Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) - A

ADMINISTRATIVE REPORT

Version: August 2024

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A. RECORD MANAGEMENT

Client ID |__|__|__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__|

Grant ID |__|__|__|__|__|__|__|__|

1. [AT BASELINE] What is the client's month and year of birth (MM/YYYY)?

|____|____| / |____|____|____|____|

2. What is the date of the assessment (MM/DD/YYYY)**?**

|____|____| / |____|____| /|____|____|____|____|
MONTH DAY YEAR

3. Which assessment type?

- ○ Baseline
- ○ Reassessment (for clients in care at 3 or 6 months)
- ○ Annual (for clients in care for more than 12 months)
- ○ Record Closeout

4. [AT BASELINE ASSESSMENT ONLY] When did the client first receive services under this grant (MM/YYYY)? |____|____| / |____|____|____|____|

5. [AT REASSESSMENT OR ANNUAL OR CLOSEOUT] When did the client most recently receive services under this grant (MM/YYYY)? |___|___| / |___|___|___|___|

6. [AT RECORD CLOSEOUT] Why are you closing out this client's record?

- □ Completed the program
- □ No contact
- □ Withdrew from/Refused Treatment
- □ Referred out
- □ Transferred to different grant program
- □ Incarceration
- □ Moved
- □ Death
- □ Other

6a. [IF QUESTION 6 IS DEATH] What was the cause of death?

- □ Suicide
- □ Overdose
- □ Other behavioral health cause
- □ Other cause

- Not documented in record
- Not applicable

B. BEHAVIORAL HEALTH HISTORY

1. What insurance does the client or guarantor have? Select all that apply.

- Medicare
- Medicaid
- Private Insurance or Employer Provided
- TRICARE, CHAMPUS, CHAMPVA or other veteran or military health care
- Indian Health Service Tribal Health Care
- An assistance program [for example, a medication assistance program]
- Any other type of health insurance or health coverage plan
- None
- Not documented in records or not documented in records using this standard

2. In the past 30 days, was the client admitted to a hospital?

- Yes – Behavioral health reasons, for example mental health or substance use disorder
- Yes – Other health reasons, for example injury or illness
- No
- Not documented in records or not documented in records using this standard

3. In the past 30 days, did the client visit an emergency department?

- Yes – Behavioral health reasons, for example mental health or substance use disorder
- Yes – Other health reasons, for example injury or illness
- No
- Not documented in records or not documented in records using this standard

4. In the past 30 days, did the client experience a behavioral health crisis or request crisis response, for example from 988 or 911?

- Yes
- No
- Not documented in records or not documented in records using this standard

4a. [IF QUESTION 4 IS YES] What was the primary crisis issue?

- Suicide risk
- Other risk of harm to self or others (e.g. NSSI, homicidal thoughts)
- Mental health
- Substance use other than overdose
- Overdose
- Other
- Not documented in records or not documented in records using this standard

5. In the past 30 days, did the client spend one or more nights at a residential behavioral health

treatment facility, for example crisis stabilization or residential substance use disorder treatment facility, including for withdrawal management?

- ○ Yes
- ○ No
- ○ Not documented in records or not documented in records using this standard

6. **[CLIENTS 11 YEARS OR OLDER ONLY] In the past 90 days, was the client arrested, taken into custody, or detained?**

   - ○ Yes
   - ○ No
   - ○ Not documented in records or not documented in records using this standard
   - ○ Not applicable

7. **[CLIENTS 11 YEARS OR OLDER ONLY] In the past 90 days, did the client spend one or more nights in jail or a correctional facility?**

   - ○ Yes
   - ○ No
   - ○ Not documented in records or not documented in records using this standard
   - ○ Not applicable

8. **[CLIENTS 11 YEARS OR OLDER ONLY] In the past 90 days, has the client been on probation, parole, or intensive pretrial supervision for one or more days?**

   - ○ Yes
   - ○ No
   - ○ Not documented in records or not documented in records using this standard
   - ○ Not applicable

C. BEHAVIORAL HEALTH SCREENINGS

Please indicate the client's screening results, **as documented in an individual clinical or client record** (whether paper or electronic).

1. **Within the past 30 days, was the client screened or assessed by your program for risk of suicidality?**
   - O Yes – Screening result was negative (no or low risk)
   - O Yes – Screening result was positive (at risk)
   - O No, not screened or assessed
   - O Not documented in records or not documented in records using this standard

2. **Within the past 30 days, was the client screened or assessed by your program for substance use?**
   - O Yes – Screening result was negative (no or low risk for substance use disorder (SUD))
   - O Yes – Screening result was positive (at risk for SUD)
   - O No, not screened or assessed
   - O **Not documented in records or not documented in records using this standard**

3. **[IF QUESTION 2 IS "YES"] During the screening and assessment process, what was the reported use for the following substances?**

Substance	**Recent use** ***(within the past 30 days)***	**Past use** ***(greater than 30 days*****)**	**Never used**	**Not documented**
a. Alcohol	O	O	O	O
b. Opioids	O	O	O	O
c. Cannabis	O	O	O	O
d. Sedative, hypnotic, or anxiolytics	O	O	O	O
e. Cocaine	O	O	O	O
f. Methamphetamine	O	O	O	O
g. Other stimulants	O	O	O	O
h. Hallucinogens or psychedelics	O	O	O	O
i. Inhalants	O	O	O	O
j. Other psychoactive substances	O	O	O	O
k. Tobacco or nicotine	O	O	O	O

4. Within the past 30 days, was the client screened or assessed by your program for the following disorders? (Please select one per disorder)

Disorder	Not applicable	Screened / Assessed	Not screened	Not documented in records
a. Depression, depressive disorders	O	O	O	O
b. Anxiety disorders	O	O	O	O
c. Bipolar disorders	O	O	O	O
d. Psychosis, psychotic disorders	O	O	O	O
e. Trauma disorders, including PTSD	O	O	O	O
f. [IF CLIENT < 18 YEARS] Developmental, neurologic disorders	O	O	O	O
g. [IF CLIENT < 18 YEARS] Behavioral and emotional	O	O	O	O

D. BEHAVIORAL HEALTH DIAGNOSIS

Please indicate the client's current behavioral health diagnoses using the most current version of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes or corresponding Diagnostic Statistical Manual of Mental Disorders (e.g. DSM-5)**, as made by a clinician and documented in a clinical record**.

1. Substance use disorder diagnosis (record up to 3)

1a. Enter ICD-10-CM/DSM-5 code F10-F19- or indicate no diagnosis _____
1b. Enter ICD-10-CM /DSM-5 code F10-F19- or indicate no diagnosis _____
1c. Enter ICD-10-CM /DSM-5 code F10-F19- or indicate no diagnosis _____

2. Mental health diagnosis (record up to 3)

2a. Enter ICD-10-CM /DSM-5 code F20-F99- or indicate no diagnosis _____
2b. Enter ICD-10-CM /DSM-5 code F20-F99- or indicate no diagnosis _____
2c. Enter ICD-10-CM /DSM-5 code F20-F99- or indicate no diagnosis _____

3. Other factors influencing health status (record up to 3)

3a. Enter ICD-10-CM /DSM-5 code Z55-Z65- or Z69-Z76- or indicate none identified _____
3b. Enter ICD-10-CM /DSM-5 code Z55-Z65- or Z69-Z76- or indicate none identified _____
3c. Enter ICD-10-CM /DSM-5 code Z55-Z65- or Z69-Z76- or indicate none identified _____

Other Health Status Questions

Please indicate additional health status information as applicable and **as documented in a clinical record**.

4. **Is the client currently pregnant?**
   - ○ Yes
   - ○ No
   - ○ Not applicable
   - ○ Not documented in records or not documented in records using this standard

[CLINICAL HIGH RISK PSYCHOSIS CLIENTS ONLY]

5. **[AT REASSESSMENT OR ANNUAL] Has the client experienced an episode of psychosis since their last assessment?**
   - ○ Yes
   - ○ No
   - ○ Not documented in records or not documented in records using this standard

[SUBSTANCE USE DISORDER TREATMENT CLIENTS ONLY]

6. **In the previous 30 days, did the client experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?**
   - ○ Yes
   - ○ No
   - ○ Not documented in records or not documented in records using this standard
   - ○ Not applicable

6a. [IF QUESTION 6 IS YES] After taking too much of a substance or overdosing, what intervention(s) did the client receive? Select all that apply.
- □ Naloxone (Narcan) or other opioid overdose reversal medication
- □ Care in an emergency department
- □ Care from a primary care provider
- □ Admission to a hospital
- □ Supervision by someone else
- □ Other
- □ Not documented in records or not documented in records using this standard
- □ Not applicable

[MAI PROGRAM CLIENTS ONLY]

7. Has the client ever tested positive for HIV?
   - ○ Yes, HIV-positive
   - ○ No, HIV-negative
   - ○ Not documented in records or not documented in records using this standard

7a. [IF 7 is Yes, HIV-infected] Is the client currently on ART?
   - ○ Yes, currently taking ART
   - ○ No, not currently taking ART
   - ○ Not documented in records or not documented in records using this standard

7b. [If 7 is No, HIV-negative] Is the client currently taking HIV PrEP?

- ○ Yes, currently on PrEP
- ○ No, not currently on PrEP
- ○ Not documented in records or not documented in records using this standard

8. Has the client ever tested positive for Hepatitis C?

- ○ Yes, active or previous Hepatitis C infection
- ○ No, never had Hepatitis C
- ○ Not documented in records or not documented in records using this standard

8a. [IF 8 is Yes, active or previous Hep C] Is the client currently taking viral hepatitis C treatment?

- ○ Yes, currently taking viral hepatitis C treatment
- ○ No, took treatment and cured
- ○ No, hepatitis C infection naturally cleared without need for treatment
- ○ No, not currently taking treatment
- ○ Not documented in records or not documented in records using this standard

E. SERVICES RECEIVED

Services Received is collected by grantee staff at Reassessment, Annual

Assessments and Closeout.

Identify all the services your grant project provided to the client since their previous assessment.

1. Behavioral Health Services

Since the previous administrative assessment, did the project provide or refer the client for one or more behavioral health services?

○ **Yes** ○ **No** ○ **Not documented in records**

If Yes, please indicate which:

	Yes – Provided	Referred for Service	No – Not Provided or Referred	Not Documented in records / Unknown
1a. Case or care management or coordination	○	○	○	○
1b. Person- or family-centered treatment planning	○	○	○	○
1c. Substance use psychoeducation	○	○	○	○
1d. Mental health psychoeducation	○	○	○	○
1e. Mental health therapy	○	○	○	○
1f. Co-occurring therapy (substance use & mental health)	○	○	○	○
1g. Group counseling	○	○	○	○
1h. Individual counseling	○	○	○	○
1i. Family counseling	○	○	○	○
1j. Psychiatric rehabilitation services	○	○	○	○
1k. Prescription medication for mental health disorder	○	○	○	○
1l. Medication for substance use disorder	○	○	○	○
1m. Intensive day treatment	○	○	○	○
1n. Withdrawal management (whether in hospital, residential, or ambulatory)	○	○	○	○
lo. After care planning and referrals	○	○	○	○
1p. Co-occurring disorders (including developmental or neurologic)	○	○	○	○

2. [IF 1m – Medication for substance use disorder IS YES – PROVIDED] Indicate medication received

	Yes –	No – Not	Not

	Received	Received	Documented in records / Unknown
2a. Naltrexone	O	O	O
2b. Extended-release Naltrexone	O	O	O
2c. Disulfiram	O	O	O
2d. Acamprosate	O	O	O
2e. Methadone	O	O	O
2f. Buprenorphine	O	O	O
2g. Nicotine cessation therapy (eg. Nicotine patch, gum, lozenge)	O	O	O
2h. Bupropion	O	O	O
2i. Varenicline	O	O	O
2j. Other	O	O	O

3. Crisis Services

Since the previous administrative assessment, did the project provide or refer the client for one or more crisis services?

O **Yes** O **No** O **Not documented in records**

If Yes, please indicate which:

	Yes – Provided	Referred for Service	No – Not Provided or Referred	Not Documented in Records / Unknown
3a. Crisis response planning	O	O	O	O
3b. Crisis response	O	O	O	O
3c. Crisis stabilization	O	O	O	O
3d. Crisis follow-up	O	O	O	O

4. Recovery and Support Services

Since the previous administrative assessment, did the project provide or refer the client for one or more recovery support services?

○ **Yes** ○ **No** ○ **Not documented in record**

If Yes, please indicate which:

	Yes – Provided	Referred for Service	No – Not Provided or Referred	Not Documented in Records / Unknown
4a. Employment support	○	○	○	○
4b. Family support services, including family peer support	○	○	○	○
4c. Childcare	○	○	○	○
4d. Transportation	○	○	○	○
4e. Education support	○	○	○	○
4f. Housing support	○	○	○	○
4g. Recovery housing	○	○	○	○
4h. Spiritual, ceremonial, and/or traditional activities	○	○	○	○
4i. Mutual support groups	○	○	○	○
4j. Peer support specialist services, coaching or mentoring	○	○	○	○
4k. Respite care	○	○	○	○
4l. Therapeutic foster care	○	○	○	○

5. Integrated Services

Since the previous administrative assessment, did the project provide or refer the client for one or more integrated services?

○ **Yes** ○ **No** ○ **Not documented in records**

If Yes, please indicate which:

	Yes – Provided	Referred for Service	No – Not Provided or Referred	Not Documented in Records / Unknown
5a. Primary health care	○	○	○	○
5b. Maternal health care or OB/GYN	○	○	○	○
5c. HIV testing	○	○	○	○
5d. Viral hepatitis testing	○	○	○	○
5e. HIV treatment	○	○	○	○
5f. HIV pre-exposure prophylaxis (PrEP)	○	○	○	○
5g. Viral hepatitis treatment	○	○	○	○
5h. Other STI testing or treatment	○	○	○	○
5i. Dental care	○	○	○	○

F. DEMOGRAPHICS

Demographics is collected by grantee staff at Baseline only if the Client or Caregiver declined consent for the SUPRT-C..

If the individual declined the Client or Caregiver SUPT-C form at baseline, please provide demographic information below. These data can pulled from other internal sources, however it should still come directly from clients, with the exact categories or response options as indicated below, and not be assumed.

1. **What is the client's race or ethnicity? Select all that apply and enter additional details in the spaces below.**

- White – Provide details below.
  - German
  - Irish
  - English
  - Italian
  - Polish
  - French
  - Enter, for example, Scottish, Norwegian, Dutch, etc. _____
- Hispanic or Latino – Provide details below.
  - Mexican or Mexican American
  - Puerto Rican
  - Cuban
  - Salvadoran
  - Dominican
  - Colombian
  - Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc._____
- Black or African American – Provide details below.
  - African American
  - Jamaican
  - Haitian
  - Nigerian
  - Ethiopian
  - Somali
  - Enter, for example, Ghanaian, South African, Barbadian, etc. _____
- Asian – Provide details below.
  - Chinese
  - Filipino
  - Asian Indian
  - Vietnamese
  - Korean
  - Japanese
  - Enter, for example, Pakistani, Cambodian, Hmong, etc. _____
- American Indian or Alaska Native – Provide details below.
  - Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____
- Middle Eastern or North African – Provide details below.
  - Lebanese
  - Iranian
  - Egyptian
  - Syrian
  - Moroccan
  - Israeli
  - Enter, for example, Algerian, Iraqi, Kurdish, etc. _____
- Native Hawaiian or Pacific Islander – Provide details below.

- Native Hawaiian
- Samoan
- Chamorro
- Tongan
- Fijian
- Marshallese
- Enter, for example, Palauan, Tahitian, Chuukese etc. _____

- Race/ethnicity not captured in grantee records using detailed OMB categories.
- Client/caregiver declined to provide race/ethnicity

2. [IF CLIENT 12 YEARS OLD OR OLDER] What gender did the individual identify as?

Female
Male
I don't know
Two-Spirit [If respondent is American Indian or Alaska Native]
Used a different term: [free text] _____
Preferred not to answer
Gender identity not captured in grantee records using above categories.

3. What was the individuals sex assigned at birth, for example on their original birth certificate?

Female
Male
Client doesn't know
Preferred not to answer
Sex at birth not captured in grantee records using above categories.

4. [IF CLIENT 12 YEARS OLD OR OLDER] Which of the following best represents how the individual thinks of themselves?

- Lesbian or gay
- Straight or Heterosexual
- Bisexual
- Two-Spirit [If American Indian or Alaska Native]
- Used a different term – Enter: _____
- Client doesn't know
- Preferred not to answer
- Sexual orientation not captured in grantee records using above categories.