SAMHSA's Unified Performance Reporting Tool (SUPRT) – Administrative (A)/Client (C)

Tool Walkthrough Training

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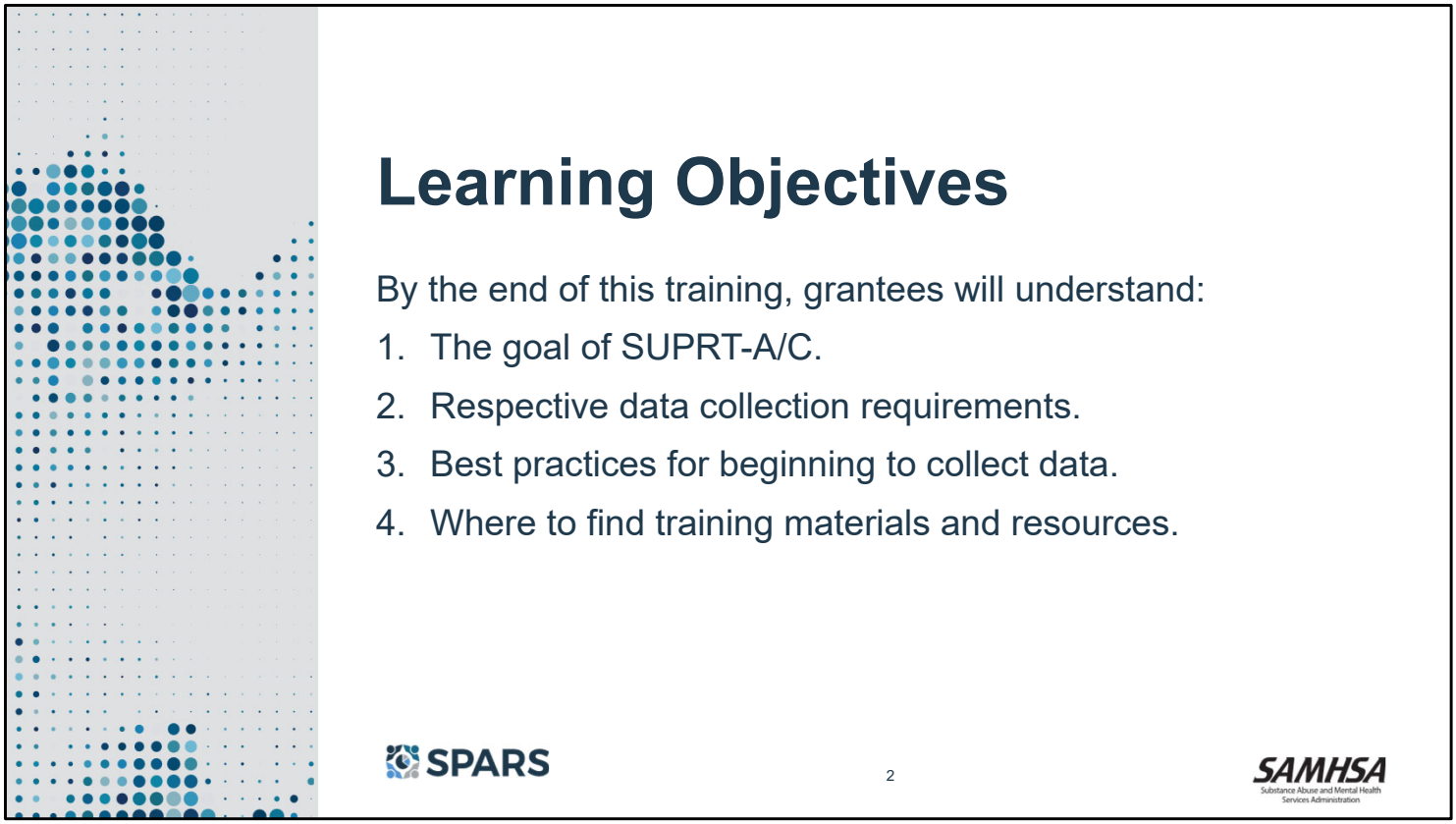
Welcome! I'm Celeste, and I'm Michelle, and we're part of the SPARS team that provides technical support to grantees, SPARS users, and SAMHSA staff. In this training, we'll provide a walkthrough of SAMHSA's Unified Performance Reporting Tool – Administration (A) and Client or Caregiver (C) Form, or SUPRT-A/C. The goal of this training is to familiarize grantees with the tool, so they feel confident using it.



By the end of the training, grantees will understand the high-level goal of unified performance reporting using SUPRT-A and SUPRT-C; the specific data collection requirements for each form; a strategy for when and how to begin data collection; and where to locate key training materials and resources to assist with data collection and entry in SPARS.

First, let's discuss the goals of SUPRT-A/C and go over the tool's components.

Goals of SUPRT-A/C

SUPRT-A/C is a streamlined performance reporting tool for discretionary grant programs designed to:

- Simplify reporting.
- Enhance consistency and quality of the collected performance data.
- Reduce reporting burden on clients and grantees.
  - Utilizes existing administrative data.
  - Prioritizes data that supports program improvement and accountability.

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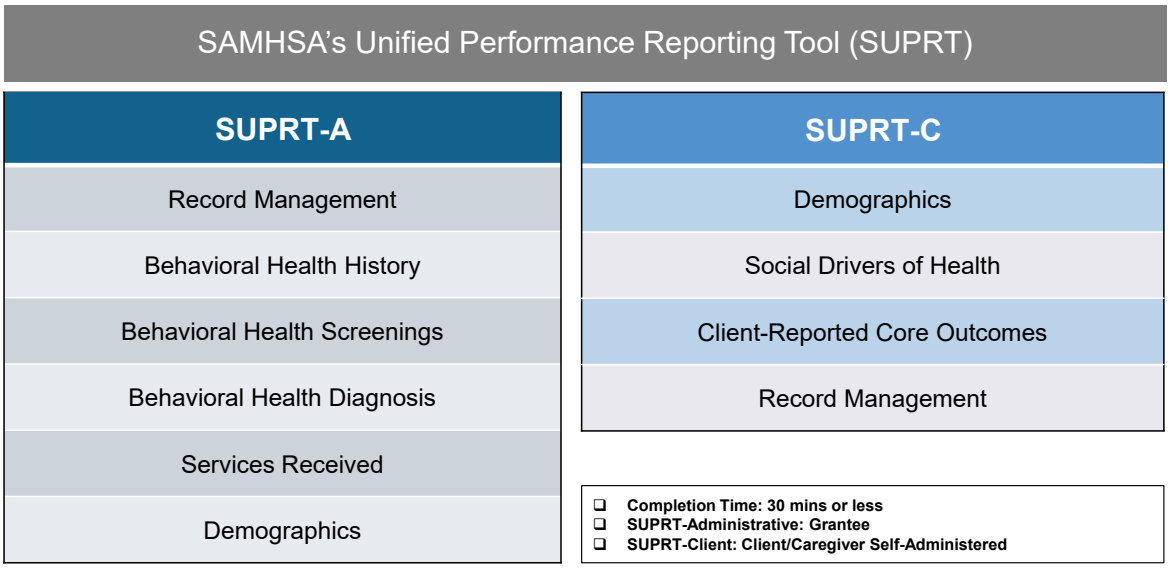
SUPRT-A/C is a unified tool that aims to simplify reporting, enhance consistency and quality of collected data, and reduce reporting burden on clients and grantees by using existing administrative data and focusing on relevant information that supports program improvement and accountability.

Overview of SUPRT-A/C



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Now let's review the components of SUPRT-A/C.

SUPRT-A sections include **Record Management**, **Behavioral Health History**, **Screenings**, and **Diagnosis**, **Services Received**, and **Demographics**.

SUPRT-C sections include **Demographics**, **Social Drivers of Health**, **Client-Reported Core Outcomes,** and **Record Management.**

Both forms are designed to take 30 minutes or less to complete.

Next, let's review data collection principles and specific requirements, including when and how grantees should collect SUPRT-A and C data.

SUPRT-A/C Data Collection Requirements

SUPRT-Administrative (A):

- Completed by **grantee staff** and is **mandatory**.
  - **Demographics** section completed only if SUPRT-C is declined.

SUPRT-Client or Caregiver (C):

- Completed by the **client, proxy, or caregiver/parent** and is **voluntary**.
  - Age-specific versions for each assessment.
  - Form completion is strongly encouraged but **not** required to receive services.

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There are key differences between SUPRT-A and C.

- **SUPRT-Administrative Report, or SUPRT-A, is completed by grantee staff**, using information from the client's Electronic Health Record or other client recordkeeping system. **Completion of SUPRT-A is always required** when an assessment becomes due; however, the **Demographics** section should only be completed if the client, proxy, or caregiver/parent declines the SUPRT-C baseline assessment. If a client begins SUPRT-C and does not complete it, demographics should not be recorded in SUPRT-A.
- **SUPRT-Client or Caregiver Form, or SUPRT-C, is completed independently by the client, their proxy, or a caregiver/parent** when an assessment becomes due. While SUPRT-A is a single form, SUPRT-C includes age-specific versions for each assessment. **SUPRT-C should be strongly encouraged but is not required for clients to complete** to receive services.

SUPRT-A/C Assessment Points

SUPRT-A	SUPRT-C
• Baseline	• Baseline
• Reassessment	• Reassessment
• Annual	• Annual (adults only)
• Closeout	
*SUPRT-A **must** be completed by grantees at each assessment point.	*SUPRT-C **must** be offered at each assessment point, even if a previous assessment was declined.

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Grantees are required to collect SUPRT-A and C data at specific **assessment points** for each client while they are enrolled in the grant program.

SUPRT-A is completed at baseline, 3- or 6-month reassessment (depending on program requirements), ongoing annual assessments, and finally at closeout when the client stops receiving services under the current grant. SUPRT-A must be completed by grantees at each assessment point for all active clients.

SUPRT-C is completed at baseline and reassessment for **all** age groups and ongoing annually **only** for individuals who complete the **Adult version of SUPRT-C** at baseline. There is no closeout SUPRT-C assessment. Please note that SUPRT-C must be offered at each assessment point, even if a previous assessment was declined. For example, if a client declines SUPRT-C at baseline, they should still be offered the SUPRT-C reassessment and the annual assessments, if applicable.

Please note, CCBHC grantees with an approved sampling plan do **not** need to complete SUPRT-A & C for every client, only those selected for data collection per their sampling plan.

SUPRT-A Data Collection Requirements

Assessment Point
Baseline: collect within 30 days before or after first service. • Complete Demographics *only if SUPRT-C is declined.*
Reassessment: collect within 30 days before or after 3- or 6-month anniversary of SUPRT-A baseline.
Annual: collect within 30 days before or after every 12-month anniversary of SUPRT-A baseline.
Closeout: collect when the client discontinues grant services.

Note that some grantees have program-specific reassessment and annual assessment windows.

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Let's discuss the data collection requirements for each assessment point in more detail.

The SUPRT-A **baseline** assessment must be collected **within 30 days before or after** the client first receives services. Grantee staff should only complete Demographics section of SUPRT-A if the client, proxy, or caregiver/parent declined the SUPRT-C baseline assessment.
The SUPRT-A **reassessment** is due 3 months or 6 months (that is, 90 or 180 days) after the recorded **SUPRT-A** baseline date, depending on program requirements. Each reassessment has a **60-day window** during which grantee staff should ensure the reassessment is collected, which opens **30 days before** and closes **30 days after** the 3- or 6-month anniversary of the SUPRT-A baseline.

The SUPRT-A annual assessment is due 12 months (or 365 days) after the recorded **SUPRT-A** baseline date, and every 12 months thereafter for the duration of the client's enrollment. Each client has a **60-day annual assessment window** during which grantee staff should ensure the annual assessment is collected, which opens **30 days before** the anniversary of the recorded SUPRT-A baseline date and closes **30 days after**.

When a client **stops receiving services**, grantees should complete a final **SUPRT-A closeout assessment**. No further assessments are due for this client unless they begin a new episode of care.

Note that some grantees have program-specific reassessment and annual assessment windows. Grantees should contact their GPO if they are unsure of their reassessment and annual assessment windows.

SUPRT-C Data Collection Requirements

Assessment Point
Baseline: collect within 30 days before or after first service. • Collect *separately* from SUPRT-A.
Reassessment: collect (or decline) within 30 days before or after 3- or 6-month anniversary (i.e. 90 or 180 days) of SUPRT-A baseline.
Annual (**adults only**): collect within 30 days before or after every 12-month anniversary of SUPRT-A baseline.

*Grantees **must** complete the Record Management section at each assessment point, even if SUPRT-C is declined.

Note that some grantees have program-specific reassessment and annual assessment windows.

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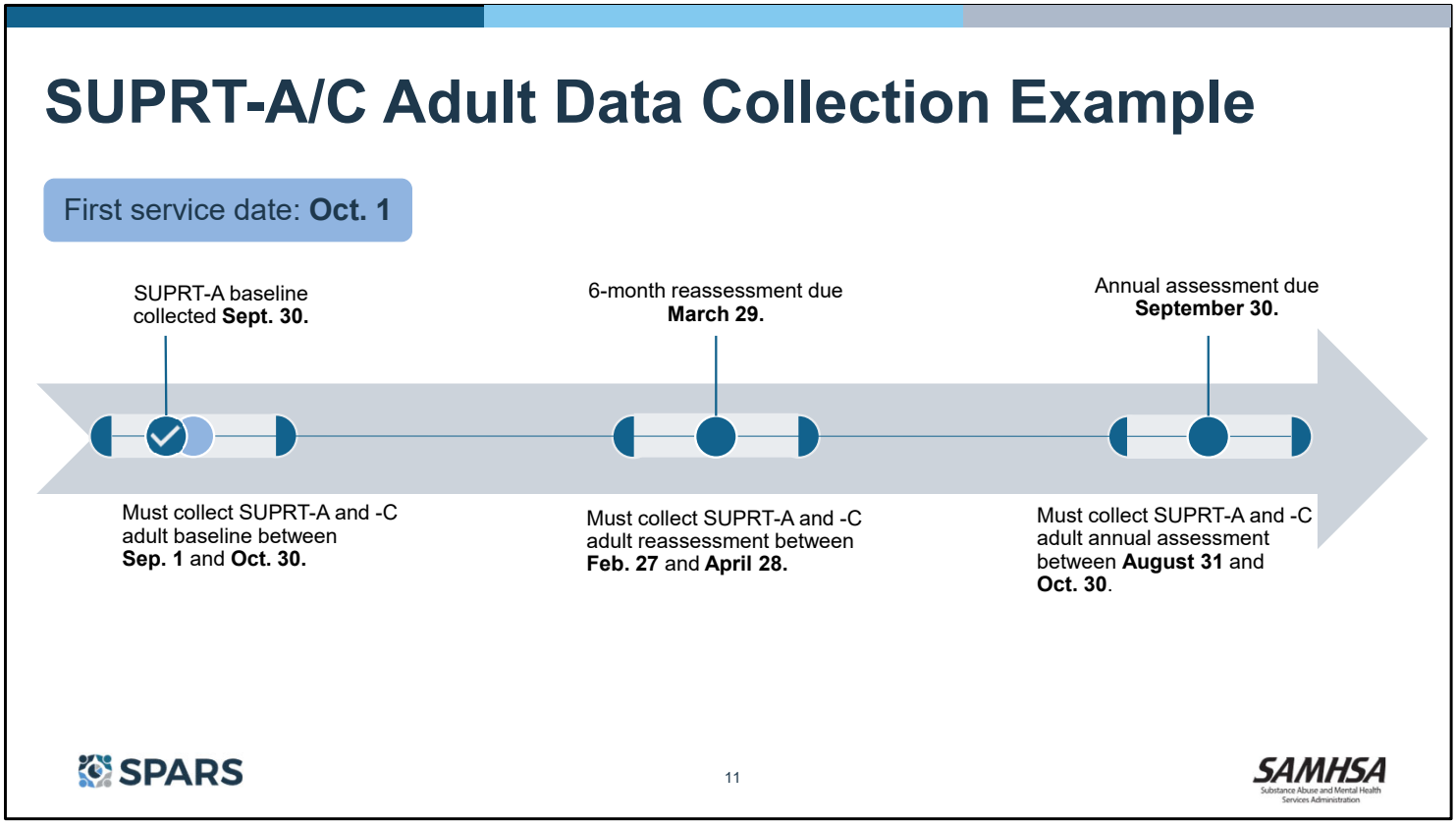
The SUPRT-C **baseline** assessment must be collected **within 30 days before or after** the client first receives services. SUPRT-C should be collected separately from SUPRT-A and completed independently by the client, proxy, or caregiver/parent, unless accommodations are needed. Grantees can provide paper copies of the form or use data collection software. Please note that SUPRT-C's **Record Management** section must always be completed by **grantee staff** at each assessment point, even if SUPRT-C is declined.

The SUPRT-C **reassessment** is due 3 months or 6 months (that is, 90 or 180 days) after the recorded **SUPRT-A** baseline date, depending on program requirements. Each reassessment has a **60-day window** during which grantee staff ensure the reassessment is collected (or declined), which opens **30 days before** and closes **30 days after** the 3- or 6-month anniversary of the SUPRT-A baseline.

The SUPRT-C annual assessment is due 12 months (or 365 days) after the recorded **SUPRT-A** baseline date, and every 12 months thereafter for the duration of the client's enrollment. However, the **SUPRT-C annual assessment is only required for individuals completing the Adult version of SUPRT-C at baseline**—clients who completed the Youth, Child, or Young Child version of SUPRT-C at baseline do **not** complete a SUPRT-C annual assessment. Each adult client has a **60-day annual assessment window** during which grantee staff should ensure the SUPRT-C annual assessment is collected (or declined), which opens **30 days before** the anniversary of the recorded SUPRT-A baseline date and closes **30 days after.**

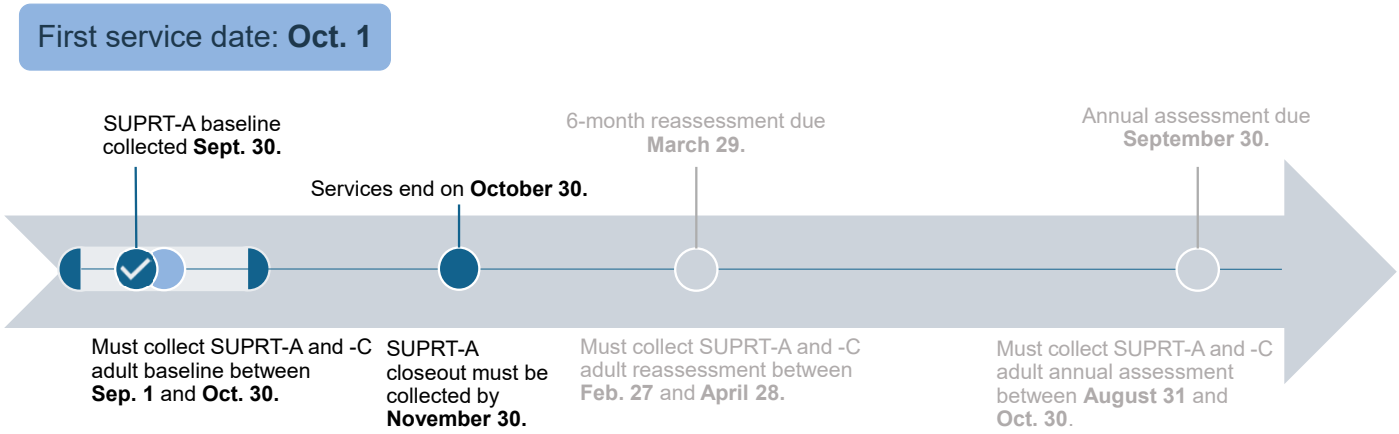
Note that some grantees have program-specific reassessment and annual assessment windows. Grantees should contact their GPO if they are unsure of their reassessment and annual assessment windows.



Here is an example SPARS data collection timeline for SUPRT-A and -C.

- Let's say an 40-year-old client is scheduled for and receives their first service under the current grant on October 1st. The **SUPRT-A and -C baseline assessments** must be collected between **September 1st** and **October 30th**. In this example, the SUPRT-A baseline was collected on **September 30th,** and the SUPRT-C Adult baseline was collected on October 5th. Grantees must enter assessment data into SPARS within 30 days of the collection date.
- The **6-month reassessments** for SUPRT-A and C are **due March 29th of the following year.** Data must be collected between February 27th and April 28th and entered into SPARS within 30 days of the collection date.
    - Although not shown in this example, if a **3-month reassessment** is required, it would be **due on December 29th** and must be collected between **November 30th** and **January 30th**.
- The **annual SUPRT-A and -C assessments** are due on **September 30** of the following year. Note that only adults complete the SUPRT-C annual assessment. Data collection must occur between **August 31st** and **October 30th** and be entered into SPARS within 30 days of the collection date. If the client is still receiving services in subsequent years, the annual assessment will remain due on September 30th each year, with the same collection window of August 31st through October 30th.

SUPRT-A/C Adult Data Collection Example - Closeout



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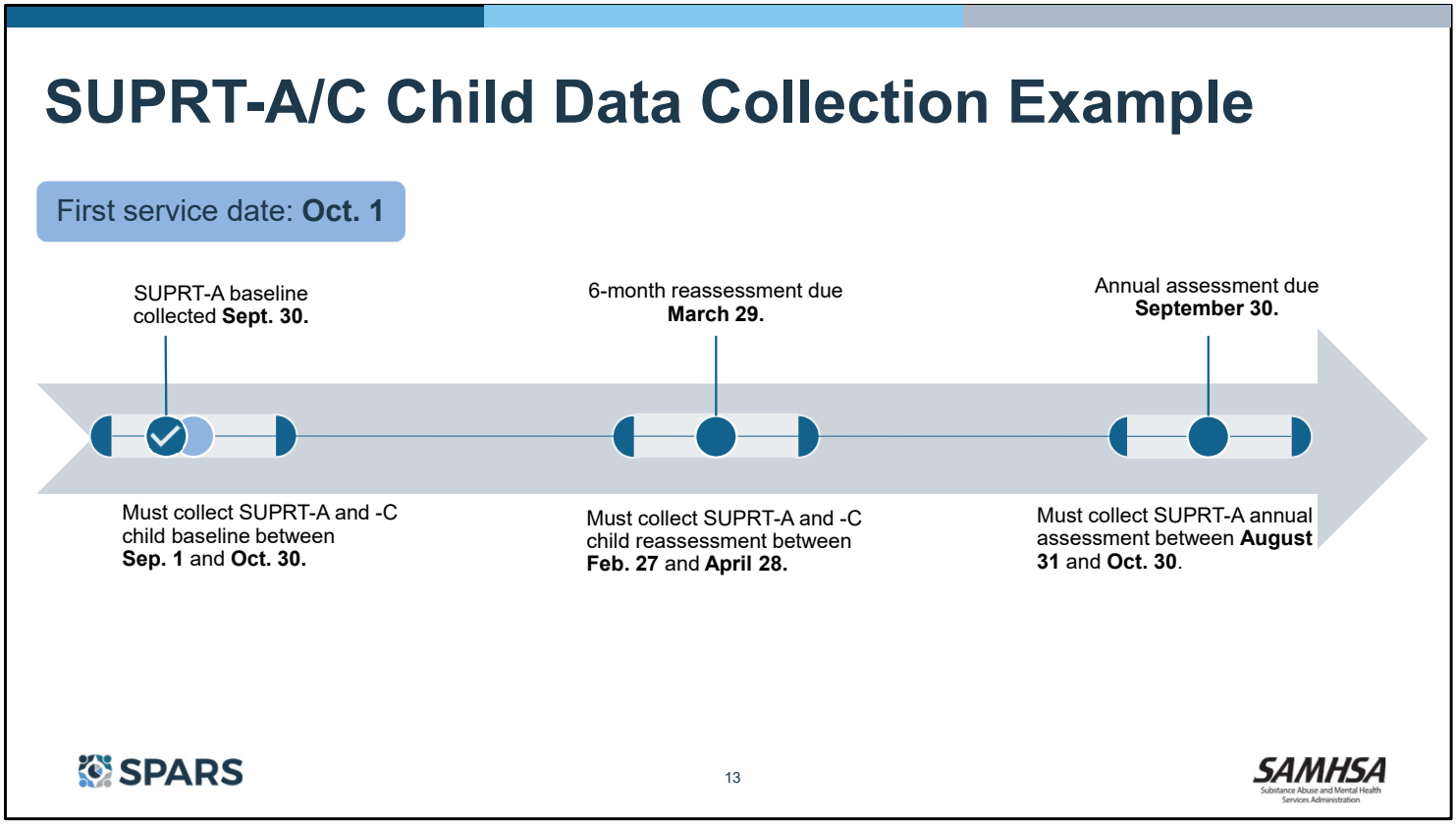
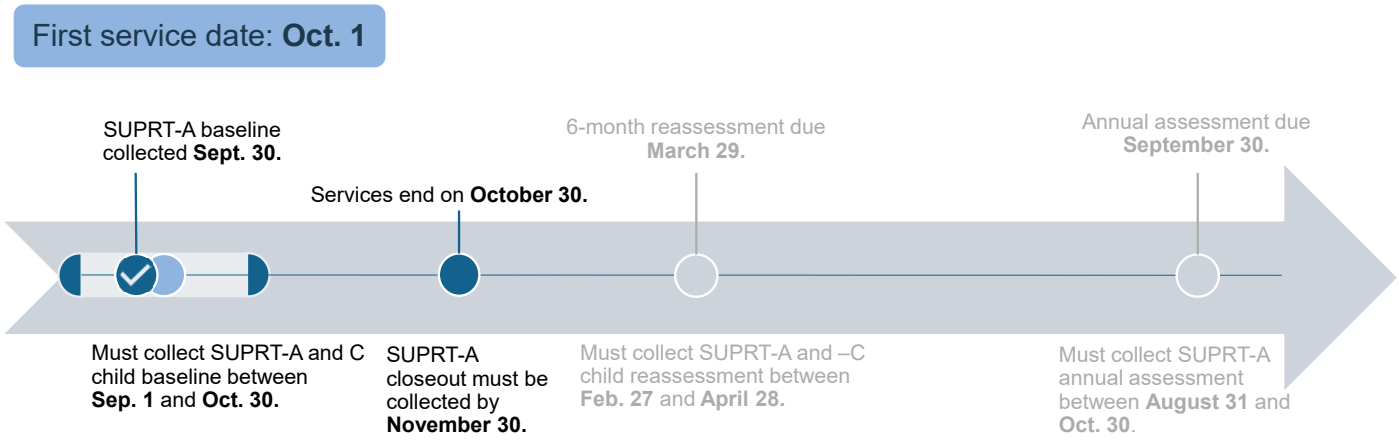
Now let's say the adult client stopped receiving grant services on October 30th. The SUPRT-A closeout assessment should be collected by November 30th and entered into SPARS within 30 days of the collection date. Since a closeout assessment was entered before the reassessment and annual assessment due dates, no future assessments are required.



Here is an example SPARS data collection timeline for SUPRT-A and -C.

- Let's say a 14-year-old client is scheduled for and receives their first service under the current grant on October 1st. The **SUPRT-A and -C baseline assessments** must be collected between **September 1st** and **October 30th**. In this example, the SUPRT-A baseline was collected on **September 30th,** and the SUPRT-C child baseline was collected on October 5th. Grantees must enter assessment data into SPARS within 30 days of the collection date.
- The **6-month reassessments** for SUPRT-A and C are **due March 29th of the following year.** Data must be collected between February 27th and April 28th and entered into SPARS within 30 days of the collection date.
    - Although not shown in this example, if a **3-month reassessment** is required, it would be **due on December 29th** and must be collected between **November 30th** and **January 30th**.
- The **annual SUPRT-A** are due on **September 30** of the following year. Data collection must occur between **August 31st** and **October 30th** and be entered into SPARS within 30 days of the collection date. If the client is still receiving services in subsequent years, the annual assessment will remain due on September 30th each year, with the same collection window of August 31st through October 30th.
    - Note that for those completing the Young Child, Child, and Youth assessments for SUPRT-C, **there is no SUPRT-C annual reassessment**.

SUPRT-A/C Child Data Collection Example - Closeout



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Now let's say the child client stopped receiving grant services on October 30th. The SUPRT-A closeout assessment should be collected by November 30th and entered into SPARS within 30 days of the collection date. Since a closeout assessment was entered before the reassessment and annual assessment due dates, no future assessments are required.

SUPRT-C Forms

Form Type	Respondent Type	Assessment Point
Adults (18+ years)	Client (or proxy)	Adult Baseline
Adults (18+ years)	Client (or proxy)	Adult Reassessment
Adults (18+ years)	Client (or proxy)	Adult Annual
Youth (12-17 years)	Client (or proxy)	Youth Baseline
Youth (12-17 years)	Client (or proxy)	Youth Reassessment
Child (5-17 years)	Caregiver/Parent	Child-Caregiver Baseline
Child (5-17 years)	Caregiver/Parent	Child-Caregiver Reassessment
Young Child (0-4 years)	Caregiver/Parent	Young Child-Caregiver Baseline
Young Child (0-4 years)	Caregiver/Parent	Young Child-Caregiver Reassessment

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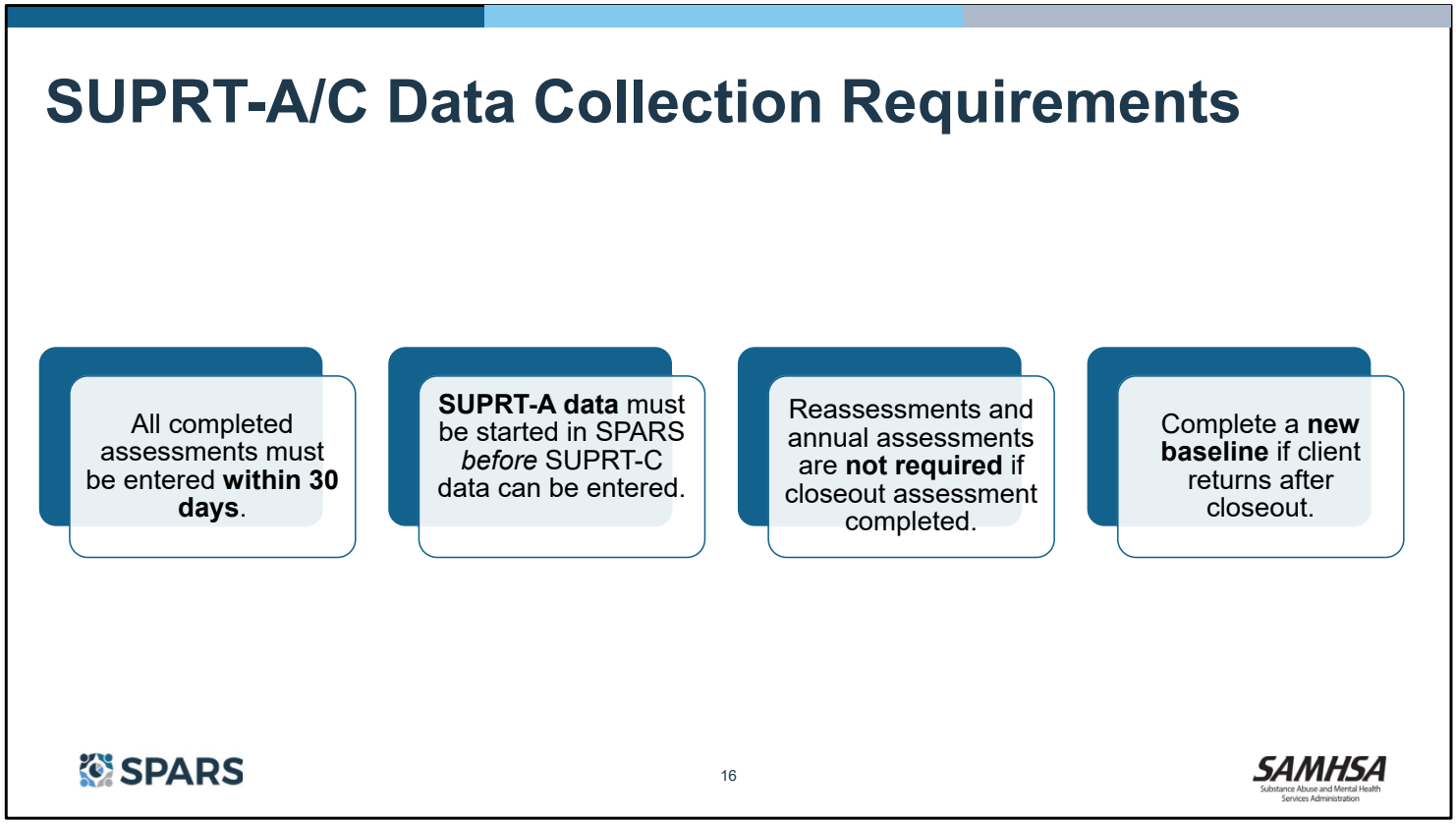
As noted earlier, SUPRT-C is comprised of different forms based on the client's age group at baseline, who is completing the form, and assessment point. Refer to this table to locate the correct form for each assessment.

For youth 12 to 17 years old, only one version of the tool should be completed; either the client can complete the Youth (12-17 years) assessment independently (or with assistance from a proxy) OR a caregiver or parent can complete the Child (5-17) assessment on the client's behalf. The choice depends on the client's preference and abilities (e.g., cognitive ability, reading level). The **Youth assessment** is directed to the client (e.g., "What is your race or ethnicity?"). The **Child assessment** is directed to the caregiver or parent (e.g., "What is your child's race or ethnicity?").

Grantees must ensure that the **same age version** of SUPRT-C is used at each assessment point throughout a given client's episode of care. For example, if the Child-Caregiver Baseline form is completed, the Child-Caregiver Reassessment form should be completed, even if the client has turned 18 at reassessment.



Grantees should be aware that:

- All completed SUPRT-A and C assessments must be entered or batch uploaded into SPARS within 30 days of completion.
- **SUPRT-C data** can only be entered in SPARS *after* SUPRT-A data entry has begun. Note that grantees should leave Section F. Demographics in SUPRT-A blank in SPARS if the client provides demographic information in SUPRT-C. If the client has declined the SUPRT-C assessment, grantees will fill out demographic information in SUPRT-A.
- SUPRT-A and -C reassessments and annual assessments are **not required** if the client has discontinued services and a SUPRT-A closeout has been completed in SPARS.
- Lastly, if the client returns for services after a SUPRT-A closeout assessment was completed, a **new baseline** must be completed using the same Client ID, which will start a new episode of care in SPARS.

Now we will walk through each question of the tool, starting with SUPRT-A.

Overview of SUPRT-A Sections

SUPRT-A Section	Baseline	3- or 6-month Reassessment	Annual Assessment	Closeout
A. Record Management	Yes	Yes	Yes	Yes
B. Behavioral Health History	Yes	Yes	Yes	
C. Behavioral Health Screening	Yes	Yes	Yes	
D. Behavioral Health Diagnoses	Yes	Yes	Yes	
E. Services Received		Yes	Yes	Yes
F. Demographics	Yes			

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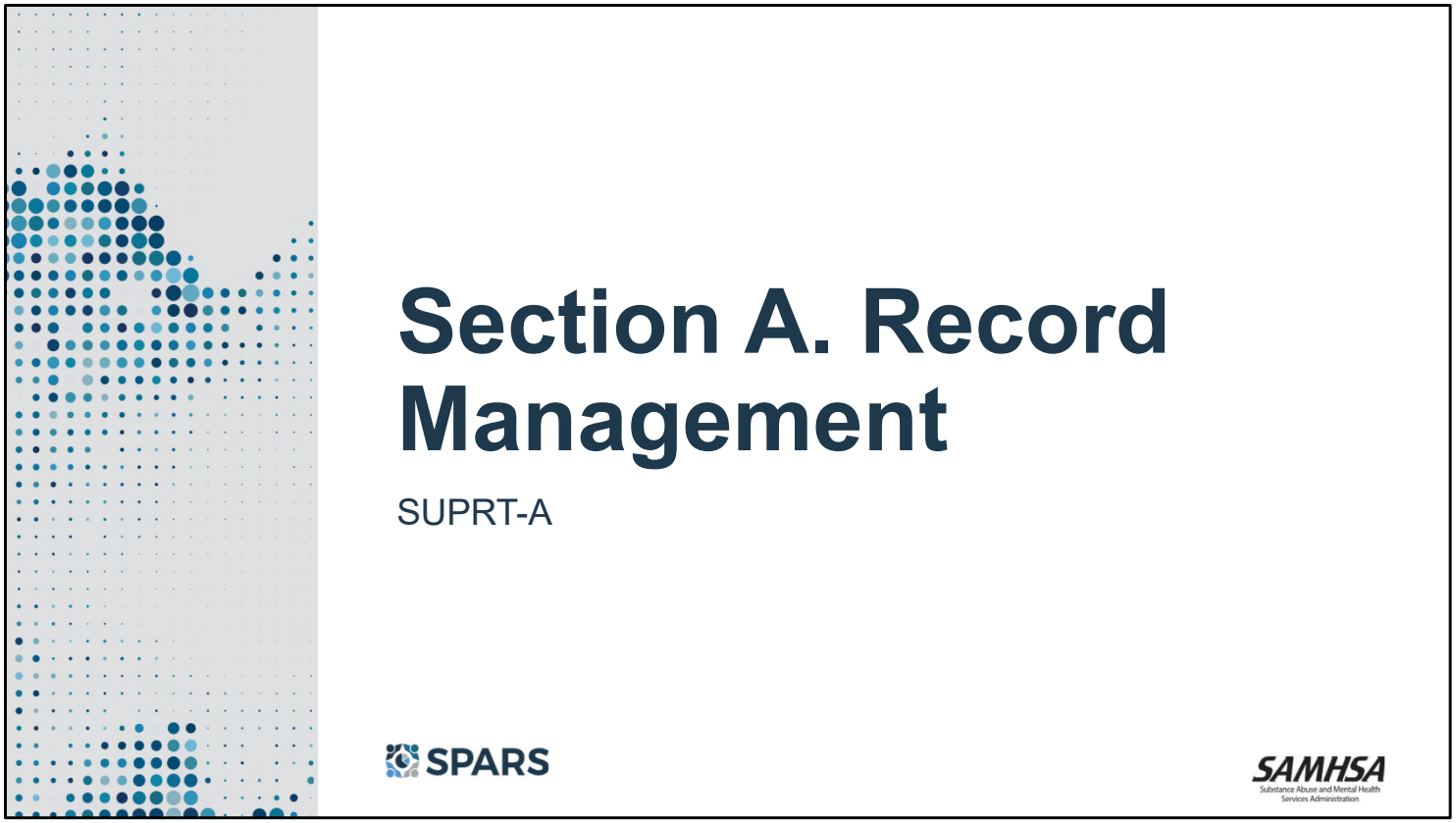
SUPRT-A is completed by grantee staff and is divided into six sections. Record management collects administrative data for record management. Behavioral Health History collects data about the client's behavioral health history, including insurance type, acute services utilized in the past 30 days, and justice system involvement in the past 30 days. Behavioral Health Screening collects data about the client's behavioral health screening results from the last 30 days. Behavioral Health Diagnoses collects data about the client's behavioral health diagnoses and other health status information. Services collects data about services the client has received at re-assessment, annual assessment, and closeout. Demographics collects demographic data about the client and is only completed at baseline and when the client has refused to complete SUPRT-C.



Section A is Record Management is always collected and required for submitting a SUPRT-A record.

Section A. Record Management

Collected at:

- Baseline
- Reassessment
- Annual Assessment
- Closeout

Collects information on:

- Client and grantee identification
- Assessment information

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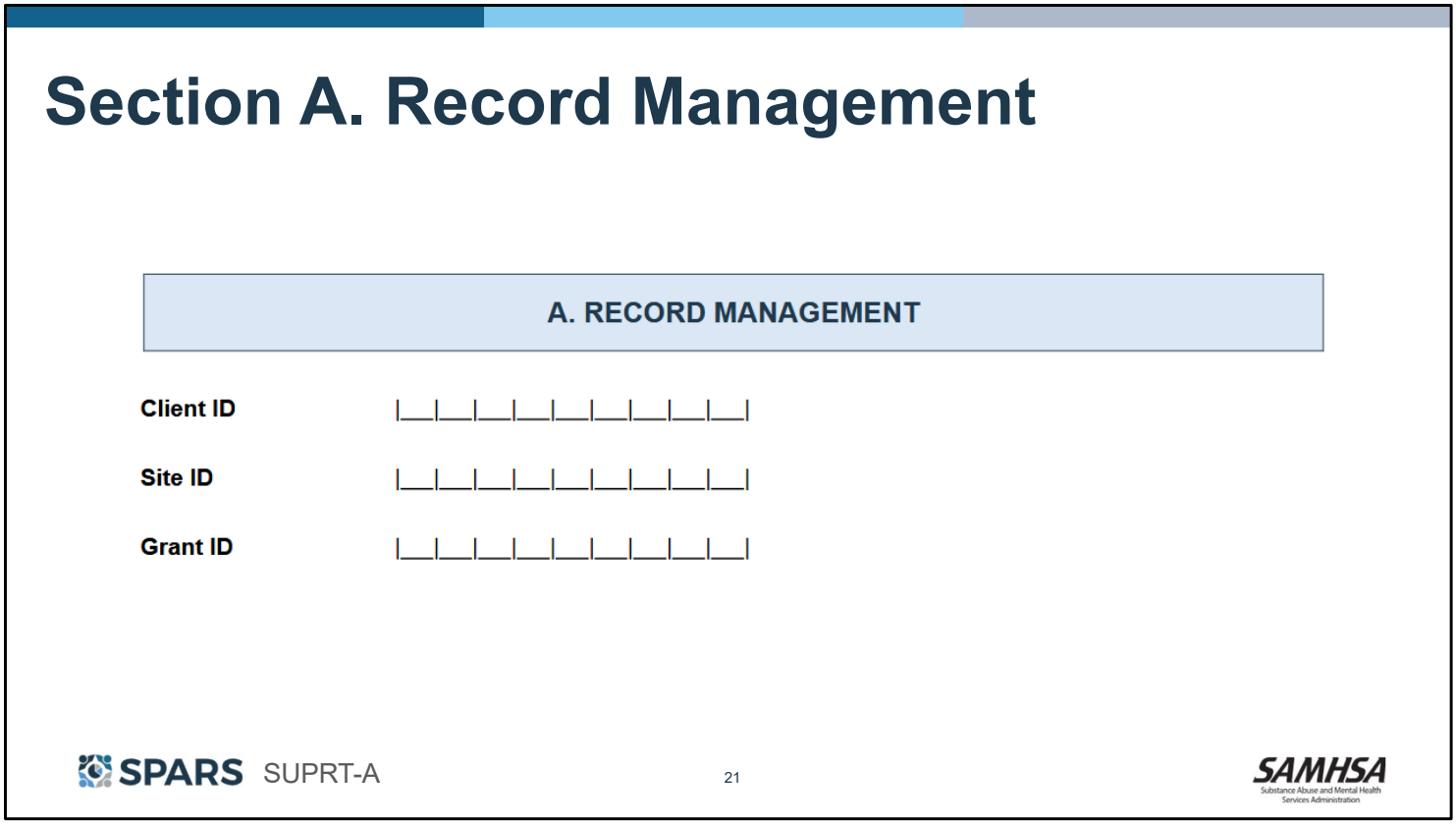
Record Management is always collected and is required for submitting a SUPRT-A record.

This section collects client and grantee identification, and client's assessment information. This information helps SAMHSA track and manage client data, ensure proper documentation, and maintain the accuracy of program reporting and evaluation. Grantee staff collect administrative client identification information such as client ID, site ID, and date of assessment for SPARS entry and tracking.

Section A. Record Management



First grantee staff report **Client ID**, **Site ID**, **Grant ID** and date of assessment.

- The **Client ID** is a client identifier that is determined by the grantee. It can be between 1 and 50 characters and can include both numerals and letters. This ID is designed to track a specific client through their assessments (baseline, reassessment, annual, and closeout), while preserving their anonymity. For confidentiality reasons, do not use any portion of the client's date of birth, Social Security number, Medicaid number, or names in the Client ID.
- The **Site ID** is used to associate client data with a specific grant site. It can be used by grantees to help them track where the services were provided or where the assessment was completed. Site ID is an optional field.
- The **Grant ID** is the SAMHSA-assigned grant identification number and has a maximum of 10 digits. Note that this item does not appear on data entry screens in SPARS, as grantees select their grant upon logging into SPARS.

Note that these items should remain the same for each client across all assessments.

Question A1: Client Date of Birth

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

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

Question A1 is only asked at the baseline assessment and records the client's date of birth. This information will help establish which SUPRT-C version should be administered to the client or caregiver. Their month and year of birth should be entered as MM/YYYY.

Question A2: Assessment Date

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

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

Question A2 records the date on which the grantee is completing SUPRT-A for a client assessment. The assessment date may be different from the date entered in SPARS. Enter the date as MM/DD/YYYY.

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

Question A3 records whether the form is being completed in association with a client **baseline**, **reassessment**, **annual assessment**, or **record closeout**. Select the appropriate response. Note that this item does not appear on data entry screens in SPARS, as grantees select the assessment type for the client before entering other data.

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)?

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

Question A4 is only asked at the baseline assessment and records the month in which the client first began receiving services under the current grant. The first service date cannot be before the start of the grant period. Enter when services began as MM/YYYY.

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)?

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

Question A5 is only asked at reassessment, annual assessment, and closeout, and records the month in which the client most recently received services under the current grant. Enter the most recent service date as MM/YYYY.

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

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Question A6 is only asked at record closeout and documents the reason for closeout. Select the available response option that best describes the client's exit from the program, treatment, or services. These include:

- **Completed the program** - the client completed or graduated from the program/treatment or left before completion with the agreement of treatment staff.
- **No contact** - the client was not in contact with the grant, and grant staff could not make contact with the client.
- **Withdrew from/Refused treatment** - the client ended or did not follow the treatment plan against medical advice.
- **Referred out** - the client was referred to another program or service, including those not funded by SAMHSA.
- **Transferred to a different grant program** - the client was transferred to another grant program at the organization and is no longer receiving services from this grant.
- **Incarceration** - the client was incarcerated while receiving services.
- **Moved** - the client moved residences and is unable to continue treatment with the grant program.
- **Death** - the client died prior to completing treatment.
- **Other-** Select other if the client's reason for closeout is not suitably described by any of the above, or if the client is still active and the grant period is ending.

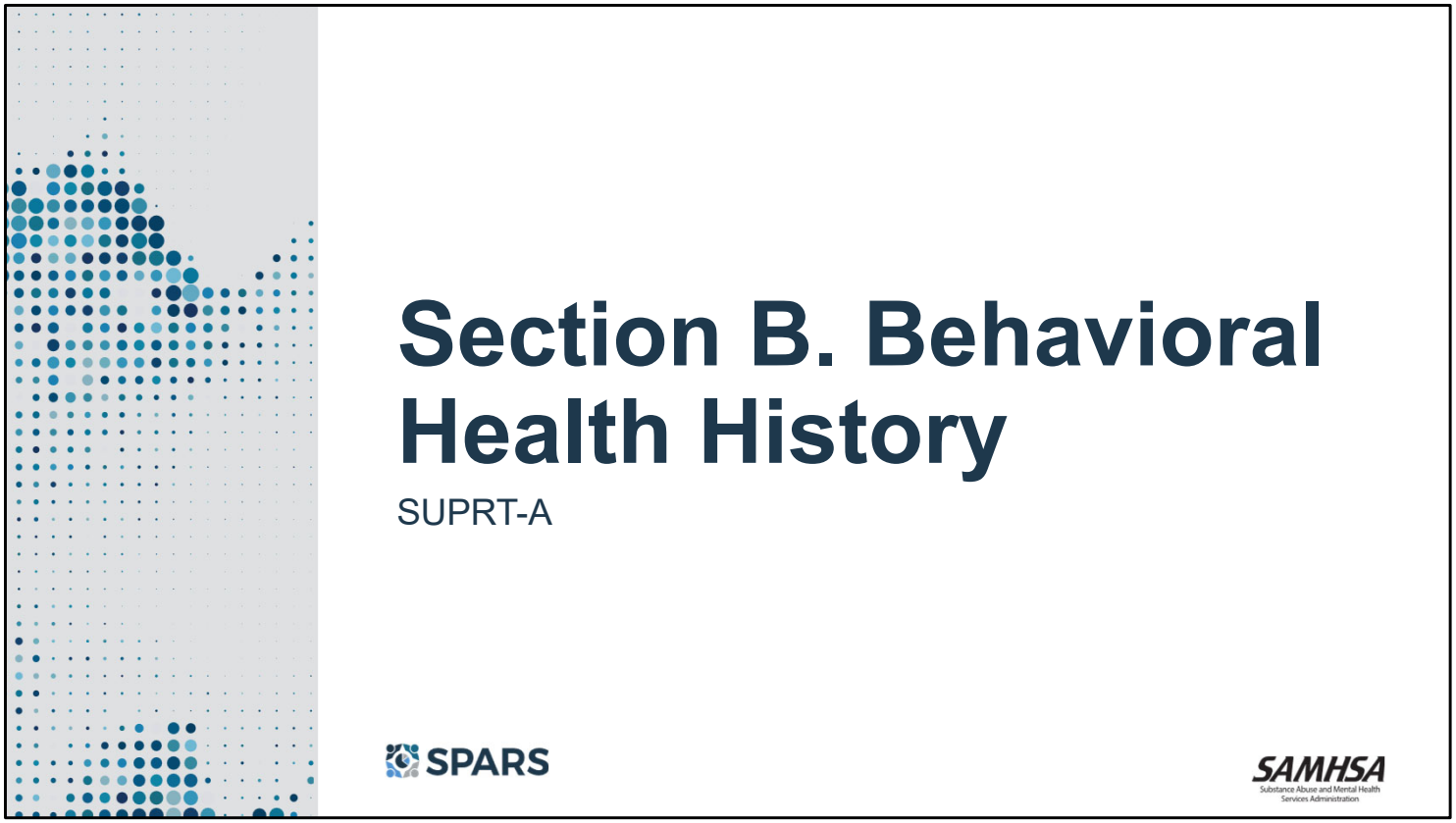
Please note, response options with circles indicate that only one response should be selected.

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 only required when the reason for client closeout is recorded in Question A6 is '*Death*.' Select the available response option that best describes the client's cause of death. These include '*Suicide*,' '*Overdose*,' '*Other behavioral health cause*,' '*Other cause*,' and '*Not documented in record*.'



Section B documents information about the client's health insurance provider, services received, and justice system involvement.

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

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Behavioral Health History is collected at Baseline, Reassessment and Annual Assessments for all clients.

This section collects information on the client's insurance, use of hospitals or emergency services and their involvement with the justice system. These data are collected at baseline and over time to monitor program outcomes such as increasing access to care and decreased use of emergency systems or justice system involvement after receiving services.

Behavioral Health History may already be collected within grantees' internal processes and would be extracted from client records to complete SUPRT-A.

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

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Question B1 records the type of health insurance coverage the client or their guarantor has. A guarantor is also known as the person responsible for paying for the services. Here, the response options have check boxes, indicating that multiple responses can be selected. Note that clients may be covered through more than one source, so select all that apply from the available response options. These include '*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]*,' and '*Any other type of health insurance or health coverage plan*.'

You can also select '*None*' or '*Not documented in records or not documented in records using this standard*.' Note that selecting either of these responses precludes you from selecting any other available response option.

Please note, SAMHSA funding is not the same as an assistance program; if the client's services are funded by the grant because no insurance was available, use the None option.

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

Question B2 records 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 organization's provider networks, if, for example the reason for services visit was to follow-up after a recent hospitalization. Select one of the available response options. These include '*Yes – Behavioral health reasons, for example mental health or substance use disorder*,' '*Yes – other health reasons, for example injury or illness*,' '*No*,' and '*Not documented in records or not documented in records using this standard*.'

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

Question B3 records whether the client visited an emergency department (ED) in the past 30 days. The information could also be gathered from client referrals or the grantee's organizations' provider networks, if, for example the reason for services visit was to follow-up after a recent ED/Emergency Room visit. Select one of the available response options. These include '*Yes – Behavioral health reasons, for example mental health or substance use disorder*,' '*Yes – other health reasons, for example injury or illness*,' '*No*,' and '*Not documented in records or not documented in records using this standard*.'

Note: If a client goes to an urgent care, that should not be captured here.

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

Question B4 records whether the client experienced a behavioral health crisis or requested crisis response in the past 30 days. Select one of the available response options. These include '*Yes*,' '*No*,' and '*Not documented in records or not documented in records using this standard*.'

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. Select the available response option that best describes their primary crisis issue. These include '*Suicide risk*,' '*Other risk of harm to self or others (e.g. non-suicidal self-injury (NSSI), homicidal thoughts)*,' '*Mental health*,' '*Substance use other than overdose*,' '*Overdose*,' '*Other*,' and '*Not documented in records or not documented in records using this standard*.'

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

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Once a client is 11 or older, question B5 records 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. This question could be gathered from client referrals, for example the reason for services visit was to follow-up after a discharge from a residential facility.

Select one of the available response options. These include '*Yes,*' '*No*,' and '*Not documented in records or not documented in records using this standard*.'

If your client records currently show that the client was in a residential behavioral health treatment facility, but do not have a date for that stay, use the Not documented in records response.

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

Once a client is 11 or older, question B6 records whether the client has been arrested, taken into custody, or detained in the past 90 days and is only required when the client is aged 11 years or older at time of reporting. 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.

Select one of the available response options. These include '*Yes*,' '*No*,' and '*Not documented in records or not documented in records using this standard*.' If the client is under 11 years old, select *'Not applicable.*'

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

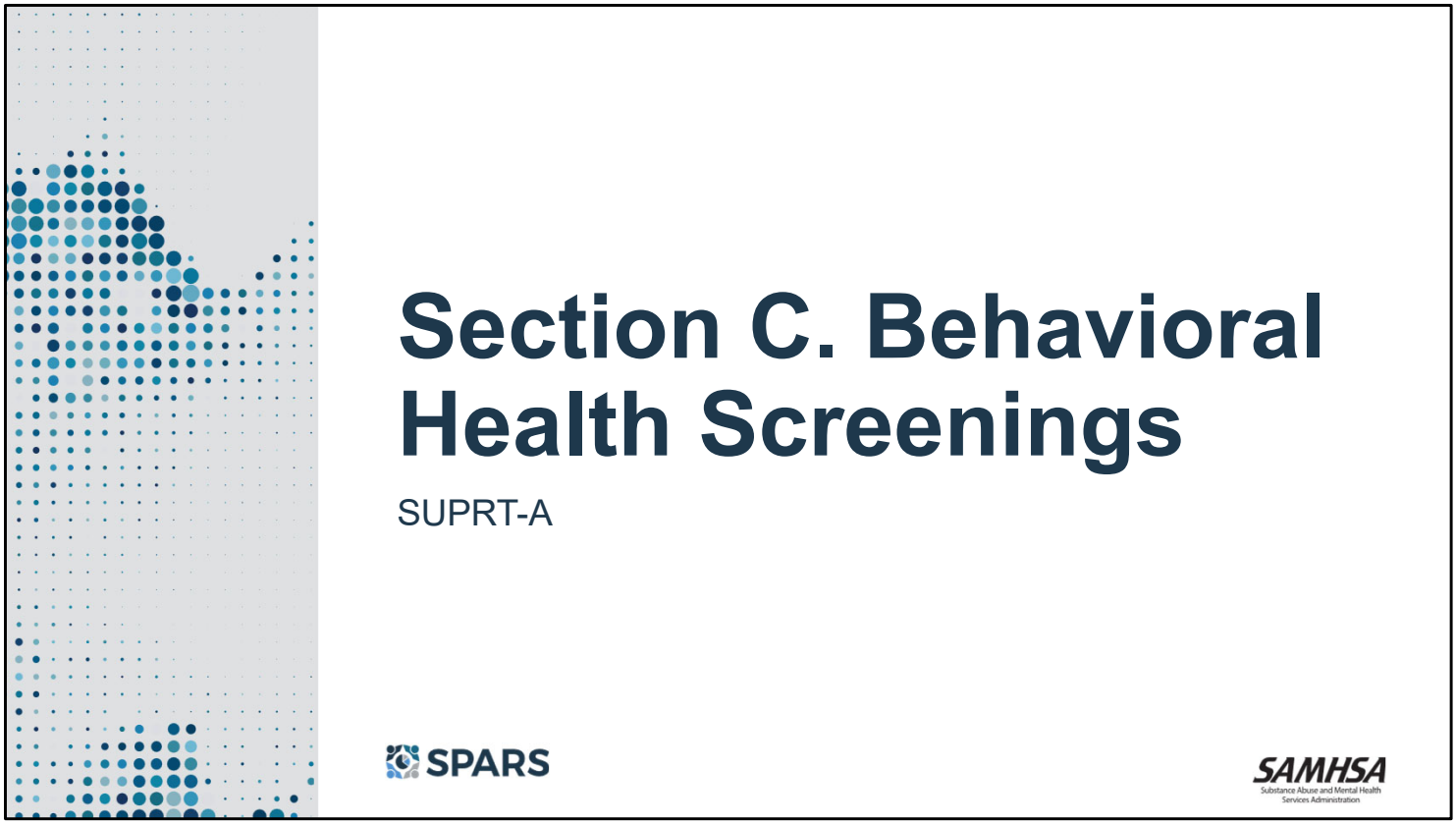
Once a client is 11 or older, question B7 records whether the client has spent one or more nights in jail or a correctional facility in the past 90 days and is only required when the client is aged 11 years or older at the time of the assessment. If the client is under 11 years old, select *'Not applicable.*' Select one of the available response options. These include '*Yes*,' '*No*,' and '*Not documented in records or not documented in records using this standard*.'

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

Once a client is 11 or older, question B8 records whether the client has been on probation, parole, or intensive pretrial supervision in the past 90 days and is only required when the client is aged 11 years or older. If the client is under 11 years old, select *'Not applicable.'* Select one of the available response options. These include '*Yes*,' '*No*,' and '*Not documented in records or not documented in records using this standard*.'



Section C records the client's behavioral health and substance use screening results.

Section C. Behavioral Health Screenings

Collected at:

- Baseline
- Reassessment
- Annual Assessment

Collects information on:

Behavioral Health Screenings:

- Suicidality
- Substance Use
- Mental Health Disorders

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Section C, Behavioral Health Screening, is collected at Baseline, Reassessment, and Annual assessments.

This section collects behavioral health information, including screenings for suicidality, substance use, and mental health disorders. There are not specific required tools for reporting in SUPRT-A, however, SAMHSA grant programs may have either requirements or best practices to follow for how to implement screenings.

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

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Question C1 records whether the client has been screened or assessed for risk of suicidality in the past 30 days by your program. Select one of the available response options. These include '*Yes – Screening result was negative (no or low risk)*,' '*Yes – Screening result was positive (at risk)*,' '*No, not screened or assessed*,' and '*Not documented in records or not documented in records using this standard*.'

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.

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

Question C2 records whether the client has been screened or assessed for substance use in the past 30 days by your program. Select one of the available response options. These include '*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*,' and '*Not documented in records or not documented in records using this standard*.'

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	❍	❍	❍	❍

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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.

For each of the substances listed in the eleven sub-questions, including:

- Alcohol
- Opioids
- Cannabis
- Sedative, hypnotic, or anxiolytics
- Cocaine
- Methamphetamine
- Other stimulants
- Hallucinogens or psychedelics
- Inhalants
- Other psychoactive substances
- Tobacco or nicotine

Select one of the available response options. Available response options for each substance include '*Recent use (within the past 30 days)*,' '*Past use (greater than 30 days)*,' '*Never used*,' and '*Not documented*.'

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	❍	❍	❍	❍

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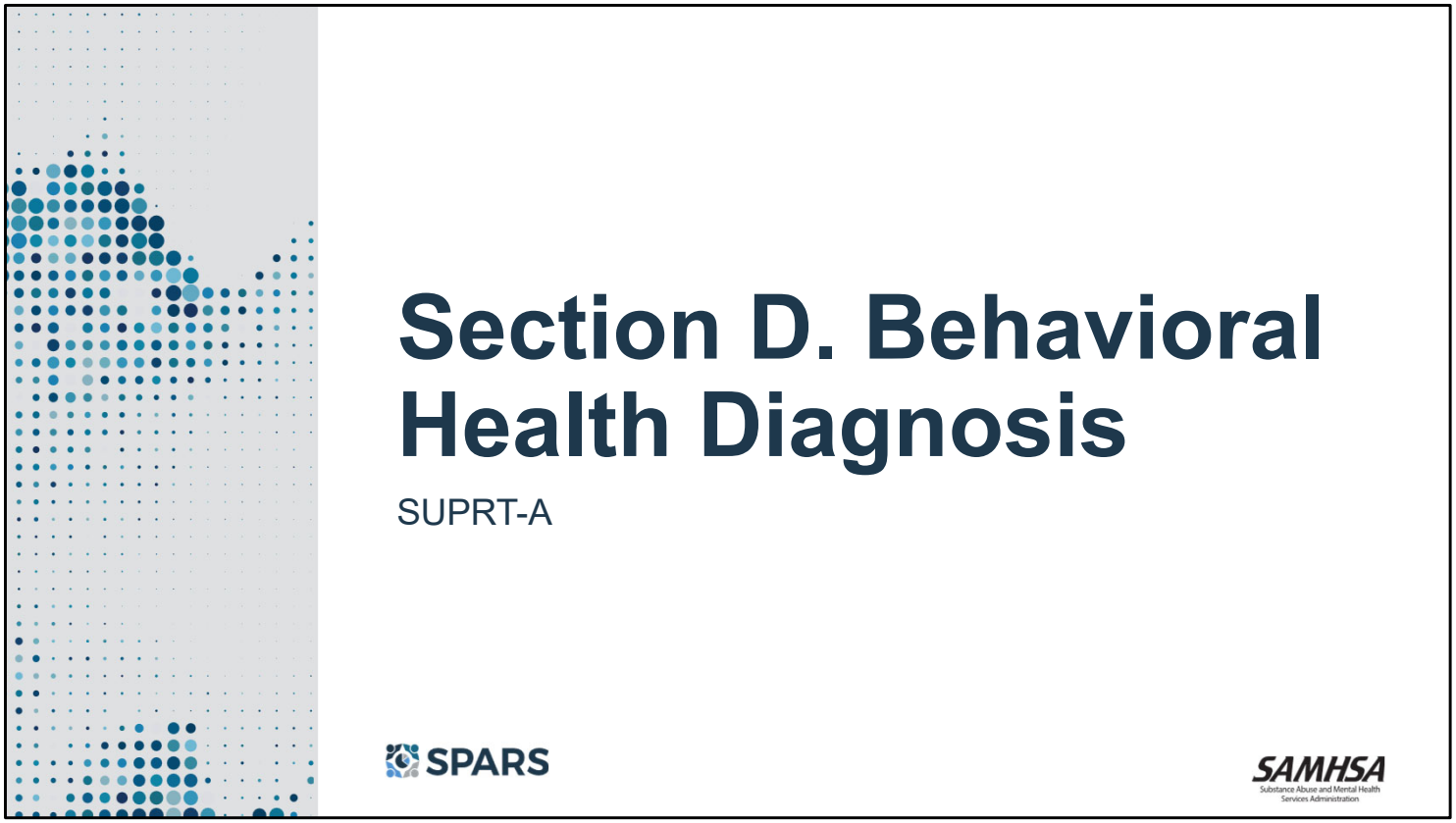
Question C4 records whether the client has been screened or assessed for behavioral health disorders in the past 30 days by your program.

For each of the disorders listed in the first five sub-questions, including:
- Depression, depressive disorders
- Anxiety disorders
- Bipolar disorders
- Psychosis, psychotic disorders
- Trauma disorders, including PTSD

Select one of the available response options. Available response options for each disorder include '*Screened/assessed*,' '*Not screened*,' '*Not applicable*,' or '*Not documented in records*.'

If the client is aged under 18 years, also select one of the available responses for the last two sub-questions, including:
- Developmental, neurologic disorders
- Behavioral and emotional

Not applicable should only be used if the client is older than 18 years of age or if it is a closeout assessment.



Section D documents the client's current behavioral health diagnoses, and additional health status information as applicable and as documented in a clinical record.

Section D. Behavioral Health Diagnosis

Collected at:

- Baseline
- Reassessment
- Annual Assessment

Collects information on:

- Behavioral Health Diagnoses
- Health Statuses
- Program Specific Questions

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Section D. Behavioral Health Diagnosis is completed at Baseline, Reassessment and Annual assessments.

This section collects information on substance use, mental health, and other factors influencing health diagnoses, health status, and some behavioral health treatments. While a licensed clinician is required to make a diagnosis, any appropriate staff can complete the SUPRT-A and may report the diagnosis information from referrals, program intake, or client health records.

Section D also includes some questions that are only required for specific grant programs. Please skip these questions if not applicable.

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

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Question D1 records 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 a 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.

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

Question D2 records 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.

Please note that while the DSM-5 is referenced on the current version of the tool, only a 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, F20 through F99 is valid for entry.

Additionally, 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 entry in SPARS. Please check the SUPRT-A Question by Question guide and the SUPRT-A codebook for more detailed guidance and included codes.

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

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Question D3 records 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.

Please note that while the DSM-5 is referenced on the current version of the tool and slide, the Z Codes for documentation of other factors influencing health status are only part of ICD-10-CM coding and only the Z Codes are valid for reporting on SUPRT-A in SPARS.

Also, while there are 4 boxes shown in the current version of the tool, only the 3 character code, for example Z55, is valid for entry.

Additionally, while the Z codes are summarized with ranges, not all ICD-10-CM Z codes in this range may be valid for entry in SPARS. Please check the SUPRT-A Question by Question guide and the SUPRT-A codebook for more detailed guidance and included codes.

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

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.

Question D4 records the client's pregnancy status. Select one of the available response options. These include '*Yes*,' '*No*,' '*Not applicable*,' or '*Not documented in records or not documented in records using this standard*.' '*Not applicable*' should be selected if the client is male.

Program Specific Questions

Question	Center/Program
D5	Center for Mental Health Services (CMHS) - Clinical High Risk Psychosis (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

The next set of questions 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.

Question D5: Recent Psychosis

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

Question D5 records whether the client has experienced a psychotic episode since their last assessment and is only required at reassessment or annual assessment of clients with clinical high-risk psychosis. Skip the question at baseline and closeout, or if you are a CSAT grantee or a CMHS grantee of any other program than the CHR-P. Select one of the available response options. These include '*Yes*,' '*No*,' and '*Not documented in records or not documented in records using this standard*.'

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. Question D6 records 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 and. Select one of the available response options. These include '*Yes*,' '*No*,' '*Not applicable*,' and '*Not documented in records or not documented in records using this standard*.' If the grantee is funded through a Center for Mental Health Services (CMHS) grant, select, '*Not applicable*.'

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 their overdose or excessive substance use. The available response options are '*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*,' and '*Other*.'

You can also select '*Not applicable*' or '*Not documented in records or not documented in records using this standard*.' Note that selecting either of these responses precludes you from selecting any other available response option. Select '*Not applicable*' if the answer to D6 is "No," or if your grant is a CMHS program.

Question D7: HIV Status

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

Question D7 is only required for clients of CMHS or CSAT Minority AIDS Initiative grant, other CMHS or CSAT programs should skip this question. Question D7 records whether the client has ever tested positive for Human Immunodeficiency Virus (HIV). Select one of the available response options. These include '*Yes, HIV-positive*,' '*No, HIV-negative*,' and '*Not documented in records or not documented in records using this standard*.'

Question D7a: ART Status

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

Question D7a is a follow-up question that is only required for clients of CMHS or CSAT Minority AIDS Initiative grants and when the client is HIV-positive, as recorded in Question D7. If D7 was skipped because of grant program, skip this question. Select the client's ART status from the available response options. These include '*Yes, currently taking ART*,' '*No, not currently taking ART*,' and '*Not documented in records or not documented in records using this standard*.'

Question D7b: HIV PrEP Status

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

Question D7b is a follow-up question that is only required for clients of CMHS or CSAT Minority AIDS Initiative grants and when the client is HIV-negative, as recorded in Question D7. If D7 was skipped because of grant program, skip this question. Select the client's HIV PrEP status from the available response options. These include '*Yes, currently on PrEP*,' '*No, not currently on PrEP*,' and '*Not documented in records or not documented in records using this standard*.'

Question D8: Hepatitis C Status

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

Question D8 records whether the client has ever tested positive for Hepatitis C and is only required for clients for clients of CMHS or CSAT Minority AIDS Initiative grants, other CMHS or CSAT programs should skip this question. Select one of the available response options. These include '*Yes, active or previous Hepatitis C infection*,' '*No, never had Hepatitis C*,' and '*Not documented in records or not documented in records using this standard*.'

Question D8a: Hepatitis C Treatment Status

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

Question D8a is a follow-up question that is only required for clients of CMHS or CSAT Minority AIDS Initiative grants and when the client has ever tested positive for Hepatitis C, as recorded in Question D8. If D8 was skipped because of grant program, skip this question. Select the client's current treatment status from the available response options. These include '*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*,' and *'Not documented in records or not documented in records using this standard*.'

Next we will discuss Section E., Services Received.

Section E. Services Received

Collected at:

- Reassessment
- Annual Assessment
- Closeout

Collects information on:

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

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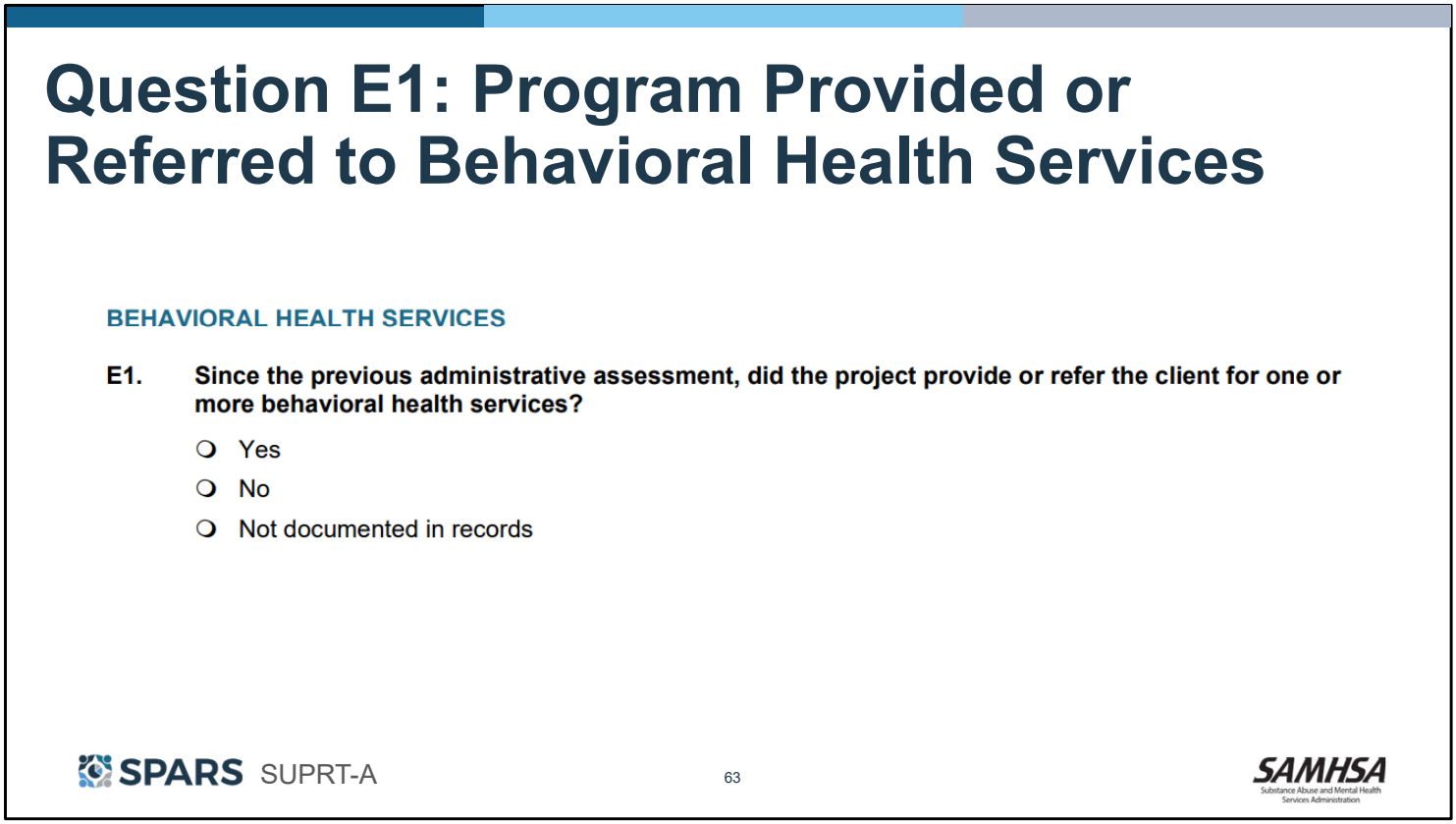
Section E is collected at Reassessment, Annual Assessment, and Closeout.

This section collects information on the services the client received since the previous assessment. These data are used to track service use. Grantee staff should skip this section at baseline.

Most questions in this section follow the same format where there is a matrix of services and the response options

Question E1: Program Provided or Referred to Behavioral Health Services



Question E1 records whether the project has provided or referred the client for behavioral health services since the previous assessment. Select one of the available response options. These include '*Yes*,' '*No*,' and '*Not documented in records or not documented in records using this standard*.'

Question E1a-p: Behavioral Health Services

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)	❍	❍	❍	❍

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Question E1a-p is a follow-up question that is only required when the project has provided or referred the client for behavioral health services since their last assessment, as recorded in Question E1. Select one of the available response options for each of the behavioral health services listed in the sixteen sub-questions, including:

- Case or care management or coordination
- Person- or family-centered treatment planning
- Substance use psychoeducation
- Mental health psychoeducation
- Mental health therapy
- Co-occurring therapy (substance use & mental health)
- Group counseling
- Individual counseling
- Family counseling
- Psychiatric rehabilitation services
- Prescription medication for mental health disorder
- Medication for substance use disorder
- Intensive day treatment
- Withdrawal management (whether in hospital, residential, or ambulatory
- After care planning and referrals
- Co-occurring disorders (including developmental or neurologic)

Available response options for each service include '*Yes – provided*,' '*Referred for service*,' '*No – not provided or referred*,' and '*Not documented in records/unknown*.'

Question E2a-j: 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	○	○	○

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Question E2a-j is only required for clients who, since their last assessment, received medication for substance use disorder directly from the grantee, as recorded in Question E1a. The medications for substance use disorder include:

- Naltrexone
- Extended-release Naltrexone
- Disulfiram
- Acamprosate
- Methadone
- Buprenorphine
- Nicotine cessation therapy (e.g. Nicotine patch, gum, lozenge)
- Bupropion
- Varenicline
- Other

Available response options for each medication are '*Yes – received*,' '*No – not received*,' and '*Not documented in records/unknown*.'

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

Question E3 records whether the project has provided or referred the client for crisis services since the previous assessment. Select one of the available response options. These include *'Yes*,' '*No*,' and '*Not documented in records*.'

Question E3a-d: Crisis Services

E3a. If yes, please indicate which:

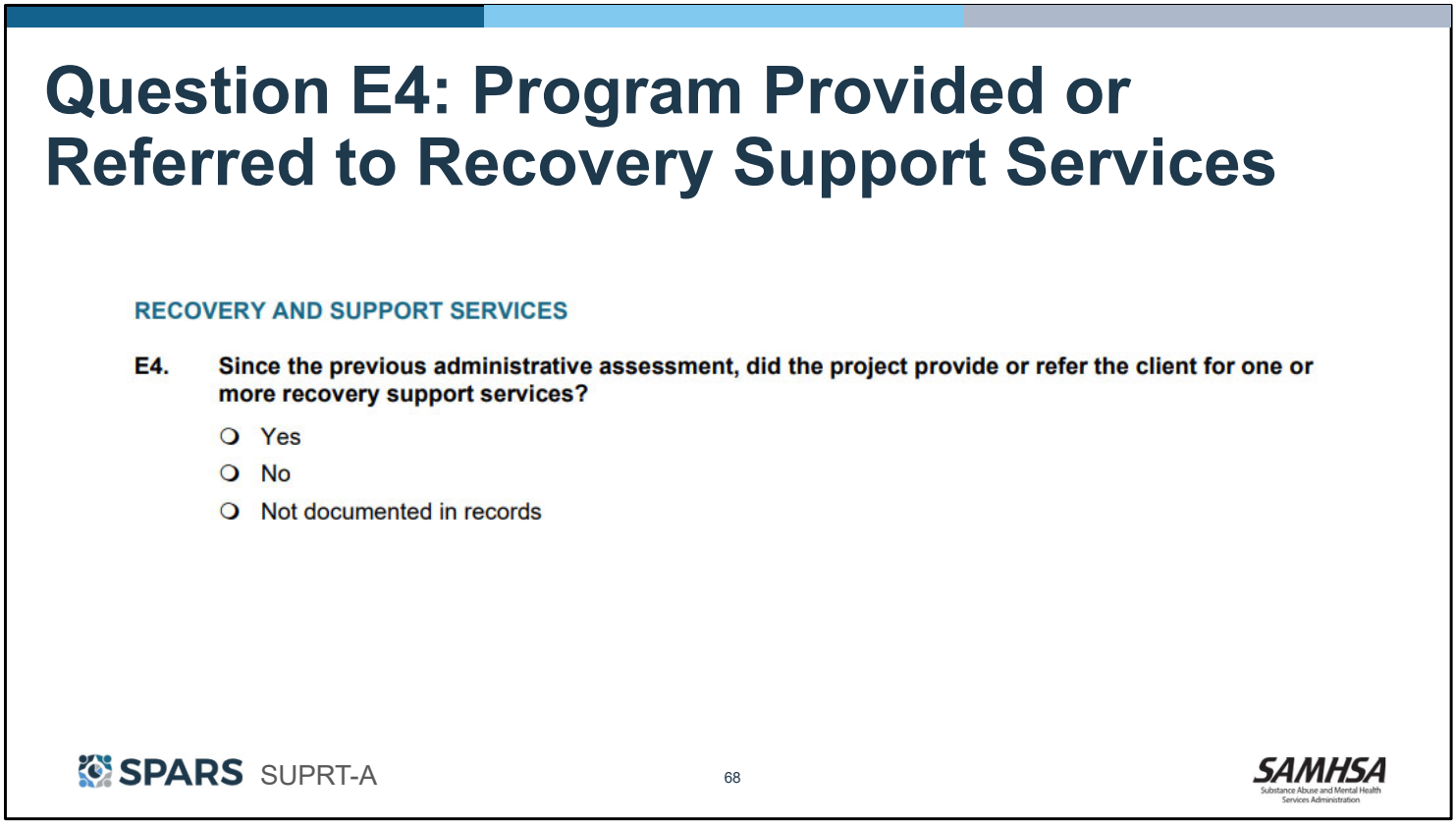
	Yes – provided	Referred for service	No – not provided or referred	Not documented in records / unknown
a. Crisis response planning	❍	❍	❍	❍
b. Crisis response	❍	❍	❍	❍
c. Crisis stabilization	❍	❍	❍	❍
d. Crisis follow-up	❍	❍	❍	❍

Question E3a-d is a follow-up question that is only required when the project has provided or referred the client for crisis services since their last assessment, as recorded in Question E3. Select one of the available response options for each of the crisis services listed, including:

- Crisis response planning
- Crisis response
- Crisis stabilization
- Crisis follow-up

Available response options for each service include '*Yes – provided*,' '*Referred for service*,' '*No – not provided or referred*,' and '*Not documented in records/unknown*.'

Question E4: Program Provided or Referred to Recovery Support Services



Question E4 records whether the project has provided or referred the client for recovery support services since the previous assessment. Select one of the available response options. These include *'Yes*,' '*No*,' and '*Not documented in records*.'

Question E4a-l: Recovery Support Services

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	❍	❍	❍	❍

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Question E4a-l is a follow-up question that is only required when the project has provided or referred the client for recovery support services since their last assessment, as recorded in Question E4. Select one of the available response options for each of the recovery support services listed in the twelve sub-questions, including:

- Employment support
- Family support services, including family peer support
- Childcare
- Transportation
- Education support
- Housing support
- Recovery housing
- Spiritual, ceremonial, and/or traditional activities
- Mutual support groups
- Peer support specialist services, coaching or mentoring
- Respite care
- Therapeutic foster care

Available response options for each service include '*Yes – provided*,' '*Referred for service*,' '*No – not provided or referred*,' and '*Not documented in records/unknown*.'

Question E5: Program Provided or Referred to Integrated Services

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

Question E5 records whether the project has provided or referred the client for integrated services since the previous assessment. Select one of the available response options. These include *'Yes*,' '*No*,' and '*Not documented in records*.'

Question E5a-i: 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	❍	❍	❍	❍

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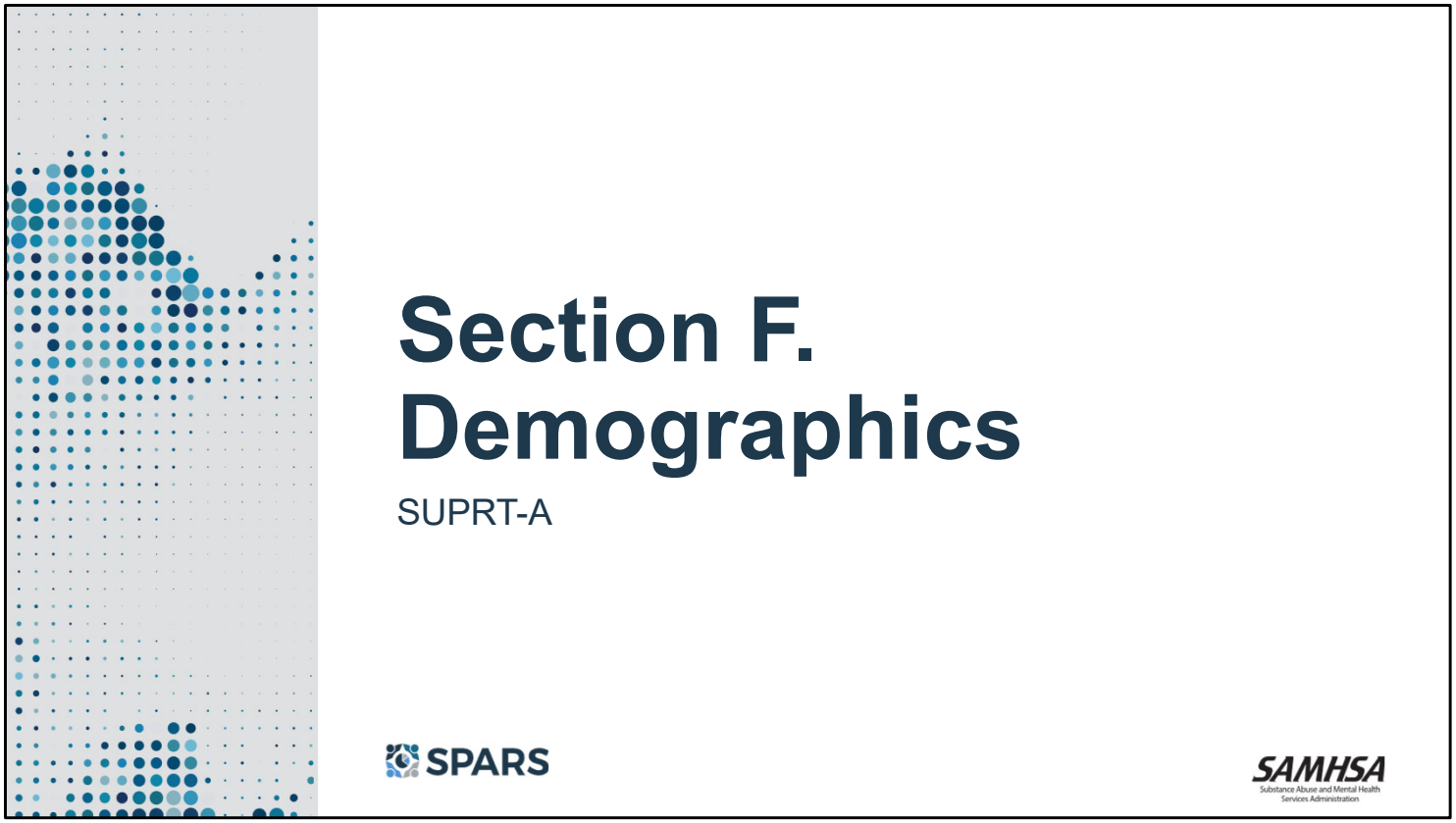
Question E5a-i is a follow-up question that is only required when the project has provided or referred the client for integrated services since their last assessment, as recorded in Question E5. Select one of the available response options for each of the integrated services listed in the nine sub-questions, including:

- Primary health care
- Maternal health care or OB/GYN
- HIV testing
- Viral hepatitis testing
- HIV treatment
- HIV pre-exposure prophylaxis (PrEP)
- Viral hepatitis treatment
- Other STI testing or treatment
- Dental care

Available response options for each service include '*Yes – provided*,' '*Referred for service*,' '*No – not provided or referred*,' and '*Not documented in records/unknown*.'



This section collects demographic data for race/ethnicity (using the new OMB SPD15 standard), and sex. This information helps SAMHSA identify the types of clients receiving SAMHSA-funded services and identify differences across demographic groups. Only collect demographic information in SUPRT-A if the client or caregiver did not answer any question for SUPRT-C.

Section F. Demographics

Collected at:

- Baseline

Collects information on:

- Race/Ethnicity
- Sex

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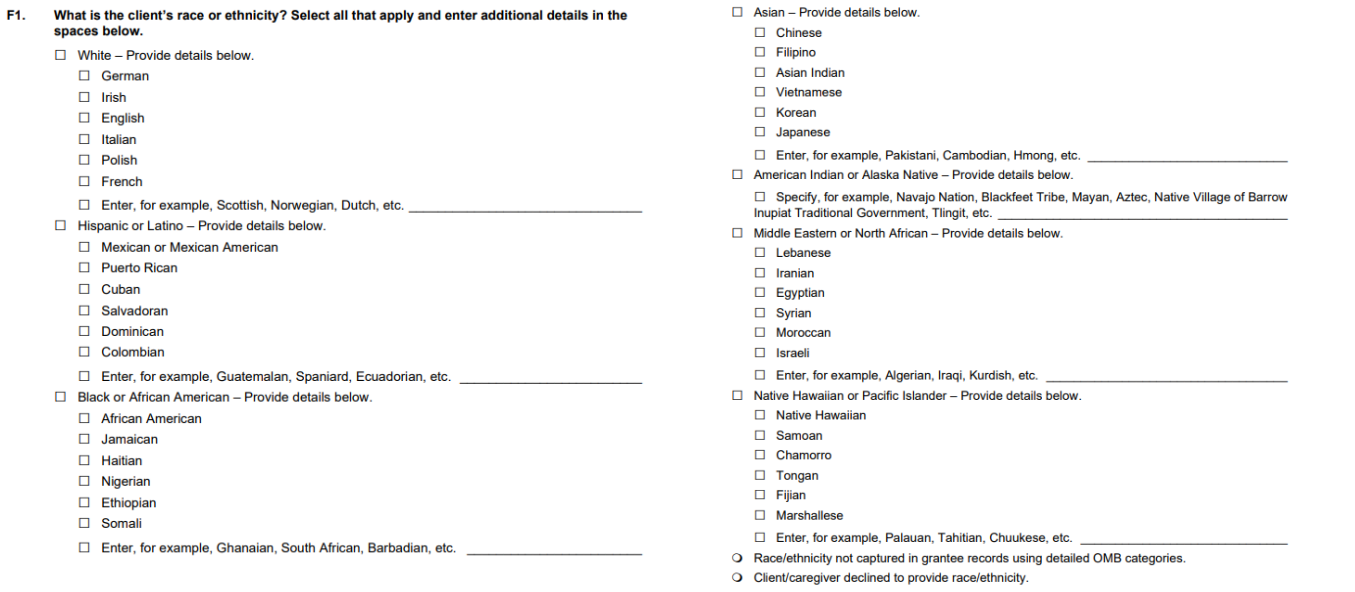
Section F, Demographics, is collected at Baseline for all age groups if the client did not consent to SUPRT-C. This section collects demographics on race/ethnicity and sex.

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.

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

Select all items that correspond with the client's identified race and ethnicity. Select a race first, and then one or more ethnicities within that race. If the client's reported ethnic group is not listed, enter it in the space provided under the corresponding race category. If the client has a documented race but no documented ethnic group, only select their race.

For example, if the client's documented race is '*White*', first select '*White*' and then select the client's documented ethnicity. Leave the ethnicities blank if none were reported. If a client's documented ethnicity is '*Scottish*,' select both '*White*' race and the corresponding '*Enter*' box and write in "*Scottish*." Select all race and ethnic groups documented in the client records.

If the client has no recorded race or ethnicity in your internal records, select '*Client/caregiver declined to provide race/ethnicity.*' If your organization does not collect race/ethnicity information directly from clients or does not collect it using the options provided in SUPRT-A, select '*Race/ethnicity not captured in grantee records using detailed OMB categories*.'

Question F2. Sex

F2. What is the individual's sex?

- ❍ Female
- ❍ Male

Question F2 records 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.

Next we will walk through SUPRT-C. SUPRT-C is a self-administered tool for clients, proxies, caregivers/parents that facilitates the collection and reporting of client-level data at baseline, reassessment, and annual assessment stages. SUPRT-C is not completed at closeout.

SUPRT-C Tool Versions

Age Range	Respondent Type	Assessment	Link
Adult (18 years+)	Client (or proxy)	Baseline	SUPRT-C-Adult-Baseline-Tool
	Client (or proxy)	Reassessment	SUPRT-C-Adult-Reassessment-Tool
	Client (or proxy)	Annual	SPARS-SUPRT-C-Adult-Annual-Tool
Youth (12-17 years)	Client (or proxy)	Baseline	SUPRT-C-Youth-Baseline-Tool
	Client (or proxy)	Reassessment	SUPRT-C-Youth-Reassessment-Tool
Child (5-17 years)	Caregiver/Parent	Baseline	SUPRT-C-Child-Caregiver-Baseline-Tool
	Caregiver/Parent	Reassessment	SUPRT-C-Child-Caregiver-Reassessment-Tool
Young Child (0-4 years)	Caregiver/Parent	Baseline	SUPRT-C-Young-Child-Caregiver-Baseline-Tool
	Caregiver/Parent	Reassessment	SUPRT-C-Young-Child-Caregiver-Reassessment-Tool

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There are different versions of SUPRT-C based on age, respondent type, and assessment time period.

For clients aged 12-17 at baseline, either the Child or Youth version of SUPRT-C may be used. The **Youth assessment** is directed to the client (e.g., “What is your race or ethnicity?”). The **Child assessment** is directed to the caregiver or parent (e.g., “What is your child’s race or ethnicity?”).

The decision about which assessment to administer depends on respondent or grantee preferences, availability, or limitations (e.g., cognitive ability, reading level). For example, a 13-year-old client may complete the Youth form themselves or a caregiver/parent could complete the Child Caregiver form on behalf of the client.

Clients, proxies, or caregivers/parents must complete the same age version of SUPRT-C at each subsequent assessment during an episode of care, regardless of the client’s age at the time. For example, a client who completes the Youth baseline form should complete the Youth reassessment form, even if they turn 18 before reassessment. If the client is discharged and later begins a new episode of care, the baseline form used should correspond to the client’s age at the time of re-enrollment.

Overview of SUPRT-C Sections

- **Record Management**: Completed by grantee staff at each assessment; collects administrative details.
- **Demographics:** Completed only at baseline; collects data on client's race/ethnicity, sex, language, uniformed service status, and disability status.
- **Social Drivers of Health:** Completed only at baseline and reassessment; Collects data on client's basic needs, housing, employment, education, and transportation access.
- **Client-Reported Core Outcomes:** Completed only with the **Adult (18+)** version; collects data on SAMHSA's Core Outcomes of Recovery.

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SUPRT-C is comprised of four sections that collect standardized data about the client.

- **Record Management** is completed by grantee staff regardless of whether SUPRT-C was completed or declined, and collects administrative details, including the assessment date and respondent type.
- **Demographics** collects information about the client's race/ethnicity, sex, language spoken, uniformed service status, and disability status.
- **Social Drivers of Health** collects data about the client's basic needs, housing, employment, education, and access to transportation.
- **Client-Reported Core Outcomes** collects data on the client's perception of their recovery across physical health, mental health, substance use, housing, employment, finances, community support, quality of life, and personal program goal domains.

In the next slide, we will outline which of these sections are present in each version of SUPRT-C.

SUPRT-C Sections by Assessment type

SUPRT-C Section	Form Type	Baseline	Reassessment	Annual
Demographics	Adult (18+ years)	**Yes**		
	Youth (12 – 17 years)	**Yes**		
	Child (5 – 17 Years)	**Yes**		
	Young Child (0 – 4 years)	**Yes**		
Social Drivers of Health	Adult (18+ years)	**Yes**	**Yes**	
	Youth (12 – 17 years)	**Yes**	**Yes**	
	Child (5 – 17 Years)	**Yes**	**Yes**	
	Young Child (0 – 4 years)	**Yes**	**Yes**	
Client-Reported Core Outcomes	Adult (18+ years)	**Yes**	**Yes**	**Yes**
	Youth (12 – 17 years)			
	Child (5 – 17 Years)			
	Young Child (0 – 4 years)			

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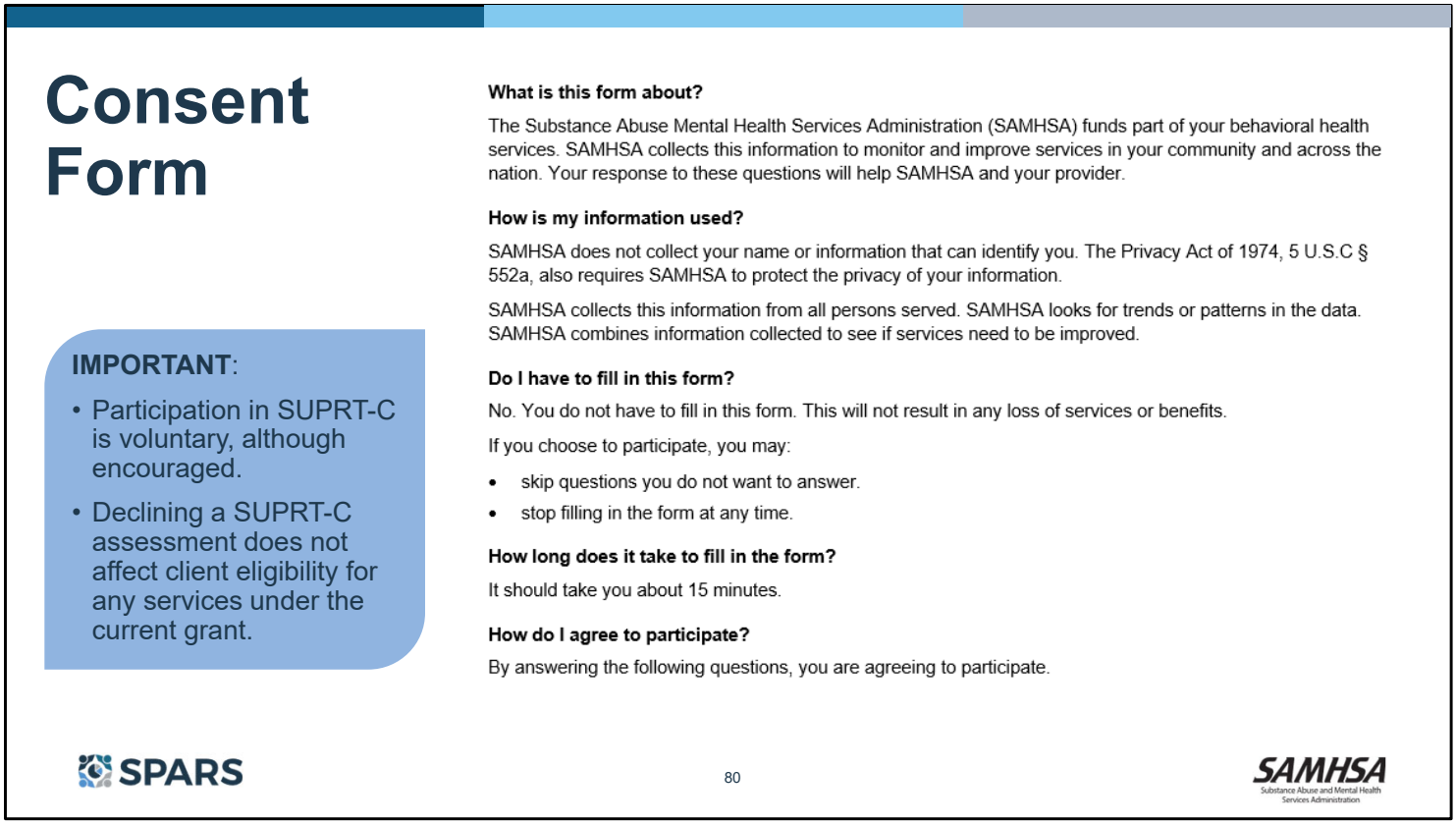
This table shows which sections are completed at each assessment timepoint and form type. Form type refers to the Adult, Youth, Child, and Young Child forms. **Demographics** is completed only at baseline for each version of the form type. **Social Drivers of Health** is completed at baseline and 3- or 6-month reassessment for each form type. **Client-Reported Core Outcomes** is only completed for adults at all interview timepoints.

Questions are tailored to the client's age and whether a client, proxy, or caregiver/parent is completing the form. Each question is included in this tool walkthrough, however the section letters and question numbers have been excluded since they are different for each version of the SUPRT-C form. There are slight phrasing differences between the adult (included in the walkthrough) form, and the child or young child forms.



Each version of SUPRT-C includes a client consent form on the first page. The client, proxy, or caregiver/parent should review the consent page before completing the assessment. The consent page outlines:

- The purpose of the assessment.
- How long it typically takes to complete the assessment.
- That participation is voluntary.
- That receiving services does **not** depend on whether the individual participates or finishes the assessment.
- That individuals may skip any question, choose “Prefer not to answer,” or stop at any time—without any impact on receipt of services.
- How the information collected will be kept confidential and who may see it.

If a client chooses not to complete the SUPRT-C assessment, grantee staff must document this in the Record Management section, indicating that the assessment was not completed. As a reminder, declining an assessment applies only to that specific timepoint. For instance, if a client declines the baseline assessment, they should still be offered the opportunity to complete the reassessment or annual assessment when it is due.

First we will cover record management, which is the only section in SUPRT-C completed by grantee staff.

Section Record Management

Collected at:

- Baseline
- Reassessment
- Annual Assessment

Collects information on:

- Client and Grantee Identification
- Assessment Information

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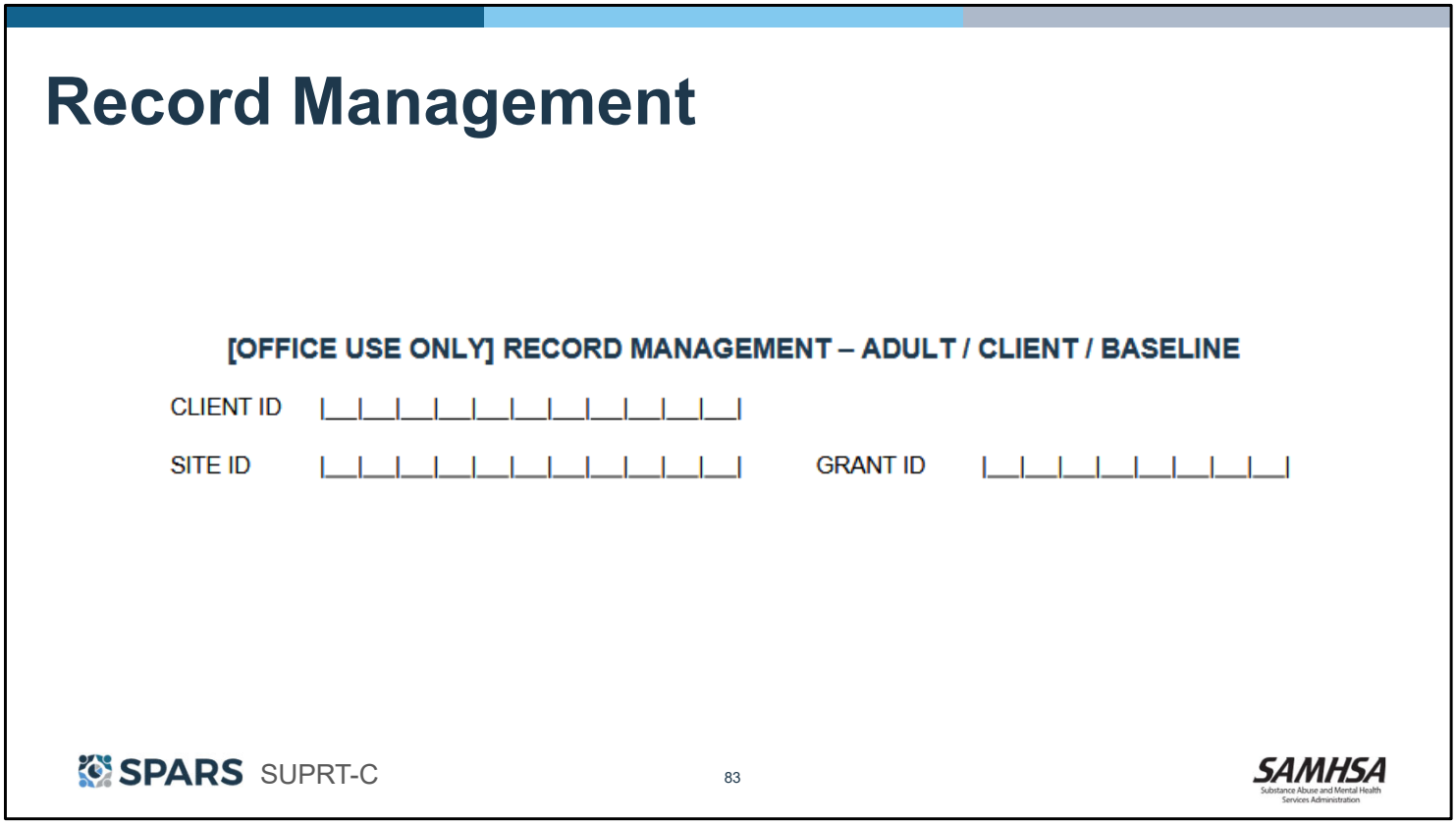
Record Management is always collected and required for submitting a SUPRT-C record.

This section collects client and grantee identification, and client's assessment information. This information helps SAMHSA track and manage client data, ensure proper documentation, and maintain the accuracy of program reporting and evaluation. Grantee staff collect administrative client identification information such as client ID, site ID, and date of assessment for SPARS entry and tracking.

Record Management



Record management information is collected at baseline, reassessment, annual assessment, and closeout.

The paper form collects with **client**, **site**, and **grant** identifiers.

- The **Client ID** is a client identifier that is determined by the grantee. It can be between 1 and 50 characters and can include both numerals and letters. This ID is designed to track a specific client through their assessments (baseline, reassessment, annual, and closeout), while preserving their anonymity. It should be the same as the SUPRT-A Client-ID.
- The **Site ID** is used to associate client data with a specific grant site. It can be used by grantees to help them track where the services were provided or where the assessment was completed. Site ID is an optional field.
- The **Grant ID** is the SAMHSA-assigned grant identification number and has a maximum of 10 digits. Note that this item does not appear on data entry screens in SPARS, as grantees select their grant upon logging into SPARS.

In SUPRT-C, these fields will be auto filled by the SPARS data entry system based on data input through the SUPRT-A record.

Record Management

1. Was this assessment conducted with the client/caregiver?

- ❍ Yes – Client
- ❍ Yes – Caregiver/Proxy
- ❍ No

1a. [IF QUESTION 1 IS YES] When?

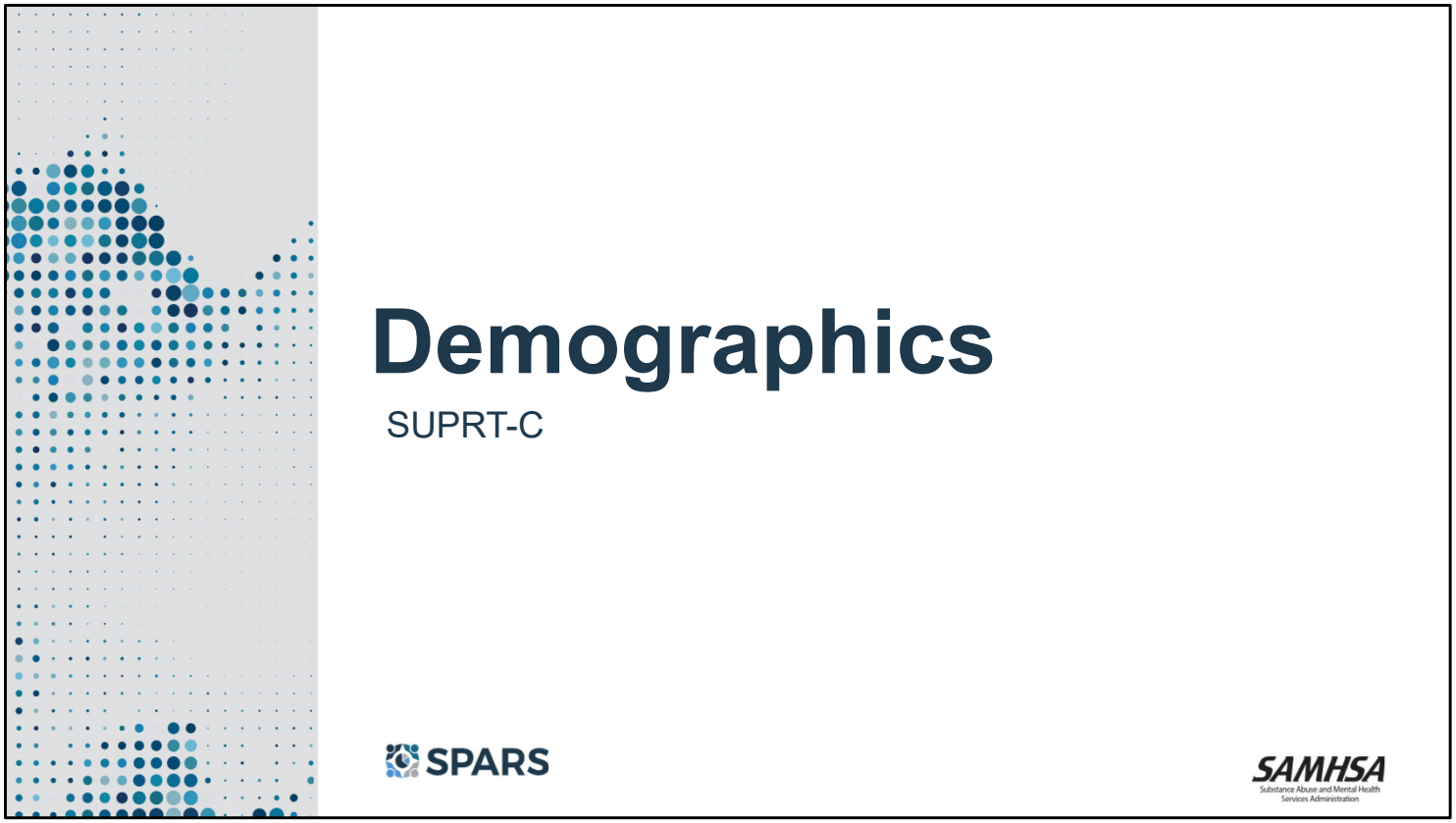
|__|__| / |__|__| / |__|__|__|__| MM / DD / YYYY

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

- ❍ Client/Caregiver was unable to provide consent
- ❍ Client was not reached for assessment
- ❍ Client no longer in care

Question 1 asks if the assessment was conducted with the client/caregiver. If the answer to question 1 is '*Yes – Client,*' or '*Yes – Caregiver/Proxy,*' grantees should enter the data the assessment was completed in MM/DD/YYYY format in Question 1a. If the answer is '*No,'* grantees should select a reason in question 1b, '*Client/Caregiver was unable to provide consent*,' '*Client was not reached for assessment*,' or '*Client no longer in care*.' If the client declined, select, '*Client/Caregiver was unable to provide consent*.' These response options have circles, indicating that only one response is allowed.

If the client is no longer in the program, or receiving treatment or services, select '*Client no longer in care*.' A SUPRT-C will not be completed, but a SUPRT-A Closeout should be completed.



Let's review the Demographics section. This section should be completed by the client, proxy, or a caregiver/parent only at baseline for all age versions of SUPRT-C.

If a respondent does not wish to answer a question, they should mark '*Prefer not to answer*,' where applicable, or skip the item.

Grantee staff should not complete this section based on client records or appearance, even if the individual declines to respond.

Demographics

Collected at:

- Baseline

Collects information on:

- Race/Ethnicity
- Sex

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This section collects demographics on race/ethnicity and sex. Demographics are collected at Baseline for all age groups, however the questions asked will vary depending upon the age of the client.

Race and/or Ethnicity

What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

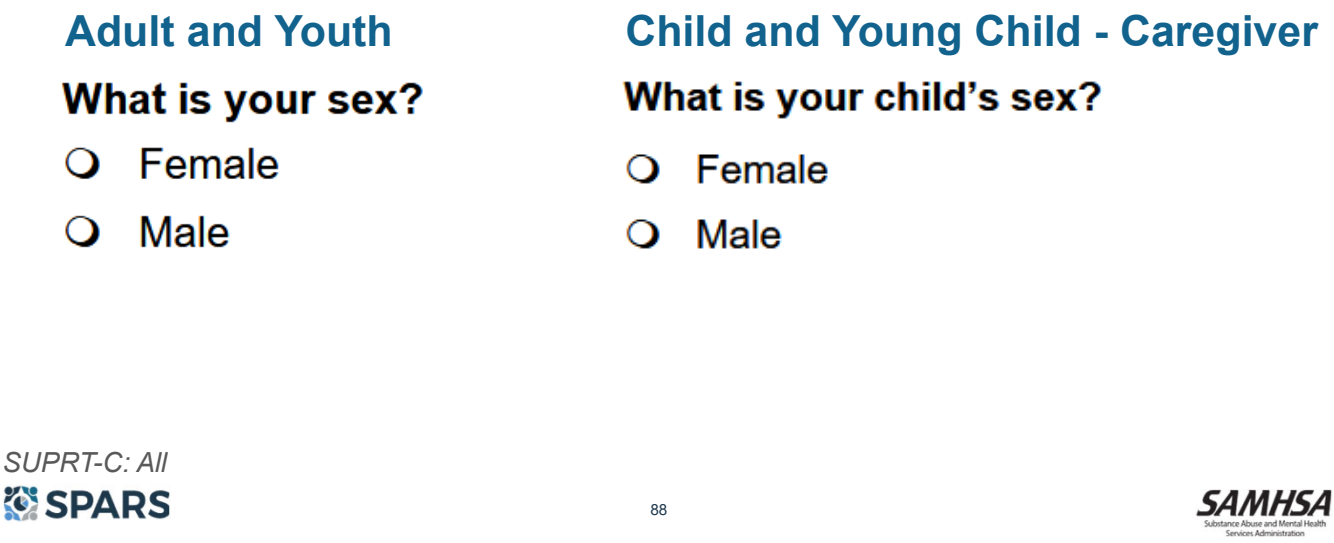
- ☐ White – Provide details below.
  - ☐ German
  - ☐ Irish
  - ☐ English
  - ☐ Italian
  - ☐ Polish
  - ☐ French
  - ☐ Enter, for example, Scottish, Norwegian, Dutch, etc. _____
- ☐ Hispanic or Latino – Provide details below.
  - ☐ Mexican or Mexican American
  - ☐ Puerto Rican
  - ☐ Cuban
  - ☐ Salvadoran
  - ☐ 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. _____

SPARS *SUPRT-C: All* 87 SAMHSA Substance Abuse and Mental Health Services Administration

The first question collects data on the client's self-identified race and/or ethnicity. This question is the same as the one asked in SUPRT-A, only asked of the client directly. Since the response options have check boxes, the client can select more than one response. The respondent may select all answers that apply and provide additional detail on the blank lines if needed.

Multiple selections are allowed. If the client identifies with a group not listed, they should select '*Enter, for example'* in their race category and record their response in the space provided.

Sex



SUPRT-C: All

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The next question collects data on the client's self-reported sex identity. This is an example of how the question phrasing can differ between the different forms. The Adult and Youth forms ask, '*What is your sex?*' whereas the Child-Caregiver and Young Child-Caregiver forms ask, '*What is your child's sex?*'

If the client, proxy, or caregiver/parent does not understand the question or asks what is meant by sex, grantee staff may clarify that the question is asking if the client is a man or male, woman or female. Sex refers to whether the client was identified as a boy or girl at birth based on their anatomy.

This question can be skipped if the client does not wish to answer, or if the proxy or caregiver/parent is unable to answer.

Spoken Language(s)

Do you speak a language other than English at home? (If no, please skip to question A4.)

- ❍ Yes
- ❍ No
- ❍ Prefer not to answer

A3a. For persons speaking a language other than English (answering yes to the question above): What is this language(s)?

CHECK ALL THAT APPLY

- ☐ American Sign Language (ASL)
- ☐ Arabic
- ☐ Chinese
- ☐ French
- ☐ Portuguese
- ☐ Spanish
- ☐ Other Language – specify: _____
- ❍ Prefer not to answer

SUPRT-C: All

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The next question collects data on the client's spoken languages at home. Similarly, on the child it asks, '*Does your child speak a language other than English at home?*' This question is not asked on the young child form.

Note that this is a two-part question. If the respondent selects '*Yes,'* they should answer the follow-up question by selecting all languages spoken by the client at home other than English. If the answer is '*No'* or '*Prefer not to answer*,' respondents should leave the follow-up question (A3a) blank and advance to the next question. They should not mark '*Prefer not to answer'* in the follow-up question.

Uniformed Service Status

Have you ever served in the Armed Forces, the Reserves, the National Guard or other Uniformed Services?

- ❍ Yes, currently serving
- ❍ Yes, served in the past
- ❍ No
- ❍ Prefer not to answer

SUPRT-C: Adult only

SPARS

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SAMHSA
Substance Abuse and Mental Health Services Administration

The next question collects data on the client's U.S. uniformed service status. This question appears only on the **Adult** version of SUPRT-C. Respondents should select one response only.

Clients or their proxies may ask about service in civilian law enforcement, police officers, or other civilian security jobs; these should not be included as uniformed service for this question.

Physical Health

Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	❍	❍	❍
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	❍	❍	❍
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	❍	❍	❍
d. Do you have serious difficulty walking or climbing stairs?	❍	❍	❍
e. Do you have difficulty dressing or bathing?	❍	❍	❍
f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	❍	❍	❍

SUPRT-C: All (adult version)

SPARS

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SAMHSA
Substance Abuse and Mental Health Services Administration

This question collects data on the client's physical health and includes six sub-questions that assess whether the client has difficulty:

- hearing;
- seeing;
- concentrating, remembering, or making decisions due to a physical, mental, or emotional condition;
- walking or climbing stairs;
- dressing or bathing; and
- doing errands alone due to a physical, mental, or emotional condition.

The respondent should select '*Yes*,' '*No*,' or '*Prefer not to answer*' for each sub-question.

Some questions in this series of questions are not presented to some clients, based on age. The full series is presented to adults.

Physical Health

Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	❍	❍	❍
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	❍	❍	❍
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	❍	❍	❍
d. Do you have serious difficulty walking or climbing stairs?	❍	❍	❍
e. Do you have difficulty dressing or bathing?	❍	❍	❍

SUPRT-C: All (youth and child version)

SPARS

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SAMHSA
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The **youth** and **child** forms will only present items a through e in this series.

Physical Health – Young Child

A3. Please respond to the following questions about your child's physical health.

	Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?	❍	❍	❍
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?	❍	❍	❍

SUPRT-C: All (young child version)

SPARS

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SAMHSA
Substance Abuse and Mental Health Services Administration

On the **Young Child** version of the form, only the first two sub-questions on hearing and vision are included.

Next we will discuss the social drivers of health section.

Social Drivers of Health

Collected at:

- Baseline
- Reassessment

Collects information on:

- Basic Needs
- Living Situation
- Employment
- Education
- Transportation

SPARS

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SAMHSA
Substance Abuse and Mental Health Services Administration

The next section of SUPRT-C is Social Drivers of Health is **completed at both baseline and reassessment** for all versions of the form. This section collects information about the client's basic needs, housing, employment, education, and access to transportation. Please note, in the Child-Caregiver and Young Child-Caregiver versions of the forms, these questions are worded slightly differently and refer to the client.

Living Expenses

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- Very hard
- Somewhat hard
- Not hard at all
- Prefer not to answer

SUPRT-C: Adult, child, young child (adult version)

SPARS

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SAMHSA
Substance Abuse and Mental Health Services Administration

This question assesses how **difficult it is** for the client (or caregiver/parent if responding on behalf of a child) **to pay for basic living expenses** such as food, housing, medical care, and heating.

This question does not appear on the **Youth** version of SUPRT-C. The wording is different in the child and young child version.

Living Expenses

How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- ❍ Very hard
- ❍ Somewhat hard
- ❍ Not hard at all
- ❍ I am not the person responsible for paying for the basics for my child
- ❍ Prefer not to answer

SUPRT-C: Adult, child, young child (child and young child version)

SPARS

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When this question is asked of a parent or guardian on the child or young child assessments, there is an additional available response option for the respondent to indicate they are not the person responsible for paying for basics for the client.

Living Situation

What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- Prefer not to answer

SUPRT-C: All (adult and youth version)

SPARS

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SAMHSA
Substance Abuse and Mental Health Services Administration

This question records the **client's current living situation** and their perception of its stability. Clients are to select only one option. The available options are: '*I have a steady place to live*,' '*I have a place to live today but I am worried about losing it in the future*, *I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park),*' '*Prefer not to answer*.'

Note this question will be worded differently when directed to a caretaker or a proxy.

Living Situation

What is your child's living situation today?

- My child has a steady place to live
- My child has a place to live today but I am worried they may lose it in the future
- My child does not have a steady place to live (My child is temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- Prefer not to answer

SUPRT-C: All (child and young child version)

SPARS

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Here is the living situation question on the child and young-child form. The question on these forms records the **child's current living situation** and their perception of its stability. Caregivers are to select only one option. The available options are: '***My child has*** *a steady place to live*,' '***My child has*** *a place to live today but I am worried* ***they may*** *lose it in the future*,' '***My child does*** *not have a steady place to live (****my child is*** *temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park),*' '*Prefer not to answer*.'

Living Situation Type

Which of the following best describes your current living situation?

- House or apartment
- Your partner's place
- A friend or relative's and paying rent
- A friend or relative's and not paying rent
- Permanent housing program
- Transitional housing program
- Domestic violence shelter
- Emergency shelter
- Voucher hotel or motel
- Hotel or motel you pay for
- Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside
- Somewhere else [where]: _____
- Prefer not to answer

SUPRT-C: All

SPARS

100

SAMHSA
Substance Abuse and Mental Health Services Administration

This question records where the **client is currently living**.

If the client is living in more than one place, the respondent should select the answer that reflects where they spend most of their time or where they have been living for a longer period. The available response options are:

- *House or apartment*
- *Your partner's place*
- *A friend or relative's and paying rent*
- *A friend or relative's and not paying rent*
- *Permanent housing program*
- *Transitional housing program* – The respondent should check this option if the client is living in a halfway house or three-quarter house.
- *Domestic violence shelter*
- *Emergency shelter*
- *Voucher hotel or motel* – The respondent should check this response if the client is receiving government-funded emergency assistance to support a hotel or motel stay when other options are unavailable.
- *Hotel or motel you pay for*
- *Residential drug or alcohol program*
- *Jail or prison*
- *Car or other vehicle*
- *Abandoned building*
- *Anywhere outside*
- *Somewhere else [where]* – The client lives somewhere else not listed and should enter their living situation in the space provided.
- *Prefer not to answer* – The client, proxy, or caregiver/parent does not wish to answer.

The child and young child forms have slightly different response options using '*Your house or apartment*' instead of '*House or apartment*.'

Employment Status

Are you currently employed?

- ❍ Employed, full time or part time (includes temporary, seasonal, hours change each week)
- ❍ Not employed, seeking employment
- ❍ Not employed, not seeking employment (includes if you are in school and not seeking a job, retired, not looking for work because of a disability, a homemaker, etc.)
- ❍ Other – specify: _____
- ❍ Prefer not to answer

SUPRT-C: Adult only

SPARS

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Substance Abuse and Mental Health Services Administration

This question records the **client's current employment status**. Only one response option can be selected. Response options are: '*Employed, full- or –part time,' 'Not employed, seeking employment,' 'Not employed, not seeking employment,' 'Other,'* and '*Prefer not to answer*.' If a client's employment status is not listed, they should select '*Other*' and specify in the space provided their employment status.

This question appears only on the **Adult** version of SUPRT-C.

Education Level

What is the highest level of education you have finished?

- ❍ Less than high school diploma
- ❍ High school degree or GED
- ❍ Some vocational, technical, college, or university credit(s)
- ❍ Associate's degree or technical/vocational certificate
- ❍ 4-year degree or higher
- ❍ Prefer not to answer

What is the highest level of education your child has finished?

- ❍ Preschool – Kindergarten
- ❍ Grade 1 – Grade 5
- ❍ Grade 6 – Grade 8
- ❍ Grade 9 - 12
- ❍ High school degree or GED
- ❍ Prefer not to answer

SUPRT-C: Adult, youth, and child

SPARS

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This question records the **highest level of education the client has completed**. Only one option can be selected, '*Less than high school diploma*,' '*High school degree or GED*,' '*Some vocational, technical, college or university credit(s)*,' '*Associate's degree or technical/vocational certificate*,' '*4-year degree or higher*,' '*Prefer not to answer*.'

The **Youth** and **Child** form versions have additional response options that cover education from preschool through high school degree or GED. This question does not appear on the **Young Child** version of SUPRT-C.

Education Attendance

In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer

SUPRT-C: Adult, youth, and child

SPARS

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This question records the **client's recent attendance in school or vocational training**. Only one response option should be selected. The response options are, '*Enrolled, attending regularly*,' '*Enrolled, not attending regularly*, '*Not enrolled*,' and '*Prefer not to answer*.'

This question does not appear on the **Young Child** version of SUPRT-C.

Transportation Access

In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

CHECK ALL THAT APPLY

- ☐ Yes, it has kept me from medical appointments or from getting my medications
- ☐ Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- ☐ No
- ❍ Prefer not to answer

SUPRT-C: Adult only

SPARS

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This question records whether the client's recent access to medical appointments and non-medical needs has been limited by available transportation. More than one response option can be selected. Available response options are:

- Yes, it has kept me from medical appointments or from getting my medications
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- No
- Prefer not to answer

This question appears only on the **Adult** version of SUPRT-C.

This is the last question in **Social Drivers of Health**. Next, we'll walk through the items in **Client-Reported Core Outcomes**.

The last section is the Client-Reported Core Outcomes

Client-Reported Core Outcomes

Collected at:

- Baseline (Adult)
- Reassessment (Adult)
- Annual Assessment (Adult)

Collects information on:

- Recovery Status
- Core Outcomes of Recovery
- Quality of Life
- Client Goals

SPARS

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The Client-Reported Core Outcomes section is collected at baseline, reassessment, and annual assessment, **only for adults**. This section collects information about the client's perception of their recovery across various domains.

Recovery Status

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

SUPRT-C: Adult only

SPARS

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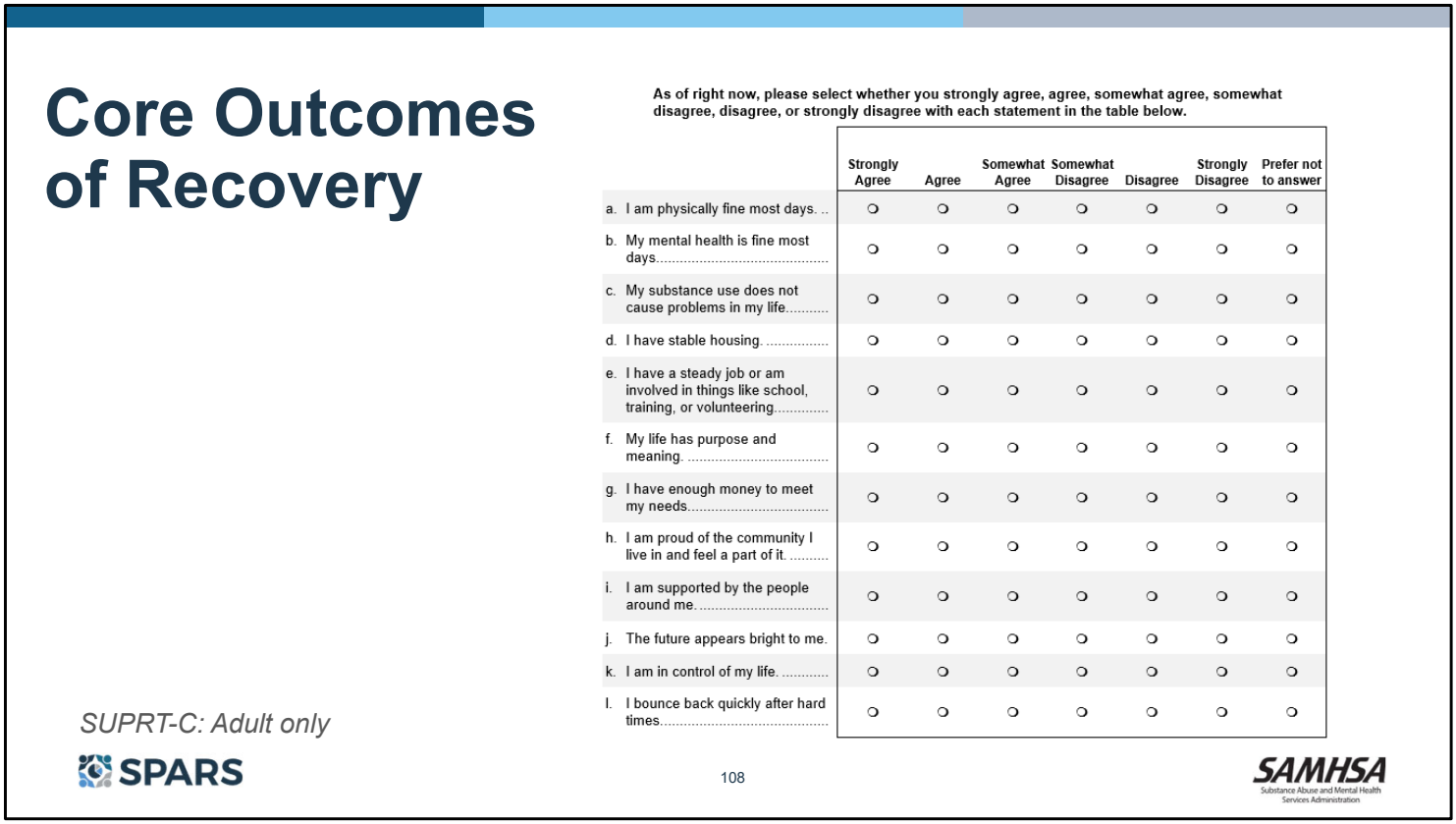
This question records the **client's perception of their recovery status**, including whether they are recovering from substance use, mental health, or co-occurring issues. Only one response can be selected. The response options are:

- 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

Core Outcomes of Recovery



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

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

This question records the **client's perception of their own well-being, stability, and support**.

This item includes twelve sub-questions that assess the extent to which the client agrees or disagrees with statements regarding their:

- physical health;
- mental health;
- substance use;
- housing;
- employment/schooling;
- life purpose;
- finances;
- community belonging;
- support from others;
- future outlook;
- sense of control; and
- resilience

For each statement, respondents should select an answer from the scale provided, ranging from "*Strongly Agree*" to "*Strongly Disagree.*"

Quality of Life

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?

|__|__|__|

SUPRT-C: Adult only

SPARS

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This question records the **client's perception of their quality of life**. Respondents should provide a single numeric rating between 0 and 100, where 0 represents no quality of life and 100 represents perfect quality of life.

Client Goals

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 (for example GED, degree, vocational training)
- ☐ Get or maintain a job
- ☐ Live in stable housing
- ☐ Be a better parent or caregiver
- ☐ Improve my friendships and relationships
- ☐ Comply with court order or avoid contact with the police and/or justice system
- ☐ Other goal - please describe: _____
- ○ Prefer not to answer

SUPRT-C: Adult only

SPARS

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This question records the **client's personal goals for receiving grant services.** Respondents should select all goals that apply or '*Prefer not to answer*.' Response options are:

- 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 (for example GED, degree, vocational training)
- Get or maintain a job
- Live in stable housing
- Be a better parent or caregiver
- Improve my friendships and relationships
- Comply with court order or avoid contact with the policy and/or justice system
- Other goal- please describe

Note that at reassessment and annual assessment, this question is phrased: ***"As a result of the services you received, which goals did you make progress on?"*** This distinction allows SUPRT-C to capture the goals clients identify at baseline and the progress they report over time.

This is the last question in the **Client-Reported Core Outcomes section**.

Thank you

Thank you for completing this baseline form.

Public reporting burden for this collection of information is estimated to average 15 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.

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At the end of the form, there is a closing and thank you statement to the client. Clients are encouraged to send comments regarding the reporting burden or other data collection comments to SAMHSA.

Before we wrap up today's session, let's briefly review key resources that will assist you with SUPRT-A/C data collection.

Additional Resources

- Question-by-Question (QxQ) Instruction Guide
- Frequently Asked Questions (FAQ)
- Codebook

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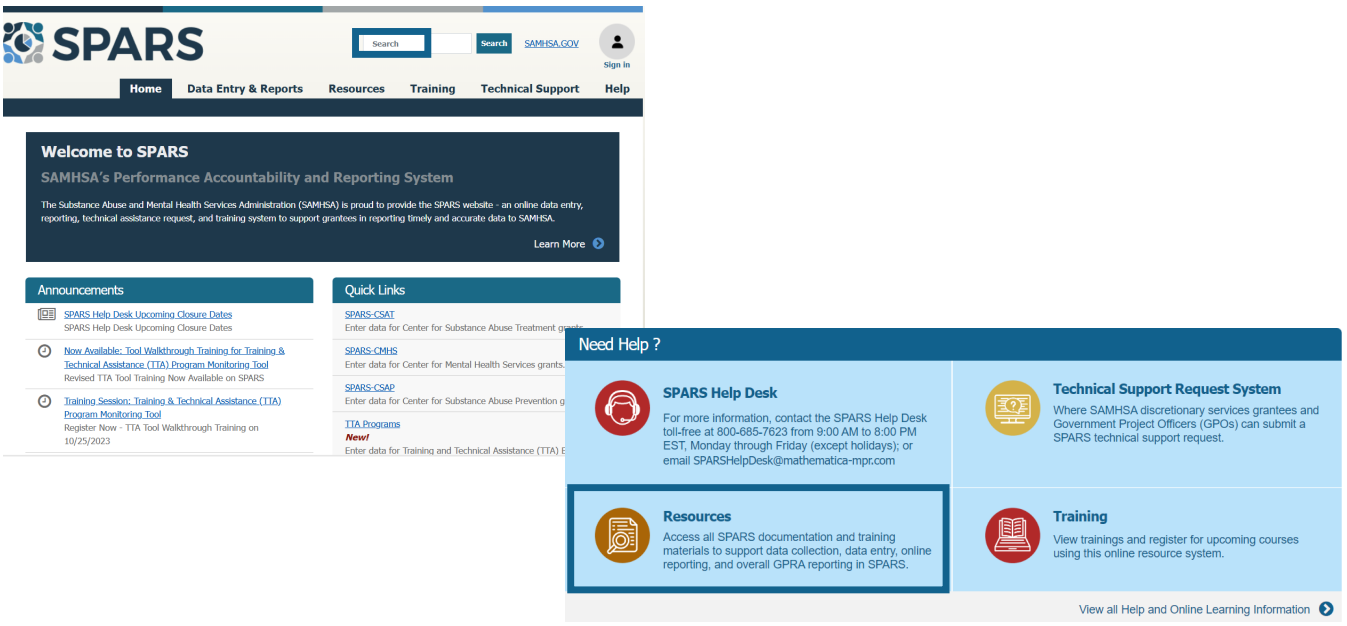
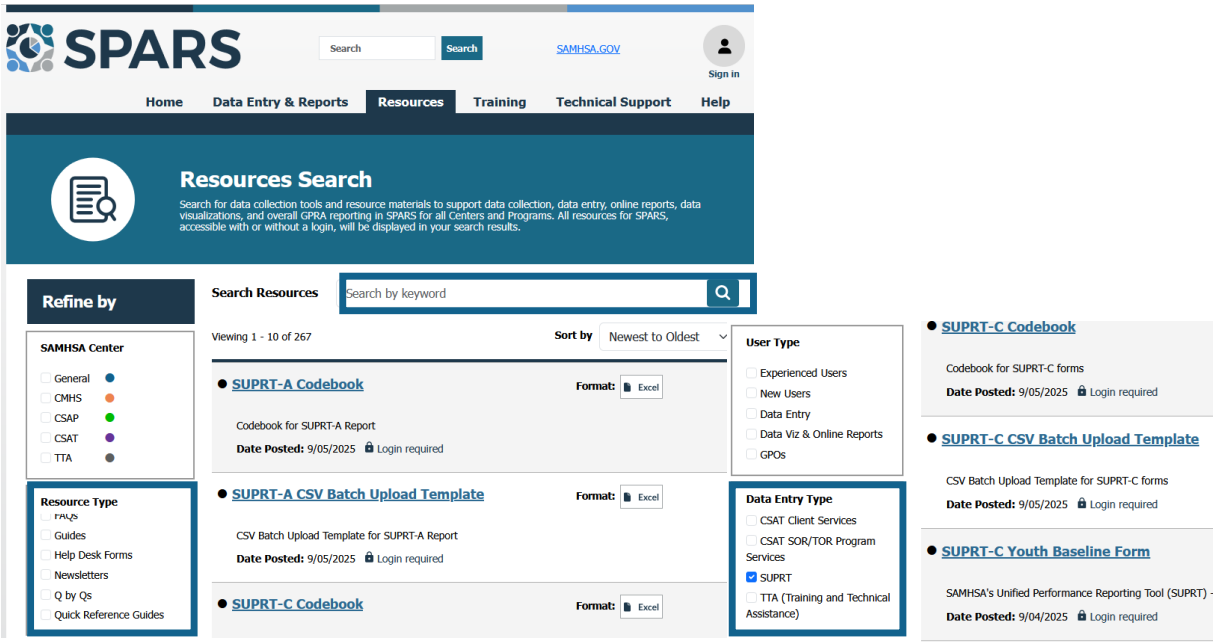
In addition to this SURPT-A/C tool walkthrough training, the following resources can assist with data collection. A question-by-question instruction guide, or QxQ, and a frequently asked questions document, or FAQ, are available on SPARS.



To navigate to resources from the SPARS Homepage, grantees can click the "**Resources**" tab at the top of the screen or scroll down and click the "Resources" link at the bottom of the homepage to access resources that can support grant-related data collection and reporting.



On the "**Resources Search**" page, users can enter "SUPRT" in the Search box, and then click the search icon to find all SPARS resources related to the SUPRT. Grantees can also check, "SUPRT" in the "**Data Entry Type**" filter to only see SUPRT resources. The "**Resource Type**" filter will allow users to search for specific resources such as Frequently Asked Questions, Question-by-Question Guides, Codebooks and Batch Upload Templates.

A list of SPARS resources, the date the resource was posted, and the format of each resource will display. Grantees can click the name of the resource to view and download the resource.

Questions

For general questions, please contact the SPARS Help Desk, Monday-Friday 9am-8pm EST:

- Phone: 800-685-7623
- Email: SPARSHelpDesk@mathematica-mpr.com

Please rate this video and let us know how we're doing!

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Thank you for joining us for the SUPRT-A/C walkthrough training. This and other trainings are found in the Trainings tab on the SPARS homepage.

If grantees have any questions or issues, they can reach out to their GPOs or to the SPARS Help Desk whose contact information is presented here on the screen. The Help Desk is open Monday through Friday from 9am to 8pm Eastern Standard Time. The SPARS Help Desk is closed on News Years Day, Martin Luther King Jr Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, and Christmas Day. Grantees can also check the SPARS announcement page on the SPARS homepage to look for upcoming holidays for when the help desk will be closed. When contacting the SPARS Help Desk, grantees are encouraged to provide their name, organization, grant number, and a detailed description of their question. Grantees can also request Technical Assistance for any topics discussed in the virtual training.

If you have any feedback related to this video or suggestions for other trainings, please complete the SPARS Feedback Survey after viewing this course. At the end of the video, a Completed Course pop-up window will appear; click **Next** and then select the **Share Feedback** button to complete our survey.

Grantees have the option to download a course completion certificate from the **Completed Course** pop-up window; click the **Download Certificate** button to save your certificate.

We welcome your feedback and look forward to hearing from you. Thank you!