



Pennsylvania
Department of Drug and
Alcohol Programs

SEPTEMBER 22, 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)

Topics:

Why Transition to SUPRT?

SUPRT – A (Administration) Form Walkthrough

SUPRT – C (Client/Caregiver) Forms Summary

Transition Timeline and Resources

User Responsibilities and Next Steps



Why Transition to SUPRT?

Rationale for Adopting SUPRT

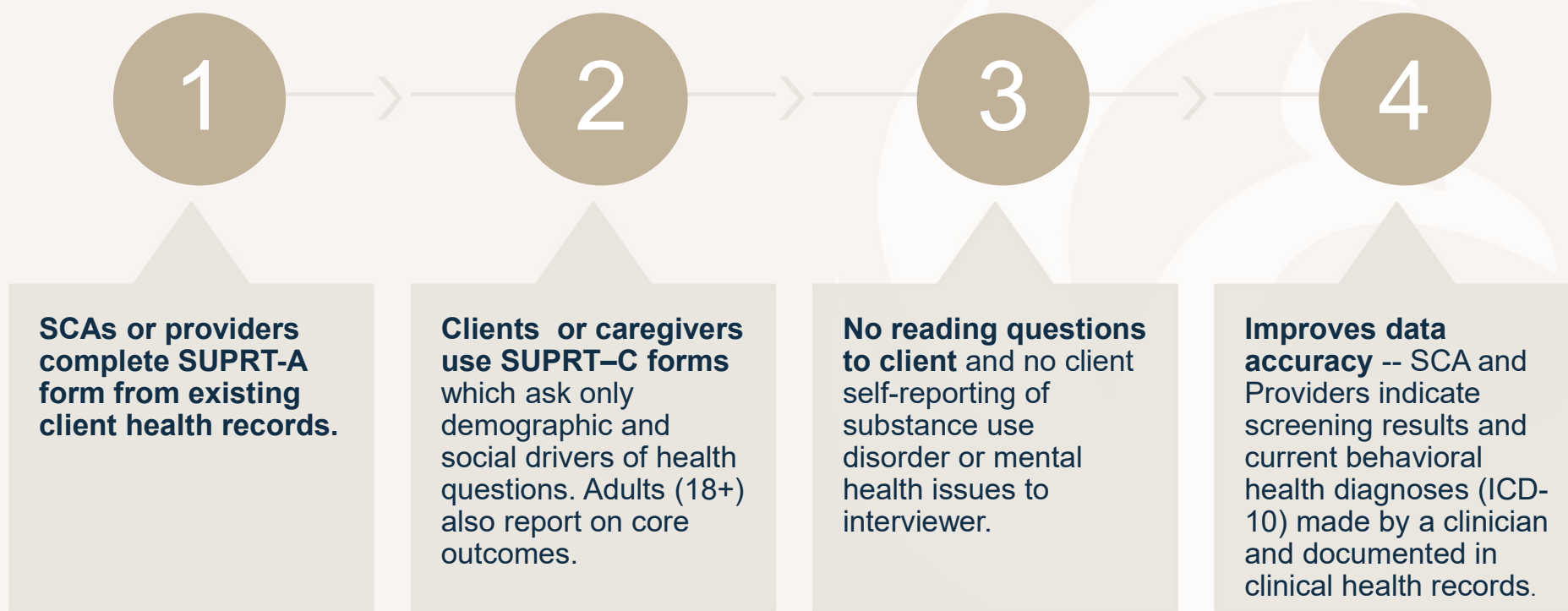


*International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

**Diagnostic Statistical Manual of Mental Health Disorders (DSM-5)



Expected Benefits and Improvements



SUPRT – A (Administration) Form Walkthrough

SUPRT – A

A. Record Management

B. Behavioral Health History

C. Behavioral Health Screenings

D. Behavioral Health Diagnosis

E. Services Received

F. Demographics

The SUPRT-A is completed by program staff at the Single County Authorities or the providers they contract with to collect and report on SOR-funded services provided to clients.



SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SUPRT-A count of questions per section.

Sections	Baseline	6-month reassessment	Annual reassessment	Record closeout
A. Record Management	4	3	3	7
B. Behavioral Health History	9	9	9	9
C. Behavioral Health Screenings	22	22	22	22
D. Behavioral Health Diagnosis	11	12	12	11
E. Services Received		60	60	60
F. Demographics	2			2
Grand Total	48	106	106	111

The count includes questions that need to be answered depending on the response to the prior question.

SUPRT–A includes baseline, reassessment, annual reassessment, and record closeout versions. This tool is **not intended to be conducted face-to-face with clients**; instead, data should be populated from information already available in the client record.

SUPRT – A

A. Record Management

B. Behavioral Health History

C. Behavioral Health Screenings

D. Behavioral Health Diagnosis

E. Services Received

F. Demographics

SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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?	<input type="radio"/> Baseline <input type="radio"/> Reassessment (for clients in care at 3 or 6 months) <input type="radio"/> Annual (for clients in care for more than 12 months) <input type="radio"/> 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?	<input type="radio"/> Completed the program <input type="radio"/> No contact <input type="radio"/> Withdrew from/Refused treatment <input type="radio"/> Referred out <input type="radio"/> Transferred to a different grant program <input type="radio"/> Incarceration <input type="radio"/> Moved <input type="radio"/> Death <input type="radio"/> Other

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SAMHSA Unified Performance Reporting Tool (SUPRT) – A

- A6a. [IF QUESTION A6 IS DEATH] What is the cause of death?
- ☐ Suicide
 - ☐ Overdose
 - ☐ Other behavioral health cause
 - ☐ Other cause
 - ☐ Not documented in record

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SUPRT – A

A. Record Management

B. Behavioral Health History

C. Behavioral Health Screenings

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F. Demographics

SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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

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SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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

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SUPRT – A

A. Record Management

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SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Opioids.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sedative, hypnotic, or anxiolytics.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cocaine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Methamphetamine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other stimulants.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens or psychedelics.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other psychoactive substances.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Tobacco or nicotine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SAMHSA Unified Performance Reporting Tool (SUPRT) – A

- 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.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Anxiety disorders.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bipolar disorders.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Psychosis, psychotic disorders.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trauma disorders, including PTSD.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. [IF CLIENT < 18 YEARS] Developmental, neurologic disorders.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. [IF CLIENT < 18 YEARS] Behavioral and emotional.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SUPRT – A

A. Record Management

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C. Behavioral Health Screenings

D. Behavioral Health Diagnosis

E. Services Received

F. Demographics

SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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, as made by a clinician and documented in a clinical record.

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

Enter ICD-10-CM code F10-F19- or indicate no diagnosis |
Enter ICD-10-CM code F10-F19- or indicate no diagnosis |
Enter ICD-10-CM code F10-F19- or indicate no diagnosis |
☐ No diagnosis

D2. Mental health diagnosis (record up to 3)

Enter ICD-10-CM code F20-F99- or indicate no diagnosis |
Enter ICD-10-CM code F20-F99- or indicate no diagnosis |
Enter ICD-10-CM code F20-F99- or indicate no diagnosis |
☐ No diagnosis

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

Enter ICD-10-CM code Z55-Z65 or Z69-Z76- or indicate no diagnosis |
Enter ICD-10-CM code Z55-Z65 or Z69-Z76- or indicate no diagnosis |
Enter ICD-10-CM 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

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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



SUPRT – A

A. Record Management

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SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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

SUPRT – A

A. Record Management

B. Behavioral Health History

C. Behavioral Health Screenings

D. Behavioral Health Diagnosis

E. Services Received

F. Demographics

Services Received - collected by program staff at:

- 1) Reassessment
- 2) Annual assessments
- 3) Record closeout



SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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?				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not documented in records				
E1a-p. 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.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Person- or family-centered treatment planning.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Substance use psychoeducation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mental health psychoeducation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mental health therapy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Co-occurring therapy (substance use & mental health).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Group counseling.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Individual counseling.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Family counseling.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Psychiatric rehabilitation services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Prescription medication for mental health disorder.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Medication for substance use disorder.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Intensive day treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Withdrawal management (whether in hospital, residential, or ambulatory).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. After care planning and referrals.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Co-occurring disorders (including developmental or neurologic).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SAMHSA Unified Performance Reporting Tool (SUPRT) – A

E2a-j. [IF E1a_i = MEDICATION FOR SUBSTANCE USE DISORDER IS YES – PROVIDED] Indicate medication received			
	Yes – received	No – not received	Not documented in records / unknown
a. Naltrexone.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Extended-release Naltrexone.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Disulfiram.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Acamprosate.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Methadone.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Buprenorphine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Nicotine cessation therapy (e.g. Nicotine patch, gum, lozenge).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Bupropion.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Varenicline.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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-d. If yes, please indicate which:

	Yes – provided	Referred for service	No – not provided or referred	Not documented in records / unknown
a. Crisis response planning.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Crisis response.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Crisis stabilization.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Crisis follow-up.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SUPRT – A

A. Record Management

B. Behavioral Health History

C. Behavioral Health Screenings

D. Behavioral Health Diagnosis

E. Services Received

F. Demographics

Services Received - collected by program staff at:

- 1) Reassessment
- 2) Annual assessments
- 3) Record closeout



SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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-1. If yes, please indicate which:

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

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SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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-1. If yes, please indicate which:

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

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SUPRT – A

- A. Record Management
- B. Behavioral Health History
- C. Behavioral Health Screenings
- D. Behavioral Health Diagnosis
- E. Services Received
- F. Demographics

Demographics is collected by program staff at baseline only if the client or caregiver declined consent for SUPRT-C.



SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

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 SUPRT-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. _____

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

☐ 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

SUPRT – A

A. Record Management

B. Behavioral Health History

C. Behavioral Health Screenings

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F. Demographics

SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

Section Name	Notes / Instructions
A. Record Management	Indicate the date of first or recent services received, reason for closing out, and cause of death (if applicable).
B. Behavioral Health History	Questions B6, B7 and B8 apply only to clients who are 11 years or older.
C. Behavioral Health Screenings	Indicate the client's screening results, as documented in an individual clinical or client record (whether paper or electronic).
D. Behavioral Health Diagnosis	Indicate the client's current behavioral diagnoses using the most current version of the (ICD-10) codes, as made by a clinician and documented in a clinical record.
E. Services Received	Completed at reassessment, annual, and record closeout; list all services since last assessment.
F. Demographics	Completed at baseline only if the client or caregiver declined consent for the SUPRT-C.



SUPRT – C (Client/Caregiver) Forms Summary



SUPRT – C

Demographics

Social Drivers of Health

Client-Reported Core Outcomes

SUPRT-C is self-administered by the client or completed by a caregiver.

This questionnaire collects standardized data on demographics and social drivers of health on all clients.



SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SUPRT - C count of questions per section.

Age / Sections	Baseline	6-month Reassessment	Annual Reassessment
Adult (Self-report)	33	22	15
Demographics	11		
Social Drivers of Health	7	7	
Client-Reported Core Outcomes	15	15	15
Youth (12-17, Self-report)	14	4	
Demographics	10		
Social Drivers of Health	4	4	
Child (5-17, Caregiver Report)	15	5	
Demographics	10		
Social Drivers of Health	5	5	
Young Child (0-4, Caregiver Report)	7	3	
Demographics	4		
Social Drivers of Health	3	3	
Grand Total	69	34	15

The count includes questions that may be dependent on the answer to the prior question.

SUPRT–C (client/caregiver): Includes baseline and reassessment versions of the following tools:

- **Adults (18+)** complete their own assessments
- **Youth (12–17)** can complete their own assessments
- **Child (5–17)** caregiver completes the assessment
- **Young Child (0–4)** caregiver complete the assessment

SUPRT – C

Demographics

Social Drivers of Health

Client-Reported Core Outcomes

SUPRT-C is self-administered by the client or completed by a caregiver.

If the client or the caregiver chooses to participate, they may:

- Skip questions they do not want to answer.
- Stop filling in the form at any time.



SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

OMB No. 0930-0400
Expires: 01/31/2028

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/family members or for adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 5 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0400.

SUPRT – C

Demographics

Social Drivers of Health

Client-Reported Core Outcomes

Adults can report on:

- Measures of recovery (where they consider themselves in recovery)
- Quality of life
- Goals influenced by the services received

SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

SAMHSA Unified Performance Reporting Tool (SUPRT) – C
Age: ADULT (18+) Respondent: CLIENT Assessment: BASELINE

C. CLIENT-REPORTED CORE OUTCOMES

C1. Please choose the option that best applies to you right now:

- ☐ I consider myself to be in recovery from substance use issues
- ☐ I consider myself to be in recovery from mental health issues
- ☐ I consider myself to be in recovery from substance use and mental health issues
- ☐ I do not consider myself to be in recovery for substance use or mental health issues
- ☐ I prefer not to answer

C2. As of right now, please select whether you strongly agree, agree, somewhat agree, disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree
a. I am physically fine most days.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My mental health is fine most days.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My substance use does not cause problems in my life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have stable housing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have a steady job or am involved in things like school, training, or volunteering.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My life has purpose and meaning.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I have enough money to meet my needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am proud of the community I live in and feel a part of it.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I am supported by the people around me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The future appears bright to me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am in control of my life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I bounce back quickly after hard times.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SAMHSA Unified Performance Reporting Tool (SUPRT) – C
Age: ADULT (18+) Respondent: CLIENT Assessment: BASELINE

C. CLIENT-REPORTED CORE OUTCOMES

C3. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life?
[] [] [] [] [] [] [] [] [] []

C4. Which goals do you have for participating in this program?
CHECK ALL THAT APPLY

- ☐ Improve the symptoms that led me to services (for example distress, anxiety)
- ☐ Reduce my drug and/or alcohol use
- ☐ Gain access to medical services I need
- ☐ Enroll in or finish education (e.g., high school, college, degree, vocational training)

the police and/or justice system

ng this baseline form.
estimated to average 15 minutes per response. Send
ect of this collection of information, to the Substance
nduct or sponsor, and a person is not required to
s 0830-0400.

IENT – ADULT / CLIENT / BASELINE

GRANT ID [] [] [] [] [] [] [] [] [] []

regiver?

YYYY

te primary reason.
sent

7

8



Transition Timeline and Resources



Important Dates and Deadlines



September 15, 2025: SUPRT announcement.

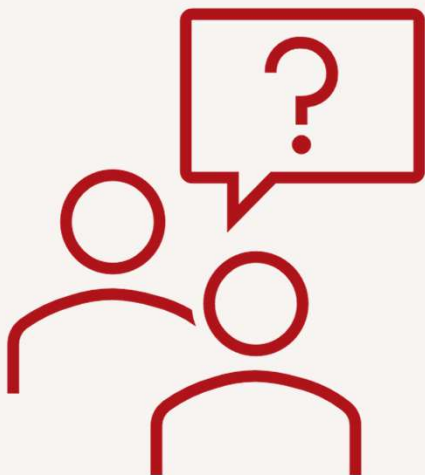
September 22, 2025: SOR SUPRT Technical Assistance call.
DDAP to provide a copy of the presentation to attendees after the call.

September 29, 2025: SPARS deadline on accepting GPRA.
Include any follow-ups or discharges due on or before September 29, 2025.

October 1, 2025: Use SUPRT-A/C forms for all active and new client assessments; web version to be announced.



Resources and Support



Technical Assistance Calls

- *SOR SUPRT DDAP Technical Assistance calls*
- *Individual calls with Single County Authorities*
- *Webinar on online SUPRT (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*



SAMHSA Unified Performance Reporting Tools (SUPRT – A/C)

Resources and Support

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

[DDAP Homepage](#)

[For Professionals](#)

[For Single County Authorities](#)

[SUPRT Forms](#)

<https://www.pa.gov/agencies/ddap/for-professionals/for-single-county-authorities>

State Opioid Response (SOR) Grantee Resources

Single County Authorities (SCAs) and their contracted providers receiving State Opioid Response (SOR) IV funding are required to use the Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) to [collect and report performance data](#).

- [SUPRT Forms](#)
- [SOR Gift Card Procedural Statement](#)
- [LOC Assessment and WITS CM requirements](#)
- [SAMHSA Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills](#)

<https://www.pa.gov/services/ddap/report-drug-and-alcohol-program-data#user-documentation-and-training>

SOR SUPRT Users

- [SUPRT-A Administrative Report \(for Single County Authority\)](#)
- [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](#)



User Responsibilities and Next Steps



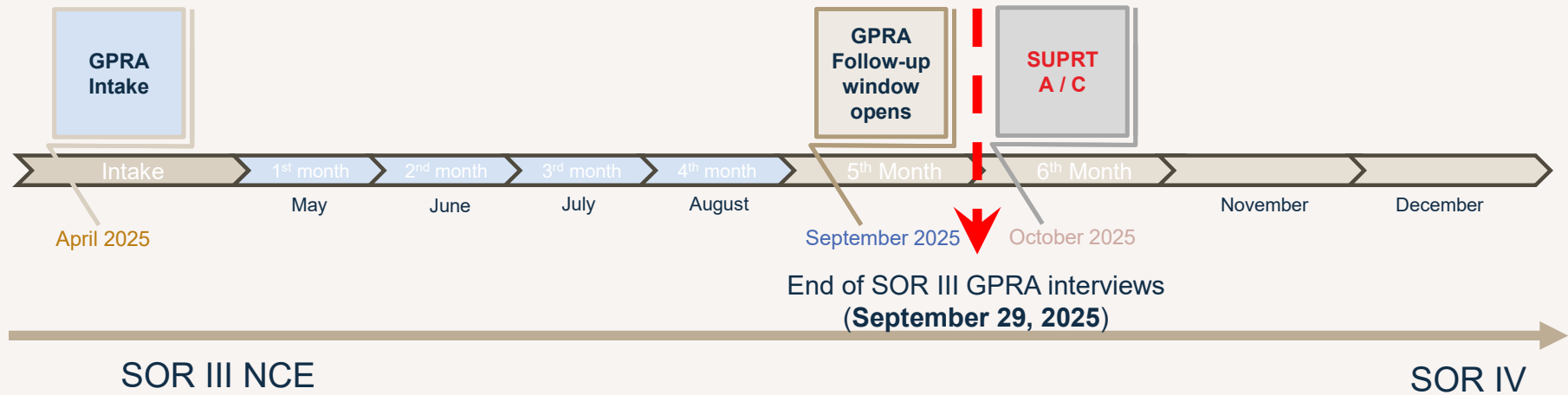
User Responsibilities

1	During Transition from GPRA to SUPRT (September 2025)	<ol style="list-style-type: none">1. DDAP will provide SCAs and providers copies of SUPRT-A (one administrative form) and SUPRT-C (nine different client or caregiver forms).2. DDAP will send out additional resources (Frequently Asked Questions, Question-by-Question Guides, Quick Reference Guide) once available.3. The SCAs and providers will make electronic copies of GPRAs with interview dates from September 1 to September 29, 2025.
2	Cut-over to SUPRT Paper Form (October 1, 2025)	<ol style="list-style-type: none">1. SCAs and providers should continue enrolling clients to SOR IV programs in WITS.2. All SCAs and providers start using the SUPRT-A tool (paper form).3. Clients or caregivers (depending on client's age) provide their response using the correct SUPRT-C tool (paper form).
3	SUPRT-A and SUPRT-C WITS Data Entry	<ol style="list-style-type: none">1. SCAs and providers attend DDAP WITS Support webinar.2. DDAP provides quick reference and user guides to data entry users and WITS administrators when available.



GPRA Closure

- SOR III GPRA Intakes done between March and April 2025 need to have a GPRA Follow-up (either 'with interview' or 'administrative') until September 29, 2025. **A GPRA Discharge needs to be entered to close out any episode under SOR III NCE.**
- For SOR III clients transitioning to SOR IV, if the client's SOR III GPRA Follow-up opens or is due when the SOR IV program is available, the follow-up data can be used to populate the client's intake (baseline) interview data under the SOR IV grant.



Questions?

