New Recovery SUPRT Form

Vermont: SUPRT for Recovery Services

Substance Abuse and Mental Health Services Administration (SAMHSA) has replaced the Government Performance and Results Act (GPRA) survey tool with the Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT).

This goes into effect October 1, 2025.

SUPRT-A: Administrative Section

The next sections are to be completed by the recovery coach conducting the interview with client.

Admin, Section 1: Contact Information

1) Contact Information*

First Name: _____

Last Name: _____

Email address: _____

2) Which Recovery Center are you reporting on?*

( ) Journey to Recovery Community Center
( ) Kingdom Recovery Center
( ) North Central VT Recovery Center
( ) Second Wind Foundation
( ) Turning Point Center of Addision County
( ) Turning Point Center of Bennington
( ) Turning Point Center of Central Vermont
( ) Turning Point Center of Chittenden County
( ) Turning Point Center of Rutland
( ) Turning Point of Franklin County
( ) Turning Point of Windham County
( ) Turning Point Recovery Center of Springfield

3) If reporting on RCED program, please select for which hospital. (Optional)

( ) Brattleboro Memorial Hospital
( ) Central Vermont Medical Center
( ) Copley Hospital
( ) Gifford Medical Center
( ) Grace Cottage Family Health & Hospital
( ) Mt. Ascutney Hospital and Health Center
( ) North Country Hospital
( ) Northeastern Vermont Regional Hospital
( ) Northwestern Medical Center
( ) Porter Medical Center
( ) Rutland Regional Medical Center
( ) Southwestern Vermont Medical Center
( ) Springfield Hospital
( ) University of Vermont Medical Center

Admin, Section 2: Record Management

4) Client ID*

_____

5) Client's first name and last initial. *

Example: John Smith will be entered as " John S."

First Name: _____

Last Initial: _____

6) What is the client's month and year of birth?*

Month

( ) 01 - January

( ) 02 - February

( ) 03 - March

( ) 04 - April

( ) 05 - May

( ) 06 - June

( ) 07 - July

( ) 08 - August

( ) 09 - September

( ) 10 - October

( ) 11 - November

( ) 12 - December

Year

( ) 1950

( ) 1951

( ) 1952
( ) 1953
( ) 1954
( ) 1955
( ) 1956
( ) 1957
( ) 1958
( ) 1959
( ) 1960
( ) 1961
( ) 1962
( ) 1963
( ) 1964
( ) 1965
( ) 1966
( ) 1967
( ) 1968
( ) 1969
( ) 1970
( ) 1971
( ) 1972
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( ) 1974
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( ) 2011
( ) 2012
( ) 2013
( ) 2014
( ) 2015
( ) 2016
( ) 2017

( ) 2018
( ) 2019
( ) 2020
( ) 2021
( ) 2022
( ) 2023
( ) 2024
( ) 2025
( ) 2026
( ) 2027

7) Does the client consent to participating in the survey?*

( ) Yes
( ) No

8) What is the date of the assessment (MM/DD/YYYY)? (Date of interview)*

_____

9) Which assessment type?*

( ) Baseline
( ) Reassessment (for clients in care at 3 or 6 months)
( ) Record closeout

10) BASELINE ASSESSMENT:

When did the client first receive services under this grant?*

Month

( ) 01 - January

( ) 02 - February
( ) 03 - March
( ) 04 - April
( ) 05 - May
( ) 06 - June
( ) 07 - July
( ) 08 - August
( ) 09 - September
( ) 10 - October
( ) 11 - November
( ) 12 - December

Year

( ) 2015
( ) 2016
( ) 2017
( ) 2018
( ) 2019
( ) 2020
( ) 2021
( ) 2022
( ) 2023
( ) 2024
( ) 2025
( ) 2026
( ) 2027

11) REASSESSMENT or CLOSEOUT:

When did the client most recently receive services under this grant?*

Month

( ) 01 - January
( ) 02 - February
( ) 03 - March
( ) 04 - April
( ) 05 - May
( ) 06 - June
( ) 07 - July
( ) 08 - August
( ) 09 - September
( ) 10 - October
( ) 11 - November
( ) 12 - December

Year

( ) 2015
( ) 2016
( ) 2017
( ) 2018
( ) 2019
( ) 2020
( ) 2021
( ) 2022
( ) 2023
( ) 2024
( ) 2025
( ) 2026
( ) 2027

12) 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

13) What is the cause of death?*

( ) Suicide
( ) Overdose
( ) Other behavioral health cause
( ) Other cause
( ) Not documented

Admin, Section 3: Behavioral Health History

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

14) 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

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Admin, Section 6: Services Received

Services Received is collected by grantee staff at Reassessment and Closeout.

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

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

( ) Yes

( ) No

( ) Not documented in records

27) Recovery and Support Services*

	Yes - provided	Referred for Service	No - not provided or referred	Not documented/unknown
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	( )	( )	( )	( )

Admin, Section 7: Consent Denied, Demographic Data

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

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

28) 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.:

_____

[ ] Not applicable

Hispanic or Latino - Provide details below.

[ ] Mexican or Mexican American

[ ] Puerto Rican

[ ] Cuban

[ ] Salvadoran

[ ] Dominican

[ ] Columbian

[ ] Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.

[ ] Not applicable

Black or African American - Provide details below.

[ ] African American

[ ] Jamaican

[ ] Haitian

[ ] Nigerian

[ ] Ethiopian

[ ] Somali

[ ] Enter, for example, Ghanian, South African, Barbadian, etc.:

_____

[ ] Not applicable

Asian - Provide details below.

[ ] Chinese

[ ] Filipino

[ ] Asian Indian

[ ] Vietnamese

[ ] Korean

[ ] Japanese

[ ] Enter, for example, Pakistani, Cambodian, Hmong, etc.

[ ] Not applicable

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.:

_____

[ ] Not applicable

Middle Eastern or North African - Provide details below.

[ ] Lebanese

[ ] Iranian

[ ] Egyptian

[ ] Syrian

[ ] Moroccan

[ ] Israeli

[ ] Enter, for example, Algerian, Iraqi, Kurdish, etc.:
_____

[ ] Not applicable

Native Hawaiian or Pacific Islander - Provide details below.

[ ] Native Hawaiian

[ ] Samoan

[ ] Chamorro

[ ] Tongan

[ ] Fijian

[ ] Marshallese

[ ] Enter, for example, Palauan, Tahitian, Chuukese, etc.:
_____

[ ] Not applicable

Information Not Available

[ ] Race/ethnicity not captured in grantee records using detailed OMB categories.

[ ] Client/caregiver declined to provide race/ethnicity.

[ ] Not applicable

29) What is the individual's sex?

( ) Female

( ) Male

SUPRT-C: Client Section

The next sections are to be completed by the client.

Client, Baseline ONLY: Demographic Data

30) 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.:

_____

[ ] Not applicable

Hispanic or Latino - Provide details below.

[ ] Mexican or Mexican American

[ ] Puerto Rican

[ ] Cuban

[ ] Salvadoran

[ ] Dominican

[ ] Columbian

[ ] Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.

[ ] Not applicable

Black or African American - Provide details below.

[ ] African American

[ ] Jamaican

[ ] Haitian

[ ] Nigerian

[ ] Ethiopian

[ ] Somali

[ ] Enter, for example, Ghanian, South African, Barbadian, etc.:

_____

[ ] Not applicable

Asian - Provide details below.

[ ] Chinese

[ ] Filipino

[ ] Asian Indian

[ ] Vietnamese

[ ] Korean

[ ] Japanese

[ ] Enter, for example, Pakistani, Cambodian, Hmong, etc.

[ ] Not applicable

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.:

_____

[ ] Not applicable

Middle Eastern or North African - Provide details below.

[ ] Lebanese

[ ] Iranian

[ ] Egyptian

[ ] Syrian

[ ] Moroccan

[ ] Israeli

[ ] Enter, for example, Algerian, Iraqi, Kurdish, etc.:

_____

[ ] Not applicable

Native Hawaiian or Pacific Islander - Provide details below.

[ ] Native Hawaiian

[ ] Samoan

[ ] Chamorro

[ ] Tongan

[ ] Fijian

[ ] Marshallese

[ ] Enter, for example, Palauan, Tahitian, Chuukese, etc.:

_____

[ ] Not applicable

Information Not Available

[ ] Race/ethnicity not captured in grantee records using detailed OMB categories.

[ ] Client/caregiver declined to provide race/ethnicity.

[ ] Not applicable

31) What is the your sex?*

( ) Female

( ) Male

32) Do you speak a language other than English at home?*

( ) Yes

( ) No

33) What is this language(s)?*

[ ] American Sign Language (ASL)

[ ] Arabic

[ ] Chinese

[ ] French

[ ] Portuguese

[ ] Spanish

[ ] Other Language – specify:: _____*

[ ] Prefer not to answer

34) 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

35) Please respond to the following questions about your physical health.*

	Yes	**No**	**Prefer not to answer**
Are you deaf or do you have serious difficulty hearing?	( )	( )	( )
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	( )	( )	( )
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating,	( )	( )	( )

remembering, or making decisions?			
Do you have serious difficulty walking or climbing stairs?	( )	( )	( )
Do you have difficulty dressing or bathing?	( )	( )	( )
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	( )	( )	( )

Client, Baseline OR Reassessment: Social Drivers of Health

36) 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

37) 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

38) 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 (write in): _____*

( ) Prefer not to answer

39) 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 - Write In (Required): _____*

( ) Prefer not to answer

40) 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)

( ) 4-year degree or higher

( ) Prefer not to answer

41) 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

42) 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

Client, Baseline OR Reassessment: Client Reported Core Outcomes of Recovery

43) 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

44) 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**	**Diagree**	**Strongly Disagree**	**Prefer not to answer**
I am physically fine most days.	( )	( )	( )	( )	( )	( )	( )
My mental health is fine most days.	( )	( )	( )	( )	( )	( )	( )
My substance use does not cause problems in my life.	( )	( )	( )	( )	( )	( )	( )

I have stable housing.	( )	( )	( )	( )	( )	( )	( )
I have a steady job or am involved in things like school, training, or volunteering.	( )	( )	( )	( )	( )	( )	( )
My life has purpose and meaning.	( )	( )	( )	( )	( )	( )	( )
I have enough money to meet my needs.	( )	( )	( )	( )	( )	( )	( )
I am proud of the community I live in and feel a part of it.	( )	( )	( )	( )	( )	( )	( )
I am supported by the people around me.	( )	( )	( )	( )	( )	( )	( )
The future appears bright to me.	( )	( )	( )	( )	( )	( )	( )
I am in control of my life.	( )	( )	( )	( )	( )	( )	( )
I bounce back quickly	( )	( )	( )	( )	( )	( )	( )

after hard times.							

45) 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*

0 _____[__]_____ 100

46) 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 (Required):
_____*

[ ] Prefer not to respond

Was this assessment conducted with the client/caregiver?*

( ) Yes – Client

( ) Yes – Caregiver/Proxy

( ) No

If yes, when?*

_____

Review before submitting

Thank You!
