Pennsylvania
Department of Drug and Alcohol Programs

OCTOBER 20, 2025

SOR SUPRT DDAP Technical Assistance Call

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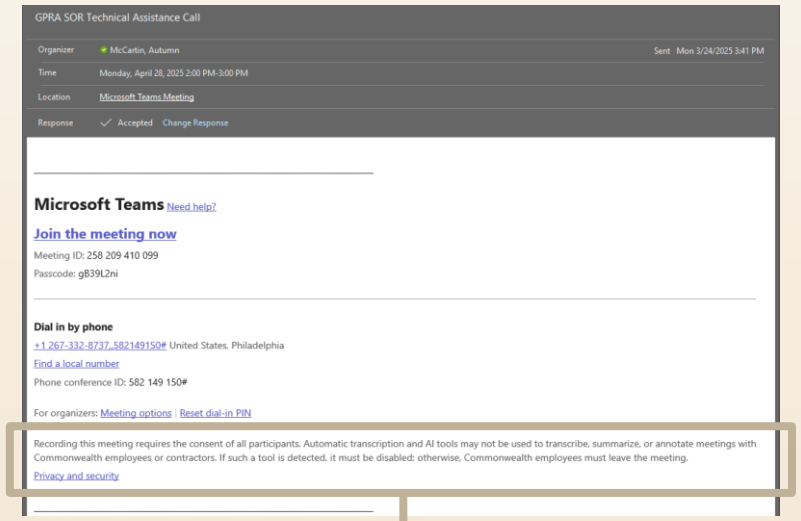
State Opioid Response (SOR) grant
SAMHSA Unified Performance Reporting Tools (SUPRT)
Substance Abuse and Mental Health Services Administration (SAMHSA)

Reminder:
Disable AI Assistants

Related policies:

- Management Directive 205.34 Amended – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy
- Generative Artificial Intelligence | Office of Administration | Commonwealth of Pennsylvania



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Topics:

- SUPRT–A walkthrough
- SUPRT–A data collection
- Resources and Support
- Poll and Question & Answer

SUPRT-A (Administration) Walkthrough

SUPRT-A sections

Grantee staff collects data and completes the required sections of the SUPRT-A tool at:

- baseline
- 6-month reassessment
- annual assessment
- closeout

	Baseline	6-month Reassessment	Annual Assessment	Closeout
A. Record Management	✓*	✓*	✓*	✓*
B. Behavioral Health History	✓	✓	✓	
C. Behavioral Health Screenings	✓	✓	✓	
D. Behavioral Health Diagnosis	✓	✓	✓	
E. Services Received		✓	✓	✓
F. Demographics	✓**			

*Not all questions are required.

**This section is not required if clients consent to SUPRT-C at baseline.

Section A

Record Management

Collected at:

- Baseline
- Reassessment
- Annual Assessment
- Closeout

Collects information on:

- Client identification
- Grantee identification
- Assessment information

Section A

Record Management

A. RECORD MANAGEMENT	
Client ID	|__|__|__|__|__|__|__|__|__|
Site ID	|__|__|__|__|__|__|__|__|__|
Grant ID	|T|I|0|8|7|8|3|9|__|

The **Client ID** is a 15-character client identifier that is generated in WITS.

The **Site ID** is used by the Center for Mental Health Services. This is an optional field.

The **Grant ID** is the SAMHSA-assigned grant identification number.

Question A1

Client Date of Birth

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

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

Record in question A1 at the baseline assessment the client's month and year of birth. This information will help establish which SUPRT-C version should be offered to the client or caregiver.

Skip the question if <u>not</u> at baseline.

SUPRT-A Q-by-Q Guide, page 6
Section A
Record Management

Question A2

Assessment Date

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

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

Record in question A2 the date on which the grantee is completing SUPRT-A for a client assessment.

Question A3

Assessment Type

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

Record in question A3 whether the form is being completed in association with a client baseline, 6-month reassessment, annual assessment, or record closeout.

Question A4

When the Client First Received Services

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

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

Record in question A4 at the **baseline** assessment the month and year in which the client **first began** receiving services in the current episode of care.

Skip the question if not at baseline.

SUPRT-A Q-by-Q Guide, page 7
Section A
Record Management

Question A5

When the Client Most Recently Received Services

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

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

Record in question A5 at **reassessment**, **annual assessment**, and **closeout**, the month and year in which the client **most recently** received services under the current episode of care.

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 7
Section A
Record Management

Question A6

Reason for Record Closeout

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

Record in question A6 at record closeout the reason the client is no longer receiving services funded by the SAMHSA SOR IV grant. Select the available response option that best describes the client's exit from the program, treatment, or services.

Skip this question if not at closeout.

SUPRT-A Q-by-Q Guide, page 8
Section A
Record Management

Question A6a

Cause of Death

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

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

Question A6a is a follow-up question that is required only when the reason for record closeout is 'Death.' Select the available response option that best describes the client's cause of death.

Skip this question if <u>not</u> at closeout.

SUPRT-A Q-by-Q Guide, page 8
Section A
Record Management

Section B

Behavioral Health History

Collected at:

- Baseline
- Reassessment
- Annual Assessment

Collects information on:

- Insurance
- Use of hospitals or emergency services
- Involvement with justice system

Skip this section at closeout.

Question B1

Insurance Type

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

> Record in question B1 the health insurance coverage the client or their guarantor has. A **guarantor** is the person responsible for paying for the services. Note that clients may be covered through **more than one source**, so select all that apply from the available response options.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 9
Section B
Behavioral Health History

Question B2

Recent Hospital Admittance

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

Record in question B2 whether the client was admitted to a hospital in the past 30 days. This information could be gathered from client referrals or the grantee's provider networks, if, for example the reason for services visit was to follow-up after a recent hospitalization.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 10
Section B
Behavioral Health History

Question B3

Recent Emergency Department Visits

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

Record in question B3 whether the client visited an emergency department (ED) in the past 30 days. The information could come from client referrals or the grantee's provider networks, if the reason for services was to follow-up after a recent ED/Emergency Room visit. Note: If a client goes to an **urgent care**, that should **not** be captured here.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 12
Section B
Behavioral Health History

Question B4

Recent Crisis or Crisis Response

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

Record in question B4 whether the client experienced a behavioral health crisis or requested crisis response in the past 30 days.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 12
Section B
Behavioral Health History

Question B4a

Crisis Issue

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

Question B4a is a follow-up question that is only required when the client has experienced a recent behavioral health crisis as recorded in question B4.

If a client had multiple behavioral health crises or requested crisis responses for different reasons, select “Other”.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 13
Section B
Behavioral Health History

Question B5

Recent Residential Behavioral Health Treatment Facility Stay

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

Record in question B5 whether the client spent one or more nights at a residential behavioral health treatment facility in the past 30 days. These may include crisis stabilization or residential substance use disorder treatment facilities, including for withdrawal management. Information could come from client referrals.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 14
Section B
Behavioral Health History

Question B6

Recent Arrests

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

If a **client is 11 or older**, record in question B6 whether the client has been arrested, taken into custody, or detained in the past 90 days. This information may be obtained from referrals or program data. For example, if the client was directed to the grant services after arrest; the referral information can be used to complete this part of the report.

Note: If the client is **under 11 years** old, select '**Not applicable**.'

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 14
Section B
Behavioral Health History

Question B7

Recent Correctional Stay

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

If a **client is 11 or older**, record in Question B7 whether the client has spent one or more nights in jail or a correctional facility in the past 90 days. This information may be obtained from referrals or program data.

Note: If the client is **under 11 years** old, select '**Not applicable**.'

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 15
Section B
Behavioral Health History

Question B8

Recent Probation

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

If a **client is 11 or older**, record in question B8 whether the client has been on probation, parole, or intensive pretrial supervision in the past 90 days. This information may be obtained from referrals or program data.

Note: If the client is **under 11 years** old, select '**Not applicable**.'

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 15
Section B
Behavioral Health History

Section C

Behavioral Health Screenings

Collected at:

- Baseline
- Reassessment
- Annual Assessment

Collects information on:

Behavioral Health screenings

- Suicidality
- Substance Use
- Mental Health Disorders

Skip this section at closeout.

Question C1

Recent Screening for Suicidality

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

Record in question C1 whether the client has been screened or assessed for risk of suicidality in the past 30 days by your program.

If the client is too young or the timing of a previous screening meant that it was not clinically appropriate or within best practices to have screened the client within the 30 days prior to the SUPRT-A assessment, use the 'No, not screened or assessed' option.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 16
Section C
Behavioral Health Screenings

Question C2

Recent Screening for Substance Use

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

Record in question C2 whether the client has been screened or assessed for substance use in the past 30 days by your program.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 17
Section C
Behavioral Health Screenings

Question C3

Substance Use

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	❍	❍	❍	❍

Question C3 is only required when the client has been recently screened or assessed for substance use as recorded in question C2. If the answer to question C2 is "No," skip this question. This question records which substances the client has used, per the screening, and when.

Skip if answer to C2 is No or Not documented.
At closeout, skip this question.

SUPRT-A Q-by-Q Guide, page 17
Section C
Behavioral Health Screenings

Question C4

Recent Screening for Disorders

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	❍	❍	❍	❍

Record in question C4 whether the client has been screened or assessed for behavioral health disorders in the past 30 days. If the client is **under 18 years old**, also select one of the available responses for the last two sub-questions: f. Developmental, neurologic disorders; and g. Behavioral and emotional. Note: If the client is **older than 18 years**, select '**Not applicable**.'

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 18
Section C
Behavioral Health Screenings

Section D

Behavioral Health Diagnosis

Collected at:

- Baseline
- Reassessment
- Annual Assessment

Collects information on:

- Behavioral Health Diagnoses
- Health Statuses
- Program Specific Questions

Skip this section at closeout.

Question D1

Substance Use Disorder 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

Record in question D1 the client's current substance use disorder diagnoses. Enter the ICD-10-CM code F10 through F19 for up to three SUDs or select 'No diagnosis' to indicate that the client has no SUD diagnosis. Please note that while the DSM-5 is referenced on the current version of the tool, only ICD-10-CM diagnostic code is valid for reporting on SUPRT-A in SPARS. Also, while there are 4 boxes shown, only the 3-character code, F10 through F19 is valid for entry.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 20
Section D
Behavioral Health Diagnosis

Question D2

Mental Health 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

Record in question D2 the client's current mental health diagnoses. Enter the ICD-10-CM code F20 through F99 for up to three mental health diagnoses or select 'No diagnosis' to indicate that the client has no mental health diagnosis.

While the mental health diagnosis codes are summarized here as being in the range of F20 to F99, not all ICD-10-CM codes in this range are valid for submission to SPARS.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 21
Section D
Behavioral Health Diagnosis

Question D3

Other Factors

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

Record in question D3 other current factors influencing the client's health status. Enter the ICD-10-CM code Z55 through Z65 or Z69 through Z76 or select 'No diagnosis' to indicate that the client has no other diagnoses. Z Codes were introduced to capture other factors influencing health status, including social drivers of health.

These factors are **not a clinical diagnosis** and do not require a licensed clinician for assessments.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 23
Section D
Behavioral Health Diagnosis

Question D4

Pregnancy

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

Record in question D4 the client's pregnancy status.

The remaining questions in section D are a part of the Other Health Status subsection. Indicate additional health status information as applicable and as documented in a clinical record.

Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 24
Section D
Behavioral Health Diagnosis

Questions D5-D8

Program Specific Questions

Question	Center/Program
D5	Center for Mental Health Services (CMHS) – CHR-P grant
D6	**Center for Substance Abuse Treatment (CSAT) - all grants**
D7	CMHS or CSAT – Minority AIDS Initiative (MAI) grants
D8	CMHS or CSAT – Minority AIDS Initiative (MAI) grants

Questions D5 – D6 are program and center specific. Question D5 asks about psychosis episode and is only completed by grantees in the Center for Mental Health Services (CMHS) Clinical High Risk Psychosis (CHR-P) grant program. **D6 asks about overdose, and is only completed by grantees with Center for Substance Abuse Treatment (CSAT) grants**. D7 and D8 ask about HIV and Hepatitis-C tests and treatment, and are only completed by CMHS Minority AIDS Initiative (MAI) grants.

SOR grant (CSAT program) skips questions D5, D7 & D8.

SUPRT-A Q-by-Q Guide, pages 24–27
Section D
Behavioral Health Diagnosis

Question D6

Recent Overdose

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

Question D6 is only required for clients in Center for Substance Abuse Treatment (CSAT) grant programs. Record in question D6 whether the client has experienced an overdose or required medical attention or supervision as a result of their substance use in the past 30 days.

SOR grant (CSAT program) skips questions D5, D7 & D8. Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 25
Section D
Behavioral Health Diagnosis

Question D6a

Overdose Intervention(s)

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

Question D6a is a follow-up question that is only required when the client has experienced a recent overdose as recorded in question D6. Select all interventions the client received following the overdose or excessive substance use.

SOR grant (CSAT program) skips questions D5, D7 & D8. Skip this question at closeout.

SUPRT-A Q-by-Q Guide, page 25
Section D
Behavioral Health Diagnosis

Section E

Services Received

Collected at:

- Reassessment
- Annual Assessment
- Closeout

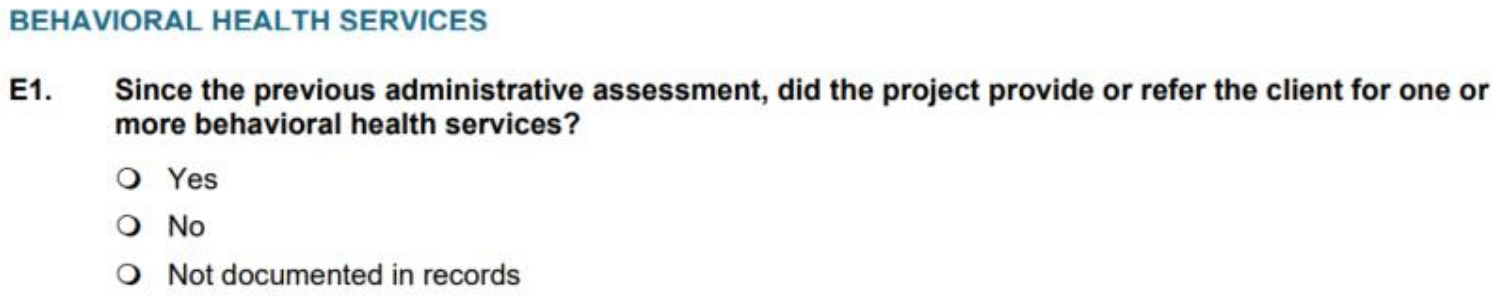
Collects information on:

- Behavioral Health Services
- Medication
- Crisis Services
- Recovery Services
- Integrated Services

Skip this section at baseline.

Question E1

Program Provided or Referred to Behavioral Health Services



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

Record in Question E1 whether the project has provided or referred the client for behavioral health services since the previous assessment.

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 28
Section E
Services Received

Question E1a

Behavioral Health Services

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 28
Section E
Services Received

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)	○	○	○	○

Questions in E1 from a to p are follow-up questions that are only required when the project has provided or referred the client for behavioral health services since their last assessment, as recorded in question E1.

Question E2

Medication for Substance Use Disorder

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	○	○	○

Questions in E2 from a to j are only required for clients who, since their last assessment, received medication for substance use disorder directly from the grantee, as recorded in question E1a.

Skip if answer to A1a_l (Medication for substance use disorder) is No or Not documented. At baseline, skip this question.

SUPRT-A Q-by-Q Guide, page 29
Section E
Services Received

Question E3

Program Provided or Referred to Crisis Services

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

Record in question E3 whether the project has provided or referred the client for crisis services since the previous assessment.

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 30
Section E
Services Received

Questions E3a

Crisis Services

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	❍	❍	❍	❍

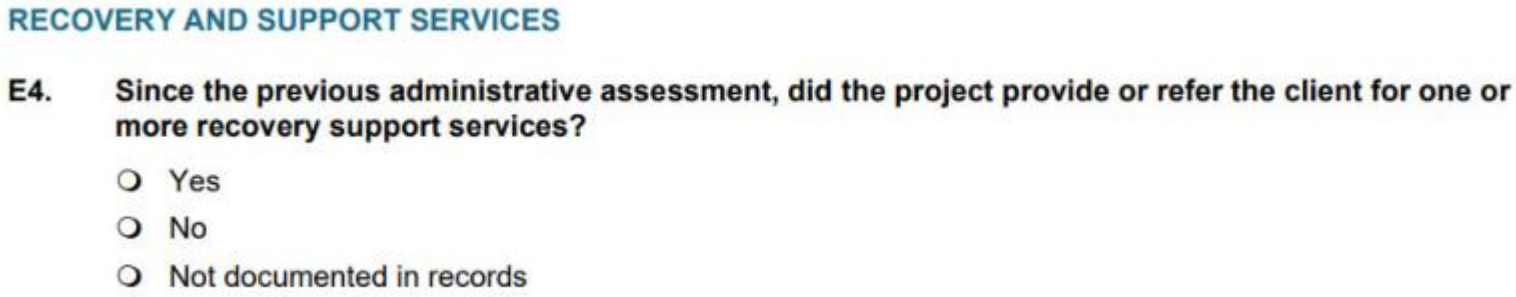
Questions in E3 from a to d are follow-up questions that are only required when the project has provided or referred the client for crisis services since their last assessment, as recorded in question E3.

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 30
Section E
Services Received

Question E4

Program Provided or Referred to Recovery Support Services



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

Record in question E4 whether the project has provided or referred the client for recovery support services since the previous assessment.

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 31
Section E
Services Received

Questions E4a

Recovery Support Services

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 31
Section E
Services Received

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	❍	❍	❍	❍

Questions E4 from a to l are follow-up questions that are only required when the project has provided or referred the client for recovery support services since their last assessment, as recorded in question E4.

Question E5

Program Provided or Referred to Integrated Services

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 32
Section E
Services Received

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

Record in question E5 whether the project has provided or referred the client for integrated services since the previous assessment.

Question E5a

Integrated Services

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	❍	❍	❍	❍

Questions E5 from a to i are follow-up questions that are only required when the project has provided or referred the client for integrated services since their last assessment, as recorded in question E5.

Skip this question at baseline.

SUPRT-A Q-by-Q Guide, page 32
Section E
Services Received

Section F

Demographics

Collected at:

- Baseline

Collects information on:

- Race/Ethnicity
- Sex

Skip the section if <u>not</u> at baseline.

Question F1

Race and/or Ethnicity

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.

Skip if client/caregiver completed SUPRT-C, and, if client/caregiver declined, skip if not documented in internal client records with the same response options.

SUPRT-A Q-by-Q Guide, page 33
Section F
Demographics

Record in Question F1 the client's race and/or ethnicity. This information can be populated from other internal client records; however, the grantee should **never assume** the client's race and/or ethnicity.

Question F2

Sex

F2. What is the individual's sex?

- ❍ Female
- ❍ Male

Record in question F2 the client's sex. This information can be populated from other internal client records; however, the grantee should **never assume** the client's sex.

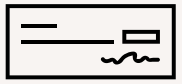
This question is **optional**. If no client- or caregiver-reported data about the sex of the client is available, or if the response does not match the response options listed, leave this question blank.

Skip if client/caregiver completed SUPRT-C, and, if client/caregiver declined, skip if not documented in internal client records with the same response options.

SUPRT-A Q-by-Q Guide, page 33
Section F
Demographics

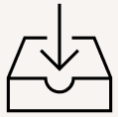
SUPRT-A
Data Collection

General Information



GPRA

The Government Performance and Results Act of 1993 (GPRA) was enacted to measure effectiveness and improve performance of taxpayer-funded programs. All SAMHSA grantees are required to collect and report performance data using approved measurement tools.



SPARS and WITS

Client data entered in the Web Infrastructure Treatment System (WITS) across the commonwealth are de-identified and submitted to SAMHSA's Performance and Accountability Reporting System (SPARS) via a batch upload process to report timely and accurate data to SAMHSA. **WITS users should NOT enter data directly into SPARS.**

Use of data in SPARS

Data collected through SPARS are used to monitor the progress of SAMHSA's discretionary grants, assist as a decision-making tool on funding, and to improve the quality of services provided through the programs.

Grant ID

The Grant ID is an alphanumeric code assigned by SAMHSA. Pennsylvania's SOR IV grant ID is **TI087839.** The same Grant ID is used in SUPRT-A and SUPRT-C.

From GPRA to SUPRT (updated*)

1 Client has GPRA Intake.

If the client continued to receive services after 10/1/2025, complete a SUPRT-A during the reassessment window. On discharge, complete a SUPRT-A.

If the client's record was to be **closed out** during the 60-day reassessment window, complete only one entry of **SUPRT-A** (for closeout, no need for a SUPRT-A reassessment). A record can be closed out without a SUPRT 6-month or annual assessment.

2 Client has GPRA Intake and GPRA Follow-up.

If the client continued to receive services, complete a **SUPRT-A** after one year (and every year) based on GPRA Intake date.

Complete a **SUPRT-A** to **close out** the clients' records when they are discharged.

3 Client has GPRA Intake and GPRA Discharge.

If the client had a GPRA Discharge, a 6-month SUPRT-A reassessment is no longer required.

Complete a new **SUPRT-A** (and offer SUPRT-C) baseline if the client shows up for additional services after discharge.

- **Grantees are not required to offer SUPRT-C unless the client begins a new episode of care and completes a SUPRT-A baseline assessment.**
- **If the Intake GPRA in WITS was not Accepted by SPARS, the grant episode was never created in SPARS. Start again with a SUPRT-A baseline and then continue with the SUPRT-A workflow to complete the episode.**

**This clarification was made after the Technical Assistance call on 10/6/25.*

Data Collection Guidelines

Source of Information

- official record-keeping systems, such as intake forms, program documentation, or health records (including electronic ones)
- other grant programs if it was collected within 30 days of the client's first service date under SOR IV

Assessment window

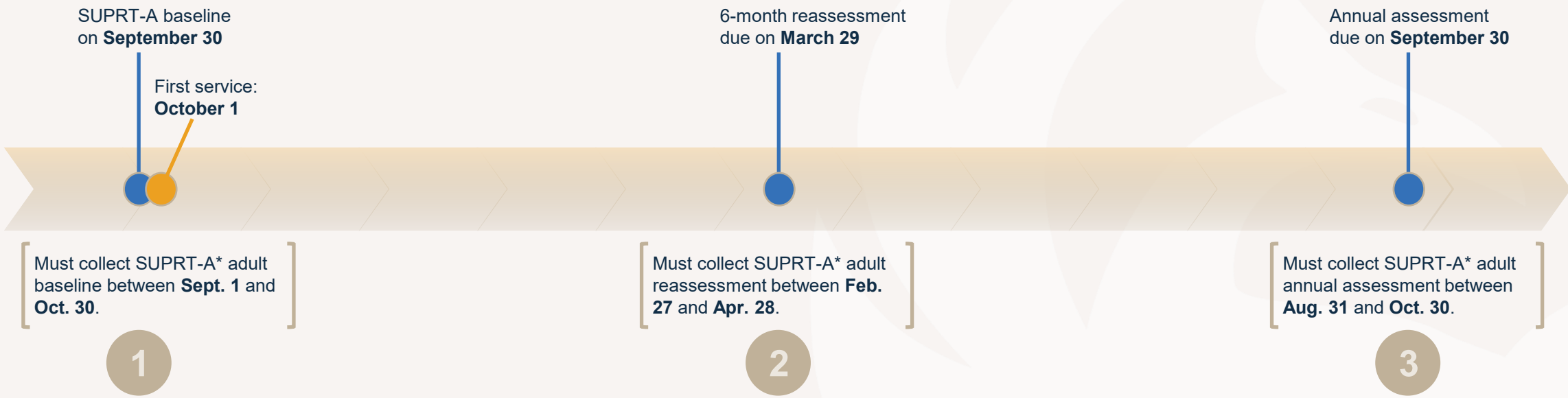
- 60-day window to complete SUPRT-A for each client due for assessment
- within 30 days before or after initial services (baseline) or reassessment and annual assessment due dates

Demographics

- Information on race and sex are collected only if clients did not consent to SUPRT-C.
- Grantee staff should not speculate on demographic characteristics.

Data Collection Example

(Adult version)

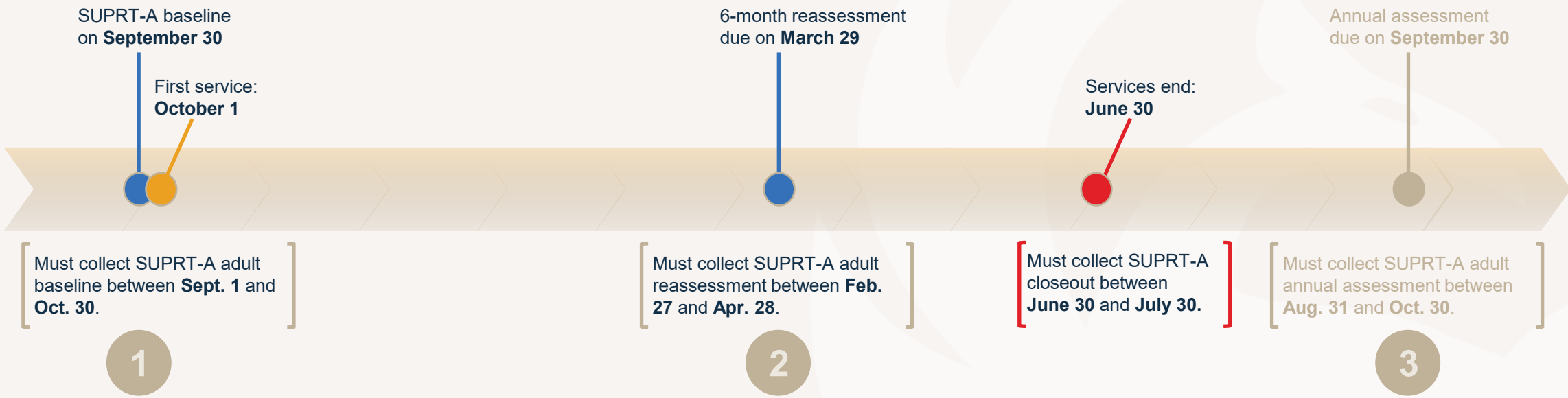


First service: October 1

***** SUPRT-A is required. SUPRT-C is encouraged, but not mandatory to receive services.

Data Collection Example

(Adult version, Closeout example #1)



First service: October 1

Services end: June 30

1. SUPRT-A is required. SUPRT-C is encouraged, but not mandatory to receive services.
2. SUPRT-A 6-month reassessment is required. SUPRT-C is encouraged, but not mandatory.
3. SUPRT-A and -C annual assessment are no longer needed after a record closeout.

Data Collection Example

(Adult version, Closeout example #2)

First service: October 1

Services end: November 15

1. SUPRT-A is required. SUPRT-C is encouraged, but not mandatory to receive services.
2. SUPRT-A and -C 6-month reassessment are no longer needed after a record closeout.
3. SUPRT-A and -C annual assessment are no longer needed after a record closeout.

Resources and Support

Resources and Support

Technical Assistance Calls

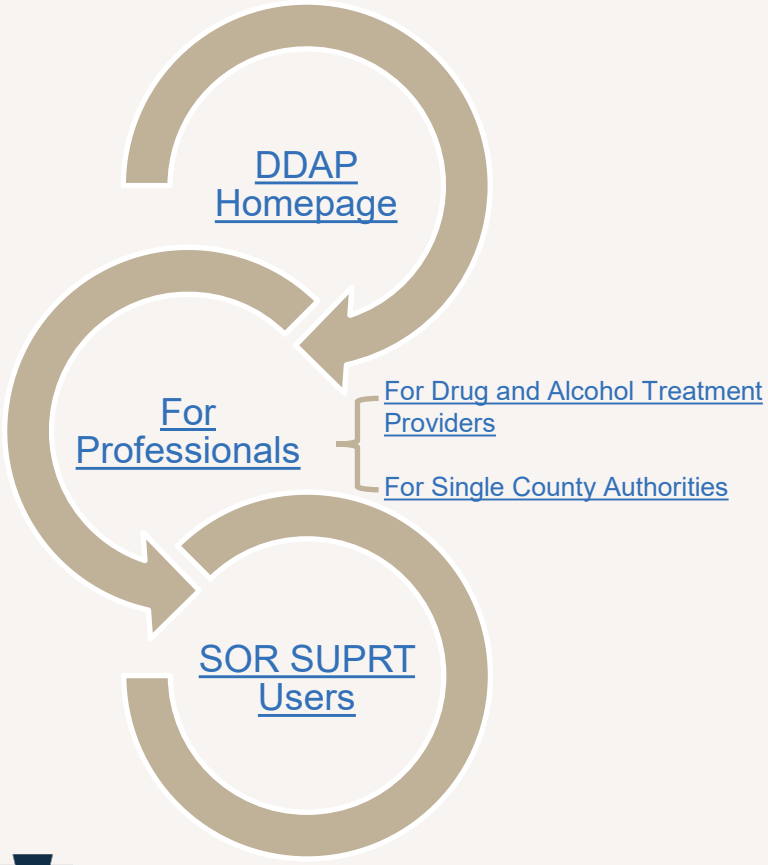
- *SOR SUPRT DDAP Technical Assistance calls*
- *Individual calls with Single County Authorities*
- *WITS online SUPRT webinar (schedule to be announced)*

DDAP WITS Service Desk

- *Available on Monday-Friday, 8:00 a.m. – 4:00 p.m. (except on State holidays) to answer calls or emails from the SCA or Provider's Tier 1 support designee.*
- *Email: **RA-DAPAWITS@pa.gov***
- *Phone: **717-736-7459***

Resources and Support

Click on the links or follow the path to access State Opioid Response (SOR) Grantee Resources and the new SUPRT forms.



SOR SUPRT Users

Guides

- SUPRT-A Frequently Asked Questions (English)
- SUPRT-A Question by Question guide (English)
- SUPRT-C Frequently Asked Questions (English)
- SUPRT-C Question by Question guide (English)

Technical Assistance Webinar | September 22, 2025

- Recording
- Slide deck

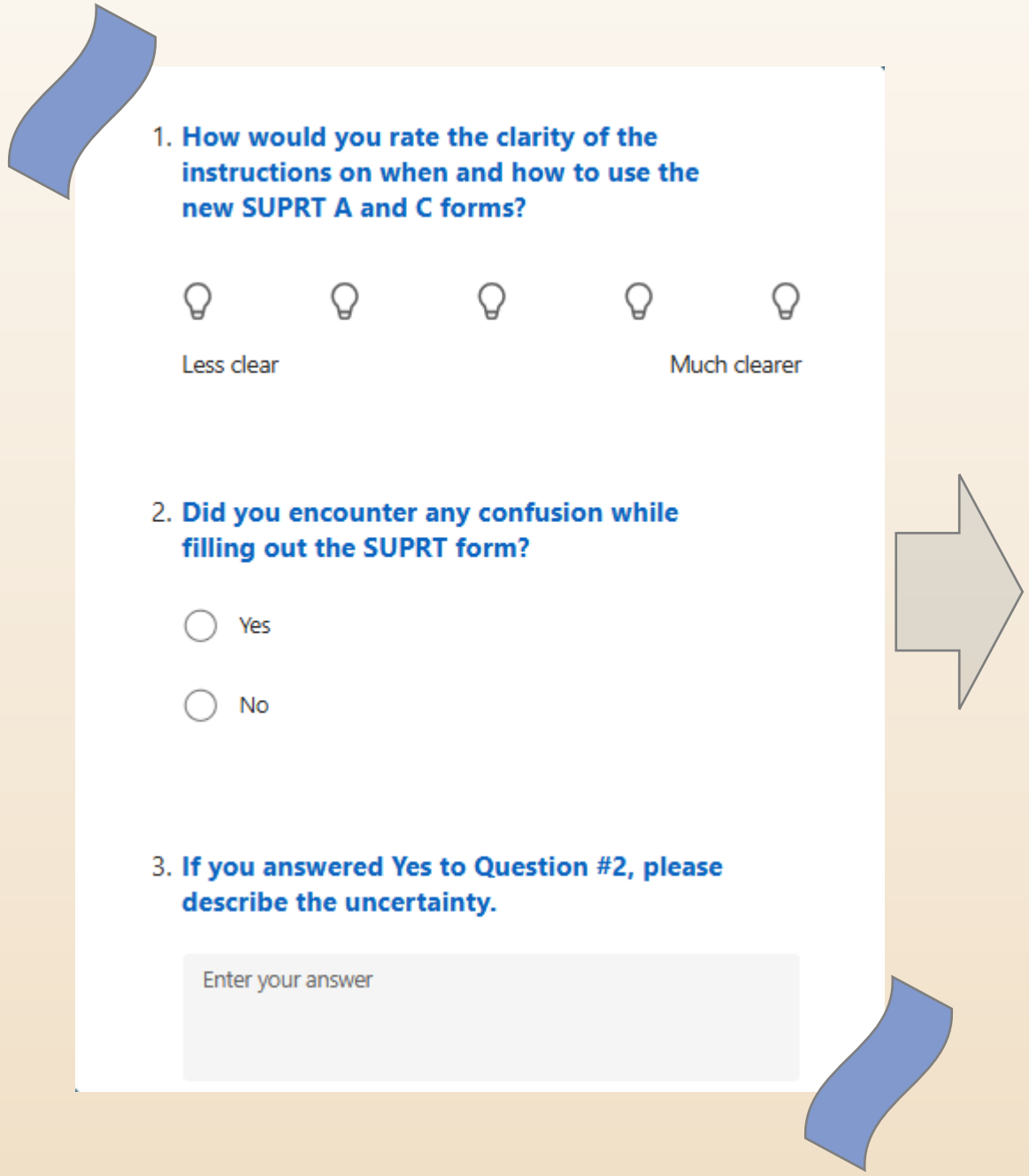
Forms

- SUPRT-A Administrative Report (for Single County Authority)
- SUPRT-A Administrative Report – Spanish (for Single County Authority)
- SUPRT-C Adult / Client / Baseline Form
- SUPRT-C Adult / Client / Reassessment Form
- SUPRT-C Adult / Client / Annual Form
- SUPRT-C Youth (12 to 17) / Client / Baseline Form
- SUPRT-C Youth (12 to 17) / Client / Reassessment Form
- SUPRT-C Child (5 to 17) / Caregiver / Baseline Form
- SUPRT-C Child (5 to 17) / Caregiver / Reassessment Form
- SUPRT-C Young Child (0 to 4) / Caregiver / Baseline Form
- SUPRT-C Young Child (0 to 4) / Caregiver / Reassessment Form

Poll and Questions & Answers

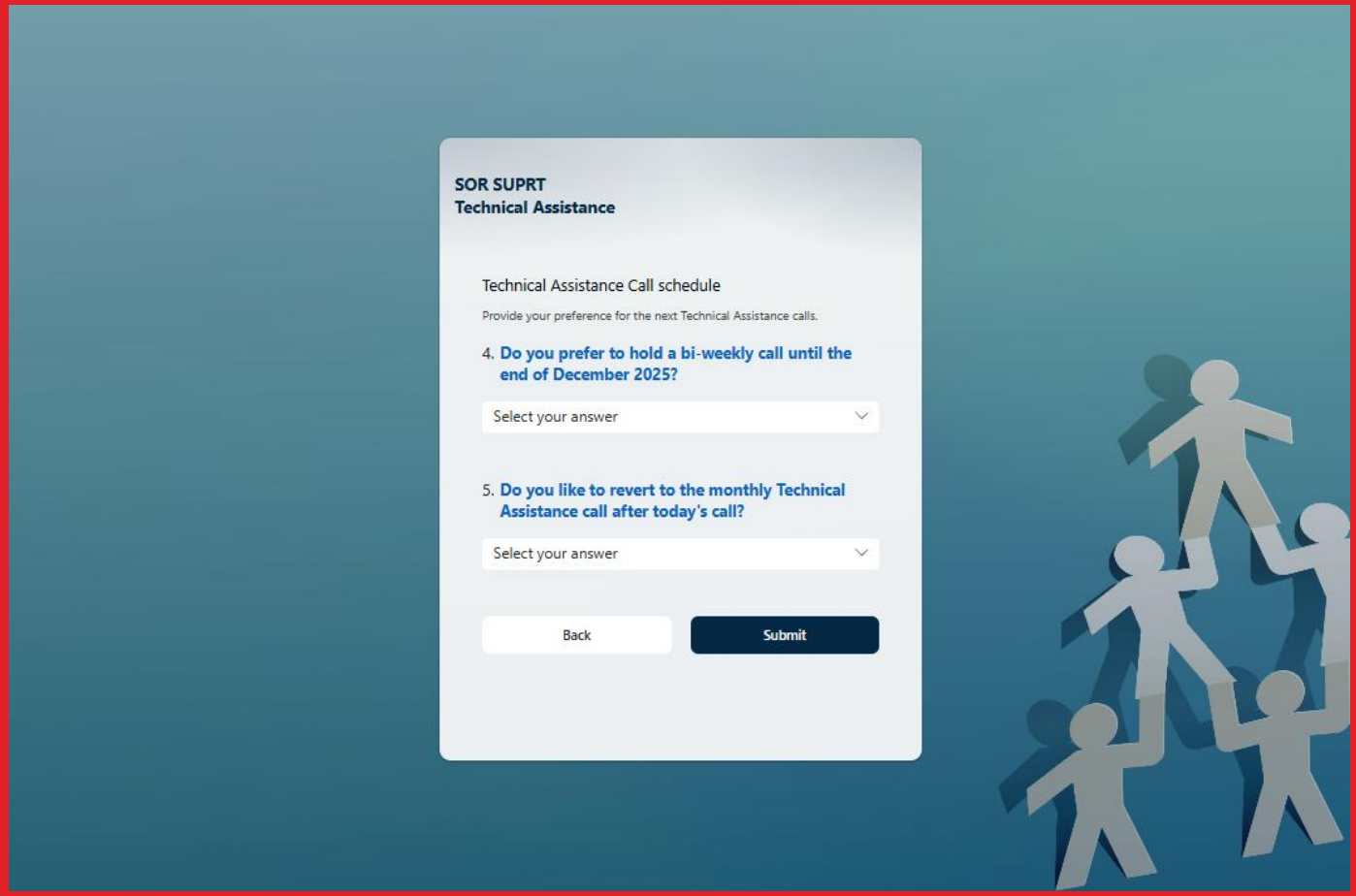
Poll: Transition to SUPRT User Experience

The poll is posted in the Teams chat box.
Your privacy is protected—this survey does not record email addresses or user IDs.



Poll: Technical Assistance Call Schedule

- **Hold a call bi-weekly?**
  - Yes
  - No
- **Revert to a monthly call?**
  - Yes
  - No



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Questions?