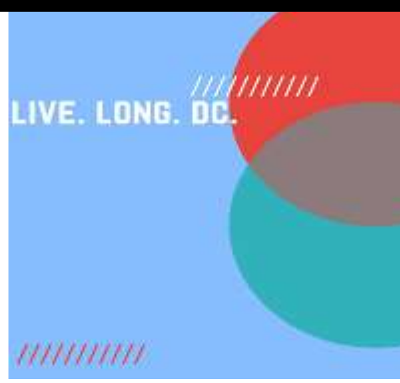
2021

Government Performance and Results Act (GPRA) Discharge Quick Reference Guide



State Opioid Response Team

DC Department of Behavioral Health

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GPRA Overview

The Discharge GPRA collects data on a client's behavior and activities after enrollment in the program. It provides an opportunity to compare differences in the questionnaire responses between intake and discharge. The Discharge GPRA also reviews the client's compliance with services and provides detailed information on their attendance. Administrative Discharge GPRAs could occur if the client has not participated in services.

Guidelines

- There are two types of Discharge GPRAs: 1. Routine - Successful completion of the program and 2. Non-Routine/Administrative - Termination due to inactivity for 30 days.
- When an administrative GPRA is completed (without the interview), staff should complete SECTION A: RECORD MANAGEMENT, then skip to SECTION J: DISCHARGE STATUS. The provider should not complete sections designed for self-reporting if the client is not present to report.
- Providers should independently complete the GPRA section that states ***[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]***
- Interviews must be completed in-person unless a waiver has been given for phone-interviews. The client is not responsible for filling out GPRA.
- An interview must be completed in one day, not a 24-hour timeframe.
- GPRA is a self-reporting tool. Each response from the client must be recorded as the client discloses it. If you have information that contradicts the client's response, it should not be factored in when completing GPRA. Only report what the client informs you.
- The questions must be asked as they are written. Do not paraphrase when asking questions. You are permitted to clarify questions, when needed, but this should occur after the question is asked, verbatim.
- Some response options are uppercase; do not read the responses to these questions. Allow the client to answer the question in his/her own words. If the responses are lowercase, you can read them aloud and allow the client to select an option.
- Before you transition to the next section, inform the client that you are entering into a new topic of questions. Introduce the topic so the client knows what to expect. In the quick reference guide, you will know you have arrived at a new section because the title has a pink/blue highlight.
- Do not make assumptions about the client.
- Routine discharge GPRAs are not gift card eligible. If a provider experiences trouble getting client compliance, but the client eventually commits to the discharge interview, that client can receive a $30 gift card.

GPRA Interview Tips

- Interviewers must be able to manage emotions during the interview. Stay calm. Respond rather than react. We are here to gather information, not form an opinion.
- Remind the client the information gathered will be used to assess the progress of the grant-funded project. It helps improve the program, and client experience.
- Sensitive topics such as drug use, sexual activity, and criminal activity are included. Inform the client you are going to ask some personal questions so s/he can be prepared for those difficult questions. It is expected for the client to feel uncomfortable answering personal questions. Offer to have someone else join the interview if that would make the client more comfortable, especially if you are a different gender than the client.
- If you sense discomfort in clients when asking personal questions, reassure them that their answers are confidential. This could help clients relax during the interview.
- Have a neutral tone with the client and be mindful of body language. Our demeanor can affect one's willingness to share information.

SECTION A: RECORD MANAGEMENT (PAGE 1)	
Client ID	This section should not be completed by the provider. Please leave this blank, as DBH will complete this once GPRA is received.
Client Type	There are two options in this section: 1. Treatment Client 2. Client in Recovery. Choose the option that best fits your client.
Contract/Grant ID	This section should not be completed by the provider. Please leave this blank, as DBH will complete this once GPRA is received.
Interview Type	Discharge: Did you conduct a discharge interview?
Interview Type: **Discharge**	If you are conducting a discharge interview with the client, circle Yes. If you were not able to conduct a discharge interview with the client, circle **No** and **go to Section J**.
Interview Type: **Interview Date**	If you are conducting the discharge interview with the client, the date it was conducted should go in this section. If you are skipping to Section J because the client is not present, do not include a date.

A. BEHAVIORAL HEALTH DIAGNOSIS (PAGE 2 - 5)	
Overview: This section provides information on the client's mental health diagnoses. Treatment based programs should have diagnosis data on clients, which should be used to assist in responding to this portion of the survey. Program staff should complete this portion without asking the client. It is completed during all phases of GPRA collection: baseline, follow-up, and discharge.	
Primary **Secondary** **Tertiary**	At most, three diagnoses should be chosen: one primary, one secondary, and one tertiary. Only one quaternary should be selected for the diagnosis chosen. Multiple options should not be chosen for one diagnosis.
	If the program staff is unaware if the client was diagnosed, select **Don't Know**. If there are no substance abuse or mental health diagnoses assigned to the client, select **None of the Above**.

A. BEHAVIORAL HEALTH DIAGNOSIS (PAGE 6 and 7)	
Question 1 and 2	These questions are focused on diagnoses within the past 30 days. Complete these questions without asking the client. If the answer is **Yes** to either question, go to section a. of that question and choose a medication on the left. On the right side of the medication chosen, you must choose the number of days the client received the medication. If the answer is **No** to either question, skip to the subsequent section.
Question 3	SKIP THIS QUESTION

SECTION B: DRUG AND ALCOHOL USE (PAGE 12 AND 13)	
Overview: This section measures the client's alcohol and drug use in the past 30 days. Ensure the client is answering questions based on this timeframe, only. Read each question, verbatim. If the client is not familiar with the proper terminology for a specific drug, you may use slang terminology to assist with understanding.	
Question 1a - 1b2	This question is for alcohol use, only. If the client does not report alcohol use, go to 1c. Question 1c pertains to illegal drug use, misuse of over the counter products, unprescribed use of prescription medication, and misuse of prescribed medications.
Question 1d	If any questions between 1a. and 1d. has a 0, this question should also have a 0. It's impossible for a client to use drugs and alcohol on the same day if they never used one of the two on any given day.
Question 1d	This number should not be higher than the highest number of days found between question 1a -1b2. **EXAMPLE:** a. Any alcohol - 10 days b1. Alcohol to intoxication (5+ days in one sitting) - 8 days b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high) - 6 days 1c. Illegal drugs - 11 days 1d. Both alcohol and drugs (on the same day) - 15 days A response of 15 days is mathematically impossible because the client did not use alcohol or drugs for 15 days, independently. At best, the client could've used both alcohol and drugs for 10 days (on the same day) because the least number is 10 days for alcohol use.

SECTION B: DRUG AND ALCOHOL USE (PAGE 12 AND 13)	
Question 2	This question pertains to the client's illegal drug use. If the client is taking a drug mentioned from this list, as a prescription drug, it should not be included in the response if the client is following the prescription recommendations. If you know of local drugs used that are not included in the list provided, feel free to include this when interviewing the client. List the drug under letter 'I' for other. **RF**: Refused to respond **DK**: Don't know
Question 2 cont.	If the client answers Yes to any of the drugs in this question, ask the route. Route of Administration Types can be found on page 12 of the GPRA tool, above question 2 and on page 13, also above question 2. The number of days for usage in this section should not be greater than the number of days in Question 1 c.
Question 3	If the client notified you that the route of administration was non-IV injection or IV on a previous question, this answer should be YES.

SECTION C: FAMILY AND LIVING CONDITIONS (PAGE 14 AND 15)	
Overview: This section is focused on parental status and the client's living condition in the past 30 days. This section also requests information on the impact drugs or alcohol has the client's life.	
Question 1	Remember, anything in caps should not be read aloud. Allow the client to inform of you of their living situation.
Question 3 - 5	If the client previously reported not using drugs or alcohol, this should be NOT APPLICABLE.
Question 6	If the client is male, skip this question.
Question 7	If the client does not have children or refuses to answer, go to SECTION D (EDUCATION, EMPLOYMENT, AND INCOME).

SECTION D: EDUCATION, EMPLOYMENT, AND INCOME (PAGE 16 AND 17)	
Overview: This section is focused on the client's educational and employment status. The client will be asked to provide information on their income, which extends beyond employment earnings.	
Question 1	Allow the client to answer this question naturally. If the client confirms enrollment, inquire whether it is full-time or part-time.
Question 3	The employment question should focus on the status during the previous week. Verify the number of hours worked to determine full-time or part-time status.
Question 4	If the client reported employment in the previous section, s/he should have wages to disclose. Ensure the client can differentiate between public assistance and disability, they are not the same. **Public assistance** is money received from Temporary Assistance to Needy Families (TANF) welfare, food stamps; housing vouchers; transportation; money; or any other source of social, general, or emergency assistance funds. **Disability** is money received from Supplemental Security Income, Social Security Disability, worker's compensation, or veteran disability payments. **Non-legal income** does not mean illegal income. Some people have legitimate jobs that are not taxed by the IRS (such as mowing lawns). Such jobs fall under the category, non-legal income.

SECTION E: CRIME AND CRIMINAL JUSTICE STATUS (PAGE 17 AND 18)	
Overview: This section will obtain information about the client's involvement in the criminal justice system. The client should be reassured of confidentiality and understand the information will not be shared with probation officers, or any other law enforcement official.	
Question 1	If the client answers 'no' to this question, do not ask #2. Skip to Question 3.
Question 2	If the client disclosed being arrested in Question 1, the value in this question cannot be greater than the value in the former. For example: If the client reported being arrested five times in Question 1, Question 2 should have a value of five or less.
Question 4	If the client previously reported illegal drug use, the number here should be greater than or equal to the number in Section B Question 1c. If the client was arrested within the past 30 days, the reason for the arrest does not need to be included in the number of times the client committed a crime.
SECTION F: MENTAL HEALTH AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (PAGE 18 - 21)	
Overview: This section is focused on the client's mental and physical health. Some questions in this section could be considered invasive/private. Be mindful of your tone/demeanor when reviewing these questions with the client. Inform the client the next set of questions will be personal and remind the client of confidentiality. Sexual Contact: This is different from sexual encounters. If a client has oral and vaginal sex with an individual, that's considered two sexual contacts. Outpatient Treatment: Receiving services that do not require an overnight stay. Inpatient Treatment: Receiving services that require an overnight stay.	
Question 4a	When asking this question, inform the client we do not need to know the results. We are merely asking if the client knows the results.
Question 10	Ensure the client understands that these questions should not be correlated with their use of alcohol or drugs.
F. VIOLENCE AND TRAUMA (PAGE 21 AND 22)	
Overview: This section focuses on the client's experience with violence or trauma. It also explores the impact those experiences had on the client.	

SECTION G. SOCIAL CONNECTEDNESS	
Overview: This section explores the client's support network, including but not limited to family, friends, or religious organizations.	
Questions 1-3	If the client answers yes to any of these questions, ask the client 'how many times?'
Question 3	If your clinic is providing wellness activities/support groups for the client, this should be 'yes.'

J. DISCHARGE STATUS	
Overview: This section should only be completed once the client has been discharged from the program, whether non-routine/administrative or routine discharge. **Routine discharge** refers to clients who have successfully completed program requirements**.** **Non-routine/administrative discharge** refers to clients who have not successfully completed the program due to non-compliance/inactivity**.** Once a client has been inactive for 30 days, a discharge GPRA should be completed.	
Question 1	Document the date the client was discharged from the program.
Question 2	01 - Completion/Graduation - Choose this option if the client successfully completed the program. 02-Termination - Choose this option if the client did not successfully complete the program.
Question 2 - Termination	Refer to the Follow-Up/Discharge Glossary for termination definitions/coding.

K. SERVICES RECEIVED	
Overview: This section provides information on the services the client received from your agency. The information provided in this section will allow reviewers to determine if service goals were reached for Section A: Planned Services.	
Service Selection	Before choosing a service, please refer to the PLANNED SERVICES GLOSSARY for clarification. For **Modality and Treatment Services**, enter the number of days services were provided. For **Case Management Services, Medical Services, After Care Services, Education Services**, and **Peer-to-Peer Support Recovery**, enter the number of sessions the client attended.