 7 days of intake** interview: Administrative discharge and complete first 4 items in Section A (Record Management); Section J (Discharge); and Section K (Services Received); marking that the GPRA discharge interview was not completed.
  - **Conduct both follow-up and discharge interviews** even if the discharge interview is due during the 6-month follow- up interviews window (For more information: FAQ #28).
  - Submitting a GPRA **discharge record for every client is required.**
    - **Exception:** Submitting GPRA discharge interviews for clients who are still in treatment when the grant ends is not required (FAQ #23).

Administering GPRA: Timeframes

- **Discharge Interview For Programs <u>Without a Discharge Policy</u> or Definition**

  a. **Client has had no contact with the program for 30 days: Conduct in-person GPRA discharge interview within 14 days after discharge** (*between days 31 and 44 of no contact*)
     - (Sections A-G *skip demographics and planned services*, J & K)

  b. **The interview has not been conducted by day 15**: Conduct an administrative discharge (*on day 45 of no contact*).
     - and complete first 4 items in **<u>Section A</u> (Record Management); <u>Section J</u> (Discharge); and <u>Section K</u> (Services Received);** ***marking that the GPRA discharge interview was not completed*.**

Administrative Data Collection Requirements: FAQs #12 & #16

- **Do we have to collect information on every client our program serves**?
  - Yes. You must collect data on all clients.

- **How should we handle clients who are readmitted for treatment services after discharge**?
  You have 2 options:
  1. Administer the **baseline one time per client** or;
  2. Administer a second (or third, fourth, etc.) baseline GPRA based on the gap between services (**multiple baselines**). Typically after, 90 days of no contact/services with the client.
     - If you pick this option, the **6-month follow-up will be required from the latest baseline only**.
     - Only one intake for each client counts toward reaching target numbers.

CSAT GPRA Data Submission

- **Data Submission**
    - Submit data to DSAMH's SRU Team *within 7 days* after the interview is conducted.
    - Forward completed CSAT GPRAs to SRU using either *SFTP* or a secure *Egress email* to: **DSAMH_SRU@delaware.gov**.
        - When uploading to SFTP or submitting through Egress, please include the following in the file name, if via Egress Email, use as email subject and file name; Provider Name and Site Location, GPRAs, and Submission Date; this will make the file easily identifiable.
            - File name example: Bridge Clinic New Castle GPRAs Jan 2020

FAQs

- **Baseline in 1 Organization but Follow Up at Another Organization**: As part of the referral process through DTRN, please notify the receiving organization that the client has completed a baseline CSAT GPRA interview
  - a copy of the Record Management page can be sent with the referral.
- **Baseline and 6 month-follow-up**: The program has a *1-month window before and 2 months after* the 6-month follow-up to conduct the follow-up interview.
- **Can't find the client to complete a follow up**:
  - When a provider cannot follow-up with a client, the program must use the CSAT GPRA tool to report that information and forward the CSAT GPRA to SRU (FAQ #12).
  - If the client cannot be reached for the discharge GPRA interview and receives an administrative discharge, a separate 6-month GPRA follow-up interview must be conducted, completed, and submitted to SRU for the follow-up to count toward the program's target rate:
- **Will we get our data back?** Yes.
  - A mechanism for reporting back to providers to inform project implementation will be identified. Indicators, format, and schedule will be determined based on project goals and provider requests.

Resources

<u>Contact Information</u>

- SPARS Help Desk: 855-322-2746, SPARS-support@rti.org
- Candace Wilkinson, Behavioral Health Administrator I *(DHSS, DSAMH)*
    - *Office: 302-255-2937*
    - *Email: Candace.Wilkinson@delaware.gov*