Frequently Asked Questions: WITS GPRA Reporting

Disclaimer: For those of you in a spoke and hub model please talk to your hub contact about changes.

Does WITS replace the monthly Excel reporting tool?

Starting on April 4, 2022 all new intake GPRA's should be entered into WITS instead of a paper or pdf copy being sent to the BBH. Any discharge or 6-month follow-up GPRA's will still need to be collected on paper and sent to the BBH.

SPARS, the reporting platform from the BBH to SAMHSA, allows for entry of data that will not pass SAMHSA quality checks. WITS is set-up to follow SAMHSA standards. With this functionality most of the required SAMHSA data will be able to be pulled from the GPRAs entered in WITS. The reporting tool allowed the BBH to qualify the GPRA data that was not accepted based on quality checks. There are a few items that SAMHSA is interested in that are not currently part of the GPRA assessment, so those elements will be continued to be reported on the monthly Excel reporting tool. A new reporting tool will be provided by April 4.

The 80% target for follow-up GPRA's has always been a metric SAMHSA assesses. Context around challenges, barriers, and program specifics are shared via direct communication with SAMHSA via reports and ad hoc requests. The adoption of WITS for GPRA collection does not impact this process. There are no additional data that is submitted to SAMHSA with the adoption of WITS.

What do I do if I have paper GPRA's I have not sent to the BBH yet?

This is your choice. You can enter them in starting April 4th or send them to the BBH. Any GPRA's with an intake date of 4/4/2022 or later will not be accepted by the BBH without prior approval. All paper GPRA's must be submitted to the BBH by 4/18/2022.

By entering GPRA's directly into WITS you will be able to take advantage of the tracking functionality of the system and finish the transition period sooner.

Do we need to enter all past data for the GPRA's?

No. If the intake GPRA was conducted to prior to April 4, 2022 continue to follow the paper process and submit discharge and follow-up GPRA's to the BBH.

Do we have to back date patient information?

No. For all current clients continue to use the paper GPRA submission process. No data or dates should be changed.

What clients should we enter into WITS?

The criteria for conducting a GPRA is the same. Anyone you consider a client under the grant remains the same. The only thing that is changing is instead of you submitting a paper GPRA to the BBH you will enter the GPRA directly into WITS.

Is there a way to readmit clients if they have been discharged?

Yes. The client remains in your agency client list and you can add additional episodes of care. However, if a client is accidentally discharged before the follow-up GPRA occurs please contact the BBH.

Is the personally identified data shared with SAMHSA?

No. There are no differences in data that is shared with SAMHSA with the adoption of WITS.

However, that information does allow tracking of discharge and follow-up status to be done in the system, instead of having to pull up two or three systems/documents to identify clients that are due for a follow-up GPRA you will have all the necessary information in one location.

It also allows the person to be meaningfully connected to other activities in the system such as the waitlist and ASAM assessment.

Can the sensitive topics on the GPRA be skipped?

The GPRA has always asked for sensitive personal information about wages, and other money they collect monthly, how many times they've committed a crime, days of drug use, etc. These questions can be difficult to ask, and the client always has the right to refuse. However, the expectation has always been and remains that the GPRA is conducted in its entirety to the best of your ability.

Our agency has a release of information (ROI) with the client about the data we collect for program participation and share with the BBH. Do we need to change our current ROI?

It depends on your ROI. The additional information is not submitted to any federal agency, but it is visible at the state level. It does allow for linkage and sharing of data in the system. There are additional applications for WITS planned. The system does have a consent form that is CFRA 42 compliant for sharing of information across agencies.

Will people outside of my agency see my clients?

The BBH staff can see across agencies. Other agencies cannot see your client list.

What happens after a patient is discharged?

The data remains securely stored in the system to ensure federal and state requirements about record retention are met. After a client is discharged data is not editable.

Does the compliance rating affect future funding?

80% is a SAMHSA target that has been in place since SOR I. Currently, we are not using compliance with that target to affect funding. However, it is expected that due diligence to engage a client until discharge occurs to minimize the number of administrative discharge GPRA's that occur. We understand that a 6-month follow-up GPRA after intake can be challenging. However, an expectation of funding has always been that attempts to collect the follow-up would occur. The WITS platform just allows you to track compliance in real time.

I work with a population that can be hard to engage after discharge. Can follow-up GPRA interviews occur prior to the 6-month window? Any tips for completion?

The follow-ups timeframes are specified by SAMHSA, with a follow-up GPRA window of 5-8 months after the initial GPRA intake. We recognize that some programs work with populations that will have low compliance. While the client is participating in the program tell them and remind them that you will be contacting them in a few months no matter where they are to do another interview.

I am not a clinician and cannot diagnose a client. I also do not have access to their medical records to document diagnosis. What do I do for those questions?

Peers can report "Don't Know" for any questions that are answered by program staff and not the client. This includes diagnosis.

The compliance rating and the GPRA doesn't capture the amount of work done by the program. Are there are other ways we should try to show impact?

Due to the lengthy nature of the GPRA, the only other information we request are data requested from SAMHSA. Over the next couple of years some larger BBH initiatives will probably help demonstrate this.

Can we make up our own Unique Client Number?

No, the system generates it automatically. This is one of the reasons putting in personal information in the system will allow the system to track individuals without information having to be tracked outside of WITS.

What is SPARS?

SPARS is the SAMHSA reporting portal. Currently the paper GPRAs are hand entered into SPARS. With the adoption of WITS the GPRAs in WITS will now be automatically submitted to SAMHSA.

What address should we use if someone is incarcerated?

Use the jail's address.

What address should we use with the unhoused population?

Use the BBH address:

> BBH
> 350 Capitol St
> Charleston, WV 25301

We have some of this information already established in our own company software so adding into another system seems redundant.

By adding the personal information, it allows the system to track follow up and discharge GPRAs and calculate compliance rate in real-time. We are also using the system for ASAM assessments. By entering the information into the system, it will also us to connect those two records.

By entering the GPRA into WITS it allows for automatic data validation and submission of data to SAMHSA.

Are PRSS required to do the GPRA and use WITS?

Yes, PRSSs are expected to use WITS to do GPRAs.

Is the plan to phase out paper GPRAs?

Yes, we are transitioning to electronic GPRAs. The switch from paper GPRAs to electronic does not change any expectations around completion of the GPRA.

PRSSs typically do not do pages 2-7 of the paper GPRA. How do we skip those questions in WITS?

For any the questions that are asked of the program staff and not the client the response of "Don't Know" should be used if program staff do not have access to the information.

Can we scan in paper GPRAs?

The system does not read scanned images. The information will have to be entered.

Is WITS used for other programs?

The BBH has also purchased the prevention module, Continuum (the ASAM assessment software), and waitlist modules. The additional personal information allows the system to connect across modules and also allows you to work in one system more efficiently after that initial intake.

What do we do if a person refuses to tell us their income?

Marek "Refused".

It seems to require a lot of duplicate charting for those agencies that have their own systems.

The only additional information required is additional personal information including more extensive demographic and contact info, all other information has always been a requirement.

If we currently have clients that have completed their GPRA intake, will we complete their follow up and discharge GPRA in WITS?

No, we are phasing in WITS. Anyone that started with a paper GPRA will be finished with a paper GPRAs. Upon discussion with the vendor, it was decided to take a phased in approach. Not all GPRAs in SPARS would pass the validation needed for direct submission. This opens up additional tacking challenges, as some would be able to be completed in WITS and others would not be able to be completed.

Is there a way to search for clients who have a profile/episode of care opened but an intake GPRA has not been completed?

We are still learning about this functionality but we believe we will be able to use the reporting functionality of the system to generate a report.

I am concerned around going electronic from a time and personnel resource perspective.

SOR can pay for tablets for entry in the field. Also, if you like using paper GPRAs, SOR will also fund staff for data entry. Contact Margaret Underwood for more information.

This is a big change – why?

The BBH is currently evaluating data processes and needs. Over the next couple of years we will be working towards better data integration for the population we serve across funding streams, as well as increasing electronic submission and storage of data. GPRA happens to be one of the first items we were able to move closer to our bureau goals.