

## ATTACHMENT 2

### SAMHSA GPRA CLIENT/PARTICIPANT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS MATRIX

#### MEASURE, VARIABLE, and SOURCE

**Note:** Unless otherwise indicated, all items are asked of both youth and adults.

\* Question numbers refer to the item number in the **GPRA tool**.

GPRA MEASURE	VARIABLE	SOURCE
<b>GPRA 1. Currently Employed or Engaged in Productive Activities</b>		
*Question D. 1	Are you currently enrolled in school or a job training program?	Modified from Addiction Severity Index
D. 3	Are you currently employed?	Modified from Addiction Severity Index
D. 4	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...?	Modified from Addition Severity Index
<b>GPRA 2. Had a Permanent Place to Live in the Community</b>		
Question C. 1	In the past 30 days, where have you been living most of the time?	Modified from the McKinney Demonstration projects
<b>GPRA 3. Had No/Reduced Involvement with the Criminal Justice System</b>		
Question E. 1	In the past 30 days, how many times have you been arrested?	Addiction Severity Index
E. 2	In the past 30 days, how many times have you been arrested for drug-related offenses?	Addiction Severity Index
E. 3	In the past 30 days, how many nights have you spent in jail/prison?	Addiction Severity Index

GPRA MEASURE	VARIABLE	SOURCE
E. 4	In the past 30 days, how many times have you committed a crime?	Modified from the 1999 Alcohol and Drug Services Study C52
E. 5	Are you currently awaiting charges, trial or sentencing?	Addiction Severity Index
E. 6	Are you currently on parole or probation?	Addiction Severity Index
<b>GPRA 4. Experience No/Reduced Alcohol or Illegal Drug Related Health, Behavior, or Social Consequences</b>		
Question F. 1	How would you rate your overall health right now?	SF-36
F. 2.a	During the past 30 days, did you receive Inpatient Treatment for:  Physical complaint Mental or emotional difficulties Alcohol or substance abuse	Health services utilization from McKinney funded Homeless Projects
F. 2.b	During the past 30 days, did you receive Outpatient Treatment for:  Physical complaint Mental or emotional difficulties Alcohol or substance abuse	Health services utilization from McKinney funded Homeless Projects
F. 2.c	During the past 30 days, did you receive Emergency Room Treatment for:  Physical complaint Mental or emotional difficulties Alcohol or substance abuse	Health services utilization from McKinney funded Homeless Projects
F.3	During the past 30 days, did you engage in sexual activity?	Modified Risk Assessment Behavior Battery (RABB)
F.4	Have you ever been tested for HIV?	Standard Item
F.5	Do you know the results of your HIV testing?	Standard Item

GPRA MEASURE	VARIABLE	SOURCE
F. 6	<p>In the past 30 days (not due to your use of alcohol or drugs) how many days have you:</p> <ul style="list-style-type: none"> <li>a. Experienced serious depression</li> <li>b. Experienced serious anxiety or tension</li> <li>c. Experienced hallucinations</li> <li>d. Experienced trouble understanding, concentrating, or remembering</li> <li>e. experienced trouble controlling violent behavior</li> <li>f. attempted suicide</li> <li>g. Been prescribed medication for psychological/emotional problem</li> </ul>	Modified from Addiction Severity Index
F. 7	How much have you been bothered by these psychological or emotional problems in the past 30 days? (If you did not report any days to the items in question 4, skip to the next question.)	Modified from Addiction Severity Index
C. 2	During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?	Modified from Addiction Severity Index
C. 3	During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?	Modified from Addiction Severity Index
C. 4	During the past 30 days has your use of alcohol or other drugs caused you to have emotional problems?	Modified from Addiction Severity Index
C. 5	<i>[IF FEMALE,]</i> Are you currently pregnant?	2004 National Household Survey on Drug Abuse HLTH01
C. 6	<p>Do you have children?</p> <ul style="list-style-type: none"> <li>a. How many children do you have?</li> <li>b. Are any of your children living with someone else due to a child protection court order?</li> <li>c. How many of your children are living with someone else due to a child protection court order?</li> <li>d. For how many children have you lost parental rights?</li> </ul>	Modified from the 1999 Alcohol and Drug Services Study A17, A18, B22
B. 3	In the past 30 days have you injected drugs?	Modified from Addiction Severity Index

GPRA MEASURE	VARIABLE	SOURCE
B. 4	In the past 30 days, how often did you use a syringe, cooker, cotton or water that someone else used?	Modified RA BB
<b>GPRA 5. Percent Increase of Adults And/or Youth 12 to 17 Years Receiving Services Who Had No past Month Substance Use</b>		
Question B. 1	<p>During the past 30 days how many days have you used <b>the following</b>:</p> <ul style="list-style-type: none"> <li>a. Any alcohol</li> <li>b1. Alcohol to intoxication (5+ drinks in one sitting)</li> <li>b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)</li> <li>c. Illegal drugs</li> <li>d. Both alcohol and drugs (on same day)</li> </ul>	Modified from Addiction Severity Index
B. 2	<p><b>Number of Days</b></p> <p>During the past 30 days, how many days have you used any of the following:</p> <ul style="list-style-type: none"> <li>a. Cocaine/Crack</li> <li>b. Marijuana/hashish</li> <li>c. Heroin or other opiates</li> <li>d. Non Prescription methadone</li> <li>e. PCP or other Hallucinogens/psychedelics</li> <li>f. Methamphetamine or other amphetamines</li> <li>g. Benzodiazepines, barbiturates, other tranquilizers, sedatives, or hypnotics</li> <li>h. Inhalants</li> <li>i. Other drugs Specify: _____</li> </ul>	Modified from Addiction Severity Index
B. 2	<p><b>Route of Administration</b></p> <p>During the past 30 days, how many days have you used any of the following:</p> <ul style="list-style-type: none"> <li>a. Cocaine/Crack</li> <li>b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane]</li> <li>c. Opiates: <ul style="list-style-type: none"> <li>c.1. Heroin [Smack, H, Junk, Skag]</li> <li>c.2. Morphine</li> <li>c.3. Diluadid</li> <li>c.4. Demerol</li> <li>c.5. Percocet</li> </ul> </li> </ul>	Modified from Addiction Severity Index

GPRA MEASURE	VARIABLE	SOURCE
	<ul style="list-style-type: none"> <li>c.6. Darvon</li> <li>c.7. Codein</li> <li>c.8. Tylenol 2,3,4</li> <li>c9. Oxycontin/Oxycodone</li> <li>d. Non Prescription methadone</li> <li>e. Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel] MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms or Mescaline</li> <li>f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank]</li> <li>g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and RohypnolBalso known as roofies, roche, and cope)</li> <li>g.2. Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)</li> <li>g.3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)</li> <li>g.4. Ketamine (known as Special K or Vitamin K)</li> <li>g.5. Other tranquilizers, downers, sedatives or hypnotics</li> <li>h. Inhalants (poppers, snappers, rush, whippets)</li> <li>i. Other illegal drugs (specify)</li> </ul>	
<b>G. SOCIAL CONNECTEDNESS (GPRA 6. Social Connectedness)</b>		

<b>GPRA MEASURE</b>	<b>VARIABLE</b>	<b>SOURCE</b>
Question G. 1	In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women of Sobriety, etc.	Modified from the 2004 National Survey on Drug Use and Health TX04h
G. 2	In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?	Modified from the 2004 National Survey on Drug Use and Health TX04h
G. 3	In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?	Modified from the 2004 National Survey on Drug Use and Health TX04i
G. 4	In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?	
G.5	To whom do you turn to when you are in trouble?	
<b>RECORD MANAGEMENT</b>		
	Client/Participant Id	Standard Item
	Client Type: Treatment/recovery	Standard Item
	Contract Grant ID	Standard Item
	Interview Type	Standard Item
	Interview Date	Standard Item
Question 1.	Was the client screened by your program for co-occurring mental health and substance use disorders?	Standard Item
1.a.	[IF YES] Did the client screen positive for co-occurring mental health and substance use disorders?	Standard Item
2.	(Asked only of SBIRT/Campus SBI and ATR clients) How did the client screen for your SBIRT/Campus SBI/ATR program?	

GPRA MEASURE	VARIABLE	SOURCE
2.a.	(Asked only of SBIRT/Campus SBI clients) What was his/her screening score?	
3.	(Asked only of SBIRT clients) Was he/she willing to continue his/her participation in the SBIRT/Campus SBI/ATR program?	
Planned Services	Modality Treatment Services Case Management Services Medical Services After Care Services Education Services Peer-to-Peer Recovery Support Services	Standard Item  Modified from the 1999 Alcohol and Drug Services Study Client Abstract 67, 77
<b>A. RECORD MANAGEMENT - DEMOGRAPHICS</b>		
Question A.1	What is your gender?	Standard Item
A. 2	Are you Hispanic or Latino?	Office of Management and Budget
A. 3	What is your race?	Office of Management and Budget
A. 4	What is your date of birth?	Standard Item
A. 5	Are you a veteran?	New Item
D. 2	What is the highest level of education you have finished, whether or not you received a degree?	Modified from the Addiction Severity Index
D. 2.a	Do you have a GED (General Equivalency Diploma)?	Modified from the Addiction Severity Index
<b>I. FOLLOW-UP STATUS (Reported by program staff about client only at follow-up)</b>		
Question I. 1	What is the follow-up status of the client?	
I. 2	Is the client still receiving services from your program?	
<b>J. DISCHARGE STATUS (Reported by program staff about client only at discharge)</b>		
Question J.1	On what date was the client discharged?	Standard Item

GPRA MEASURE	VARIABLE	SOURCE
J.2	What is the client's discharge status? If the client was terminated, what was the reason for termination?	Standard Item
J.3	Did the program test this client for HIV?	New Item
J.4	[IF NO] Did the program refer this client for HIV testing?	New Item
<b>K. SERVICES (GPRA 7. Participated in Recovery Support Services) (Reported by program staff about client only at discharge)</b>		
Modality	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery.	Standard Item Modified from the 1999 Alcohol and Drug Services Study Client Abstract 67
Treatment Services	Identify the number of SESSIONS provided tot he client during the client's course of treatment/recovery. Treatment Services Case Management Services Medical Services After Care Services Education Services Peer-To-Peer Recovery Support	Standard Item Modified from the 1999 Alcohol and Drug Services Study Client Abstract 67, 77