

## GPRA Information for Clients

As a recipient of Emergency COVID-19 Grant funding, the California Department of Health Care Services (DHCS) asks you to participate in quality assessment and improvement activities related to federal funding requirements. This includes a survey instrument developed by the federal Substance Abuse and Mental Health Administration (SAMHSA) known as the Government Performance and Results Act (GPRA). Questions in the GPRA survey will be related to your access to mental health and/or substance use treatment services, your behavioral health, and your living situation.

**Purpose:** The purpose of the GPRA is to learn how the services within this project affect your overall well-being as it relates to your behavioral health needs. The questions help SAMHSA to better understand the experiences of individuals in treatment and throughout their long-term recovery. Your willingness to participate in this survey will help to better understand treatment outcomes and factors associated with success in recovery from substance use and mental health disorders. DHCS anticipates that over 500 people across California will participate in the survey as part of the Emergency COVID-19 Grant.

**Voluntary: Taking part in the survey is voluntary.** If you decide not to take the survey, it will not affect your current or future relationship with this program. If you do take the survey, you can skip any question you do not want to answer.

**Frequency:** We will ask you to complete the GPRA survey with a staff member at intake (today), 6 months post intake, and at the time of discharge from the program. Each survey takes around 40 minutes.

**Risks:** The survey asks questions about sensitive topics such as drug and alcohol use, sexual activity, or mental health. These questions may be distressing to you as you think about your experiences. You may skip any question you do not want to answer.

**Benefits:** Findings from the survey may benefit the substance use treatment and recovery community. You may receive a \$30 gift card at the time of completing the GPRA 6-month follow-up interview. Regardless of whether you are still participating actively in the program, you will be contacted to complete the follow up interview and may be eligible for the \$30 gift card.

**Confidentiality:** By participating in the survey, you may share personal health information and/or personal information that is protected by state or federal privacy laws. DHCS has taken steps to protect your privacy. DHCS will ensure only the minimum data and information necessary will be collected. DHCS will also use its Public Aggregate Reporting Guidelines to ensure protection of participant identity in any required public reporting. Reports that are prepared with this information will not include any information that will make it possible to identify you. Data will only be accessible to those individuals who have a business need pursuant to the administration of the grant. There is a small risk of unintentional loss of confidentiality. If a breach of confidentiality occurs, your treatment program will be informed of the event.

**Questions:** If you have any questions about the GPRA, please contact Aurrera Health Group at [DHCSReporting@aurrerahealth.com](mailto:DHCSReporting@aurrerahealth.com).

GPRA Client ID: \_\_\_\_\_

Client consents to participate in GPRA:

☐ Yes ☐ No

If client is under 18, has consent been obtained from a parent or legal guardian?

☐ Yes ☐ No

**I have explained GPRA to this individual and have answered any questions the individual had. I believe the individual understands the survey and has given consent to participate.**

Staff Member Requesting Consent (Printed): \_\_\_\_\_

Staff Member Requesting Consent (Signature): \_\_\_\_\_

Date: \_\_\_\_\_