

# GPRA Data Collection

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# Part 1: Introduction to GPRA

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# What is GPRA?

## Government Performance and Results Act (GPRA)

- GPRA is an established client outcome instrument to measure the performance of government funded programs.
- GPRA is a Federal requirement and is mandatory for all MYTIE grantees.
- The goal is to have the ability to make a case to Congress that the money awarded to grantees is being spent effectively and producing client outcomes.

# When should GPRA be collected?

GPRA data must be collected on ALL clients served with MYTIE funding

- To be eligible for MYTIE services:
  - Client must be 16-21 years old
  - Received an approved evidence-based practice from a CERTIFIED clinician according to MYTIE training standards
  - Clinician must use a MYTIE modifier to track service delivery in the TEDS system

# How is GPRA collected?

The survey will be accessed through Qualtrics an electronic surveying tool

- GPRA is collected at 3 SEPARATE data points: intake, discharge, and 6 month follow up
- The same client ID must be used at all 3 survey entries for tracking purposes
- A client must have all 3 surveys completed to have a completed GPRA case
- GPRA can be completed by anyone at the agency (ex: interns, clinical staff, intake staff)

# How to access the survey:

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THE SAME SURVEY LINK  
WILL BE USED FOR ALL 3  
DATA COLLECTION POINTS



[HTTPS://WAYNESTATE.AZ1.QUALTRIC  
S.COM/JFE/FORM/SV\\_D08SW7BUP2  
9SETV](https://waynestate.az1.qualtrics.com/jfe/form/sv_d08sw7bup29setv)

# When should each survey be completed?

Intake

- Must be completed within 1-3 days for residential facilities and 1-4 days for nonresidential programs

Discharge

- Should occur prior to the client discharging from services

Follow Up

- Must be completed between 5 and 8 months after the **intake** (follow up window occurs 1 month before, and 2 months after 6-month post-intake date)

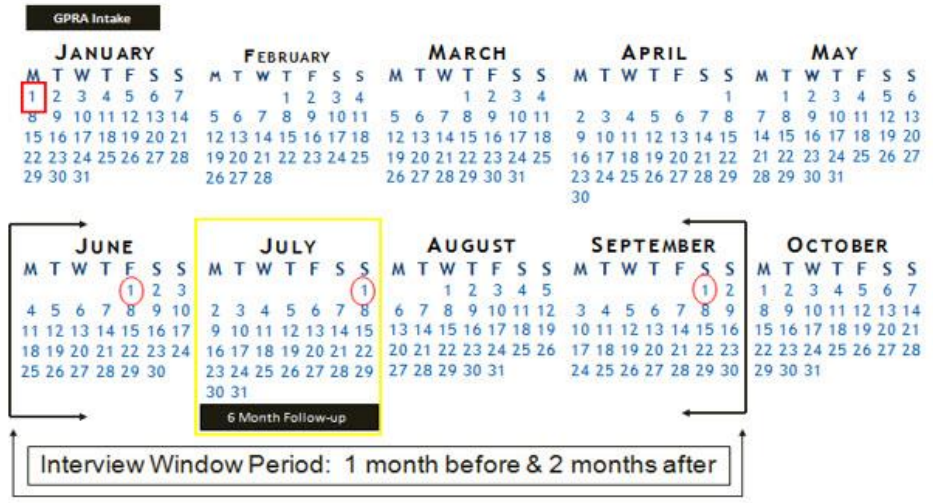
# GPRA Surveying Incentives

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- To encourage GPRA surveying participation, there are two points in which a client will be eligible for a \$30 gift card
  - Currently the evaluation team supplies grantees with \$30 Amazon gift cards for distribution
  - When providing a gift card to a client be sure to complete the Gift Card Distribution Tracker
- When is a client eligible for a gift card:
  - Following completion of a 6-month follow-up interview
- Clients are eligible for gift card incentives regardless of treatment status



# Follow up surveying, why is it important?



- The federal minimum **6-month follow-up** completion rate is 80%.
  - This means 80% of the individuals who completed an intake GPRA **must** complete a 6-month GPRA interview.
- **All clients are eligible for follow up surveying**, regardless of treatment status.
- The follow up window occurs 1 month before and 2 months after the 6-month mark from the intake date.
  - For example, if a client completed intake on January 1<sup>st</sup>, the follow up window would be open from June 1<sup>st</sup> through September 1<sup>st</sup>.



# Follow Up Best Practices


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- Utilize the alternative contact form at intake to gather 3 alternative contacts for clients to be used for contacting the client for follow up surveying
- Give the client the GPRA follow up business card provided by the evaluation team to prompt the client to contact you for follow up
- Begin reaching out to the client as soon as the follow up window opens to give the best chance of securing the follow up survey
- Utilize the GPRA tracking tool sent by the evaluation team to set calendar reminders to alert yourself of follow up window openings
- Remind clients of the \$30 gift card incentive for completing surveying.

# What if a client re-enters treatment?

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- Grantees are only required to administer the GPRA intake one time per client. However, grantees may choose to administer a second (or third, fourth, etc.) baseline GPRA. In this case, the subsequent 6-month follow-up will be required from the latest baseline only.
- If only completing one intake (which is highly suggested), only one GPRA surveying set will be required per client. If a client re-enters treatment, complete the original GPRA surveying set as normal and do not complete a second intake survey.
- **Each client will only count once toward reaching the target number of clients to be seen**, regardless of the number of GPRA intakes.
- The same client ID number should be used, regardless of the number of times the client presents for services.



# Part 2: Administrative Discharge and Follow Up

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# Considerations For Administrative Surveying

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- Administrative surveying is a LAST resort
- Data analysis is done at the intake/discharge and intake/follow up levels
  - If surveying is not completed, the data will be skewed and may not show positive outcomes as GPRA is intended to do
- If a client is not captured by discharge or follow up surveying, no analysis can be completed therefore no outcomes will be available

# Administrative Discharge

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- If the client leaves treatment AMA, an administrative discharge may be completed by the clinician however attempts should still be made to contact the client prior to administrative discharge
- If a client cannot be contacted 14 days after discharge, an administrative discharge must be completed
- It is best to complete a discharge survey during the last week of treatment to avoid an administrative discharge



# Administrative Follow Up

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- If client is not able to be reached during the follow up window an administrative follow up would need to be completed by the clinician.
  - Note: administrative follow ups count negatively against the statewide and grantee follow up rate which are required to be 80% complete.
- Clients who do not complete follow up surveying will not be eligible for the \$30 gift card incentive.
- Again, an administrative follow up will not allow for data analysis or outcome data.



# Part 3: The Qualtrics Survey

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Provide the following information for yourself, as the staff reporting on the client:

Name:

Email:

Indicate your agency:

Client ID Number (Use the same number at intake, discharge, and follow up)

Client Type

In Treatment

In Recovery

Interview type

Intake

6 Month Follow Up

Discharge

Interview Date

Date

No Interview Completed

# The Qualtrics Survey

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- The first page of the survey is very important as it determines the main skip patterns of the entire survey.
- Provide your name and email for contact with any questions. This information is not entered into the SPARS system.
- Interview type will determine which sections of the survey you will complete, carefully select your answer to that question.
- For peer support services select client type: in recovery.

▶ Record Management 6 Questions

▶ Section I: Follow-Up Status 3 Questions

▶ Section J& K: To Be Completed By Clinician At DISCHARGE Only 13 Questions

▶ Section A: Behavioral Health Diagnoses 7 Questions

▶ Section A: Planned Services (Intake ONLY) 22 Questions

▶ Section B. Drug and Alcohol Use 4 Questions

▶ Section C: Family and Living Conditions 9 Questions

▶ Section D: Education, Employment, and Income 5 Questions

▶ E: Crime and Criminal Justice Status 2 Questions

▶ Section F: Mental and Physical Health Problems and Treatment/... 16 Questions

▶ Section G: Social Connectedness 5 Questions

▶ Section H3: Program-Specific Questions (Discharge and Follow-... 5 Questions

▶ Focus Group NON-GPRA Questions (Discharge ONLY) 4 Questions

# Interview type matters!

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- Intake – 68 Questions
- Discharge – 58 Questions
- Follow Up – 48 Questions
  - *This is the total number of questions if items are not skipped. Answering No to certain questions will trigger a skip pattern making the survey even shorter.*

# No is not always an option

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In the past 30 days, how many times have...

	# of Times	Refused	Don't Know
You been arrested	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
You been arrested for drug-related offenses	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
You spent the night in jail/prison	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
You committed a crime (illegal drug use must be reported as a crime)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

- The survey was designed to allow staff to complete the survey as quickly as possible. For this reason the survey is full of skip patterns and the option for no has been almost completely removed.
- For questions where no is not an option and the question does not apply to the client, simply move on to the next question. When entering the survey into the SPARS system the evaluation staff will assume the client answered no in this case.
- Not all no options have been removed for skip pattern purposes.

# Read Questions Carefully

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**BEHAVIORAL HEALTH DIAGNOSES** - 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.

Overall, 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.

If no answers apply or diagnosis is undetermined, indicate so and move to the next section.

	Primary diagnosis	Secondary diagnosis	Tertiary diagnosis
Unknown or undetermined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol-related disorders</b>			
F10.10 - Alcohol use disorder, uncomplicated, mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F10.11 - Alcohol use disorder, mild, in remission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- It is a best practice for staff to familiarize themselves with the GPRA survey prior to use.
- For the behavioral health diagnosis section, while the section is extremely long, we are only looking for up to 3 total diagnosis indications.
  - If the client only has one diagnosis you would only select one option here and move on.

# Illegal Drugs

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During the past 30 days, how many days have you used the following:

	Use in the past 30 days # of Days
Any Alcohol	<input type="text"/>
Alcohol to intoxication (5+ drinks in one setting)	<input type="text"/>
Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	<input type="text"/>
Illegal Drugs	<input type="text"/>
Both alcohol and illegal drugs (on the same day)	<input type="text"/>
REFUSED	<input type="text"/>
DON'T KNOW	<input type="text"/>

- Keep in mind marijuana is still federally illegal and is illegal for anyone under the age of 21 in Michigan. This makes marijuana an illegal drug.
- Also, illegal drug use is considered a crime, when asked later in the survey if the client committed a crime in the last 30 days that number will be at least equal to the number of days illegal drugs were used.

During the past 30 days, how many days have you used any of the following?

Route of administration types: Select the usual route of administration for each of the following substances. For more than 1 route, choose the most severe.

	Number of Days of Use (in past 30 days)	Route of Administration				
		Oral	Nasal	Smoking	Non-IV Injection	IV
REFUSED	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DON'T KNOW	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine/Crack	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/Hashish (Pot, Joints, Blunts Chronic, Weed, Mary Jane)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (Smack, H, Junk, Skag)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morphine	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dilaudid	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demerol	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Use and Route

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- Here is another example reading carefully will be helpful. If a client indicates use of any substance, route of administration must also be chosen.
- There are several questions within the survey that will require a second answer.

Were any questions answered incorrectly in an instance where the back function did not operate correctly? If so, please list the question and the correct answer below.

# Back Button

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- Due to the complexity of skip patterns programmed into the survey, the back button to return to the previous page is not always available. Utilize the comment box at the end of the survey to alert evaluation staff of any errors to correct if needed.

The following questions are optional and will not be entered into your GPRA submission. We are interested in your thoughts on the treatment process. As a client, your impressions are important to us, your feedback will be used when making treatment process improvements.

Were there specific components of treatment you found most helpful, describe.

What skills did you learn in treatment that will assist you in recovery?

What feedback do you have about the treatment services you received?

# Focus Group Questions

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- In lieu of in person focus groups with clients, 3 discharge questions have been added to the survey. These questions are optional. Information received will be utilized in the Annual Evaluation Report as de-identified client feedback for program improvement purposes.





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We thank you for your time spent taking this survey.  
Your response has been recorded.

Below is a summary of your responses

[Download PDF](#)

Provide the following information for yourself, as the staff reporting on the client:

Name:

Email:

# Downloading the survey

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- For your records, the option to download the survey has been added.
- Many grantees use this option to upload the pdf into their EMR system for tracking purposes.

# Questions?



All GPRA resources can be located on the resource website put together by the evaluation team:



<https://migprainfo.org/michigan-youth-treatment-infrastructure-enhancement/>



For additional questions contact:

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