Agency Information Collection Activities: Proposed Collection; Comments Request 0930-0208 Package Title: Government Performance and Results Act (GPRA) Client/Participant Outcomes Measure -- Revision
Summary of Comments and SAMHSA's Responses as of 10/06/2021

Comment Number	Date Received	Organizations	Topic	Summary of Comments	SAMHSA's Response
1	9/9/2021	Laura Morris - TFD Cares Program	Instrument utility	This instrument holds ZERO value to clinicians providing substance use treatment. It is only completed because it is required. It is never referenced again by clinic staff and or clinicians after it is submitted.	Thank you for this comment. In completing the survey, SAMHSA hopes that clinicians consider the information obtained, and that this contributes to on-going patient care. The survey forms the basis of program evaluation at the Federal level and is of great value in assessing best practices.
2	9/9/2021	Laura Morris - TFD Cares Program	Public Burden	The estimates are inaccurate. It takes approximately 60-75 minutes to administer the instrument with a client. The agency's estimation of the burden does not account for the time explaining the purpose, process, and how the instrument will be administered to the client. Additionally client's frequently need questions repeated and or an additional explanation as to why the question is being asked which adds a substantial amount of time to the completion of the instrument.	Thank you for this comment. In efforts to streamline and reduce burden, many questions have been removed, simplified, or moved to be only asked of specific grant programs. This is most apparent in Sections A (Records Management) and B (Substance Use and Planned Services), where questions have been restructured and rearranged to reduce public burden.
3	9/9/2021	Laura Morris - TFD Cares Program	Invasive/ traumatizing questions	Reduce the amount of questions by two-thirds, eliminate invasive questions not appropriate for first time appointments with new clinicians.	Thank you for this comment. A substantial number of questions have been removed. SAMHSA has carefully reviewed all questions and removed those that are potentially traumatizing or invasive.
4	9/9/2021	Laura Morris - TFD Cares Program	Other	Create a instrument that can be completed by patients during their own time online and does not require a clinician to administer instrument.	Many questions in this revised GPRA tool can be completed independent of a clinician, and grantees might consider the use of computer technology to engage patients in answering questions.
5	8/30/2021	Jaimie Meyer - Yale University	Demographic-Gender	Section A, Q1: Would add gender non-conforming or non-binary in the main question stem, not necessarily under transgender	Thank you for this comment. The question (Section A, Q1) has been rewritten to be more inclusive, and in line with research questions from the NIH.
6	8/30/2021	Jaimie Meyer - Yale University	Wording/Clarification	In Section B, Q2: Please provide a clearer definition of misuse (for example, what about use of a substance that is prescribed for medical reasons (e.g. medical marijuana?))	Thank you for this comment. The text of the question has been altered to specifically identify substance use that occurs in excess of national guidelines and/or without a prescription and/or medical supervision.
7	8/30/2021	Jaimie Meyer - Yale University	Wording/Clarification	In Section B, Q9: change the word assistance to intervention.	Thank you for this comment. To reduce confusion, we have altered the wording.
8	8/30/2021	Jaimie Meyer - Yale University	Wording/Clarification	In Section B, Q11: Change misuse to 'use disorder' for consistent language.	Thank you for this comment. The text of the question has been altered to specifically address this oversight, and now includes the term 'use disorder'.
9	8/30/2021	Jaimie Meyer - Yale University	Wording/Clarification	Section B, Q14: Change wording (use and/or)	Thank you for this comment. The wording has been changed to include 'and/or'.

10	8/30/2021	Jaimie Meyer - Yale University	Wording/Clarification	Section C, Q1: Add clarification (under 'someone else's apartment, add couch surfing; and add transitional housing to Halfway house)	Thank you for this comment. The terms 'couch surfing' and 'transitional housing' have been added to their appropriate sections.
11	8/30/2021	Jaimie Meyer - Yale University	Addition/Removal	Section E, Q2: Add police lock up	Thank you for this comment. To reduce burden, the question has been removed.
12	8/30/2021	Jaimie Meyer - Yale University	Addition/Removal	Section E, Q4: Add 'Or intensive pretrial supervision?'	Thank you for this comment. The term 'intensive pretrial supervision' has been added to this question stem.
13	8/30/2021	Jaimie Meyer - Yale University	Addition/Removal	Section F, Q3: Remove 'not due to your use of alcohol or drugs' from the question to avoid confusion	Thank you for this comment. To reduce confusion, the term 'not due to your use of drugs' has been removed from this question.
14	8/30/2021	Jaimie Meyer - Yale University	Addition/Removal	Section F, Q6: Consider asking in addition whether they are enrolled in a drug assistance program for payment like ADAP	Thank you for this comment. This category has now been added to the question, which is renumbered as Q5a.
15	8/30/2021	Jaimie Meyer - Yale University	Addition/Removal	Section G, Q1: Consider asking whether in person or virtual	Thank you for this comment. Reminding the patient that attendance can be either in person or virtual has been added to the question stem. In addition, a separate question about the use of telehealth has been added later in the survey.
16	8/30/2021	Jaimie Meyer - Yale University	Wording/Clarification	Section H7, Q1a: Change unprotected to condomless	Thank you for this comment. To reduce confusion, the term 'condomless' has been added to the question stem.
17	8/30/2021	Jaimie Meyer - Yale University	Wording/Clarification	Section H7, Q1b1: Change to 'Living with HIV AND not on treatment'	Thank you for this comment. The term 'living with HIV and not taking HIV medications' has been added, and the questions has been renumbered as Q1c1.
18	8/30/2021	Jaimie Meyer - Yale University	Addition/Removal	Section H7, Q2: Add 'for HIV prevention' after PrEP	Thank you for this comment. The term 'for HIV prevention' has been added to provide appropriate context for the use of PrEP.
19	8/30/2021	Jaimie Meyer - Yale University	Wording/Clarification	Section H7, Q3C: Add "Rapid HCV Ab test; If yes, confirmatory HCV RNA testing; If positive, referred for HCV treatment?"	Thank you for this comment. Clarifying correct follow up is important. Thus, the type of test 'Rapid HCV Test' has been added to the original question stem, and a follow up question around whether the individual was referred for subsequent treatment has been added.
21	9/16/2021	LeiLani Lewis - MOUD SOR OTN Program in Washington State	Instrument utility	it would be helpful to collect the surveys at the INTAKE, 3 MONTHS, AND DISCHARGE instead of the current intake, 6 months, and discharge. these patients are hard to get ahold of 6 months after first intake.	Thank you for this comment. For the majority of programs, six months follow-up captures the client's entire experience in treatment and thus provides insight into their outcome. Three months is often too early to perform a follow up survey, but some grants do require three month follow-up.
22	9/16/2021	LeiLani Lewis - MOUD SOR OTN Program in Washington State	Addition/Removal	On the list of substances that are asked for the patients to identify that they use FENTANYL is NOT listed currently.	Thank you for this comment. Fentanyl has been added, and the list has been updated overall to include those substances known to be frequently used.
24	9/20/2021	Tara Ford - Aleutian Pribilof Island Association, Inc.	Instrument utility	There is difficulty in following up with discharged patients - it takes time to track down patients, and this is not reflected in the GPRA tool.	Thank you for this comment. To reflect efforts to follow-up with individual patients, a question was added in Section J (Discharge Status) that specifically asks whether the patient was contactable. If a patient can not be found for follow-up, there are existing mechanisms to close the survey. for example, an 'Administrative Discharge'.
25	9/20/2021	Tara Ford - Aleutian Pribilof Island Association, Inc.	Instrument utility	Another point is around provider burnout. Counselor, psychologists, social workers, etc. most often entered the field to help people. When documentation consumes more of their mental energy, we are working in a broken system. Providers' mental energy should be focused on their clients and moving them towards wellness.	Thank you for this comment. SAMHSA appreciates the efforts of individual staff members in completing the GPRA tool. In this new version, we have removed a substantial number of questions and attempted to make the survey more conversational in nature. Moreover, we have simplified many questions and removed potentially traumatizing or stigmatizing questions. This, we believe, will reduce the time that it takes to complete the survey and make it easier to administer.
27	9/27/2021	Sarah Younes - Centerstone's Research Institute	Demographic-Gender	Consider an alternative categorization of transgender in the response stems to Question A1.	Thank you for this comment. The question has been altered to delineate gender identity more clearly.
28	9/27/2021	Sarah Younes - Centerstone's Research Institute	Demographic - Race	In regards to question A3: Middle Eastern respondents do not always identify as white, so it may be helpful to "Middle Eastern and North African" as an option to capture the Middle Eastern and Arab racial identity.	Thank you for this comment. The current categories have been maintained in order to retain parity among all SAMHSA GPRA tools.
29	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to question A6: How would a client respond if they are in a new relationship? Should this just say "Relationship" then or should you define the phrase to specify serious or committed relationships?	Thank you for this comment. The response has been altered to simply be "in a relationship". Inferences on length of time in the relationship have been removed.
30	9/27/2021	Sarah Younes - Centerstone's Research Institute	Demographic - Number of Children	In regards to question A8: Should you specify children or any age? Additionally, I recall the older version of the GPRA Question-by-Question Guide mentioning that deceased children should be counted under this question. However, how would respondents know to include deceased children based on the present tense used in the question? Maybe this question should read, "Do you or have you ever had children?"	Thank you for this comment. The question asks for the number of children born to a respondent, of any age. Subsequent questions ask about the children's age. This question has been altered to reflect 'all children - alive or not living.'
31	9/27/2021	Sarah Younes - Centerstone's Research Institute	Demographic - Number of Children	In regards to question A8e: Can the respondent still see their children who voluntarily live with or are cared for fulltime by people outside of the home? Do rights have to be terminated for this to occur? It may be helpful to specify examples of when this may occur in the Question-by-Question Guide.	Thank you for this comment. This question has been removed to create a more trauma informed survey.
32	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to Question B2: I believe this should say, "By which route do you take this substance?"	Thank you for this comment. The language and content of this question have been updated to improve clarity.

33	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to question B3: Program staff often ask whether "the past 30 days" includes the date of the interview, so it may be helpful to clarify that in the tool or in the Question-by-Question Guide.	Thank you for this comment. This will be addressed in the guide.
34	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to Question B7: Would the interviewer still ask this question then if the route of administration in any question above was "Yes" or would they not ask the respondent and automatically fill in "Yes?" That may be unclear here for people new to the GPRA.	Thank you for this comment. This question has been removed.
35	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to Question B9 and B10: Should it specify "required and received" assistance?	Thank you for this comment. The question has been altered to specifically include this language.
36	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to question B14: What qualifies as a screening? I.e., would an initial psychological report count as a screening, or is there a specific screening tool? There was some miscommunication about this with our grant, so it may be helpful to specify in the Question-by-Question Guide.	Thank you for this comment. Screening should occur with an evidence-based tool. This has been specifically added to the question.
37	9/27/2021	Sarah Younes - Centerstone's Research Institute	Addition/Removal	In regards to question D2: Would an Associate's Degree be captured here as well like it was in the previous version of the GPRA?; In what situation would "Don't Know" be applicable? Should there just be an "Other" category?	Thank you for this comment. No change has been made to this question, and 'Associates Degree" is included. If the patient or clinician does not know, then they may select 'Refused'.
38	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to question D3: It may be helpful to elaborate on what "Or Would Have Been" means in the Question-by-Question Guide.	Thank you for this comment. The response has been altered to provide clarity. Specifically, "35+ Hours Per Week, Or Would Be, If Not For Leave or An Excused Absence"
39	9/27/2021	Sarah Younes - Centerstone's Research Institute	Addition/Removal	In regards to Question D3: 'Not Employed, NOT looking for work' should be a new category	Thank you for this comment. We have added 'Not looking for work' as a new category.
40	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to question D5: Some clients I have interviewed were confused as to whether this question is based solely on the individual money they earn or whether it includes their partner's money. It may be helpful to clarify that in the Question-by-Question Guide.	A focus on the individual has been added to the question. Specifically, the question now reads: Do you, individually, have enough money to pay for the following living expenses? Choose all that apply. It must be noted, that the response categories have been altered.
41	9/27/2021	Sarah Younes - Centerstone's Research Institute	Addition/Removal	In regards to question F1: Should there be a "Refused" option?	Thank you for this comment. This question was removed to decrease burden.
42	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to question F2: Should "Good" be lowercase?	Thank you for this comment. 'Good' has been put into lower case.
43	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to question F5: Should multiple responses be allowed?	Thank you for this comment. We have added "You may select more than one response" to this question for clarity.
44	9/27/2021	Sarah Younes - Centerstone's Research Institute	Addition/Removal	In regards to F6: Should there be a "Private" or "Other" response option?	Thank you for this comment. The number of options has been expanded, and the question has been renumbered as 5a.
45	9/27/2021	Sarah Younes - Centerstone's Research Institute	Addition/Removal	In regards to G3: A more common response I received while administering the old version of the GPRA was "God," so I would recommend changing this response option to "Religious Figure or Clergy Member."; and It may be helpful to add an example in parentheses, such as "(E.g. Therapist or Counselor)"	Thank you for this comment. This question has been removed as it was not being used in the analysis of program performance.
46	9/27/2021	Sarah Younes - Centerstone's Research Institute	Wording/Clarification	In regards to I1: If program staff discover the client moved while reaching out for follow-up interviews, then weren't program staff *able* to locate the client?	Thank you for this comment. Often those following up are told, by a third party, that the individual client has moved, and no further contact details are supplied. Thus, this response has not been altered as it represents a valid option.
48	9/28/21	Virginia A. Stanick - State Opioid Response Project Director, AR	Addition/Removal	The correspondent notes that the medications to treat opioid use disorder, as listed in 'The Planned Services' of the GPRA tool currently in use, only includes Methadone. The correspondent implores inclusion of all FDA-Approved medications to treat opioid use disorder.	Thank you for this comment. This has been rectified in the current, draft GPRA tool. This table has been updated and all FDA-Approved medications to treat opioid use disorder, tobacco misuse and alcohol misuse have been included.
50	9/28/2021	Sarah Van Hala - Recovery Point West Virginia	Wording/Clarification	The new drug and alcohol use questions are confusing and will not be as useful for showing our outcomes. We prefer the question on the previous version of the GPRA. Also we preferred to report on the number of days used because then we can do stronger statistical analysis on reduction in days used. Reporting on the number of days used supports a harm reduction approach to treatment/recovery.	Thank you for this comment. The substance use table has been updated, specifically to remove references to diagnoses. In the updated version, the client is asked to list the substances used in the past 30 days, the number of days they used the substance, and route of administration. We appreciate the importance of this approach.
51	9/28/2021	Sarah Van Hala - Recovery Point West Virginia	Addition/Removal	Should there be a Refused option for F-1 "How would you rate your overall health right now?"	Thank you for this comment. The question now asks "How would you rate your quality of life over the past 30 days?" and a 'refused' option has been added.
52	9/28/2021	Sarah Van Hala - Recovery Point West Virginia	Addition/Removal	G-3: "Whom do you turn to": You all may want to add "Sponsor" as a person that people turn to	Thank you for this comment. This question has been removed as it was not being used in the analysis of program performance.
53	9/28/2021	Sarah Van Hala - Recovery Point West Virginia	Addition/Removal	Could we have an NA for the substance use diagnosis question?	Thank you for this comment. It is presumed that this question refers to the substance use diagnoses table in section B? This table has been altered, and no longer asks respondents to list a diagnosis.
54	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Instrument utility	The new version of the GPRA will take our staff more time. Can you make the GPRA a billable service under Medicaid?	Thank you for this comment. Medicaid reimbursement is under the purview of the Centers for Medicare and Medicaid Services. Please direct this question to them.

55	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Addition/Removal	Maybe add back the question " Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard? " but take out the follow-up table.	Thank you for this comment. This question and table were removed as they were not being used in program evaluation. Moreover, the removal of this question and table reduces burden and potential trauma to clients who have been impacted by having a family member in the military.
56	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Addition/Removal	Diagnosis and Planned Services: Can we have a Refused, NA, or Don't Know Option?	Thank you for this comment. The diagnosis table has been updated and a 'refused' option has been added. In regards to the planned services table: this is completed by program staff and should only include those services that are planned for a specific client. It does not allow for 'refusal' or 'unknown' responses.
57	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Wording/Clarification	On question 2-5 "If you have been diagnosed with a stimulant use disorder, which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days?" Can you add "peer services" or an "other" write-in option	Thank you for this comment. An 'other' option has been added to this question.
58	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Addition/Removal	Can you add a "Do you currently have access to Narcan" question?	Thank you for this comment. A question on harm reduction, specifically on client receipt of Narcan and fentanyl test strips can be found in Section J.
59	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Addition/Removal	Can there be a tertiary option for the mental health diagnosis?	Thank you for this comment. This table has been substantially altered based on stakeholder feedback. There is no longer a need to stratify diagnoses.
60	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Addition/Removal	Should there be a Refused option for F-1 "How would you rate your overall health right now?"	Thank you for this comment. A 'refused' option has been specifically added to question F-1
61	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Instrument utility	The discharge form is quite long and the responses will not be useful to us	Thank you for this comment. The discharge questions will be thoughtfully used by SAMHSA to better evaluate program activity, and the program's impact on their clients.
62	9/28/2021	Sarah Van Hala - Westbrook Connections Program	Instrument utility	Would it be possible for current programs to finish out using the current version of the GPRA so that the data that we have currently collected will remain useful?	Thank you for this comment. It is not our intention to cause undue burden or stress in creating a new tool, and technical assistance is available. However, when the new GPRA Tool is approved, all grantees will be required to start using this tool after a period of notification.
63	9/28/2021	Sarah Van Hala - Seneca Health Services	Instrument utility	Reducing substance use to Yes/No response options does not support the harm reduction model. Yes/No will be far less useful to our team and will keep up from demonstrating client improvement.	Thank you for this comment. SAMHSA appreciates this, and has redesigned the table. The substance use table has been updated, specifically to remove references to diagnoses, and binary 'yes' or 'no' responses. In the updated version, the client is asked to list the substances used in the past 30 days, the number of days they used the substance, and route of administration. We appreciate the importance of this approach.
64	9/28/2021	Sarah Van Hala - Seneca Health Services	Addition/Removal	Could we report the number of visits to each facility? This would help us to demonstrate cast savings to our partners and ultimately to Medicaid which will support service sustainability post-grant.	Thank you for this comment. While SAMHSA appreciates the importance of this, this level of specificity is not helpful in larger, program analysis. This change will not be made.
66	9/30/2021	Sarah Van Hala - Southern Highlands	Addition/Removal	We believe that the GPRA should include days of use for each drug not just "yes" or "no" responses. Days of use gives us information about harm reduction which is a cornerstone of our treatment programs and allows us to run more powerful statistical tests on substance use reduction.	Thank you for this comment. SAMHSA appreciates this and has restructured Section B to include the number of days of use for each substance that a client reports. This will specifically allow programs and agencies to better understand treatment outcomes.
68	9/28/2021	Tara Moseley - Young People in Recovery	Invasive/ traumatizing questions	Inappropriate for non-clinical Recovery Support Service, as peer recovery support providers we do not diagnose substance use disorder nor do we diagnose mental health status. However certain funding streams require us to use this data collection metric. The questions can be very triggering for individuals and Peer Recovery Support providers are not trained to diagnose and can only moderately support those who need referrals and additional support. Additionally, the questions can bring up the trauma and to that end, re-traumatized individuals.	Thank you for this comment. SAMHSA appreciates this, and has redesigned the tables you describe. The substance use table has been updated, specifically to remove references to diagnoses, and binary 'yes' or 'no' responses. In the updated version, the client is asked to list the substances used in the past 30 days, the number of days they used the substance, and route of administration. We appreciate the importance of this approach. In the table of mental health illnesses, the client simply lists the diagnoses that they are aware of.
69	9/28/2021	Tara Moseley - Young People in Recovery	Instrument utility	As Peer Support Providers they are not trained to give treatment plans but to support individuals in their recovery (as they are not clinicians). Data collection metrics for Recovery Support providers should be a tool like the Assessment of Recovery Capital which looks at growth in recovery and connectivity to personalized growth.	Thank you for this comment. Based on feedback such as this, elements of the tool that require diagnoses or diagnostic information have been redesigned to better support recovery activities. Specifically the table of substance use in Section B has been reformatted to focus more on client-reported metrics that capture use.
70	9/28/2021	Tara Moseley - Young People in Recovery	Instrument utility	Most of the fields in the form are not applicable sections to Recovery support nor to the interaction at the time in which we are collecting GPRA (they are not going into services but rather a recovery encouragement session). Essentially we ask people to attend a 60 minute All-Recovery Meeting then sit with us for another 60 minutes to do a GPRA interview, for which they may need to meet with a clinician after the interview. This puts a lot of stress not only on the participants but on service providers to provide adequate support for group members and ensure everyone's care and safety.	Thank you for this comment. The tool has been redesigned and simplified in order to facilitate data collection and reduce response times. Additionally, many questions viewed as being traumatizing or stigmatizing have been removed. It is anticipated that this will reduce the amount of time required to complete the survey, not only because there are less questions, but also because the majority of questions do not require additional explanation.
71	9/28/2021	Tara Moseley - Young People in Recovery	Invasive/ traumatizing questions	Data fields are time-consuming and irrelevant. As an organization whose work is data-driven, we obviously understand the importance of collecting data. However, some of the data points are there for other priorities, and frankly re-traumatizes participants and stops them from participating in future events because they feel uncomfortable after answering invasive questions about income levels, last time they had intercourse and in what way the intercourse took place (anal, oral, vaginal). Some people have stopped attending events and participating as a result of these invasive questions	Thank you for this comment. The GPRA Tool has been redesigned in such a way as to make questions less complicated, while also removing many questions that may traumatize clients or prove to be invasive. Additionally, questions that are considered to be 'Grant Specific' have been moved into Section H, which contains questions only applicable to certain grants. In this way, clients answering the core set of GPRA questions provide focused information.

72	9/28/2021	Tara Moseley - Young People in Recovery	Instrument utility	There are too many individual state systems (RedCap, WITS, even paper versions!!!) This makes it very difficult for organizations that are in multiple states to have a process for collecting data that is consistent across the organization.	Thank you for this comment. SAMHSA is engaged in longer-term efforts to address efficiency in data collection. We understand how frustrating this is, and wish to investigate potential solutions.
73	9/28/2021	Tara Moseley - Young People in Recovery	Instrument utility	Outcomes of entered data are not readily available to the org that entered the data: ex- YPR has been using GPRA for 2 years & we have not seen a synthesized data analysis about our programs. We wouldn't tolerate this lack of transparency for any other disease state like heart attacks or maternal death rates-- why is it acceptable for SUD?!	Thank you for this comment. This is very important, and SAMHSA is assessing methods by which it might share data more readily and in a public manner.
74	9/28/2021	Tara Moseley - Young People in Recovery	Instrument utility	Since we have experience with GPRA and the barriers our team have faced. As a result, we no longer apply for grants to serve communities that require us to collect GPRA interviews. The thresholds are too high for this population to meet and the questions put our staff and communities at risk for re-traumatization as well as self-harm. Inevitably, communities who need these services won't be able to get them.	Thank you for this comment. SAMHSA is engaged in longer-term efforts to address efficiency and equity in data collection. We hope to use this information to create more streamlined and focused tools that coordinate with other data sources. The goal here is to substantially reduce burden and the need to engage patients in administrative surveys.
75	9/28/2021	Tara Moseley - Young People in Recovery	Instrument utility	There are punitive actions to the organization if clients (people) do not complete the follow-up interview (80% must complete exit 6 months later; which is unrealistic for this population and in the setting for which we are collecting) so why would we apply for grants that require us to collect GPRA interviews, and then take away funding when the ridiculously high thresholds are not met.	Thank you for this comment. Current benchmarks in data collection assists SAMHSA in reviewing programs and their client outcomes. Moving forward, SAMHSA hopes to better align data collection with real-world models of care and to reduce administrative burden.
77	9/28/2021	Rebecca Sales - Amherst H. Wilder Foundation	Instrument utility	Are the proposed collections of information necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility?	Thank you for this comment. The information provided by this revised tool seeks to assess program activities and their impact on the individual client. In this way, the information is of vital importance to SAMHSA, and on-going efforts to assess best-practice, equity in the provision of evidence-based care and client outcomes.
78	9/28/2021	Rebecca Sales - Amherst H. Wilder Foundation	Instrument utility	The accuracy of the agency's estimate of the burden of the proposed collection of information	Thank you for this comment. Internal testing of the tool resulted in the estimated time for survey completion. This may vary between programs, and it often depends on client complexity. This revised tool has less questions than the tool currently in use, and many of the questions have been simplified and streamlined. This further reduces burden and complexity.
79	9/28/2021	Rebecca Sales - Amherst H. Wilder Foundation	Other	We'd like SAMHSA to provide a question by question crosswalk between the current/existing tool and the new tool.	Thank you for this comment. When this tool has received final approval, a question by question guide will be produced to facilitate administration of the tool.
80	9/28/2021	Rebecca Sales - Amherst H. Wilder Foundation	Other	Make phone interviews equally easy to implement (as in-person interviews); i.e., no exemption needed	Thank you for this comment. This is an important issue that is currently being assessed in a long-term analysis of performance measures and GPRA reporting. This analysis includes all centers at SAMHSA and seeks to better understand how GRPA might be delivered in a more dynamic, less burdensome and patient-centric manner.
81	9/28/2021	Rebecca Sales - Amherst H. Wilder Foundation	Instrument utility	Creating different processes for programs that are residential (may still be on-site at 6-months), vs. programs that people drop-in services on = match process to program	Thank you for this comment. This is an important issue that is currently being assessed in a long-term analysis of performance measures and GPRA reporting.
82	9/28/2021	Rebecca Sales - Amherst H. Wilder Foundation	Other	Making sure that there is enough time for rollout; programs may go through IRB, update their data systems, updating their reporting materials, all of which can take a fair amount of time.	Thank you for this comment. Technical assistance is available to grantees to assist with issues such as this.
84	9/29/2021	Adam Kartman - Cascade Medical Advantage	Instrument utility	What is the "practical utility" or anticipated value of reporting to Congress the total number of patients' unprotected sexual contacts in a month?	This question has been moved to Section H. Questions in these sections are not asked of each client, but are grant specific. For pregnancy and post-partum grants, asking about specific risk factors is important. We are, at times, asked to report on risk profiles among different patient populations. For this reason, some intrusive questions remain in the GPRA tool. SAMHSA has, however, made every attempt to remove many potentially invasive or traumatizing questions.
85	9/29/2021	Adam Kartman - Cascade Medical Advantage	Addition/Removal	How accurate might we expect a new patient's self-report of income, especially non-legal income, to be? Doesn't the more general GPRA question, D.5., which asks about having "enough money to buy food and pay . . . bills" achieve the same purpose? We recommend the removal of question D.4. because it makes patients uncomfortable and we suspect their answers are (understandably) untruthful.	Thank you for this comment. As part of the National Outcome Measures, we are obliged to ask questions on income and ability to purchase necessary items. In response to concerns such as this, we have re-written questions D4 and D5 in a more general manner. Specifically, we have removed references to sources of income, and created a more general question. Additionally, question D5 now asks about ability to pay for different types of necessary items. We hope that this improve data quality.
86	9/29/2021	Adam Kartman - Cascade Medical Advantage	Instrument utility	SAMHSA's calculation for the cost burden of follow-up GPRA surveys is a gross underestimate because it fails to consider the extensive time required by staff to track down patients.	Thank you for this comment. The estimate is simply an estimate of time needed to complete the survey and does not include the time needed to contact an individual client. SAMHSA appreciates that there are sometimes difficulties in tracking down individual clients.
87	9/29/2021	Adam Kartman - Cascade Medical Advantage	Other	We recommend convening a workgroup comprised of researchers, direct service providers, including Tribal behavioral health partners, people in recovery and people who use drugs to identify reliable validated scales that measure the essential goals of the funding without attempting to collect unnecessary, disrespectful and intrusive details.	Thank you for this comment. In response to concerns such as this, SAMHSA has created an internal workgroup that will assess ways to streamline data collection and do so in a client-centric manner. This will involve input from the field, clients and providers. This process is expected to take some time, but SAMHSA considers it to be of the upmost importance.

88	9/29/2021	Adam Kartman - Cascade Medical Advantage	Other	Prioritize measures and reduce the core survey by half for low barrier patients!	Thank you for this comment. In this revised tool, a substantial number of questions have been removed and/or streamlined. In the longer term, SAMHSA will assess ways to create more program specific GPRA tools, as well as tools that can be delivered rapidly.
89	9/29/2021	Adam Kartman - Cascade Medical Advantage	Instrument utility	We recommend tailoring the completion rate expectation to reflect the likely stability of program participants based on where they are in their recovery process, with reduced completion ratesfor low barrier treatment programs. Also, given the physical discomfort and cognitive challenges of people withdrawing from substances, particularly opioids, we advocate for a longer window of time to collect baseline data.	Thank you for this comment. In response to concerns such as this, SAMHSA has created an internal workgroup that will assess ways to streamline data collection and do so in a client-centric manner. This will involve input from the field, clients and providers. This process is expected to take some time, but SAMHSA considers it to be of the upmost importance.
90	9/29/2021	Adam Kartman - Cascade Medical Advantage	Other	The GPRA survey should be optional for sovereign nations. More generally, we also have concerns about the cultural appropriateness of requiring our Tribal Partners to use the GPRA survey. This expectation overlooks and offends their status as independent sovereign nations; requiring non-indigenous Hubs to require our Tribal Partners to administer the survey compromises their trust and jeopardizes our relationships with them.	Thank you for this comment. SAMHSA's office of Tribal Affairs was involved in this most recent redesign of the GPRA Tool. They were active in making the tool more applicable to tribal grantees. In the longer-term, SAMHSA will assess how to make the GPRA Tool more user and program focused. In doing so, it is hoped that issues around collecting information from sovereign nation grantees might be more fully addressed.
91	9/29/2021	Adam Kartman - Cascade Medical Advantage	Addition/Removal	Regarding the proposed GPRA revision that adds 60+ Behavioral Health Diagnoses to the new survey: the current scale is tremendously cumbersome and will have little utility. Only a percentage of patients will be able to answer these questions definitively as mental illness diagnoses often change and patients are not likely to differentiate the nuanced choices. This might be appropriate as a programmatic add-on for mental health services funding, but should not be included in the core GPRA survey.	Thank you for this comment. Co-occurring diagnoses are important to capture as there is increasing interest in treatment outcomes among those with co-occurring substance misuse and mental health illness diagnoses.
93	9/29/2021	Megan Fowler - Washington State Health Care Authority	Instrument utility	Whether the proposed collections of information are necessary for the proper performance of the functions of the agency	Thank you for this comment. The information provided by this revised tool seeks to assess program activities and their impact on the individual client. In this way, the information is of vital importance to SAMHSA, and on-going efforts to assess best-practice, equity in the provision of evidence-based care and client outcomes.
94	9/29/2021	Megan Fowler - Washington State Health Care Authority	Instrument utility	The accuracy of the agency's estimate of the burden of the proposed collection of information (follow up burden/need to follow up too often/tool too long/cultural insensitivity/not trauma informed/creates a barrier).	Thank you for this comment. Internal testing of the tool resulted in the estimated time to completion. This may vary between programs, and it often depends on client complexity. This revised tool has less questions than the tool currently in use, and many of the questions have been simplified and streamlined. This further reduces burden and complexity. In addition, SAMHSA has attempted to remove or reframe questions that are considered to be traumatizing or culturally insensitive.
95	9/29/2021	Megan Fowler - Washington State Health Care Authority	Invasive/ traumatizing questions	When working with marginalized populations, it is deemed best practice to physically engage participants wherever they may be. Conducting lengthy surveys, as a mechanism to engaging participants in care creates more burdens of access – ultimately reducing penetration within the communities most at risk of overdose, hepatitis C/HIV infections, and ones experiencing substance use disorder. Additionally, for many who receive services, the questions asked in the current format delve into questions related to childhood trauma – this can ultimately retraumatize individuals, subsequently, they would lose their desire to engage in services – due to the high barriers to access care.	Thank you for this comment. Reducing barriers to care is important, and SAMHSA has made every effort to reduce the number of questions in the tool, remove potentially traumatizing questions and to make the tool flow in a more conversational manner. It is hoped that this facilitates needed data collection that allows programs and SAMHSA to better understand best practices and client outcomes.
97	9/30/2021	Kelsey Ballard - Mercy Housing Mountain Plains	Addition/Removal	Section A, question #1: Suggest changing the language and removing the follow-up question for transgender program participants asking if they are "male to female", or "female to male".	Thank you for this comment. This question has been re-structured to follow a validated approach provided by the NIH. Specifically, the question now asks what assigned gender was at birth, then what is the client's current gender identity.
98	9/30/2021	Kelsey Ballard - Mercy Housing Mountain Plains	Wording/Clarification	H7. Program Specific Questions – question #1 Sexual Activity: Our staff found that because of the way this question is worded, if you select "yes", and move on to a & b, many respondents report the number of sexual partners instead of number of sexual contacts (number of times they had sex). Could language be revised to 2 avoid any confusion and ensure respondents are answering with number of sexual contacts instead of sexual partners?	Thank you for this comment. The language in this section has been specifically altered for clarity. Indeed, the definition of sexual activity is broadly provided, and subsequent questions refer to sexual encounters.
99	9/30/2021	Kelsey Ballard - Mercy Housing Mountain Plains	Addition/Removal	There are three areas throughout the GPRA that ask about substance use but limit it to the past 30 days (Page 5, Section B. Diagnoses and Planned Services, Question #1; Page 6, question 2a & 2b, and the following table). Staff were suggesting that in these places it would be useful to add in a question to ask about "ever using drugs/alcohol". Some participants have not used substances recently, or perhaps don't want to share that, but may still be struggling with maintaining sobriety.	Thank you for this comment. While this is important to assess, SAMHSA is required to report on past 30 days of use. Accordingly, questions are framed to assess this time period so that SAMHSA can provide accurate reports to congress and other federal partners.
100	9/30/2021	Kelsey Ballard - Mercy Housing Mountain Plains	Addition/Removal	In the same Section B. Diagnoses and Planned Services, question #2a and #2b, suggest adding "other" as an option in response to the question "by which route do you take this substance"?	Section B has been restructured, and route of administration now specifically offers an 'other' category.
102	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Instrument utility	Rationale for instrument changes/lack of data improvement - Some questions do not seem to improve and/or ask for more in-depth information. In addition, any change to the questions creates issues/inability in comparing previous datasets/data collection time points.	Thank you for this comment. Recognizing this, section B has been revised to be more in line with the tool currently in use, but also restructured to improve question flow and useability. Data points from this current revision can be mapped to previous versions of the tool in order to generate longitudinal assessments.

103	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Other	Timeline for new instrument implementation across all grantees - Will this change be in effect for all grantees at the same time? These changes obviously impact grantees differently. For example, a new grantee in their first grant year vs. a grantee in year five. The preference would be for this to be rolled out with new grantees and allow individual programs to finish with the data collection instrument currently being used.	Thank you for this comment. As the new tool is rolled out, SAMHSA will work with grantees to minimize interruptions to data collection and analysis. Specifically, grantees will be provided with additional time to implement the new tool. Technical assistance will also be available to further minimize interruption of difficulties with data collection.
104	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Other	Request for extension for current grantees - If this IS to be implemented with grantees that are currently implementing, we would request a significant notice as many grantees are using external Evaluators, which require IRB approval for instrument changes. Further, for those using any electronic data collection methods (e.g., computer or web-based), these changes take time, including computer programming changes, thorough testing of all changes, and training for data collection staff before implementation. We request that implementation of new instruments not be required/implemented until the next fiscal year for all projects, if possible.	Thank you for this comment. As the new tool is rolled out, SAMHSA will work with grantees to minimize interruptions to data collection and analysis. Specifically, grantees will be provided with time to implement the new tool and a question-by-question handbook will be produced. Technical assistance will also be available to further minimize interruption of difficulties with data collection.
105	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	Request for discontinuation of 3 month follow-ups for CSAT projects – It has been assessed that most 3 month follow-up data compared to baseline CSAT data has not provided significant changes over time for several projects. We request your consideration to eliminate the 3 month CSAT follow-up as a data collection requirement for some CSAT grantees.	Thank you for this comment. 3-month follow up is specific to many grants, and the requirement is listed in the Notice of Funding Opportunity. As SAMHSA works in the longer term to broadly assess its data collection and reporting methods, follow up time frames will be scrutinized.
106	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	There seems to be a “not applicable” option missing for many questions where it is needed.	Thank you for this comment. Among centers that use the GPRA tool, it was decided to remove the 'not applicable' option so as to improve data quality.
107	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Instrument utility	Data comparison of new participants with existing participants - When analyzing/reporting data, you cannot compare new participants (who will complete interviews with new questions) to prior/existing participants who have not answered the new questions.	Thank you for this comment. As the new tool is rolled out, SAMHSA will work with grantees to minimize interruptions to data collection and analysis. Moreover, many questions from the current tool have been included in this revised version. In this way, data comparison is possible and program outcomes can be appropriately assessed.
108	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Other	Data consistency from baseline to follow-up/discharge - What about the participants who answer questions with the current baseline? Will they also answer current follow-up questions for consistency, or will they have to answer the newly proposed questions, which will have no baseline data comparison?	Thank you for this comment. Grantees will be expected to roll-out the new tool. Technical assistance is available to minimize interruptions to work flow. The new tool contains essential elements from the tool currently in use, allowing for on-going comparison and analysis.
109	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	The military questions have been dramatically scaled back – any rationale? This eliminates important data for veterans programs regarding deployment.	Thank you for this comment. Military questions have been reported to be a source of trauma for many clients. Accordingly, these questions were scaled back. Moreover, many of the questions around military status and employment were not being used for evaluation purposes, making their removal (and reduced burden) a priority.
110	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	The question regarding loss of parental rights has been eliminated. I think it is very important to find out how many children that parents have lost rights. This information is important to several programs.	Thank you for this comment. The question asking about loss of parental rights can be found in Section A. The question specifically asks for the number of children, under the age of 18, who have been removed from the client's care by court order. A follow up question seeks to assess if any children have been returned to the client's care.
111	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	For the question, “Are you currently pregnant?” there should be a “Don’t Know” option. This has come up several times in past interviews.	Thank you for this comment. A 'Do not know' option has been specifically added to this question.

112	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	ICD-10-CM diagnoses must be provided by the therapist and are not always readily available for the data collector, and many times the program staff, at the time of the baseline interview. Including this section in the middle of the baseline interview is not feasible. Our programs will likely take this out and create a separate document for program staff to complete prior to the baseline, follow-up, and discharge interviews.	Thank you for this comment. Given the burden of asking for ICD-10 diagnoses, questions that request specific diagnoses using ICD-10 codes have been removed. This is most apparent in the substance use table in Section B.
113	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	Planned Services will also have to be completed by program staff prior to the baseline interview. The data collector will not know this information when conducting the interview. Planned services will also be taken out and added to a separate document.	Thank you for this comment. Planned services is an important question, as it allows comparison to those services actually used by the client. This facilitates evaluation and improves understanding of client progress based on their use of services, while also giving insight into treatment planning.
114	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	Most participants have more than one primary/secondary substance of choice. Therefore, “Route of Administration” should be asked with each individual substance.	Thank you for this comment. Section B has been restructured, and route of administration is now specifically asked of each substance the client reports using.
115	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Wording/Clarification	For the following questions, is this specific to “on the street”/active use prior to program enrollment? We have some participants who may have been incarcerated, in residential treatment, or have been abstinent for some time at the beginning, but were referred to the program due to an earlier charge; therefore, they may not have used substances in the 30 days prior to the baseline. 9. In the past 30 days, have you required assistance after taking too much of a substance, or overdosing? 10. In the past 30 days, after taking too much of a substance or overdosing, what assistance did you require? 12. Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder?	Thank you for this comment. The questions do refer to 'on the street' use of substances and the need for assistance. These questions are asked at baseline and follow up, so they capture important information among clients with persistent substance misuse. The question pertaining to the last time that the individual received treatment excludes the current episode of treatment.
116	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	Many people now use the vape pens to vape marijuana. It is a liquid in cartridges, it is not smoking, and should be added as a route of use.	Thank you for this comment. Questions pertaining to route of administration have been restructured, and vaping is now offered as an option.
117	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Other	Vivitrol is used 1 day out of 30, so how many days received is an odd way to ask that, it would be 1 dosage for 30 days.	Thank you for this comment. For extended release naltrexone, the requirement to list 'number of days' provided has been changed to 'number of doses' provided. It is expected that this will be '1'.
118	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Instrument utility	There would be a mismatch in services data for individuals who had services planned using the current form and those using the new form. Thus, again, making data not comparable for individuals if the data collection is shifted mid-project.	Thank you for this comment. As the new tool is rolled out, SAMHSA will work with grantees to minimize interruptions to data collection and analysis. Moreover, many questions from the current tool have been included in this revised version. In this way, data comparison is possible and program outcomes can be appropriately assessed.
119	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Addition/Removal	Dental care should be added to medical care	Thank you for this comment. A 'dental care' option has been added to the medical care section of the planned and provided services tables.

120	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Wording/Clarification	In the past 30 days, how many times have you been arrested? _____ 999. Refused Currently Incarcerated Is this question trying to capture arrests, incarcerations, or both? Arrests and incarcerations are two different criminal justice occurrences, which I think deserve separate questions. I do not understand the “Currently Incarcerated” answer choice based on how the question is stated. If a participant is currently incarcerated and was arrested 1 time in the past 60 days (thus, 0 times in the past 30 days), it may be more appropriate to state the question as: In the past 30 days, how many times have you been arrested? _____ (if “0 times” in the past 30 days, but client is incarcerated at the time of the interview, mark Currently Incarcerated) 999. Refused Currently Incarcerated Or another option: In the past 30 days, how many times have you been arrested? _____ (if client indicates no arrests in the past 30 days, but is incarcerated at the time of the interview, mark Currently Incarcerated) 999. Refused Currently Incarcerated If a participant is arrested 1 time in the past 30 days and is incarcerated at the time of the interview, should data collectors enter “1” and also mark “Currently Incarcerated”? This emphasizes my earlier suggestion of separate questions for arrests and incarcerations.	Thank you for this comment. The question seeks to assess number of arrests in the past 30 days, as described by the National Outcome Measures. It is not designed to capture 'incarceration' per se, but the option is provided to distinguish those potentially able to be arrested vs. those who are in custody. Your helpful comments have allowed SAMHSA to add clarification to the question, specifically using "IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS, BUT IS INCARCERATED AT THE TIME OF THE INTERVIEW, MARK CURRENTLY INCARCERATED"
121	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Wording/Clarification	Why were the HIV testing and status questions removed and only included under H7 program specific questions? We have several programs (not H7 specific) that offer HIV testing and find that data to be important to outcomes data.	Thank you for this comment. HIV testing is queried in Section J, but the longer questions around HIV and hepatitis testing were moved to section H as many programs found them burdensome or even triggering to many clients. For this reason, the questions were moved to a menuized section of the GPRA Tool, to be added in as necessary.
122	9/30/2021	Jennifer Newell, Lisa Shannon, Morgan S. Taylor, Jean M. Hogge, Afton Jackson Jones, Shelia Hulbig - Morehead State University	Wording/Clarification	Why were the sexual activity questions removed? The data they capture are important to outcomes data; for individuals who not only abuse substances, but engage in risky sexual behaviors.	Thank you for this comment. Understanding risk taking behavior is important, and asking the question at each interview provides inferences about a client's response to treatment. However, for overall program evaluation at the Federal level, these questions were not being used to assess program performance. They are, however, important to ask among those grants that work with peripartum, pregnant or post-partum people. Accordingly, the questions were moved to a menuized item that can be added as required by the grant type.
124	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Wording/Clarification	Our greatest concerns center around Section B of the revised tool’s draft (B: Diagnoses and Planned Services). We strongly suggest that this section be re-reviewed, both for larger problematic issues and for more minor issues. Our list of concerns in this area include: Approach to documenting substance use in the past 30 days; Approach to capturing substance use and mental health diagnoses; and confusion regarding who is the “reporter” for each section.	Thank you for this comment. SAMHSA appreciates this, and has redesigned the table you describe. The substance use table has been updated, specifically to remove references to diagnoses, and binary 'yes' or 'no' responses. In the updated version, the client is asked to list the substances used in the past 30 days, the number of days they used the substance, and route of administration. We appreciate the importance of this approach. In the table of mental health illnesses, the client self-reports their diagnoses.
125	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Wording/Clarification	The proposed draft eliminates the previous questions regarding the number of times consumers went to inpatient, outpatient, and Emergency Room treatment in the past 30 days (current GPRA Questions F2a, F2b, and F2c).	Thank you for this comment. In redesigning this tool, it was important to consider burden and the quality of reporting. Many grantees reported significant burden in these questions and the accuracy of information was not assured. Accordingly, they were removed in favor of asking more client-focused questions around usual source of care and insurance status.
126	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Wording/Clarification	The proposed draft eliminates the previous questions about violence and trauma (current GPRA Questions F12 and F13). We have mixed feelings about this deletion.	Thank you for this comment. While these questions provide essential and interesting information, they are viewed as being highly triggering to many clients. In consideration of this, they were removed.
127	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Addition/Removal	We find it valuable to document the educational level of consumers who may not have completed high school. Question D2 in the proposed revision eliminates the ability to document the highest grade level completed if the consumer has not finished high school.	Thank you for this comment. The question has not been re-written to specifically include all school grade-levels for those clients who did not finish school.
128	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Addition/Removal	We appreciate the questions that have been retained in Section E (Crime and Criminal Justice). However, it would be helpful to have a question or an option for consumers who participate in specialty courts (e.g., Drug Treatment Court) or are in a deferred prosecution agreement.	Thank you for this comment. A question about involvement in drug court programs or a deferred prosecution agreement has been added to this section.

129	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Wording/Clarification	We assume that Section H5 will be required of PPW grantees (as it is now). Since this section has been added to GPRA, we have had difficulty with Question H5, 1a. Specifically: Some PPW women don't have their children with them in residential treatment (e.g., if they are pregnant with no other children, if their children are placed in out-of-home care, etc.). These women have difficulty answering Question 1a (and sometimes experience it as triggering), because it is really not applicable for them. Having an N/A option would be helpful.	Thank you for this comment. This question has been rewritten to clarify previous confusion around the word 'with' which should read 'without'. Across the SAMHSA GPRA tools, the N/A option has been removed to improve the quality of data collection.
130	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Wording/Clarification	It would help to provide some guidance on Question C3 (living with someone who regularly uses). We ask a similar question on some of our local evaluations, and consumers are often confused as to whether living with someone in recovery "counts".	Thank you for this comment. For clarity, a time limitation has been added to this question. Specifically, the question now asks about the past 30 days. This might help avoid potential confusion.
131	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Wording/Clarification	For some items, it's unclear if it's possible to "check all [responses] that apply". Questions that might benefit from a "check all that apply" approach include: Question B10 regarding the types of assistance required after overdose. Question F5 regarding the type of medical care received in the past 30 days.	Thank you for this comment. These questions have been amended to specifically include the phrase: You may indicate more than one.
132	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Wording/Clarification	There appears to be a small typo on Question D3 (i.e., "Unemployed looking for work" and "Unemployed not looking for work" probably are meant to be on two separate lines).	Thank you for this comment. This has been rectified, specifically placing these two categories on individual lines.
133	9/30/2021	Lisa Larson, Erin Malcolm, Lauren Kleven - IMPACT Planning and Evaluation Team	Other	We hope that there will be a crosswalk provided.	Thank you for this comment. SAMHSA does not intend for a new GPRA Tool to cause undue burden. A question by question guide will be produced and technical assistance is available.
135	9/30/2021	Lora Jasman - Healthy Behavior and Function Clinic	Instrument utility	Getting GPRA surveys done in an emergency department setting is quite unlike any other setting. An emergency department is a 24/7 operation and as such many patients come in after hours when no MOUD-trained employee is available. The patients are often not or are minimally interested in MOUD services. There is sometimes no way to build any significant rapport with the patient. The ED clinicians are primarily focused on speed and getting to the next patient. We often don't have good ways to follow up well with these patients.	Thank you for this comment. The GPRA Tool has been redesigned in such a way as to make questions less complicated, while also removing many questions that may traumatize clients or prove to be invasive. Additionally, questions that are considered to be 'Grant Specific' have been moved to menuized items. This further reduces the number of questions that will be asked of clients. This recognizes that while program evaluation is essential, so to are the services offered by a diverse set of grantees. Simplifying the tool also recognizes that grantees are busy and must focus on providing patient care.
136	9/30/2021	Lora Jasman - Healthy Behavior and Function Clinic	Instrument utility	In our view, the threshold for follow up survey completions at 6 months MUST be lowered dramatically. Of all the SOR agencies in our state, NONE OF THEM met the 80% threshold. Some of this might be because we are now trying to do low barrier approaches to care so these patients by definition are less likely to have a phone or other ways to reach them.	Thank you for this comment. SAMHSA recognizes the complexities inherent to surveys and patient follow up, and has engaged an agency wide workgroup to assess the GPRA Tool, collection methods, and question structures. This work will take some time, but it recognizes the importance SAMHSA places on modernizing data evaluation while allowing a diverse set of grantees to provide interventions in many different settings.
137	9/30/2021	Lora Jasman - Healthy Behavior and Function Clinic	Instrument utility	Following up patients takes too much time and causes too greater burden, especially after 6 months.	
138	9/30/2021	Lora Jasman - Healthy Behavior and Function Clinic	Instrument utility	The surveys are pretty long for someone volunteering to do it. I personally won't do a survey if I am told it will take 20 minutes to complete. It is just not worth it for me unless I really believe in the cause or I am compensated significantly. Our patients are the same. The surveys need to be done more quickly. I am in favor of anything that makes them more expeditious, particularly for our patients who are in the ED.	
140	9/9/2021	Penny Andress - Klickitat Valley Health	Instrument utility	Issue one is asking a patient a large number of questions, some quite personal in nature, which requires time and trust. Our providers are already strapped for time, and patients are often very impatient to get in and out of their appointment. We have not had much of an opportunity to build trust, as our grant requires us to collect the GPRA on a second visit.	Thank you for this comment. The GPRA Tool has been redesigned in such a way as to make questions less complicated, while also removing many questions that may traumatize clients or prove to be invasive. Additionally, questions that are considered to be 'Grant Specific' have been moved to menuized items. This further reduces the number of questions that will be asked of clients. This recognizes that while program evaluation is essential, so to are the services offered by a diverse set of grantees. Simplifying the tool also recognizes that grantees are busy and must focus on providing patient care.
141	9/9/2021	Penny Andress - Klickitat Valley Health	Instrument utility	The second issue is the collection of data for a six-month follow-up GPRA. The population we serve is often very difficult to reach for many reasons. They may be homeless, not have a phone, not have transportation, be unwilling to answer the phone for anyone but friends and family, or unwilling to give us any viable form of contact. Since we are required to collect a percentage of 6-month follow-ups, we are penalized if we are unable to collect this information.	Thank you for this comment. Follow up intervals have not been altered in this revised tool. Follow up allows for rigorous program evaluation at the Federal level.
142	9/9/2021	Penny Andress - Klickitat Valley Health	Instrument utility	We work tirelessly to meet patients where they are at and provide high quality, harm reducing services. The GPRA is not low-barrier in any shape or form, as it stands. Not for the patients, and not for us. I ask you, is there a way to collect data without creating a barrier, and potentially harm?	Thank you for this comment. SAMHSA appreciates that models of care delivery are constantly evolving, and that this impacts how data might be collected. In response to this, SAMHSA has created an agency wide workgroup that will assess innovative methods of data collection and integration. This is being done to reduce burden and to assess ways in which existing data might be leveraged.

144	9/30/2021	Lora Jasman and Debbie Waltman - Healthy Behavior and Function Clinic	Instrument utility	I believe the estimation of time to complete all things related to the GPRA is not accurate, especially taking into consideration the expectations of SAMHSA to make upwards of 40-60 attempts to outreach people	Thank you for this comment. SAMHSA appreciates the difficulties faced when administering the GPRA Tool. In this revised tool, a substantial number of questions have been removed and/or streamlined. Additionally, many questions previously identified as being traumatizing or insensitive have been removed.
145	9/30/2021	Lora Jasman and Debbie Waltman - Healthy Behavior and Function Clinic	Instrument utility	I think an expectation of 80% completion rate is unrealistic with the populations we serve especially when we have to comply with 42 CFR and the majority of our patients do not have their own phones or message phones.	Thank you for this comment. Follow up intervals and requirements have not been altered in this revised tool. Rigorous follow up allows for appropriate program evaluation at the Federal level.
146	9/30/2021	Lora Jasman and Debbie Waltman - Healthy Behavior and Function Clinic	Other	If the GPRA continues, I think better training in the beginning is imperative. I think the training we received communicated the basics, but I think a SAMHSA sponsored and run training would be better	Thank you for this comment. Technical assistance is available to grantees to assist with implementation of the new tool
148	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Instrument utility	The instrument is not trauma-informed	Thank you for this comment. Every effort has been made to ensure that potentially traumatizing or insensitive questions have been removed or reconstructed in a manner that limits distress to clients. This must be balanced by the need to collect required data elements at the federal level.
149	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Instrument utility	The instrument is inappropriate for individuals under 18	Thank you for this comment. Questions that might be uncomfortable or traumatizing for minors have either been removed, or moved to menuized items that are asked only of particular grantees.
150	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Instrument utility	The 80% follow up rate is unattainable for large-scale programs serving populations experiencing high rates of homelessness, substance use, incarceration, behavioral health crises, and general instability.	Thank you for this comment. SAMHSA recognizes the complexities inherent to surveys and patient follow up, and has engaged an agency wide workgroup to assess the GPRA Tool, collection methods, and question structures. This work will take some time, but it recognizes the importance SAMHSA places on modernizing data evaluation while allowing a diverse set of grantees to provide interventions in many different settings.
151	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Instrument utility	Many of these questions do not appear to be suitable for a test/re-test (baseline/follow-up) survey instrument. If you don't already, you may consider doing more robust vetting of this survey to check for internal consistency and ensuring each question are measuring something meaningful and relevant. Any questions that perform poorly should be removed from the instrument.	Thank you for this comment. In revising the GPRA Tool, every effort was made to remove questions that do not form part of routine evaluation at the Federal level. Additional questions have been asked to ensure that evaluation efforts are comprehensive.
152	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Instrument utility	You significantly underestimate the time required for follow-up surveys. In addition to administering the survey, these interviews also require administrative resources for the following: tracking and scheduling, notifications and reminders, locating subjects, and repeated attempts to contact subjects. The time estimate ignores significant administrative costs. This is particularly true for SUD programs serving individuals released from jails, in emergency departments, and other "low-barrier" settings such as syringe-exchange programs, where clients are particularly difficult to track. Allowing for sampling and dropping questions that are irrelevant in the context of a given program would help reduce this burden.	Thank you for this comment. SAMHSA appreciates the difficulties faced when administering the GPRA Tool. In this revised tool, a substantial number of questions have been removed and/or streamlined. Additionally, many questions previously identified as being traumatizing or insensitive have been removed.
153	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Demographic - Race	Race – consider an Asian American option.	Thank you for this comment. However, demographic categories will remain as currently presented to be consistent with previous NIH survey methodology.
154	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Invasive/ traumatizing questions	Child removal questions are unnecessarily detailed, are not trauma-informed, and will reduce subject willingness to complete the survey. Recommend removing or moved to Section H and used only used for relevant programs.	Thank you for this comment. Questions on child removal have been reviewed, and reduced in number. The questions are now brief, and they are important to ask of all clients. Indeed, child reunification is a significant indicator of positive progress.
155	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Instrument utility	Distance to travel – as is, this does not appear to have much utility and the distance options appear arbitrary. Travelling 10 miles is a considerable barrier for someone who does not have access to a vehicle or public transit. Consider asking the time spent travelling or the primary mode of transportation.	Thank you for this comment. The question to which you refer has been altered. Specifically, the question now asks about time travelled to receive treatment as opposed to distance.
156	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Addition/Removal	Route of use – seems redundant to ask the route of use based on the diagnosis if it is asked again in the next section the survey. Asking the route of use when recording the substances used should be sufficient.	Thank you for this comment. SAMHSA appreciates this, and has redesigned the table and section you describe. The substance use table has been updated, specifically to remove references to diagnoses, and binary 'yes' or 'no' responses. In the updated version, the client is asked to list the substances used in the past 30 days, the number of days they used the substance, and route of administration. We appreciate the importance of this approach and have removed subsequent questions about the route of use.
157	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Addition/Removal	Drug Use Section – recommend dropping the proposed route questions and ask route for each drug endorsed, or ask a more general route question (e.g. which methods do you use to consume drugs…checking all that apply).	
158	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	Questions 3, 4, 5, 6. If you were not diagnosed with AUD, OUD, etc. how do you answer these questions? Skip them?	Thank you for this comment. Skip logic has been added to each of these questions. Specifically, the client can now report "no such diagnosis" to indicate that particular questions do not apply.

159	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	9. “have you required assistance after taking too much of a substance, or overdosing” is poorly worded. Instead, ask “In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?”	Thank you for this comment. The wording has been altered to improve clarity. The wording that you proposed has been used in the question stem.
160	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	11. Number of times of inpatient/outpatient for substance use? Response could just be opened ended.	Thank you for this comment. For coding and evaluation purposes, the response has not been altered.
161	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Addition/Removal	12. A less-than-6 months ago option is needed here, otherwise how would you answer this if you received treatment, for example, four months ago?	Thank you for this comment. A less than 6 months ago option has been added.
162	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	13 and 13 a. The first question asks if you have ever been diagnosed with a mental health disorder; in 13a this is contradicted and then only asks for the current diagnoses. What is the definition of current?	Thank you for this comment. This question as been re-written to remove the need to provide ICD-10 diagnoses codes. Additionally, potential confusion about inactive or active mental health illness diagnoses has been addressed.
163	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	13. Why is this not recorded administratively as with SUD diagnosis?	Thank you for this comment. To reduce burden and to improve data quality, administrative recording of diagnoses has been removed from questions in Section B.
164	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	Planned Services Modality: For naltrexone – do we want to know if this is prescribed for alcohol or opioids?	Thank you for this comment. The indication for Naltrexone can be inferred from preceding questions, and so this question has not been altered.
165	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	D.3. Response on Unemployed, looking for work Not employed, Not looking for work – these are separate responses but are listed in one line	Thank you for this comment. This oversight has been corrected by specifically creating separate lines for each of the unemployed categories.
166	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	D.4. Wages – is it necessary to ask for each line item here? Perhaps just, “What was your income last month (to include any sources of income)”	Thank you for this comment. This question has been rewritten to specifically ask for income bands earned over the past year.
167	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Invasive/ traumatizing questions	F.3. The footnote says that if a client says ‘yes’ to any item, ensure they see a licensed professional ASAP. This is often unfeasible for follow up or discharge surveys where the survey may be collected on the phone. How, then, can the interviewer ensure anyone gets such services? Additionally, these are potentially traumatizing questions if not handled delicately. If the survey is not conducted face-to-face or if there is no guaranteed access to a licensed professional, these questions should be skipped.	Thank you for this comment. Clients who report serious mental health concerns, such as suicidality, should always be referred for a higher level of care regardless of their location. Accordingly, this footnote instruction has not been removed.
168	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	G.Questions 3 and 5 seem like questions that would perform poorly in a test re-test analysis and should be dropped. They appear to have no utility as a follow up question. For example, if someone says ‘family’ at intake then ‘friends’ at follow up, is that better or worse? For Q5, whether or not they realized they needed to change friendships/places does not tell you if they made those changes, or the stage of change this person may be in.	Thank you for this comment. Upon review, question G3 has been removed as it does not contribute a significant amount of information on program performance. Question G5 has been reworded, but retained since it speaks to behavior change.
169	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	Section H7. Asking about sexual contacts is very intrusive and is not informative (e.g. if someone is in a monogamous relationship what difference does it make if they have 50 or 2 sexual contacts? This section would be better if it asked – were you sexually active? If yes, o How many sexual partners did you have? o Did you engage in unprotected sex? o Were any of your partners…? · HIV/AIDS positive (Yes|No) · An injection drug user (Yes|No) · High on a substance (Yes|No) These questions are particularly inappropriate for youth. For incarcerated individuals, positive responses to these questions trigger costly administrative rape protocols in incarcerating facilities and will probably not be answered honestly. If Section H7 is asked for grants that do not specifically address HIV, question 2 should not be the leading question on HIV treatment. Perhaps start with ‘are you HIV/AIDS positive?’ For grants that do not focus on HIV, these questions are highly sensitive and far too detailed.	Thank you for this comment. The questions about sexual activity have been moved to Section H7 and can be used by grantees who require such information as part of their work or funding. The move reflects concern that the sexual history questions were inappropriate for many clients. The questions asked in Section H do not form part of the routine GPRA Tool, and are only added if required by a particular grant. The wording of this question has been altered to improve clarity.
170	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	Section H9. What technology is being referenced here? Would help the review process if we knew which grants these questions were for.	Thank you for this comment. The questions are left open ended as the types of technology used across different grants is varied.

171	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	Section K. Attend 60% of their planned services? – This is a potentially burdensome calculation and is irrelevant in some cases, such as receipt of MOUD.	Thank you for this comment. The calculation allows for an understanding of client service utilization and can be used to track not only attendance, but also the impact of 'reasonable' attendance on outcomes.
172	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Wording/Clarification	K. Questions 2-5: Previously diagnosed with OUD/AUD? These questions are already asked in section B.	Thank you for this comment. The questions in this Section ask for information that is different from those found in Section B, and form part of the discharge assessment. Specifically, they ask about adherence to the medication or intervention of interest, while also tracking the number of prescriptions or interventions provided.
173	9/30/2021	Jim Mayfield - Washington State Department of Social and Health Services	Addition/Removal	In Section K, questions 3b and 5b ask, “Has the client taken the medication each day as prescribed.” This question is unlikely to provide reliable information and should be should be removed.	
175	9/30/2021	Eleni Rodis - DMHAS/UCONN School of Social Work	Instrument utility	These are significant changes to many sections that have been used for years. This will greatly limit the comparability of data over time and between grants.	Thank you for this comment. While many sections have been redesigned, the data contained in the revised tool is comparable to the tool currently in use. Technical assistance will be available to assist grantees with the transition to the new GPRA Tool.
176	9/30/2021	Eleni Rodis - DMHAS/UCONN School of Social Work	Instrument utility	It seems inefficient to switch back and forth several times between sections that the program staff need to fill out and questions for the clients. This is likely to foster errors and missing items.	Thank you for this comment. The revised GPRA Tool has been reviewed, and questions have been restructured and streamlined to improve flow while also reducing the need to switch back and forth between sections.
177	9/30/2021	Eleni Rodis - DMHAS/UCONN School of Social Work	Invasive/ traumatizing questions	It does not seem realistic to expect clients to reliably report their own psychiatric diagnoses with the specificity required. Although it’s definitely good to ask the clients about mental health symptoms, the diagnoses would more accurately and reliably be provided by program staff.	Thank you for this comment. To limit burden, SAMHSA has reduced the number of questions that require review by clinical staff. The table of mental health diagnoses allows the client to list their mental health diagnoses as a means of capturing the presence of a co-occurring mental illness.
178	9/30/2021	Eleni Rodis - DMHAS/UCONN School of Social Work	Other	Please retain the current substance use questions (ASI). It’s important to find out from the clients the number of days of use of all substances, not just one or two that they have a diagnosis for. Multiple substance use is common and may affect outcomes.	Thank you for this comment. SAMHSA appreciates this, and has redesigned the table you describe. The substance use table has been updated, specifically to remove references to diagnoses, and binary 'yes' or 'no' responses. In the updated version, the client is asked to list the substances used in the past 30 days, the number of days they used the substance, and route of administration. We appreciate the importance of this approach.
179	9/30/2021	Eleni Rodis - DMHAS/UCONN School of Social Work	Other	It’s fine to add some lifetime service questions, but please retain the 30-day number of days service questions. Often it’s the number of ER episodes or the number of inpatient days that reveal a significant improvement at follow-up. And an increased participation in outpatient services in any one of the domains (physical, substance use or mental health) can also be an indicator of program engagement and effectiveness beyond what the grant-funded program is specifically providing and able to report on.	Thank you for this comment. Specific questions about service utilization have not been routinely used for evaluation at the federal level. To assess the need for acute intervention beyond those services provided by grantees, questions about overdose and help received have been added. Questions about mental health status in Section F have been maintained. Such questions provide a direct measure of client progress as a result of treatment.
180	9/30/2021	Eleni Rodis - DMHAS/UCONN School of Social Work	Other	We feel that it’s important to retain Trauma and Violence questions as trauma has such a significant impact on people in all areas of functioning and quality of life, as well as impacting outcomes.	Thank you for this comment. Questions pertaining to violence and trauma are informative, but many grantees report that such questions are traumatizing for many clients. Because of this, the questions were removed.
182	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Addition/Removal	NEW Suggestion: Section A. Record Management: Add a variable for program (site) id. Most grants cover a number of sites and analysis usually needs to compare responses by program site.	Thank you for this comment. While SAMHSA appreciates that grantees offer services across different sites, this does not form part of routine program evaluation. Accordingly, such a question has not been added.
183	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	The new A12 How far do you travel in order to receive services in this program’ has no obvious reference. The prior question is about honorable discharge.	Thank you for this comment. This question has been placed in the patient demographic section as it pertains to an individual's proximity to services. This question is not easily placed in other section of the revised tool.
184	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	For the Diagnosis section (no tertiary/no MH Dx) what will the data look like? Will the variables be PrimaryDx/SecondaryDx and the answers be the codes? Or will the current dx1 dx2/code1 code2 format be used? Given the prior lack of clarity, the instructions for new B1 should be 100% clear that the current dx means that the client HAD the diagnosis within the past 30 days, not that it was NEW within the past 30 days.	Thank you for this comment. SAMHSA appreciates the complexity of the table you describe, and has redesigned the table to capture a broader range of data in a simple manner. The substance use table has been updated, specifically to remove references to diagnoses, and binary 'yes' or 'no' responses. In the updated version, the client is asked to list all the substances used in the past 30 days, the number of days they used the substance, and route of administration. We appreciate the importance of this approach.
185	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	KEY: The instructions for the UNNUMBERED ‘tell me which substances you have used’ are unclear—it says ‘For each substance identified’ (presumably the primary/secondary) but this next instruction means that ONLY those substances for which they have a diagnosis will be answered—so you would never know if the person was also using something else/replacing the diagnosed substance with another substance. The list of substances also lends itself (on paper at least) to being completed for all substances used in p30 days-making it difficult to know which route applies (i.e. there will be no route for substances taken for which the person did not have a primary or secondary diagnosis. NOTE: The lack of a Tertiary Dx may lose some OUD diagnoses. For SOR II 232 of 781 intake records (29.7%) reported an OUD as the Tertiary dx. This may be mitigated by the removal of all MH diagnoses from this list. (COBHRA was lower 11/348 (3.2%) of intakes had OUD as the Tertiary dx.)	
186	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	What will the variables look like for substances used/route for primary v secondary? This change will make comparisons between this and prior GPRA data unreliable.	

187	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	The new B3 (formerly AUD section 2a) and B4 (formerly OUD section 1a) do not have clear ‘when to skip’ instructions. I suspect if an AUD/OUD were not reported as the Primary and/or Secondary Dx, B3/B4 may be disallowed.	Thank you for this comment. While Section B has been substantially altered, these question remain. To provide a 'skip' function, each of the questions that are referenced now contains the possible response: "Client does not report such a diagnosis"
188	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	Why is the new B7 and B8 (injecting drugs) so far below the other ‘route of administration’ questions?	Thank you for this comment. In redesigning Section B, these questions have been removed and the information that they sought to elicit has been moved to the table in Question 1.
189	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	It seems like a new header would help before new B9: (SA treatment?) It seems like a new header would help before new B13: (Mental Health).	Thank you for this comment. Question B9 has been removed and question B13 flows from previous questions. Accordingly, no new headings have been added.
190	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	The instructions for 13a refer to ‘behavioral health’ which is usually a euphemism for substance use issues v. mental health. Should this also define ‘current’?	Thank you for this comment. The instructions to this section have been altered to reflect substantial changes to the table. In this revision, no ICD-10 diagnostic information is sought. Rather, the patient self reports any mental health diagnoses. Since this change, terms have been appropriately described in this section.
191	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Other	Modality no longer includes Day Treatment—was that intentional?	Thank you for this comment. The Planned Services section was revised in conjunction with Divisional staff at SAMHSA. The term 'Day Treatment' was intentionally removed in this process.
192	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Other	Treatment services no longer has “Recovery Services” (was listed with Co-Occurring Tx/Services—is that because Recovery services should be under Rec. Sup. Svcs—where they are broken out in more detail?	Thank you for this comment. Yes, Recovery Services are now more completely described in the final section of the Planned Services table.
193	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Addition/Removal	C1. NEW Suggestion: Should have specification for Institution: Jail/prison vs other since Nights in Jail (current E3; new E2) is linked to C1=institution but would not apply if the person was hospitalized or in a nursing home.	Thank you for this comment. Question C1 specifically defines an Institution as being a: Hospital, Nursing Home, or Jail/Prison.
194	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Addition/Removal	NEW Suggestion: new C3: Add a response option for Live alone.	Thank you for this comment. A specific response for 'lives alone' has been added to the question.
195	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Addition/Removal	Options for Don’t know are missing for several variables (e.g. SUDx, MHDx, C1, C2, D1, D3, D4…, H10_1b). Some of these seem like it may be beneficial to have a DK option so the Refusals don’t increase.	Thank you for this comment. The 'Don't Know' response was removed across all SAMHSA GPRA tools in order to improve the quality of data collection. Accordingly, this change was intentional.
196	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	D2. Transcription error for “Voc/Tech Diploma After High School”; duplicates the other voc/tech diploma (3rd item) and in the Feb 2022 version is “…Program after High School, but NO VOC/TECH DIPLOMA”	Thank you for this comment. The 'Program after high school, but no VOC/TECH Diploma' provides a category for those who started such a program, but did not complete it.
197	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	D3. Formatting is messed up. Response options no longer includes ‘Volunteer work’.	Thank you for this comment. The responses now include a category for those individuals specifically engaged in volunteer work.
198	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	D4. Instructions need to be updated to reflect the updated terminology in the D3 response options (e.g., Retired, not Unemployed, Retired)	Thank you for this comment. The term 'Retired' is now a singular category without clarification.
199	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	E1 has a new option for ‘currently incarcerated’ (will this then be considered a legitimate skip (coded -1)?) This also relates to the new suggestion for C1 noted above.	Thank you for this comment. The term 'currently incarcerated' has been added to capture those individuals who are already involved in the justice system.
200	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Addition/Removal	F4 in new version (was F11) no longer has a skip if all of new F3 (was F10) are 0. F5 asks about medical care, but there is no question for Mental Health or Substance Usecare? Or ED use? (replaces F2ai-F2ciii?). A briefer version for MH, SA, ED would be useful.	Thank you for this comment. Questions in Section F seek to delineate symptomatology, as opposed to the use of services. Specifically, questions pertain to the individual client's mental health. Additional questions also ask about usual source of care in the preceding 30 days.
201	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Instrument utility	Sex questions moved to H7_1 so will be unavailable for use for many. However, the move also drops total number of sexual contacts so there will be no way to calculate the proportion of unprotected sex acts-a key measure for HIV risk.	Thank you for this comment. The questions about sexual activity have been moved to Section H7 and can be used by grantees who require such information as part of their work or funding. The move reflects concern that the sexual history questions were inappropriate for many clients. The questions have been rewritten to specifically include the total number of sexual contacts over the past 30 days.
202	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Addition/Removal	No Trauma questions—this is a serious omission! Trauma is well known to be linked to both MH and SA.	Thank you for this comment. While trauma questions are important, they were viewed as being triggering for many clients. Moreover, in evaluating program performance at the federal level, these questions were not being used in routine assessment. Accordingly, they were removed.
203	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Addition/Removal	New G5 is a leading question and very difficult to interpret. Has it ever been tested? How should one answer if they don’t have (believe they have) any friendships or places negatively impact recovery (e.g., they already made the changes and are in recovery)? I would recommend removing it.	Thank you for this comment. This question seeks to understand behavioral response to treatment as well as insight into those places or relationships that precipitate adverse outcomes.
204	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	There are no question numbers for H7 sub-items under H7_3a. /H7_3b. /H7_3c. Numbers help assure completion and identify distinctions between items and ease of reference.	Thank you for this comment. Question numbers and skip logic have been added to the questions in H7.
205	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	H10_1/H10_2: What if a client has a positive history AND was screened (e.g., if negative—still skip a & b)?	Thank you for this comment. Clients who are screened and have a positive history of mental health disorders are then asked subsequent questions about referral to treatment and services.

206	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	Instructions after H10_2a say Section H is done or go to question 3 BEFORE responding to H10_2b. This instruction should be after H10_2b.	Thank you for this edit. The comment now appears after H10_2b.
207	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Addition/Removal	J5 (new question). It would be better to add a response for 'Both' since that is the only other possibility rather than making this a 'Mark all that apply' question.	Thank you for this insight. An option for "both' has been added.
208	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	After K Services received: Numbering is awkward since K1 is either the first modality or the new variable about 60% attendance.	Thank you for this comment. The numbering sequence in this section has been corrected.
209	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Wording/Clarification	K2-5 a & b/K3 a & b: What does 'previously' encompass? And if it is more than 30 days ago, how does one answer the medication question that specifies 'In the past 30 days'?	Thank you for this comment. The question seeks to assess whether a client has a particular substance use diagnosis. The second part of the question addresses any treatment that was provided in the past 30 days, and seeks to understand recent treatment for the corresponding SUD diagnosis.
210	10/1/2021	Melissa Ives - UCONN/DMHAS Research Division	Demographic - Race	Why were Asian groups and Native Hawaiian/Pacific Islander split but Native American and Native Alaskan combined? It is easy to combine groups post-hoc, but impossible to split out combined responses. Most of these splits are not truly distinct race groups but represent ethnicities.	Thank you. These distinct ethnicities have been separated in the question. The question now specifically asks whether an individual is Native American in one response, and/or Native Alaskan in another.
212	10/1/2021	Jessica Lorento - Harbor Homes, a Program of Harbor Care	Other	It would be best for our evaluation team/ program evaluation to continue using the current version for the conclusion of the project. If that is not possible we will have to limit trend outcome analysis to those items that remain the same.	Thank you for this comment. Upon approval of the new tool, grantees will be informed of the implementation timeline. Continued use of the current tool beyond a certain date will not be possible. Technical assistance can be sought to ease this transition, and many questions from the tool currently in use are maintained in this revised tool. This will assist with on-going data analysis.
213	10/1/2021	Jessica Lorento - Harbor Homes, a Program of Harbor Care	Other	Can current grantees have the ability to choose between using the current or revised GPRA for the remainder of their grant period?	
214	10/1/2021	Jessica Lorento - Harbor Homes, a Program of Harbor Care	Addition/Removal	We were hoping there would be more nuance added around housing to align with HUD, for example	Thank you for this comment. Questions around housing are important, but the number of questions that pertain to housing must be balanced against the needs of other question types.
215	10/1/2021	Jessica Lorento - Harbor Homes, a Program of Harbor Care	Addition/Removal	We were also looking for more exploration of social support since that is recognized as essential to recovery or at least changing the question so a respondent can select more than one source of support.	Thank you for this comment. Questions around social support are important, but the number of questions that pertain to social supports must be balanced against the needs of other question types.
216	10/1/2021	Jessica Lorento - Harbor Homes, a Program of Harbor Care	Other	Items have been renumbered and reordered in a manner that will make it cumbersome to align data from both versions	Thank you for this comment. Pertinent information from the tool currently in use has been maintained in this revised tool. Questions have been moved to improve the flow of the revised survey and to elicit information in a conversational manner.
217	10/1/2021	Jessica Lorento - Harbor Homes, a Program of Harbor Care	Other	Will the calculation of 6 month follow up rates change? For example, this metric is cumulative and although grantees are able to separate annualized rates – the cumulative rate that SAMHSA primarily recognizes a huge disservice to agencies that had one poor year of reporting outcomes and then many extraordinary ones.	Thank you for this comment. No. SAMHSA recognizes the complexities inherent to surveys and patient follow up, and has engaged an agency wide workgroup to assess the GPRA Tool, collection methods, and question structures. This work will take some time, but it recognizes the importance SAMHSA places on modernizing data evaluation while allowing a diverse set of grantees to provide interventions in many different settings.
219	10/1/2021	Andrew Jimmie, Tribally-Elected Leader of the Village of Minto, Chairman Alaska Native Health Board	Other	Currently SAMHSA Grants are set with a 20% administrative funding cap, but grantees are frequently finding that in order to complete the reporting requirements, that additional resources must be expended. When this much time and resources are being expended to meet reporting requirements, those resources are being diverted from providing much needed services to patients. For large grants, 15-20% of funding can be a substantial portion (on a $500,000 grant, $100,000 is for GPRA reporting requirements), all of which would be better spent on supporting patient services.	Thank you for this comment. The balance between patient focus and evaluation is important. SAMHSA is required by law to collect programmatic information and to report regularly to congress. The GPRA Tool facilitates this. But in recognizing the complexities inherent to surveys and patient follow up, SAMHSA has engaged an agency wide workgroup to assess the GPRA Tool, collection methods, and question structures. This work will take some time, but it recognizes the importance SAMHSA places on modernizing data evaluation while allowing a diverse set of grantees to provide interventions in many different settings.
220	10/1/2021	Andrew Jimmie, Tribally-Elected Leader of the Village of Minto, Chairman Alaska Native Health Board	Other	GPRA reporting questions and questionnaires are not culturally competent for Alaska Native and American Indian patients and participants. The questions for GPRA grant reporting also do not align with other types of GPRA reporting questions.	Thank you for this comment. The GPRA Tool has been redesigned in consultation with SAMHSA's office of Tribal Affairs. This office was involved in the redesign process and participated in multiple feedback sessions. Their feedback was accepted and incorporated into the tool.
221	10/1/2021	Andrew Jimmie, Tribally-Elected Leader of the Village of Minto, Chairman Alaska Native Health Board	Other	We recommend Tribes be exempt from GPRA reporting requirements, so more resources could go directly to services instead of being redirected to culturally oppressive data collection, data entry, and data reporting. It is important that SAMHSA let tribes decide how they can best report their outcomes, instead of requiring a culturally oppressive and expensive data collection effort.	Thank you for this comment. SAMHSA has engaged an agency wide workgroup to assess the GPRA Tool, collection methods, cultural appropriateness and question structures. This work will take some time, but it recognizes the importance SAMHSA places on modernizing data evaluation while also respecting grantee cultures and customs.

222	10/1/2021	Andrew Jimmie, Tribally-Elected Leader of the Village of Minto, Chairman Alaska Native Health Board	Other	SAMHSA should align CSAT questions and measures with existing SAMHSA National Outcomes Measures/Treatment Episode Data Set questions. More broadly, ANHB continues our recommendation that HHS agencies, including SAMHSA, align reporting and improve consistency across measures with HRSA and IHS GPRA reporting measures to reduce question burden on providers, clients, and patients.	Thank you for this comment. This is important and will be extensively evaluated. Aligning data collection across HHS agencies will substantially reduce burden for grantees and allow them to focus on providing responsive and necessary interventions.
223	10/1/2021	Andrew Jimmie, Tribally-Elected Leader of the Village of Minto, Chairman Alaska Native Health Board	Invasive/ traumatizing questions	GPRA reporting requirements for brief intervention and/or crisis intervention should not be longer than the clinical intervention. Currently, when providing brief intervention services, completing the GPRA reporting requirements takes more time than that clinical intervention itself. This risk being clinically harmful because it pulls away from the current need and can make clients and patients feel the provider is being insensitive due the intrusive nature of the GPRA Questions. This can dissuade participation in care which goes against the intent of preventative care and many of SAMHSA's grant offerings. Additionally, during crisis intervention the collection of GPRA data sets runs the risk of decreased accuracy based on the nature of acute mental health crises.	Thank you for this comment. The revised GPRA Tool seeks to remove insensitive or traumatizing questions. Beyond this, questions have been restructured to improve clarity and ease of delivery. In this way, the revised tool can be delivered expediently to individuals being started on treatment.
224	10/1/2021	Andrew Jimmie, Tribally-Elected Leader of the Village of Minto, Chairman Alaska Native Health Board	Other	ANHB recommends that SAMHSA maintain the ability to collect GPRA data via telephone and other electronic means (e.g., web-based surveys). These questionnaire completion modalities have created easier means for patients and clients to provide information, boosting response rates, and likely improving data reliability overall.	Thank you for this comment. Data collection methods have not been altered in the current revision of the GPRA Tool.
226	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Invasive/ traumatizing questions	There are too many questions, and many questions are traumatizing or innappropriate. Starting treatment with these types of questions is potentially humiliating and inappropriate.	Thank you for these comments. SAMHSA appreciates the difficulties faced when administering the GPRA Tool. In this revised tool, a substantial number of questions have been removed and/or streamlined. Additionally, many questions previously identified as being traumatizing or insensitive have been removed.
227	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Other	The GPRA Tool will likely take up to 90 minutes to complete as many patients are in a state of withdrawal or anxiety when the tool is administered.	
228	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Instrument utility	The frequency of data collection is also burdensome. This is further complicated by having to follow up with underserved clients who many not have a working telephone or stable housing.	
229	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Instrument utility	Expand flexibility in the timing of these surveys. For example, allow the patient to be stabilized on treatment before the tool is administered.	
230	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Addition/Removal	Question A1 - use man and woman instead of male and female.	Thank you for this comment. Question A1 is based on a validated question from the NIH. The NIH question used the terms male and female, and these remain in the revised tool.
231	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Demographic - Race	Section A - Suggest the use of broader ethnic and racial categories.	Thank you for this comment. The revised tool shares racial and ethnic categories with other revised SAMHSA GPRA tools.
232	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Addition/Removal	Remove questions that ask for a diagnosis.	Thank you for this comment. SAMHSA appreciates this, and has redesigned the table you describe. The substance use table has been updated, specifically to remove references to diagnoses, and binary 'yes' or 'no' responses. In the updated version, the client is asked to list the substances used in the past 30 days, the number of days they used the substance, and route of administration. We appreciate the importance of this approach.
233	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Other	Allow patients to complete the questions themselves. May be with the use of an electronic survey instrument?	Thank you for these comments. In recognizing the complexities inherent to surveys and patient follow up, SAMHSA has engaged an agency wide workgroup to assess the GPRA Tool, collection methods, and question structures. This work will take some time, but it recognizes the importance SAMHSA places on modernizing data evaluation while allowing a diverse set of grantees to provide interventions in many different settings.
234	10/1/2021	Jennifer Kreidler-Moss - Peninsula Community Health Service	Other	Allow interoperability between the GPRA Tool and EHR data.	
236	10/1/2021	April Kyle - Southcentral Foundation	Instrument utility	The revised GPRA tool does not seem to decrease burden as while 40 questions were removed, 41 new questions were added. This is a net gain of one question.	Thank you for this comment. The public comment period is an opportunity to further refine questions and to incorporate insight from current grantees. In undertaking this process, further questions have been removed, while other questions have been simplified. This has substantially reduced burden.
237	10/1/2021	April Kyle - Southcentral Foundation	Other	GPRA Questions are not culturally sensitive for Alaska Native and American Indian People.	Thank you for this comment. The GPRA Tool has been redesigned in consultation with SAMHSA's office of Tribal Affairs. This office was involved in the redesign process and participated in multiple feedback sessions. Their feedback was accepted and incorporated into the tool.
238	10/1/2021	April Kyle - Southcentral Foundation	Other	Aligning questions and requirements across DHHS will decrease burden and work associated with data collection.	Thank you for this comment. This is important and will be extensively evaluated. Aligning data collection across HHS agencies will substantially reduce burden for grantees and allow them to focus on providing responsive and necessary interventions.

239	10/1/2021	April Kyle - Southcentral Foundation	Other	Allow grantees to collect data by telephone and other electronic means.	Thank you for this comment. Data collection methods have not been altered in the current revision of the GPRA Tool.
241	10/1/2021	Joseph O. Merrill - University of Washington School of Medicine, Harborview Medical Center	Invasive/ traumatizing questions	The survey has the potential to traumatize patients at a highly vulnerable time, just as they are attempting to engage with treatment services. The questions are highly sensitive and are being asked by strangers at the start of treatment, even before rapport has been established. Program staff charged with asking these questions report their own discomfort as well as closer to two hours of work per baseline survey, including data collection and entry. SAMHSA supports trauma-informed strategies, but the GRPA does not.	Thank you for this comment. The GPRA Tool has been redesigned in such a way as to make questions less complicated, while also removing many questions that may traumatize clients or prove to be invasive. Additionally, questions that are considered to be 'Grant Specific' have been moved to menuized items. This further reduces the number of questions that will be asked of clients. This recognizes that while program evaluation is essential, so to are the services offered by a diverse set of grantees. Simplifying the tool also recognizes that grantees are busy and must focus on providing patient care.
242	10/1/2021	Joseph O. Merrill - University of Washington School of Medicine, Harborview Medical Center	Instrument utility	The 35-minute estimated time for follow up surveys is grossly underestimated, especially given the need for separate data collection and data entry, as well as the significant time needed to track the marginalized population we serve.	Thank you for these comments. SAMHSA appreciates the difficulties faced when administering the GPRA Tool. In this revised tool, a substantial number of questions have been removed and/or streamlined. Additionally, many questions previously identified as being traumatizing or insensitive have been removed.
243	10/1/2021	Joseph O. Merrill - University of Washington School of Medicine, Harborview Medical Center	Invasive/ traumatizing questions	the GPRA is particularly burdensome to a marginalized patient population, where rapport is tenuous, invasive questions even more difficult to navigate, and follow up rates of 80% are even more onerous. Further, we may not have immediately accessible services to offer those in need.	
244	10/1/2021	Joseph O. Merrill - University of Washington School of Medicine, Harborview Medical Center	Other	While baseline data is important to understand the community served, the baseline survey could be much shorter and more trauma-informed. Given our population and the costs of tracking patients, eliminating the follow up surveys would be far more efficient and no less effective.	Thank you for this comment. The purpose of the GPRA Tool is to evaluate how programs impact the lives of clients. This requires baseline and follow up data that can be assessed over time. Moreover, SAMHSA is obliged to collect data across certain domains. The balance between Congressional mandates and the impact on programs' ability to collect data has been scrutinized in this revised tool - specifically, questions that have not been used in routine program evaluation at the Federal level have been removed, while other questions have been simplified.
246	10/1/2021	Emily Horton - The Road Home	Instrument utility	The team does think it will take slightly longer than the estimated 36 minutes. Based on our experience with the current GPRA we think it will take around 45 minutes. We do find the time that the GPRA tool takes to be challenging with our clients.	Thank you for this comment. SAMHSA appreciates the difficulties faced when administering the GPRA Tool. In this revised tool, a substantial number of questions have been removed and/or streamlined. Additionally, many questions previously identified as being traumatizing or insensitive have been removed.
247	10/1/2021	Emily Horton - The Road Home	Invasive/ traumatizing questions	It also looks like the questions about sexual activity/HIV prevention (H7) have been moved to program specific questions rather than being asked to all programs. Does this mean that only programs who have planned to provide HIV prevention will be required to ask these questions? We have found this set of questions to feel very invasive and not particularly relevant to the client population we serve in our program so I think that would be a great change.	Thank you for this comment. This is correct - Section H questions are provided to specific grantees, based on the type of services they offer and the need to evaluate this specific activity. Recognizing that some program specific questions that have previously been asked among general GPRA Questions are potentially traumatizing or non-specific, they have been moved to menu items.
250	10/1/2021	Sadaf Amir - Northwest Integrated Health	Instrument utility	No doubt, GPRA is burdensome for staff. For standardization, the performer should be defined. Ideally, it should be performed by SUDP/SUDPT along with their initial assessment so the similar questions are not repeated over and over again to avoid patient's annoyance. Secondly, it would be more accurate as counselors are better skilled to ask sensitive questions.	Thank you for this comment. In integrating public comments into the revised GPRA Tool, every effort has been made to promote a single individual as the administrator of the GPRA Tool. This will support clinical activities and avoid the need to ask clients repetitive questions.
251	10/1/2021	Sadaf Amir - Northwest Integrated Health	Wording/Clarification	F3a. There is too much asked in one question. Is this question being asked to measure high risk sexual behavior? Is the intention is to ask the mode of contact or frequency, if both it should be broken down to two questions. It doesn't ask single partner versus multiple partners which is better gauge of high risk behavior.	Thank you for this comment. Question 3, in Section F pertains to the client's mental health over the preceding 30 days. The questions ask about a range of symptoms not related to sexual activity. There is no mention of sexual contact in this question.
252	10/1/2021	Sadaf Amir - Northwest Integrated Health	Wording/Clarification	J3. Did the program test this client for HIV? J4. [IF NO] Did the program refer this client for testing? It seems to be the same question asked in two different ways. In my understanding provider orders the lab and most agencies don't have on site labs for HIV testing. Does J3 and J4 intend to ask if provider has ordered the lab or not? Confusing terminology needs to be corrected here. Using "order" instead of "refer" might clear the confusion.	Thank you for this comment. To reduce confusion, Question J3 now asks: "Did the program order an HIV test for this this client?". If no, Question J4 now asks: "Did the program refer this client for HIV testing with another provider?". It is anticipated that this will prevent the confusion highlighted in your comment.
253	10/1/2021	Sadaf Amir - Northwest Integrated Health	Wording/Clarification	K. Services Received Naltrexone: Depot injection (Vivitrol) is equal to one day session in GPRA that should be 28 days for accurate collection of treatment services (oral Naltrexone/suboxone/methadone counts as number of days patient is on these medications) This section should also be reviewed by medical personal on your team to make it less open ended.	Thank you for this comment. In the services received table, clarification has been added following the term "Naltrexone – Long Acting". Specifically, this clarification states: "Report 28 days for each one injection". Subsequent questions on the use of long acting Naltrexone in this section have also been reviewed. In these questions, the term 'days' has been changed to 'doses' so as to avoid confusion.