SAMHSA
Substance Abuse and Mental Health Services Administration

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

Administrative Report

June 2025

Contents

A. RECORD MANAGEMENT

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

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

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

A1. [AT BASELINE] What is the client's month and year of birth (MM/YYYY)?

|__|__| / |__|__|__|__|

A2. What is the date of the assessment (MM/DD/YYYY)?

|__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

A3. 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

A4. [AT BASELINE ASSESSMENT ONLY] When did the client first receive services under this grant (MM/YYYY)?

|__|__| / |__|__|__|__|

A5. [AT REASSESSMENT OR ANNUAL OR CLOSEOUT] When did the client most recently receive services under this grant (MM/YYYY)?

|__|__| / |__|__|__|__|

A6. [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 a different grant program
- ❍ Incarceration
- ❍ Moved
- ❍ Death
- ❍ Other

A6a. [IF QUESTION A6 IS DEATH] What is the cause of death?

- ❍ Suicide
- ❍ Overdose
- ❍ Other behavioral health cause
- ❍ Other cause
- ❍ Not documented in record

B. BEHAVIORAL HEALTH HISTORY

B1. 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

B2. 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

B3. 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

B4. 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

B4a. [IF QUESTION B4 IS YES] What is 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

B5. 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

B6. [CLIENTS 11 YEARS OR OLDER ONLY] In the past 90 days, was the client arrested, taken into custody, or detained?

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

B7. [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 applicable
- ❍ Not documented in records or not documented in records using this standard

B8. [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 applicable
- ❍ Not documented in records or not documented in records using this standard

C. BEHAVIORAL HEALTH SCREENINGS

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

C1. Within the past 30 days, was the client screened or assessed by your program for risk of suicidality?

- ❍ Yes – Screening result was negative (no or low risk)
- ❍ Yes – Screening result was positive (at risk)
- ❍ No, not screened or assessed
- ❍ Not documented in records or not documented in records using this standard

C2. Within the past 30 days, was the client screened or assessed by your program for substance use?

- ❍ Yes – Screening result was negative (no or low risk for substance use disorder (SUD))
- ❍ Yes – Screening result was positive (at risk for SUD)
- ❍ No, not screened or assessed
- ❍ Not documented in records or not documented in records using this standard

C3. [IF QUESTION C2 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	❍	❍	❍	❍
b. Opioids	❍	❍	❍	❍
c. Cannabis	❍	❍	❍	❍
d. Sedative, hypnotic, or anxiolytics	❍	❍	❍	❍
e. Cocaine	❍	❍	❍	❍
f. Methamphetamine	❍	❍	❍	❍
g. Other stimulants	❍	❍	❍	❍
h. Hallucinogens or psychedelics	❍	❍	❍	❍
i. Inhalants	❍	❍	❍	❍
j. Other psychoactive substances	❍	❍	❍	❍
k. Tobacco or nicotine	❍	❍	❍	❍

C4. Within the past 30 days, was the client screened or assessed by your program for the following disorders? (Please select one per disorder)

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

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.

D1. Substance use disorder diagnosis (record up to 3)

Enter ICD-10-CM/DSM-5 code F10-F19- or indicate no diagnosis |___|___|___|___|

Enter ICD-10-CM/DSM-5 code F10-F19- or indicate no diagnosis |___|___|___|___|

Enter ICD-10-CM/DSM-5 code F10-F19- or indicate no diagnosis |___|___|___|___|

❍ No diagnosis

D2. Mental health diagnosis (record up to 3)

Enter ICD-10-CM/DSM-5 code F20-F99- or indicate no diagnosis |___|___|___|___|

Enter ICD-10-CM/DSM-5 code F20-F99- or indicate no diagnosis |___|___|___|___|

Enter ICD-10-CM/DSM-5 code F20-F99- or indicate no diagnosis |___|___|___|___|

❍ No diagnosis

D3. Other factors influencing health status (record up to 3)

Enter ICD-10-CM/DSM-5 code Z55-Z65 or Z69-Z76- or indicate no diagnosis |___|___|___|___|

Enter ICD-10-CM/DSM-5 code Z55-Z65 or Z69-Z76- or indicate no diagnosis |___|___|___|___|

Enter ICD-10-CM/DSM-5 code Z55-Z65 or Z69-Z76- or indicate no diagnosis |___|___|___|___|

❍ No diagnosis

OTHER HEALTH STATUS QUESTIONS

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

D4. Is the client currently pregnant?

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

D5. [CLINICAL HIGH RISK PSYCHOSIS CLIENTS ONLY] [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

D6. [SUBSTANCE USE DISORDER TREATMENT CLIENTS ONLY] 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 applicable
- ❍ Not documented in records or not documented in records using this standard

D6a. [IF QUESTION D6 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 applicable
- ❍ Not documented in records or not documented in records using this standard

D7. [MAI PROGRAM CLIENTS ONLY] 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

D7a. [IF QUESTION D7 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

D7b. [IF QUESTION D7 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

D8. 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

D8a. [IF QUESTION D8 IS YES, ACTIVE OR PREVIOUS HEPATITIS C INFECTION] 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.

BEHAVIORAL HEALTH SERVICES

E1. 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

E1a. If yes, please indicate which:

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

E2. [IF E1a_l = MEDICATION FOR SUBSTANCE USE DISORDER IS YES – PROVIDED] Indicate medication received

	Yes – received	No – not received	Not documented in records / unknown
a. Naltrexone	❍	❍	❍
b. Extended-release Naltrexone	❍	❍	❍
c. Disulfiram	❍	❍	❍
d. Acamprosate	❍	❍	❍
e. Methadone	❍	❍	❍
f. Buprenorphine	❍	❍	❍
g. Nicotine cessation therapy (e.g. Nicotine patch, gum, lozenge)	❍	❍	❍
h. Bupropion	❍	❍	❍
i. Varenicline	❍	❍	❍
j. Other	❍	❍	❍

CRISIS SERVICES

E3. Since the previous administrative assessment, did the project provide or refer the client for one or more crisis services?

- ❍ Yes
- ❍ No
- ❍ Not documented in records

E3a. If yes, please indicate which:

	Yes – provided	Referred for service	No – not provided or referred	Not documented in records / unknown
a. Crisis response planning	❍	❍	❍	❍
b. Crisis response	❍	❍	❍	❍
c. Crisis stabilization	❍	❍	❍	❍
d. Crisis follow-up	❍	❍	❍	❍

RECOVERY AND SUPPORT SERVICES

E4. 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 records

E4a. If yes, please indicate which:

	Yes – provided	Referred for service	No – not provided or referred	Not documented in records / unknown
a. Employment support	❍	❍	❍	❍
b. Family support services, including family peer support	❍	❍	❍	❍
c. Childcare	❍	❍	❍	❍
d. Transportation	❍	❍	❍	❍
e. Education support	❍	❍	❍	❍
f. Housing support	❍	❍	❍	❍
g. Recovery housing	❍	❍	❍	❍
h. Spiritual, ceremonial, and/or traditional activities	❍	❍	❍	❍
i. Mutual support groups	❍	❍	❍	❍
j. Peer support specialist services, coaching or mentoring	❍	❍	❍	❍
k. Respite care	❍	❍	❍	❍
l. Therapeutic foster care	❍	❍	❍	❍

INTEGRATED SERVICES

E5. 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

E5a. If yes, please indicate which:

	Yes – provided	Referred for service	No – not provided or referred	Not documented in records / unknown
a. Primary health care	❍	❍	❍	❍
b. Maternal health care or OB/GYN	❍	❍	❍	❍
c. HIV testing	❍	❍	❍	❍
d. Viral hepatitis testing	❍	❍	❍	❍
e. HIV treatment	❍	❍	❍	❍
f. HIV pre-exposure prophylaxis (PrEP)	❍	❍	❍	❍
g. Viral hepatitis treatment	❍	❍	❍	❍
h. Other STI testing or treatment	❍	❍	❍	❍
i. 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 be 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.

F1. 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.
  - ☐ Specify, 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.

F2. What is the individual's sex?

- ❍ Female
- ❍ Male