

Michigan Promoting Healthy Lifestyle (MI-PHL) SAMHSA Unified Performance Reporting Tool – Project (SUPRT-P) Requirements

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Access MI-PHL (SBIRT) Resources

To support your clinic's implementation of SBIRT services under the MI-PHL grant, please visit the **MI-PHL (SBIRT)** tab at:

 <https://migprainfo.org>

Available resources include:

- **MI-PHL Project Goals**
- **On-Demand SUPRT-P Training** for clinic staff
- **SUPRT-P Paper Tool** (optional clinic tool)
- **Direct Link to the SUPRT-P Data Upload Qualtrics Submission Platform**



SAMHSA Unified Performance Reporting Tool – Project (SUPRT-P) Overview

What is SUPRT-P?

- A **standardized reporting tool** used to report progress on grant performance targets and indicators.
- SUPRT-P reports **aggregate data on performance targets** and results of grant activities, services, linkages, implementation progress, and other selected outcomes.
- SUPRT-P is a **federal reporting requirement** for all treatment programs funded by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**.



Why is (SUPRT-P) important?

Purpose of SUPRT-P Data Collection:

- Serve as the **primary measure of clinic performance** and progress toward the goals and objectives of the **Michigan Promoting Healthy Lifestyle (MI-PHL)** grant.
- **Evaluate the effectiveness** of SBIRT (Screening, Brief Intervention, and Referral to Treatment) services.

Data Benefits the Program by:

- Tracking quarterly outputs
- Providing a reliable summary of activities
- Supporting future sustainability
- Informing internal decisions

SAMHSA Uses Data to:

- Fulfill federal mandates
- Monitor grant progress
- Advance behavioral health



SUPRT-P Targets and Reporting

- SUPRT-P covers documented **targets** for planned grant activities to **monitor and evaluate progress** throughout the year. SUPRT-P data will be reported in **Monthly Progress Reports** and submitted via **Qualtrics**.

MPRs:

- Collect data on the **actual performance** of the project during each reporting month for all assigned indicators.
- Include reporting on assigned **quantitative indicators** and a five-item **qualitative Narrative** section.

Reports may be sent back for revisions, clarifications, or if more detail is needed.

MPRs are due on the 14th of each month.

Due to SUPRT-P SAMHSA data submission requirements **no late data can be accepted.**



SUPRT-P Targets and Reporting

SUPRT-P includes documented **targets** for planned grant activities to **monitor and evaluate progress** throughout the year. These will be reported on in **Monthly Progress Reports (MPRs)**.

MPRs collect data on the **actual performance** of the project that month

MPRs include:

Assigned **quantitative indicators**

A five-item **qualitative Narrative** section.

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How does SUPRT-P align with SBIRT Services?

SUPRT-P reports on indicators assigned to the MI-PHL SBIRT grant. The indicators coincide with SBIRT service levels.

SBIRT Service Levels (from lowest to highest):

1.Negative Screen

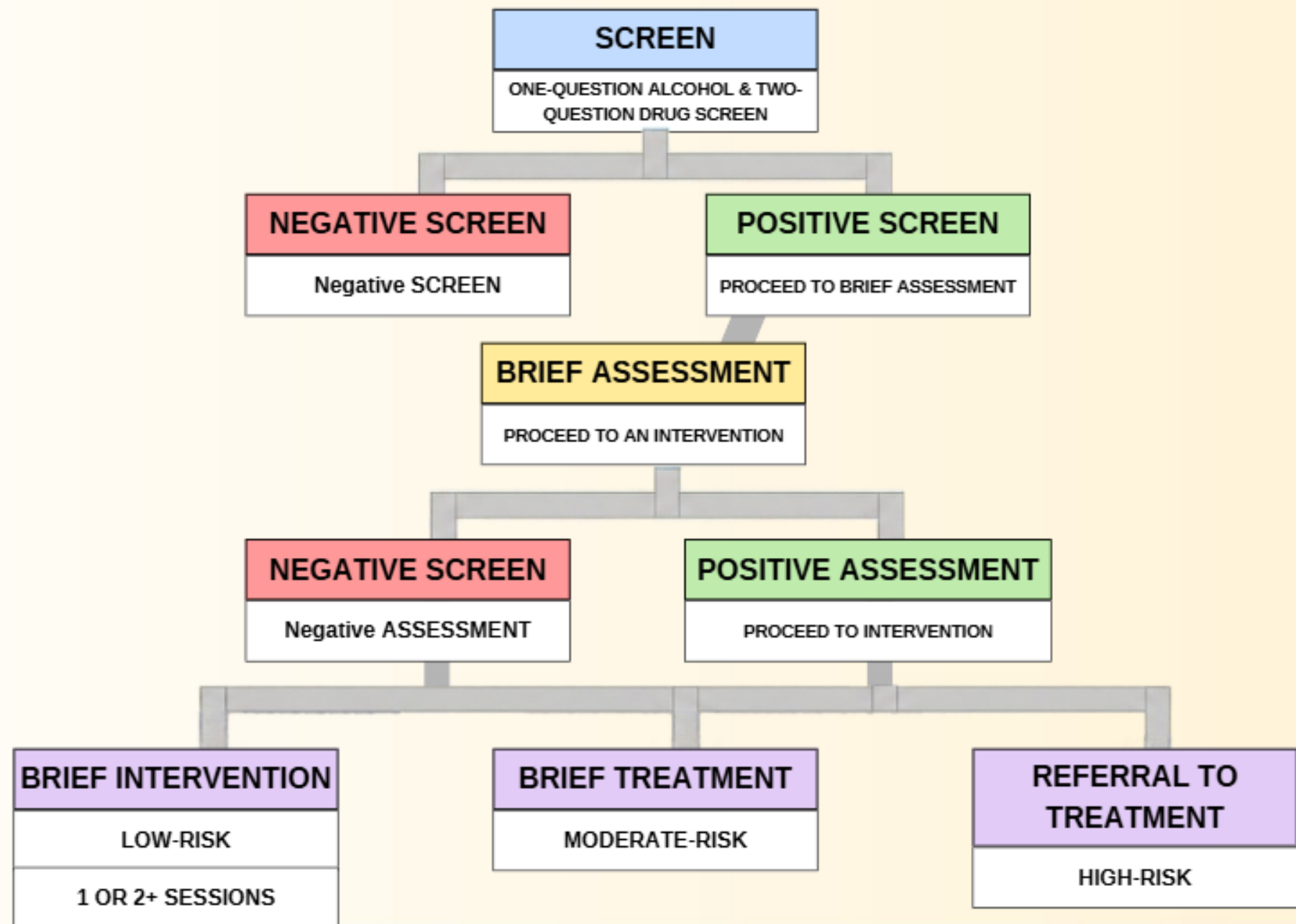
2.Positive Refusals (positive screening patients that decline SBIRT services)

3.Brief Intervention (BI)

4.Brief Treatment (BT)

5.Referral to Treatment (RT)





Assessment Tools & SBIRT Service Level

- SBIRT uses approved assessment tools. Scoring for each assessment tool corresponds to a specific level of SBIRT service.
- AUDIT, DAST-10, and CRAFFT+N are approved alcohol and tobacco assessment tools.
- Approved depression assessment tools correspond similarly and include the RAAPS, PHQ (2, 4, & 9), and GAD-7

	No-Risk	Low-Risk (BI)	Moderate-Risk (BT)	High-Risk (BT/RT)
AUDIT	Female: 0-6 Male: 0-7	Female: 7-15 Male: 8-15	16-19	20-40
DAST-10	0	1-5	6-10	6-10
CRAFFT+N	All responses "0"	1	2-3	4-6



Assigned SBIRT Indicator Categories

SBIRT Indicator Categories:

- 1. Total Served**
- 2. Screening**
- 3. Assessment**
- 4. Referral**
- 5. Access and Linkage to Care or Treatment**
- 6. Brief Intervention**
- 7. Services**



Total Served

Total Served (TS) refers to the number of new (*unduplicated*) individuals who receive one or more services or participated in one or more activities as part of the MI-PHL SBIRT project for the first time.

Individuals may be counted one time per service each federal fiscal year, regardless of how many services they received.

Count individuals in the month when they were first served or participated in an activity.

Report on the Total Number of new individuals **served**:

- TS1: **During the Reporting Month**
- TS2: By **Sex**
- TS3: By **Age Group**
- TS4: By **Military Status**

Note each individual may only be reported in one group for TS2-4



Screening

Screening: A brief, standardized process used to identify individuals who may have a behavioral health condition or need for social/supportive services, and who may benefit from further assessment or referral. Screening is not equivalent to diagnosis or comprehensive assessment.

Report on the total number of new individuals **screened**:

- S1: For **Mental Health**
- S2: For **Substance Use**
- S3: **Positive for Substance Use**
- S4: **Positive for Substance Use but Declined Services**
- S5: For **Suicide Risk**



Assessment & Re-Assessment

Assessment: Assessments build on screening results and are a comprehensive evaluation conducted by a qualified professional to determine the nature and severity of a behavioral health condition. Assessments must use standardized, MI-PHL approved, assessment tools.

Re-Assessment: An assessment completed **after an SBIRT service** (BI, BT, or RT) **has been delivered** that occurs at a subsequent encounter.

Report one baseline assessment score and one subsequent re-assessment score using the same assessment tool. If a patient has multiple eligible re-assessments, use the most recent score only. Only SBIRT-approved tools may be used.

Report unduplicated individuals **Assessment and Re-Assessment Scores** for:

- **Alcohol**
- **Tobacco**
- **Depression**



Assessment & Re-Assessment Reporting Section

Below shows what the Assessment and Re-Assessment reporting section will look like.

	Column Options ▼				Column Options ▼			
	<u>Assessment:</u> Total Number of Individuals				<u>Re-Assessment:</u> Total Number of Individuals			
	No-Risk	Low-Risk (BI)	Moderate-Risk (BT)	High-Risk (BT/RT)	No-Risk	Low-Risk (BI)	Moderate-Risk (BT)	High-Risk (BT/RT)
AUDIT								
DAST-10								
CRAFFT+N								



Assessment and Testing

Serious Mental Illness (SMI): A mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Serious Emotional Disturbance (SED): A diagnosable mental, behavioral, or emotional disorder in children and adolescents that results in substantial functional impairment that substantially interferes with or limits that individual's role or functioning in family, school, or community activities.

Report on the total number of new individuals **assessed or tested**:

- AT1: For a **Serious Mental Illness** (SMI) OR a **Serious Emotional Disturbance** (SED)



Referrals

Referral: The act of directing an individual who was identified with behavioral health and/or related support needs to appropriate services not directly provided through the grant.

A referral may be made through formal referral networks, care coordination, community partnerships, or external service providers. A referral may be provided verbally or in writing but should be documented.

Report on the total number of **referrals** provided:

- R1: To **Mental Health Services**
- R2: To **Substance Use Services**
- R3: To **Treatment after a Positive screening for Substance Use**
- R6: To **Co-Occurring Treatment Services**



Access or Linkage to Care

- **Linkage/Linked:** A confirmed encounter with a support service for which an individual was provided information to through verbal or written referral. Linkage is confirmed when the individual begins receiving services at the receiving provider.
- **Access and Linkage to Care or Treatment:** Tracks new individuals confirmed as having begun receiving behavioral health or related support need services from a receiving provider as a result of a referral.

Report on the total number of new individuals **linked**:

- AC1: To **Mental Health Services**
- AC2: To **Substance Use Services**



BI and BT Encounters

- **Brief Intervention:** A time-limited, structured conversation or interaction designed to motivate an individual to reduce or address behavioral health risk, following a positive screen. Report the number of **encounters**.
- **Brief Treatment:** Brief Treatment is a structured, time-limited intervention for individuals who screen positive for risky or problematic substance use and need more support than a brief intervention but may not require specialized addiction treatment. Report the number of **encounters**.
- **Encounters** are discrete, documented interactions with an individual. Count each encounter with an individually separately if the same individual had multiple encounters in the reporting month.

Report on the total number of:

- BI1: **Brief Intervention Encounters for Mental Health**
- BI2: **Brief Intervention Encounters for Substance Use Services**
- BI3: **Brief Treatment Encounters for Substance Use**



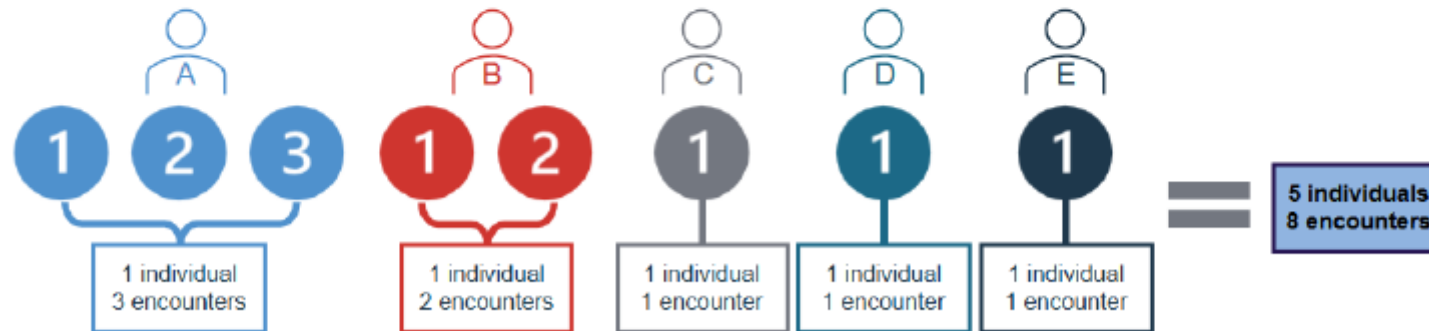
Counting Individuals Vs Encounters

Below is an example of how to count individuals and encounters.

Scenario

In quarter 1 of the FFY:

- Individual A attended three separate activities for substance use recovery.
- Individual B attended two activities for substance use recovery.
- Individuals C, D and E attended one activity each for substance use recovery.



Services

- **Service Indicators** track the number of new individuals who received specific services and supports as a direct result of the grant. Services may overlap and an individual can receive more than one.
- **Services** are defined as behavioral health treatment, interventions, recovery supports, or other program-authorized assistance provided directly to, or specifically on behalf of, an individual, family, or caregiver. Services may promote behavioral health, prevent substance use or mental health conditions, address mental health or substance use needs, or support treatment, recovery, and well-being.

Report on the total number of new individuals who received:

- **SV1: Mental Health Services**
- **SV7: Substance Use Treatment Services**
- **SV8: Inpatient Hospitalization Treatment**
- **SV9: Residential/Rehabilitation**
- **SV10: Outpatient Treatment**



Reporting: Narrative Section

The Qualitative Narrative reporting section includes 5 sections to provide updates on implementation progress, challenges, accomplishments, and innovations.

- The **Overall Progress** section must be completed. This section provides a summary of activities and progress during the reporting period.
- If applicable, the additional sections may be filled out. The optional comments section is available to provide supplemental information not captured elsewhere in the report. **If there is nothing to report** in these sections **NA should be entered**.

Narrative Sections:

1. Overall Progress
2. Challenges or Barriers (*if applicable*)
3. Accomplishments and Successes (*if applicable*)
4. Innovations (*if applicable*)
5. Comments (Optional)



Tracking SBIRT Patients

How to Track Patients:

- Clinics will work with UW, their Recruitment Team, and/or internal EHR or data team to develop methods to track SBIRT patients and the services they receive.

Patient tracking may be necessary for reporting:

- All indicators around the number of screenings, assessments, referrals, linkages, and services received.
- Confirmed linkages, or when a patient begins services with a provider that they had received a documented referral to.
- Number of BI and BT Encounters per patient.
- Patient Assessment and Re-Assessment scores.
- Any information not able to be gathered by EHRs.



MI-PHL Team Roles

WSU

- Data training
- Ongoing and on-demand technical support around data collection and upload
- Data cleaning and submission of data to the federal system
- Regular data analysis around quality metrics to identify clinic-specific strengths and areas of improvement

UW

- SBIRT training
- SBIRT implementation support
- Targeted SBIRT implementation and service delivery support, in areas identified by data analysis, using the NIATx process improvement model

Recruitment

- Depending on your recruiter and specific clinic needs, recruiters may be able to assist to a degree with data cleaning or collaborating with the clinic's data team to better align EHRs



Annual Targets

In the fourth project year, the MI-PHL grant is expected to provide **28,838** patients with SBIRT services by conducting:

	Year 4 Service Level Target Numbers
Screening	23,073
BI	2,883
BT	1,441
RT	1,441
Total	28,838

SUPRT-P data serve as the sole implementation measurement of the MI-PHL Project. Missing annual targets could result in a loss of funding.



Need More Information or Support?

 Visit: MIGPRAinfo.org

 Email: Samantha Singer at BB0903@wayne.edu

- If you have questions or would like to schedule **SBIRT GPRA training** or a **technical assistance session**, please don't hesitate to reach out at any time.

