

If you do not have a Client ID/MCI number for this client, please keep the paper copy until you have a Client ID/MCI number.

Store protected health information in a secure location in accordance with HIPAA.

This survey is based on SAMHSA
OMB No. 0930-0208
Expiration Date: 02/28/2022

Administrative Discharge GPRA

Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs

After completing this paper copy of the GPRA:

- enter the data into the online discharge GPRA within **two weeks or 10 business days**.
- other GPRA links are on our website
go.wisc.edu/EmergencyCOVIDProject

A. RECORD MANAGEMENT

[STAFF ONLY PAGE]

Client ID/MCI#

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Client Type:

[NOTE: IF CLIENT IS RECEIVING BOTH SELECT "TREATMENT CLIENT"]

- Treatment client** - A client who is receiving substance abuse treatment by your agency and these treatment services are being funded by the Emergency COVID-19 Project. (*Treatment services= Any clinical service provided by a licensed or licensed in training staff.*)
- Client in recovery** - A client who is receiving recovery support services funded by the Emergency COVID-19 Project. (*Recovery services= Any supportive services provided by non-licensed staff for the purpose of supporting and enhancing treatment or continuing a person's recovery after treatment.*)

Discharge Date

		/			/				
Month			Day			Year			

J2. What is the client's discharge status?

- 01 = Completion/Graduate
- 02 = Termination

If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]

- 01 = Left on own against staff advice with satisfactory progress
- 02 = Left on own against staff advice without satisfactory progress
- 03 = Involuntarily discharged due to nonparticipation
- 04 = Involuntarily discharged due to violation of rules
- 05 = Referred to another program or other services with satisfactory progress
- 06 = Referred to another program or other services with unsatisfactory progress
- 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- 11 = Transferred to another facility for health reasons
- 12 = Death
- 13 = Other (Specify) _____

J3. Did the program test this client for HIV?

- Yes
- No *[GO TO J4.]*

J4. [IF NO] Did the program refer this client for testing?

- Yes
- No

Discharge: Did you conduct a discharge interview? [If no, skip to Section K - Services Received)

- Yes
- No

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) _____	_ _ _ _

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]

Treatment Services	Sessions
[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1-4.]	
1. Screening	_ _ _ _
2. Brief Intervention	_ _ _ _
3. Brief Treatment	_ _ _ _
4. Referral to Treatment	_ _ _ _
5. Assessment	_ _ _ _
6. Treatment/Recovery Planning	_ _ _ _
7. Individual Counseling	_ _ _ _
8. Group Counseling	_ _ _ _
9. Family/Marriage Counseling	_ _ _ _
10. Co-Occurring Treatment/Recovery Services	_ _ _ _
11. Pharmacological Interventions	_ _ _ _
12. HIV/AIDS Counseling	_ _ _ _
13. Other Clinical Services (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) _____	_ _ _ _

After Care Services	Sessions
1. Continuing Care	_ _ _ _
2. Relapse Prevention	_ _ _ _
3. Recovery Coaching	_ _ _ _
4. Self-Help and Support Groups	_ _ _ _
5. Spiritual Support	_ _ _ _
6. Other After Care Services (Specify) _____	_ _ _ _

Education Services	Sessions
1. Substance Abuse Education	_ _ _ _
2. HIV/AIDS Education	_ _ _ _
3. Other Education Services (Specify) _____	_ _ _ _

Peer-to-Peer Recovery Support Services	Sessions
1. Peer Coaching or Mentoring	_ _ _ _
2. Housing Support	_ _ _ _
3. Alcohol- and Drug-Free Social Activities	_ _ _ _
4. Information and Referral	_ _ _ _
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	_ _ _ _

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