

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

2023 Revisions Updated GPRA – January 2023 Tool

**One Agency. One Mission. One Voice.** 



# Beginning, January 2023 (with the updated tool) GPRA surveys will be submitted directly from the form.

To begin, visit <u>Government Performance and Results Act (GPRA)</u> | opioid (dc.gov) for the GPRA surveys.



Once you click on a survey, the URL will appear at the top, notifying you of the survey you selected.

	Survey Commundion
https://forms.dc.gov/f/GPRAIntakeForm2023	Intake
https://forms.dc.gov/f/GPRAFormFollowup2023	Follow Up
https://forms.dc.gov/f/GPRAFormDischarge2023	Discharge
One Agency. One Mission. One Voice.	Make sure you clicked the correct survey before you begin.

Once you have confirmed the correct survey was selected, begin completing applicable fields.

Several fields on each survey will have a **red asterisk**.



Mandatory

The red asterisk indicates, the field must be completed for the survey to be submitted.

<u>DBH</u>

**One Agency. One Mission. One Voice.** 

# **GPRA Submission - Email**

When the survey question does not require a response, but the **red asterisk** appears, <u>type NA</u>.

2.	Have you been diagnosed with an alcohol use disorder, if so which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? [CHECK ALL THAT APPLY.]
	<ul> <li>Naltrexone [IF RECEIVED] Specify how many days received</li> <li>Extended-release Naltrexone [IF RECEIVED] Specify how many doses received</li> <li>Disulfiram [IF RECEIVED] Specify how many days received</li> <li>Acamprosate [IF RECEIVED] Specify how many days received</li> <li>DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED ALCOHOL USE DISORDER</li> <li>CLIENT DOES NOT REPORT SUCH A DIAGNOSIS</li> </ul>
	Instructions
	Other After Care Services (Specify) Type N/A if not applicable *
	One Agency. One Mission. One Voice.

The bottom of each form will have a toolbar for submission.



**One Agency. One Mission. One Voice.** 

### GPRA Submission - Save



### Save Your Work

#### You're almost there.

After pressing Save, you will be redirected to a new screen to either Register or Log into your account.

Once you register or log in you will be able to finish incomplete submissions and view completed forms.

We will also email you a link to the submission to come back and finish your work.





**One Agency. One Mission. One Voice.** 

### **GPRA Submission - Registration**



## **GPRA Submission - Registration**

#### Register to view this form Please fill in the quick information below so you can save your work as you go and keep track of all your forms and submissions. Complete First Name\* Last Name\* the form John Doe Email Address\* Confirm Password\* Password\* john.doe@dc.gov 0 0 ..... ..... Phone Number Time Zone Phone Number (optional) Eastern Time (EST) Click Register After clicking Register you will be prompted to sign in using your new password. This will enable you to access and collaborate on all of your forms and now submissions. **Register now One Agency. One Mission. One Voice.**

### GPRA Submission Required Field Missing

Once you have completed the survey, click submit a submit to submit the survey.

If a question with a **red asterisk** is missing mandatory data, you will be prompted to revisit the area that is required before submission.

Follow instructions

Required field missing. On page: 12 Please check at least 1 box(es) On page: 16 Required field missing. On page: 16

Please check at least 1 box(es) On page: 16

DBH

**One Agency. One Mission. One Voice.** 

#### **District of Columbia Department of Behavioral Health**



Submit & Sign

Submit & Sign		Create Your Signature		×
		Please fill in your name and email and then either draw or type	your signature below.	
ふつ		Full Legal Name	Your Initials	
	U U	Jane Doe	JD	
		Email		
complete!	Cre	jane.doe@dc.gov		
	Si.	Signature Type Vpload Custom		
				Q.
		Jane Doe		×
	Ν	Signature will be applied to the page. You will have a chance to review after signing.		
Check	here	I agree to electronically sign and to create a legally binding contract between the other party and myself,	Apply Signature	Click here
	$\neg$	or the entity I am authorized to represent.		
One Agency. One Mis	sion. Or	ne Voice.		

Create Your Signature	X vour signature below		
	Your Initiala		
Jane Doe	JD		
Email			
jane.doe@dc.gov		Once you hit Apply Signature ,	
Signature Type 🕑 Type 🔵 Draw 🔵 Upload Custom		appear, instructing you	
Signature will be applied to the page. You will have a chance to review after signing.         I agree to electronically sign and to create a legally binding contract between the other party and myself,	Apply Signature	to Finalize & Submit Click it.	
or the entity Fain authorized to represent.		Einalize & Submit	
One Agency. One Missio	on. One Void	ce.	DBH

Finalize & Submit

### Thank you!

Your submission is complete.

Your document has been successfully signed.

Your PDF is generating and will load here shortly...



This message lets you know your survey was submitted successfully.



**One Agency. One Mission. One Voice.** 

ile Message Help Acrobat		
Signore III E S S S S Meeting		
Junk - Delete Archive Reply Reply Forward Co More - Teams	Move     Actions      Policy      Unread     Un      Un	
Delete Respond Teams Quick Step	5 Move Tags f	
Document Completed: DBH CSATGPRATool English_Followup- 2023		
SeamlessDocs <noreply@seamlessdocs.com></noreply@seamlessdocs.com>		You will receive a
10 0		
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in t	is message.	contirmation email
Test, Name-TFCC-Follow-up_Form_F80V9gienC9q2G.pdf v 269 KB		
		once your survey is
		SUCCESSIUIIY
		submitted Vou can
		submined. Too can
	Submission Completed	view the survey by
	All signers signed this document. The signature flow for this	clicking View Submission Or
	submission is now complete.	
	Form name DBH CSATGPRATool	the attached PDF
	English_Followup-2023	<u></u>
	Compared	tile.
	View the submission and any attachments by following the link below	
	and using this unique access code: ApuxTZ8LilZqQQr5	
	View Submission	
	Decomposit of Debusiced Useliti Universite PC	
	Linguationale of December Proteins ( Proteins grant, D-	



**One Agency. One Mission. One Voice.** 

# **GPRA Submission – Things to Remember**

- 1. Choose the correct survey.
  - The GPRA intake survey should be chosen for first time clients or clients being re-enrolled.
  - The follow-up survey should be chosen for clients who already completed the intake GPRA. These surveys should be completed for clients within the followup window.
- 2. The red asterisk indicates a mandatory field for successful submission. If the survey prompts you to skip this section, type NA.

#### **GPRA Administration and Surveys**

- GPRA Intake
- GPRA Follow Up
- GPRA Discharge
- Gift Card Receipt Signature Form





One Agency. One Mission. One Voice.

### **GPRA Submission - Questions**





**One Agency. One Mission. One Voice.**