

Substance Use Treatment Objectives

Substance Use Treatment – Unrestricted Funds

Completion of the listed forms is required during the **Plan and Budget** process. Please complete and submit the following by the assigned due date:

- **Form 148C – Array of Services for Adolescents with Substance Use and Co-Occurring Disorders**
- **Form 167 – Substance Use and Co-Occurring Disorder System of Care Application**
- **Form 160 – Substance Use Financial Planning and Implementation Report**
 - **Form 160** is also required **quarterly** thereafter.

DUI – Restricted Funds

(Regions 1, 2, 4, 5, 6, 8, 10, 11, 12, 13, 14)

DUI funds are to support treatment services to DUI clients and cannot be used to pay for Assessment or Education Services. Monitoring and collection of data will be through the client/event data set (Field #45 DUI Conviction).

Pregnant Persons/ Persons with Dependent Children – Restricted Funds

(All Regions)

Data for this population is collected in the Client/Event Data Set. Division staff will review reports from the Client/Event Data Set.

Women’s Set-Aside funding as part of the SUPTRS Block Grant Funds is reported annually and updated quarterly on Form 160 by the assigned due dates.

KY-Moms MATR: Pregnant and Post-Partum Persons with Substance Use Disorders and/or Risk Factors Restricted – Expense Reimbursement (All Regions)

Completion of **Form 155A – KY-Moms MATR Application** is required during the annual **Plan and Budget** process. Please complete and submit by the assigned due date.

Completion of **Form 155E – KY-Moms MATR Budget Justification and Proposed Expenditures** is required on an annual basis during the **Plan and Budget** process. Please complete and submit by the assigned due date.

Completion of **Form 155B – KY-Moms MATR Prevention and Case Management Quarterly Report** is required on a quarterly basis in accordance with **quarterly** reporting schedules.

Completion of **Form 155C – DBHDID KY-Moms MATR Quarterly Project Budget & Financial Report** is required on a quarterly basis in accordance with **quarterly** reporting schedules.

Plan of Safe Care – Restricted Funds

(Regions 1, 2, 3, 4, 5, 6, 11, 12, 13, 14)

Completion of **Form 152 – Plan of Safe Care Financial and Performance Progress Report** is required on a quarterly basis in accordance with **quarterly** reporting schedules.