

1 SUPPORTING STATEMENT FOR
Substance Abuse and Mental Health Services Administration
Unified Performance Reporting Tool (SUPRT)

Check off which applies:

- New
- Revision
- Reinstatement with Change
- Reinstatement without Change
- Extension
- Emergency
- Existing

JUSTIFICATION

A1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. To achieve its mission, SAMHSA has identified the following five (5) priority areas to better meet the behavioral health needs of individuals, communities, and service providers:

- Preventing Substance Use and Overdose
- Enhancing Access to Suicide Prevention and Mental Health Services
- Promoting Resilience and Emotional Health for Children, Youth and Families
- Integrating Behavioral and Physical Health Care

- Strengthening the Behavioral Health Workforce

SAMHSA’s work is guided by four (4) core principles that are being integrated throughout the Agency’s activities: Equity; Trauma-Informed Approaches; Recovery; and Commitment to Data and Evidence.

The New SAMHSA Unified Performance Reporting Tool (SUPRT): Purpose and Goals

In keeping with the mission and core principles that guide the work of the agency, SAMHSA is seeking approval for the new SAMHSA Unified Performance Reporting Tool (SUPRT) which will (1) combine and align the existing client-level performance instrument for the SAMHSA Center for Substance Abuse Treatment (CSAT) and National Outcomes Measures (NOMs) instrument for the SAMHSA Center for Mental Health Services (CMHS), and (2) create a two-component tool that will allow for a client (or caregiver) self-administered questionnaire (called SAMHSA Unified Performance Reporting Tool (SUPRT) – C: Client or Caregiver Form or ‘SUPRT-C’) and a grantee completion of administrative data (called SAMHSA Unified Performance Reporting Tool (SUPRT) – A: Administrative Report or ‘SUPRT-A’). The revisions also allow for the client portion to move from interviewer-administered to self-administered with the aim of potentially reducing burden and increasing reporting accuracy.

SUPRT will allow SAMHSA to (1) continue to meet Government Performance and Results Modernization Act (GPRAMA) of 2010 reporting requirements; (2) reduce the scope and associated burden of questions requiring responses directly from clients; (3) standardize questions across programs wherever possible; and, (4) elicit programmatic information that will help to assess the impact of discretionary grant programs on the achievement of SAMHSA's [2023–2026 Strategic Priority](#) area goals and objectives.

Furthermore, this effort is designed to align performance reporting requirements with other parts of the Federal Statistical System. For example, to the extent possible, SAMHSA aims to align with measurement indicators used by the Centers for Medicare & Medicaid Services; the Centers for Disease Control and Prevention; the U.S. Census Bureau; and the Office of Management and Budget. For instance, the race and ethnicity question is aligned with the Office of Management and Budget’s race and ethnicity standards.

Currently, over 7,500 grantees across a range of prevention, harm reduction, treatment, and recovery support discretionary grant programs have reported program performance data into SAMHSA's Performance Accountability and Reporting System (SPARS) that serves as a central data repository. SPARS functions as a performance management system that captures information on the substance use and mental health services delivered via the range of SAMHSA's discretionary grants.

SAMHSA has historically required grantees to collect much of the client-level information in SPARS using a prescribed series of questions in long interviews with clients. SUPRT is a conscientious effort to reduce burden on participating grantees and individuals by substantially decreasing the number of questions for which grantees are asked to interview clients.

The new SUPRT tool reflects diverse feedback SAMHSA obtained through multiple listening sessions conducted with key stakeholders, in addition to extensive deliberations conducted by different working groups within SAMHSA.

Accordingly, SUPRT aligns with some prior questions and deletes other questions from the client-level performance reporting tools currently in use. SUPRT also incorporates select new measures/questions into a multi-component client-level tool. SAMHSA will provide guidance about these changes, specifying which items grantees can complete using administrative data and which can be self-administered to clients. This new SUPRT will reduce client reporting burden and is projected to enhance the accuracy of the collected performance data.

SAMHSA will use the data collected through the new SUPRT for annual reporting required by GPRAMA, grantee monitoring, and continuous improvement of its discretionary grant programs. The SUPRT will also align with, and strengthen, SAMHSA's complementary evaluation activities of its discretionary grant programs providing client services. The information collected through this process will allow SAMHSA to (1) monitor and report on implementation and overall performance of the associated grant programs; (2) advance SAMHSA's proposed performance goals; and (3) assess the accountability and performance of its discretionary grant programs, focused on efforts that promote mental health, prevent substance use, and provide treatments and supports to foster recovery.

SUPRT Components: The first component of SUPRT, the SUPRT-C, is to be completed by clients or caregivers. SUPRT-C is composed of (1) standardized questions about demographic information (asked directly of clients at baseline only); (2) social determinants of health (asked directly of clients at baseline and at 3 or 6 months post baseline reassessment); and, (3) recovery, quality of life, and client goal measures as impacted by services received (asked of clients at baseline and reassessment during the client’s first year of treatment, then annually). Therefore, not all questions are asked of each respondent (child/adult) or at each information collection period (e.g., baseline, reassessment, annual).

The second component of SUPRT, the SUPRT-A, is to be completed by grantees. SUPRT-A consists of a streamlined set of questions describing clients' behavioral health history, screening and diagnosis items, and services provided to clients. SUPRT-A is collected from client-records kept by the grantee, for example in paper or electronic health records (EHRs). Grantees may need to adjust their record keeping, intake or behavioral health history taking in order to ensure they are able to complete the SUPRT-A. Question(s) about services provided to the client will only be required at reassessment and annually. Both components of the tool are available as follows:

- Attachment A: SAMHSA Unified Performance Reporting Tool (SUPRT) – C: Client or Caregiver Form
- Attachment B: SAMHSA Unified Performance Reporting Tool (SUPRT) - A: Administrative Report

Cognitive Testing: To ensure data quality and validity, SAMHSA completed cognitive testing and interviews with grantees from both CSAT and CMHS who currently implement client-level services. Results of this testing were incorporated in revisions in the SUPRT-A that were made during the 60-day public comment period. SAMHSA is also currently conducting cognitive interviewing of the new SUPRT-C, in keeping with best practices for instrument development. Cognitive testing is conducted to examine the instructions, terms, format, and overall clarity of individual questions as well as the entire questionnaire in order to facilitate the ability of the respondent to comprehend the response task as intended by the questionnaire developer so the respondent can provide an accurate response.

Cognitive testing can also identify sources of burden on the respondent and may yield solutions to minimize burden through improved instructions, reduction in extraneous or confusing questions and other means. Accordingly, SAMHSA plans to make adjustments, if necessary, to SUPRT-C based upon results of the cognitive testing that are currently underway, and which will continue through 2025. If the results of the cognitive testing require significant revision to the tool, this will be requested.

A2. Purposes and Use of Information

SAMHSA, including SAMHSA leadership, received criticism on our discretionary grant client-level data collection tools. This criticism, foundational to the efforts to redesign these data collection tools to improve efficiencies and reduce burdens on clients, ultimately contributed to

the tool change. SAMHSA engaged various internal Centers and Offices, and external stakeholders throughout the development of the tool. Multiple listening sessions were held, including listening sessions with Tribal Nations and States, respectively. Additionally, cognitive testing was completed with Government Project Officers (GPOs), grantees, and clients, respectively. A subset of SAMHSA discretionary grant programs that provide direct client treatment services report client-level data collected through client assessments and from client records maintained by the grantee at enrollment, during treatment, and at the end of treatment; these multiple sources provide data that can be used to monitor the performance of these grants.

These data are used at three (3) different levels within SAMHSA: the Assistant Secretary for Mental Health and Substance Use; Center-level administrators, respective leadership teams, and Program Staff (i.e., Government Project Officers [GPOs]); and grantees. Examples of how data are shared from SAMHSA include Reports to Congress, Congressional Budget Justification, Annual Priority Goals, and Spotlights. Grantees have access to their data and are able to use them to make data-driven decisions and share outcomes back with their communities.

Assistant Secretary Level: The information informs the Assistant Secretary for Mental Health and Substance Use on the performance and outcomes of funded discretionary programs. Performance is linked to the goals and objectives of these discretionary grant programs and this information forms the basis of the annual report to Congress contained in the Justifications of Budget Estimates.

Center Level Administrators, Leadership Teams, and Government Project Officers Level: In addition to providing information about the performance of the various programs, the information is used to monitor and manage individual grant projects within each program. The information is also used by GPOs to identify program strengths and weaknesses, provide an informed basis for providing technical assistance and other support to grantees, inform continuation of funding decisions, and identify potential issues for additional evaluation.

Grantee Level: In addition to monitoring performance and outcomes, grantee staff may use this information to improve the quality of services provided to their selected population(s) of focus within their projects.

SAMHSA uses the data collected for annual reporting required by the GPRAMA. The information collected through SUPRT will allow SAMHSA to (1) report on the results of these performance indicators and outcomes so that it is consistent with SAMHSA specific performance domains; and (2) assess the accountability and performance of all discretionary grant programs.

SAMHSA response to 60-day Federal Register Notice

In response to the 60-Day FRN, SAMHSA received multiple correspondence and inquiries from the public (refer to Attachment C: GPRAMA Public Comment Response Matrix) and revised the SUPRT based on these comments.

Data Collection from SAMHSA's SUPRT Client or Caregiver Form

Client-level data reported by clients or caregivers are measured within the SUPRT and reflect the Agency's desire for consistency in data collected within the Agency. SAMHSA has identified specific performance domains to assess the accountability and performance of its discretionary grants. These domains represent SAMHSA's focus on the factors that contribute to the success of mental health and the substance use disorder treatment. The SUPRT will address the

following performance domains among various age groups including young child (0-4 years), child (5-17 years), youth (12-17 years), and adult (18+ years) using a self-administered form:

- Demographic data (race or ethnicity using the new OMB SPD15 standard; gender identity; sex; sexual orientation; language spoken; service in uniformed services/forces; disability status)
- Social drivers of health (hardship with basic needs; housing stability; housing type, employment status; education level; education attendance; and lack of transportation)
- Adult clients are also asked: core outcomes of recovery (physical health; mental health; substance use; stable housing; steady job; financial security; community support; etc.)
- Quality of life
- Goals for participation in this program

Data Collection from SAMHSA's SUPRT Administrative Report indicators

To facilitate SAMHSA and its centers, reporting of SUPRT-A data focuses on four (4) categories of interest for accountability and performance monitoring at baseline, 3 to 6 months post baseline reassessment, and annually for clients in care, these categories of administrative data which the grantee would collect from client health records (paper or electronic) are as follows:

- **Behavioral health history** (insurance status, hospital admission status, visits to the emergency department, experience of behavioral health crisis, admission to residential treatment facilities, and spending time in jail or a correctional facility)
- **Behavioral health screening** (suicidality; substance use; mental health disorders including depression, anxiety, bipolar, psychosis/psychotic, trauma/PTSD, and neurological and other behavioral disorders)
- **Behavioral health diagnosis** (substance use, mental health, factors influencing health status, pregnancy status, episode of psychosis, overdose, testing for HIV and Hepatitis C)
- **Services received** (therapy, counseling, rehabilitation, medication received, crisis response, recovery and support services, and integrated services)

Data Collection Instrument

SAMHSA is establishing this combined client-level data collection tool, with two components, for discretionary grant programs providing client services:

- Attachment A: SAMHSA Unified Performance Reporting Tool (SUPRT) – C: Client or Caregiver Form
- Attachment B: SAMHSA Unified Performance Reporting Tool (SUPRT) - A: Administrative Report
- All SAMHSA data collection activities are intended to promote the use of consistent measures among SAMHSA-funded discretionary grantees. These measures are a result of extensive examination and deliberation by groups of key stakeholders, such as SAMSHA program staff, industry experts, and grantees. Wherever feasible, the measures are consistent with, or build upon, previous data development efforts within SAMHSA.

A3. Uses of Information Technology

Information technology is used to reduce program respondent burden. A web-based data entry system, SAMHSA's Performance Accountability and Reporting System (SPARS), is currently

used and available to all discretionary grant programs for data collection. This web-based system allows for easy data entry, submission, and reporting to all those who have access to the system. Levels of access have been defined for users based on their authority and responsibilities regarding the data and reports. Access to the data and reports is limited to those individuals with a username and password.

Electronic submission of the data promotes enhanced data quality. With built in data quality checks and easy access to data outputs and reports, users of the data can feel confident about the quality of the output. Electronic submission also promotes immediate access to the dataset. Once data are entered into SPARS, it is available for access, review, and reporting by all those with access to the system. Some grantees may also utilize batch uploads of their data to SPARS, depending on their data infrastructure.

A4. Efforts to Identify Duplication

The items collected are necessary to assess grantee performance. SAMHSA is promoting the use of consistent performance and outcomes measures across all client services programs. This effort will result in less overlap and duplication, reducing the burden on grantees that can result from overlapping data demands. SAMHSA will work closely with grantees to identify whether other data are being collected by the grantee, which may be redundant to the SUPRT tool. When duplication is identified, SAMHSA and the grantees will identify a priority action plan to leverage the duplicative efforts and streamline the process to reduce grantee and client burden.

A5. Involvement of Small Entities

Individual grantees vary from small entities to large provider organizations. Every effort has been made to reduce the number of data items collected from grantees to the least number required to accomplish the objectives of the effort and to meet SUPRT reporting requirements. Therefore, there is no significant impact for small entities.

A6. Consequences if Information Collected Less Frequently

SUPRT-C: Client or Caregiver Form

SAMHSA expects that the discretionary grant programs collect data at baseline and reassessment at 3 and/or 6 months (for clients in care), and annually up to 4 times (for clients in care). These times points are part of regular program activity. Discretionary grant programs typically collect client-level data at admission and then conduct periodic reassessments of clients while the individual remains in care. When feasible, behavioral health providers also conduct an assessment when the client exits services. The data collected for the client-level tool survey parallels this model. The SUPRT for clients will be self-administered.

SUPRT-A: Client-Level Administrative Report

SAMHSA expects that the discretionary grant programs collect data on administrative reports, similar to client or caregiver-level data, at multiple time points according to when the client enrolls in care: baseline, reassessment at 3 and/or 6 months post baseline (for clients in care),

annually (for clients in care for more than 12 months), and at record or administrative close (when a client completes or exits care). It is expected that these data are already collected by most behavioral health providers as part of their routine intake, behavioral health history taking, or provision of services.

The baseline data collection is critical for measuring change. Extending the interval for the periodic reassessment beyond the requested intervals could lead to loss of contact with clients, significantly diminishing the response rates and lowering the value of the data for performance reporting use and monitoring by losing measurement of intermediate effects.

A7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with the guidelines in 5 CFR 1320.5(d)(2).

A8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on September 6, 2024 (89 FR 72860). SAMHSA received multiple public comments from entities. Please see attached Public Comment Matrix.

When revising the data collection tool, SAMHSA consulted both external and internal stakeholders, through listening sessions and expert reviews, in developing the proposed measures and data collection methodology. SAMHSA obtained feedback and consultation regarding the availability of data, methods and frequency of collection, and the appropriateness of data elements. Development of the measures involved extensive consultation with SAMHSA staff from across the agency. SAMHSA is also conducting cognitive testing in an effort to improve data quality and lower the response burden of the SUPRT.

A9. Payment to Respondents

Per SAMHSA policy, grant funds cannot be used to make direct payments to a client to enter treatment of and continue to participate in prevention or treatment services. Thus, respondents do not receive payment.

A10. Assurance of Confidentiality

Data will be kept private to the extent allowed by law. The privacy of information obtained from grantees and all other potential respondents will remain private throughout all points in the data collection and reporting processes. However, SAMHSA cannot ensure complete confidentiality of client data. All data will be closely safeguarded, and no institutional or individual identifiers will be used in reports. Only aggregated data will be reported. SAMHSA and its contractors will not receive identifiable client records. Provider-level information will be aggregated to, at least, the level of the grant funding announcement.

SAMHSA has statutory authority to collect data under the Government Performance and Results Act (Public Law 1103(a), Title 31) and is subject to the Privacy Act of 1974 ([5 U.S.C. 552a](#)) for the protection of data. Federally assisted substance use treatment providers are subject to the federal regulations for alcohol and substance use patient records (42 CFR Part 2) (OMB No.

0930-0092) which govern the protection of patient identifying data. In some cases, these same providers meet the definition of a HIPAA covered entity and are additionally subject to the Privacy Rule (45 CFR Parts 160 and 164) for the protection of individually identifiable data.

A11. Questions of a Sensitive Nature

SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance use, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. In carrying out this mission, it is necessary for service providers to collect sensitive items such as criminal justice involvement and substance use histories as well as issues related to mental health. The data that will be submitted by each grantee will be based in large part on data that most of the programs are already routinely collecting as part of their service delivery efforts. This primarily includes data on client demographics, mental health condition/illness and treatment history, substance use history, services received, and client outcomes. These issues are essential to the service/treatment context.

Grant projects use informed consent processes and forms for treatment and services as required and as viewed appropriate by their individual organizations. They use the appropriate forms for minor/adolescent participants requiring parental approval as well.

Grant projects also use informed consent process and forms for routinely collecting client data. Data collected by grant projects are subject to the Federal Regulations on Human Subject Protection (45 CFR Part 46; OMB No. 0925-0404). Substance use disorder patient records in federally supported programs are also protected by 42 CFR Part 2.

Specifically for the data collected through the SUPRT directly from clients or caregivers, the SUPRT-C, the informed consent is included at the beginning of the tool.

The informed consent language for the SUPRT-C contains the following elements:

- A description of the purpose of the data collection.
- The expected duration of clients/caregiver participation to complete the data collection form.
- That the clients/caregiver participation is voluntary, and that the clients/caregiver may receive services even if they do not participate in or complete the data collection.
- A client/caregiver right to skip any question, select prefer not to answer, or leave the SUPRT-C incomplete at any time without an adverse effect.
- A statement describing the extent to which confidentiality of records identifying the subject will be maintained.

A12. Estimates of Annualized Hour Burden

The time to complete the instruments is estimated in Table 3. These estimates are based on current funding and planned Fiscal Year 2026 Notice of Funding Opportunity (NOFOs) and the number of clients served and surveyed.

SAMHSA estimates the burden to clients to be approximately 634,230 hours. This estimate was derived based on discussions with CSAT/CMHS staff experienced in estimating time burdens for similar data reporting activities and with program coordinators responsible for reporting the requested information. The estimate includes data collection from the clients/caregivers, data collection from client record keeping, and reporting collected data in SPARS.

Through the new SUPRT, SAMHSA expects that the tool will result in a significant decrease in burden for clients. Because of the streamlining of questions, not all items will be required at every data collection time point, and clients can self-administer the form, for example, while they are waiting to be seen.

Table 1: Estimated Annualized Burden Client-level Tool

SAMHSA Tool	Included Domains	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden
Client-level baseline assessment - SUPRT-C Adult	Demographics, SDOH, Core Outcomes of Recovery, Goals	488,775	1	488,775	0.250	122,194
Client-level baseline assessment - SUPRT-C Youth, Child, or Young Child	Demographics, SDOH	91,225	1	91,225	0.133	12,133
Client-level 3- or 6-month reassessment - SUPRT-C Adult	SDOH, Core Outcomes of Recovery, Goals	329,212	1	329,212	0.167	54,978
Client-level 3- or 6-month reassessment - SUPRT-C Youth, Child, or Young Child	SDOH	61,444	1	61,444	0.050	3,072
Client-level annual SUPRT-C Adult	Core Outcomes of Recovery, Goals	91,540	1	91,540	0.117	10,710
Total				1,062,196		203,087

Table 2: Estimated Annualized Burden Grantee-level Tool

SAMHSA Tool	Included Domains	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden
Client-level baseline – SUPRT-A	Record Management, Behavioral Health History, Behavioral Health Screening, Behavioral Health Diagnoses	2,125	314	667,250	0.280	186,830
Client-level 3- or 6-month - SUPRT-A	Record Management, Behavioral Health History, Behavioral Health Screening, Behavioral Health	2,125	212	450,500	0.330	148,665

	Diagnoses, Services Received					
Client-level close-out record - SUPRT-A	Record Management, Services Received	2,125	256	544,000	0.100	54,400
Client-level annual - SUPRT-A	Record Management, Behavioral Health History, Behavioral Health Screening, Behavioral Health Diagnosis, Services Received	2,125	59	125,375	0.330	41,374
Total				1,787,125		431,269

Table 3: Estimates of Annualized Burden

SAMHSA Tool	Included Domains	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Cost	Total Cost
Client-level baseline assessment - SUPRT-C Adult	Demographics, SDOH, Core Outcomes of Recovery, Goals	488,775	1	488,775	0.250	122,194	\$28.9	\$3,530,177
Client-level baseline assessment - SUPRT-C Youth, Child, or Young Child	Demographics, SDOH	91,225	1	91,225	0.133	12,163	\$28.9	\$351,399
Client-level baseline – SUPRT-A	Record Management, Behavioral Health History, Behavioral Health Screening, Behavioral Health Diagnoses	2,125	314	668,250	0.280	187,110	\$28.9	\$5,405,608
Client-level 3- or 6-month reassessment - SUPRT-C Adult	SDOH, Core Outcomes of Recovery, Goals	329,212	1	329,212	0.167	54,869	\$28.9	\$1,585,156
Client-level 3- or 6-month reassessment - SUPRT-C Youth, Child, or Young Child	SDOH	61,444	1	61,444	0.050	3,072	\$28.9	\$88,756
Client-level 3- or 6-month - SUPRT-A	Record Management, Behavioral	2,125	212	450,097	0.330	148,532	\$28.9	\$4,291,086

	Health History, Behavioral Health Screening, Behavioral Health Diagnoses, Services Received							
Client-level close-out record - SUPRT-A	Record Management, Services Received	2,125	256	543,097	0.100	54,310	\$28.9	\$1,569,551
Client-level annual SUPRT-C Adult	Core Outcomes of Recovery, Goals	91,540	1	91,540	0.117	10,680	\$28.9	\$308,535
Client-level annual - SUPRT-A	Record Management, Behavioral Health History, Behavioral Health Screening, Behavioral Health Diagnosis, Services Received	2,125	59	125,153	0.330	41,300	\$28.9	\$1,193,170
Total				2,849,321		634,356		\$18,323,437

1A13. Estimates of Annualized Cost Burden to Respondents

There will be no capital, start-up, operation, maintenance, nor are there any purchase costs.

A14. Estimates of Annualized Cost to the Government

The principal additional cost to the government for this project is the cost of a contract to collect the data from the various programs and to conduct analyses, which generate routine reports from the data collected.

The estimated annualized cost for a contract for the SUPRT mandate is \$4,700,000 and the cost of one Full-time Equivalent (FTE) staff (GS-14 100%) responsible for the data collection effort is approximately \$157,982 per year. The estimated annualized total cost to the government will be \$4,857,982.

A15. Changes in Burden

This is a new data collection request; therefore, there are no changes in burden.

A16. Time Schedule, Analysis and Publication Plans

SAMHSA will utilize the data collected from this data collection activity on an ongoing basis to monitor performance and to respond to GPRAMA and other Federal reporting requirements. These data are used to provide the agency with information to document the overall Center performance requirements and to provide information that will assist SAMHSA in planning and monitoring program goals. Descriptive information obtained from program reporting requirements will be reviewed for monitoring and program management. Information is used internally by the agency and for performance reports.

Analysis and Publication Plans

Client-level data from both the SUPRT-C and SUPRT-A data will be collected through the SPARS web site. Data will be used to report to Congress regarding the GPRAMA as specified in the SAMHSA Annual Justifications of Budget Estimates. The data might also be used for specific comparisons relative to the Office of National Drug Control Policy's National Drug Control Strategic Goals, especially for some of the secondary treatment outcomes (e.g., homelessness). In the future, the indicators for clients served under these discretionary grant programs might be compared to similar indicators for clients served under block grant programs as a general indicator of whether the programs are doing better than "typical" services. This could be done for discretionary services programs as a group or for specific programs.

Information will also be used for a wide variety of other oversight, administrative, and statistical purposes of the federal government, state governments, and Congress. Data will be tabulated and analyzed using standard descriptive and statistical analytic techniques and will be published through the reports noted above, as well as through the publication of special analytic studies.

A17. Display of Expiration Date

[1](#)The expiration date for OMB approval will be displayed on all data collection instruments.

A18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions. The certifications are included in this submission.

List of attachments:

- A = SAMHSA Unified Performance Reporting Tool (SUPRT) – C: Client or Caregiver Form
- B = SAMHSA Unified Performance Reporting Tool (SUPRT) - A: Administrative Report
- C = GPRAMA Public Comment Response Matrix
- D = Summary of 60-day Federal Register Notice Comments
- E = 30-Day FRN