

DEBS CHECKLIST

ADDING A NEW GPRA FORM IN DEBS

- ☐ Go to **Clients**.
- ☐ Select the Client you need.
 - You can search for the client needed by using the different search boxes at the top of the page.
- ☐ In the top right corner, select **Action**, then **View GPRA form**.
- ☐ In the second box, there are tabs at the top of the box, Select **New Encounter**.
- ☐ Then select your organization from the drop-down, the **Interview date**, and the **Billing Type**. Then click **Create Encounter**. On the next screen click **Create Intake**, or **Create Follow-up**, or **Create Discharge**.
 - **Billing Type** is the current grant to be charged.
- ☐ Fill out the GPRA form with the client's responses. Once all required questionned have been answered, the last section will have a **Submit** button in the bottom right corner available to click.
- ☐ GPRA's process overnight for accuracy. If there are any inaccuracies, you'll receive an e-mail the following morning to address any errors.
 - To learn more about the specific error, go into DEBS and view that client's GPRA.
 - If you need assistance in handling these errors, contact the DMHA SOR Team:
 - Joann Keys, SOR Data Coordinator, Joann.Keys@fssa.in.gov
 - Laura Schairbaum, SOR Coordinator, Laura.Schairbaum@fssa.in.gov

GPRA SPECIFIC QUESTIONS & RECOMMENDATIONS

A. RECORD MANAGEMENT

- *Client Description by Grant Type*: Always select 'Treatment grant client'.
- *Are you currently pregnant*: If the client is Male, select 'No.'
- *Have you ever served in the Armed Forces, in the Reserves, in the National Guard, or in other Uniformed Services*: If they did serve mark what area, the Armed Forces, Reserves, National Guard, or other.
- *How long does it take you, on average, to travel to the location where you receive services provided by this grant*: Respond for the one-way trip to services. If services are received in the client home, report how long it takes the provider to reach the client's home. The most common response is 'Half and hour or less,' but report whatever is accurate for your specific client and the services they've received.

B. SUBSTANCE USE & PLANNED SERVICES

- *Have you ever been diagnosed with a mental health illness by a healthcare professional*: If Yes, ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Indicate all that apply.
- *Was the client screened by your program, using an evidence-based tool or set of questions, for co-occurring mental health and/or substance use disorders*: Screening the client is not a requirement for SOR funds, so accurately report Yes/No if you program provides this service. It is ok to put 'No.'

- *Identify the services you plan to provide to the client during the client's course of treatment/recovery:* Mark only the checkbox corresponding to the Planned Service that will be provided under the [SOR] grant. Mark all that apply in each section.

C. LIVING CONDITIONS

- *In the past 30 days, where have you been living most of the time:* Do not read response options to the client.

D. EDUCATION, EMPLOYMENT, AND INCOME

- *Are you currently enrolled in school or a job training program:* If enrolled, mark full time or part time. If client is incarcerated, mark 'Not Enrolled.'
- *Are you currently employed:* Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work. If client is incarcerated and has no work outside of Jail, mark 'Not Looking for Work.'

E. LEGAL

- *Currently Incarcerated:* If the client indicates no arrests in the past 30 days, but is incarcerated at the time of the interview, mark 'Yes.'

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

- *In the past 30 days, how many days have you:* Enter '0' days for no response.
 - If a client reports 1 or more days to any question in this section, please ensure that they are seen by a licensed professional as soon as possible.

G. SOCIAL CONNECTEDNESS

- *In the past 30 days, did you attend any voluntary mutual support groups for recovery:* In other words, did you participate in a non-professional, peer-operated organization that assists individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Women for Sobriety, religious/faith-affiliated recovery mutual support groups, etc.? Attendance could have been in person or virtual.

GENERAL TIPS

- If the Section Header has a red icon with a number, that indicates the number of questions that need responses in that section.
- When you click 'Next' and move between sections, the form will automatically save.
- Red triangles with an exclamation mark, next to a question indicate that it is required to enter a response for that question.
- For Check-box response questions, if you click 'Refused' the other response options will grey out and unable to access. To undo this, click the 'Refused' box again.
- If more than one response option can be selected, the question will state that.
- Some response boxes will not appear unless specific responses are given to certain questions. Ensure that you're inputting the GPRA exactly the way it was administered, and the correct response options should appear.
- For any responses that are selected that include phrasing like 'Specify,' an additional text box will appear for additional information to be input on the specific response.

Updated 6.27.24