Data Reporting Requirements for the SAMHSA Emergency COVID-19 Grant

This document describes minimum data collection requirements for funding under the SAMHSA Emergency COVID-19 Grant. Grantees must complete data collection for each consumer who has a presenting problem that is related to the COVID-19 pandemic, including those whose treatment is related to emotional, financial, or social stressors caused by this health crisis. The goal of the data collection is to demonstrate the impact and utilization of mental health and substance use treatment supported through the grant.

Data reporting and technical assistance will be coordinated by the Government Resource Center (GRC) at Ohio State University Medical Center. Each regional board grantee must assign a regional data coordinator who will be responsible for coordination of data collection in their region and submitting reports on a monthly basis to GRC and SPARS. The data coordinator will coordinate regional data reporting activities and serve as a point of contact for GRC. The data coordinator will also work with GRC and OhioMHAHS to develop and implement a strategy to ensure minimum reporting requirements are met and review regional progress reports to ensure reporting is on track. The data coordinator may be an employee of the regional board, although this is not a requirement.

Two different forms of data collection will be utilized depending on the type of service provided.

1. **Emergency COVID-19 Services Form (Short Form)** for one-time consultation or crisis services: This data collection form should be used for mobile crisis team, crisis hotline services, and other one-time services. Each form should be entered here www.go.osu.edu/emergencycovid19
   a. The Short Form is designed to capture data that is not protected health information (PHI) and does not include personally identifiable information (PII).
   b. The form may be completed on-line at the point of service. Instructions for data submission and technical assistance will be provided to grantees by June 19, 2020.
   c. Data collection will begin on July 1, 2020. Data should be submitted into the on-line system within 48 hours of service. (Alternate versions of the form will be provided, if internet access is not available).
   d. Each region with one-time services, such as crisis hotline services, funded by the SAMHSA Emergency COVID-19 Grant must document services using this form.

2. **GPRA with Client ID suffix**: For consumers who are engaged in ongoing (more than one encounter) treatment due to COVID-19, data collection must be completed using the GPRA instrument which is housed in the SPARS system.
   a. Instructions and technical assistance for utilization of SPARS is available through SAMHSA.
   b. A suffix must be appended to the Client ID for any GRPA entered into SPARS.
   c. Each region must submit a minimum of 25 intake GRPA instruments each quarter during the funding period in order to receive funding. The GPRA instrument may be completed at the point of service or by the regional data coordinator.
   d. Health care workforce status must be documented in the GPRA using methods described in this form (see Documenting Services to Health Care Workers in the...
GPRA). If health care workforce designation is not identified, the GPRA will not “count” toward the quarterly required minimum intake GPRA.

e. The GPRA instrument must be repeated every six months and upon discharge. Repeat and/or discharge GPRA’s are required for a minimum of 80% of consumers who complete an intake GPRA.

   f. SPARS login information must be requested from OhioMHAS and GPRA data must be entered here: https://spars-sts.samhsa.gov/Identity/login?sign=8bc2204cc6261b6014737fd07bafddd0e29

   g. If sites are using paper GPRA forms, data must be entered as close to real time as possible. Therefore, GPRA’s should be entered into SPARS within 1 business day—but no later than 7 business days—after the GPRA interview is conducted.

3. **Documenting Services to Health Care Workers in the GPRA.** The health care workforce has been identified as a population disproportionately affected by the COVID-19 health care crisis. SAMHSA established a target of 10% of Emergency COVID-19 Grant-funded services be provided to individuals who work in a health care system. The GPRA instrument does not include a field to identify consumers who are health care workers. Grantees should identify health care workers by adding a suffix to the Client ID field for each intake GPRA.

   a. Ask the following question to each consumer prior to completing an intake GPRA: “Since January 2020, have you ever worked in a health care field?”

   b. If the consumer responds with “yes”, the Client ID entered into SPARS should include a suffix of “Y”. If the patient responds with “no”, the Client ID should include a suffix of “N”.

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**GPRA Reporting Example**

Counselor: “Since January 2020, have you ever worked in a health care field?”

Patient: “Yes”

In this case, data entry into SPARS should reflect a Y suffix in the Client ID field, as shown in the red box.

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**Determining Which Data Collection Form to Administer**

In general, one-time services should be documented using the short form and treatment provided over a period of seven days or longer can be documented using GPRA data collection forms. For some services, the decision is less clear. Please review the FAQs for additional guidance and request clarification from GRC and the regional data coordinator.

**Determining Eligibility for Data Collection**

If you are not certain whether an individual’s presenting problem meets this criteria, please ask the following clarifying question:
"Is the treatment (or support) that you are seeking (or “Are the problems you are experiencing...”) related to emotional, financial, or social stressors caused by the COVID-19 health crisis?"
   If YES, please complete a data collection instrument
   If NO, not eligible for data collection

**Short Form Data Collection Instrument**

1. Organization name of provider:

2. Service type
   a. Mobile Crisis Team
   b. MRSS (Mobile Response Stabilization Services)
   c. Crisis Stabilization Center
   d. Crisis Hotline Services / Call Center
   e. Respite / Bed Days
   f. AOD Withdrawal Management or Residential

3. Since January 2020, have you ever worked in a health care field?
   a. Yes
   b. No
   c. Refused

4. Thinking about your mental health, which includes stress, depression, and problems with emotions or substance abuse, for how many days, during the past 30 days did a mental health condition or emotional problem keep you from doing your work or other usual activities? 
   a. Enter number of days: range 0 – 30 days (note: If respondent says “none,” prompt once with “so no days at all?” and enter 0 if answer is yes)
   b. Refused

5. What is your age in years?
   a. <12
   b. 12 – 18
   c. 18 – 24
   d. 25 – 34
   e. 35 – 44
   f. 45 – 54
   g. 55 – 64
   h. Greater than 64

6. How would you describe your race and ethnicity? (select all that apply)
   a. Black or African American
   b. Asian
   c. White
   d. Hispanic or Latino
   e. Other (please describe)
f. Refused

7. Describe presenting problem (check all that apply)
   a. Stress
   b. Mental health
   c. Alcohol use
   d. Drug use
   e. Suicidal ideation/Harm to self
   f. Harm to others
   g. Relationship issues
   h. Familial concerns
   i. Employment issues
   j. Physical health
   k. Housing
   l. Domestic violence/Child abuse
   m. Sex trafficking
   n. Information request
   o. Other (please describe)

8. Services provided (select all that apply)
   a. SBIRT
   b. Information referral
   c. Counseling
   d. Referral to mental health or substance use treatment (please identify organization name)
   e. Referral to emergency department or hospital
   f. Other referral (please describe)