Kentucky

UNIFORM APPLICATION
FY 2025 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 11/03/2025 1.32.24 PM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Cabinet for Health and Family Services
Organizational Unit	Department for Behavioral Health, Developmental and Intellectual Disabilities
Mailing Address	275 East Main Street 4 W-G
City	Frankfort
Zip Code	40621

II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

From	7/1/2023
To	6/30/2024

Block Grant Expenditure Period

From	10/1/2021
To	9/30/2023

IV. Date Submitted

Submission Date	11/26/2024 10:27:49 AM
Revision Date	11/3/2025 1:29:25 PM

V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Adults with SMI

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

To avoid an increase in the rate of adults, who did not already reside in personal care homes, being discharged to personal care homes from state operated psychiatric hospitals.

Objective:

Maintain a rate of 8% or less of psychiatric hospital discharged to a personal care home where the admission living arrangement was not personal care home.

Strategies to attain the goal:

The electronic medical records system utilized by state operated psychiatric hospitals collects living arrangement at admission and discharge. Maintain collaborative partnerships between the state operated psychiatric hospitals and the CMHCs to facilitate referrals to community services. Maintain contracts with CMHCs to provide evidence-based practices that assist individuals with SMI to live in the community: Assertive Community Treatment, Permanent Supportive Housing, Supported Employment, and Peer Support Services. Provide training, technical assistance and fidelity monitoring to ensure most effective implementation of these evidence-based practices. Maintain related infrastructure including regular Olmstead meetings, transition committee meetings and other meetings that require state operated psychiatric hospitals, DBHDID and community partner involvement. Provide technical assistance to the state operated psychiatric hospitals and the CMHCs to address barriers to supporting community living.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Adults discharged from a state operated psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.

Baseline Measurement: The SFY 2022 percentage of adults discharged from a state operated psychiatric hospital to a personal care home where the admission living arrangement was not personal care home is 4.2% = 214/5,040.

First-year target/outcome measurement: By the end of SFY 2024, the percentage of adults discharged from a state operated psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be less than 8%. This number will be calculated annually.

Second-year target/outcome measurement: By the end of SFY 2024, the percentage of adults discharged from a state operated psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be less than 8%. This number will be calculated annually.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

DBHDID Facility Data Set

New Data Source*(if needed)*:

Description of Data:

Data report to show per State Fiscal Year (SFY): Report ID: COC_10-DC-LA_Not_From_PCH The total number of adults discharged to a personal care home where the living arrangement on admission was not personal care home, divided by the total number of adults discharged where the living arrangement on admission was not personal care home. The report is based on SFY (July 1 – June 30). This report is updated monthly. The report includes data for Central State Hospital, Western State Hospital, and Eastern State Hospital.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The electronic medical record system is the source of data. Technical issues that are unique to each facility's system sometimes occur. Troubleshooting technical issues with this system as they arise involves a third party vendor and a third party data management contract. In addition, this rate would be impacted if a significant or unusual change occurred to the total number discharged in any single year. It is expected that adults needing the levels of care described in this indicator are experiencing SMI. However, the specific data sets for both state-operated psychiatric hospitals and personal care homes are not required to have a specific SMI marker. Personal care home admissions are required to have a diagnosis of mental illness that is expected to last at least two (2) years, and individuals must need assistance with daily living/personal care functioning. This performance indicator is being continued due to the importance of monitoring the rate of persons being discharged to personal care homes, where the living arrangement on admission is not personal care home.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Kentucky has focused on appropriate admissions of Adults with SMI into personal care homes. Many resources have been provided in this effort. For SFY 2024, 5.6% were admitted into personal care homes.

Priority #: 2

Priority Area: Children with SED

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Maintain provider workforce identified that serve children, youth, and transition age youth, including those with SED.

Objective:

Maintain current identified provider workforce that serve children, youth and transition age youth, including those with SED at no less than 15% of the current baseline.

Strategies to attain the goal:

CMHCs are required via contract to provide a full continuum of services for children, youth, transition age youth (age birth through 21) with or at risk of developing SED, and their families, as deemed appropriate. Provide consultation and technical assistance to CMHC children's services staff in best practices for recruiting, supporting, and retaining a high quality workforce for children, youth, transition age youth and families. Continue peer group meetings with Children's Service Directors and other peer groups to enhance consultation, technical assistance, and support around workforce strategies. Provide technical assistance to CMHCs regarding accurate coding procedures for reporting comprehensive community support and peer support services, as these are more recently added services and provider types, with unique support needs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Identified provider workforce that serve children, youth and transition age youth, including those with SED. (specifically targeted case managers, community support associates, clinicians, and peer specialists)

Baseline Measurement: Total number of identified providers for all CMHCs for this population for SFY 2024 is 941. (Includes TCMs, CSAs, clinicians, and PSS)

First-year target/outcome measurement: Maintain current identified provider workforce at no less than 85% of the SFY 2024 baseline. At the end of SFY 2024, the total identified provider workforce will be maintained at between 800 – 941 providers.

Second-year target/outcome measurement: Maintain current identified provider workforce at no less than 85% of the SFY 2024 baseline. At the end of SFY 2024, the total identified provider workforce will be maintained at between 800 – 941 providers.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Annual Plan and Budget Document Form 118, Children and Transition Age Youth System of Care Application.

New Data Source*(if needed)*:

Description of Data:

Form 118 is required at the beginning of each SFY, as part of the annual Plan and Budget process, for each CMHC. Form 118 describes current system of care per CMHC. For this measure, page 3 of Form 118, which describes the current staffing for each CMHC for this population will be used, including the tallies of following staff positions: targeted case managers, including HiFi Wraparound facilitators; community support associates; clinicians who serve the early childhood population (birth through five); clinicians who serve the transition age youth population (16 – 21); and peer specialists (including family and youth peer support specialists). Year One measurement will be taken from Page 3 of Form 118 that is submitted with SFY 2025 plan and budget process. Year Two measurement will be taken from Page 3 of Form 118 that is submitted with SFY 2026 plan and budget process.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Workforce issues have been negatively impacted due to the pandemic. Much support has been provided to the CMHCs to address workforce issues, including staff recruitment and retention, but the issue persists. Staff recruitment and retention remain a very challenging issue and any additional statewide or national events, such as the pandemic, would negatively affect the outcome of this measure. This measure is conservative but needed as adequate workforce for this population is especially important.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Provider workforce for this population as reported by CMHCs at the end of SFY 2024 was 1071.75.

Priority #: 3

Priority Area: First Episode Psychosis/Early Serious Mental Illness

Priority Type:

Population(s):

Goal of the priority area:

Increase access to evidence-based practices for individuals with first episode psychosis (FEP)

Objective:

Ensure rapid access to a prescriber for young people being admitted into Coordinated Specialty Care (CSC) programs.

Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide Coordinated Specialty Care (CSC) to this population. Utilize consultation from national experts in the field. Convene quarterly meetings with all key contacts from CMHCs regarding this population to provide technical assistance/education regarding CSC and First Episode Psychosis. Embed rapid access measures and rationale into CMHC contract deliverables for CSC outpatient funded sites. Provide refresher training for CSC prescribers and create infrastructure to support CSC prescribers.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Young people will have access to available prescriber appointments within seven days of admission into CSC programs. Young people served in CSC programs are not required to see a prescriber, but may choose to see a team prescriber, even if they do not wish to take medication. However, for ALL who choose to see a prescriber, rapid access is essential. Rapid access to care, including evidence-based medication management/education is a large part of the evidence base for CSC.

Baseline Measurement: Young people will have access to available prescriber appointments within seven days of

admission into CSC programs. Young people served in CSC programs are not required to see a prescriber, but may choose to see a team prescriber, even if they do not wish to take medication. However, for ALL who choose to see a prescriber, rapid access is essential. Rapid access to care, including evidence-based medication management/education is a large part of the evidence base for CSC.

First-year target/outcome measurement: By the end of SFY 2024, the statewide total of new admissions into CSC programs seeing team prescribers within seven days of admission will be at least 67 percent.

Second-year target/outcome measurement: By the end of SFY 2025, the statewide total of new admissions into CSC programs seeing team prescribers within seven days of admission will be at least 67 percent.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Department Periodic Report (DPR) form 113H/CMHC Contract Reporting Requirement. Additional CSC site level data as needed.

New Data Source*(if needed)*:

Description of Data:

DPR Form 113H is required from each CSC team on a quarterly basis. Numbers of new admissions are gathered quarterly as well as the number of new admissions who choose to see a prescriber, and the number of those who are seen by a prescriber within seven (7) days of admission.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Young people being admitted into CSC programs are encouraged, but not required, to see a prescriber, whether or not they will be taking medication. Young people who choose not to see a prescriber will not negatively impact this measure. Some young people being admitted into CSC programs already have a prescriber, and some of those want to continue seeing that provider. Young people who are admitted and choose to keep their own prescriber will not negatively impact this measure.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
95% of new admissions into CSC programs during SFY 2024 saw prescribers within 7 days.

Priority #: 4

Priority Area: Behavioral Health Crisis Services

Priority Type:

Population(s):

Goal of the priority area:

Increase in-state crisis 988 calls, texts, and chat responses.

Objective:

: Increase the number of 988 calls, texts, and chats answered in-state by one percent.

Strategies to attain the goal:

DBHDID will continue to provide training and technical assistance to 988 call centers. DBHDID will continue to convene monthly peer group meetings of 988 call centers so that centers can share implementation strategies and best practices. DBHDID will continue to develop collaborative relationships and processes with partner agencies. DBHDID will continue to pursue funding and coverage opportunities to enhance 988 services. DBHDID will continue to engage in regional and national training and technical assistance opportunities. DBHDID will continue workforce initiatives to enhance 988 workforce development, recruitment, and retention.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of 988 calls, texts, and chats answered in-state by one percent.

Baseline Measurement: In SFY 2023, Kentucky Call Centers responded to 21,301 calls, texts, and chats.

First-year target/outcome measurement: At the end of SFY 2024, Kentucky Call Centers will have responded to at least .50 percent more calls, texts, chats than baseline. (21,408 calls, texts, chats)

Second-year target/outcome measurement: At the end of SFY 2025, Kentucky Call Centers will have responded to an additional .50 percent more calls, texts, chats than baseline. (21,515 calls, texts, chats)

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Kentucky Broad State Metric Report (a monthly report provided by Vibrant Emotional Health, the administrator of the 988 Suicide & Crisis Lifeline).

New Data Source*(if needed)*:

Description of Data:

Statewide total number of 988 calls, texts, and chats answered by Kentucky's thirteen (13) 988 call centers, as reported monthly by Vibrant Emotional Health via the 988 Broad State Metrics for Kentucky report.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Vibrant is continuously refining 988 telephone technology and reporting in real time and data is impacted periodically. 988 experienced a blackout this year that impacted all state and territory call centers for a day (national call centers were still operational). Although Vibrant addressed the issue and built in redundancies, something similar could happen again. Vibrant is currently piloting a new Unified Platform and plans to implement it in phases nationally in the coming year. The in-state answer rate may be impacted. (Pennyroyal Center is one (1) of two national pilot sites, and they have seen a marked decrease in ability to respond to calls during the pilot testing.) Kentucky is exploring the idea of developing its own state platform instead of using the Vibrant Unified Platform. If it does, answer rates could be impacted as it is implemented.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Kentucky has focused several funding streams and staffing in the implementation of 988 call services. During SFY 2024, 29,202 calls, texts, and chats were answered. This was 69% more than baseline.

Priority #: 5

Priority Area: Primary Prevention

Priority Type:

Population(s): PP

Goal of the priority area:

Increase awareness of the risks of using vaping products in youth.

Objective:

Increase by 1% the number of Kentucky youth who receive prevention services related to vaping.

Strategies to attain the goal:

Educate youth, parents, and school staff members about the harmful effects of electronic vaping products. Provide training and technical assistance to schools and community organizations to update school and community smoke-free policies to address electronic vaping devices. Provide retailers of vaping products with information on the Tobacco Retailer Underage Sales Training (TRUST) for retailers to reduce sales to minors. Provide training and technical assistance to schools to support and enhance early prevention screening and assessment of adolescents.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	The number of Kentucky youth served by non-media related prevention services targeting vaping.
Baseline Measurement:	2,833 Kentucky youth received non-media related prevention services targeting tobacco use in SFY 2022. (Kentucky Prevention Data System reports vaping and traditional tobacco use under the same category)
First-year target/outcome measurement:	At the end of SFY 2024, at least .50% more young people (2,847) will have received non-media related prevention services targeting vaping.
Second-year target/outcome measurement:	At the end of SFY 2025, at least .50% more young people (2,861) will have received non-media related prevention services targeting vaping.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Kentucky's Prevention Data System.

New Data Source*(if needed)*:

Description of Data:

The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. The cloud-based system provides data for various SAMHSA Block Grant reporting requirements related to primary prevention.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Accuracy of data depends on contracted providers entering activities accurately in a timely manner.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
4,182 students completed the "Too Good For Drugs" curriculum, during the time period, which includes specific vaping education.

Priority #: 6

Priority Area: Pregnant Women and women with dependent children who have Substance Use Disorder

Priority Type:

Population(s): PWWDC

Goal of the priority area:

Simultaneously protect infants who are affected by prenatal substance use and support mothers and families in their capacity to provide care for infants following birth/hospital discharges.

Objective:

Expand the focus of the Plan of Safe Care (POSC) initiative to identify barriers to resources and services for pregnant women and women with dependent children and develop and implement strategic planning to address specific needs and/or risk factors.

Strategies to attain the goal:

Identify specific needs and/or risk factors that affect pregnant women and women with dependent children, their children and families in the POSC initiative regions. Identify barriers to resources and services to address those needs and/or risk factors. Develop and implement a written strategic plan in collaboration with the POSC workgroups to reduce identified barriers and provide services and/or resources.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Implementation of Plan of Safe Care (POSC) strategic plans.

Baseline Measurement: At the end of SFY 2022, there are 10 POSC sites to serve PWWDC with SUD. There are 0 completed POSC strategic plans.

First-year target/outcome measurement: At the end of SFY 2024, two POSC sites will have developed and submitted to DBHDID a written strategic plan and provided documentation of implementation.

Second-year target/outcome measurement: At the end of SFY 2025, two additional POSC sites will have developed and submitted to DBHDID a written strategic plan and provided documentation of implementation.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

CMHC contract reporting requirement. CMHC.ContrRepReq@ky.gov ; monthly POSC meetings

New Data Source*(if needed)*:

Description of Data:

The CMHCs with POSC sites will be required to submit strategic plans that outline identified barriers to resources and services for this population and implementation steps to address identified needs. The strategic reports will be submitted via the data source. DSUD program staff will attend all monthly POSC meetings and assist with plan development. DSUD program staff will review all summaries from monthly meetings to monitor implementation activities.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
During SFY 2024, two (2) CMHCs developed POSC site strategic plans.

Priority #: 7

Priority Area: Persons who inject drugs

Priority Type:

Population(s):

Goal of the priority area:

Reduce the outbreak of hepatitis by increasing the availability and awareness of Syringe Services Programs (SSPs) statewide.

Objective:

Monitor and increase the number of Syringe Services Programs across the state.

Strategies to attain the goal:

Collaborate with the Office of Drug Control Policy, the Harm Reduction Coalition, and the Kentucky Department for Public Health to educate communities about the benefits of syringe services programs. Encourage the increase of local ordinances to create local syringe services programs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of Syringe Services Programs (SSPs) in place across the state.

Baseline Measurement: At the end of SFY 2023 there are 83 SSPs across the state.

First-year target/outcome measurement: At the end of SFY 2024, there will be one additional SSP in the state. (84)

Second-year target/outcome measurement: At the end of SFY 2025, there will be one additional SSP in the state. (85)

New Second-year target/outcome measurement*(if needed)*:

Data Source:

The Kentucky Department for Public Health Surveillance data, Kentucky Office of Drug Control Policy (ODCP), Kentucky Harm Reduction Coalition, the DBHDID. https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx.

New Data Source*(if needed)*:

Description of Data:

The Kentucky Department for Public Health monitors the number of SSPs statewide and posts to their website the days/hours of operation for each program. The ODCP and the Kentucky Harm Reduction Coalition and DBHDID work to educate individuals and communities about the cost, benefits, myths, and best practice guidelines for initiating and maintaining SSPs.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

SSPs have existed and been studied extensively in the United States since 1988. The SSPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes, and offer safe injection education. The SSPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs: overdose prevention education; screening; care and treatment for HIV and viral hepatitis; prevention of mother-to-child transmission; hepatitis A and hepatitis B vaccination; screening for other sexually transmitted diseases and tuberculosis; partner services and other medical, social, and mental health services. In direct response to Senate Bill 192, enacted during the 2015 regular legislative session, the Department for Public Health has published guidelines for local health departments implementing harm reduction and syringe services programs.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Although the total number of SSPs fluctuated during SFY 24, one additional Kentucky county had access during SFY 24. (End of SFY 23, 64 counties had access to SSPs. End of SFY 24, 65 counties had access to SSPs. Since July 2024, two additional counties have gained access). Despite rampant stigma, many biases, and a challenging political climate, Kentucky continues to move forward in efforts to provide access to SSPs and other activities to impact harm reduction.

Priority #: 8

Priority Area: Persons with or at risk of tuberculosis

Priority Type:

Population(s): TB

Goal of the priority area:

Improve screening and referral to services for individuals with or at risk of tuberculosis.

Objective:

Ensure all clients presenting for substance use disorder services are adequately screened for tuberculosis and when appropriate referred to services.

Strategies to attain the goal:

Continue partnering with Kentucky Department for Public Health and the CMHCs to improve screening and referral protocols for individuals who have or are at risk for tuberculosis. Ensure that CMHCs are systematically screening for tuberculosis among individuals receiving services for SUDs and when appropriate referring for services. Offer CMHCs technical assistance in updating and improving their policies and procedures regarding tuberculosis screening and referral. Introduce CMHCs to the monitoring tool being created to review for adequate screening and referral and include providers in the development of the tool and the process of reviewing client files for this information.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Screen persons who present for substance use services at the fourteen CMHCs for tuberculosis and provide appropriate referrals to services.
Baseline Measurement:	At the end of SFY 2022, all fourteen CMHCs had submitted written policies that include processes for screening for TB and training staff. No monitoring tool exists to measure whether providers are following these policies that have been created and approved by DSUD.
First-year target/outcome measurement:	At the end of SFY 2024, DSUD program staff will have developed a monitoring tool to utilize in reviewing client files regarding written documentation of tuberculosis screening and referral to services.
Second-year target/outcome measurement:	At the end of SFY 2025, DSUD program staff will have reviewed a minimum of 20 client files at each of two CMHCs.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

CMHC contract reporting requirements; DSUD monitoring documentation.

New Data Source*(if needed)*:

Description of Data:

The monitoring tool will be developed. A process will be created for monitoring client files. Once created, the tool will be available. An 80% rate of compliance will be considered sufficient to meet the screening and referral requirement. If the rate is below 80%, the CMHC will be required to submit a plan to ensure meeting contract requirements and following approved policies. At the end of SFY 2025, data outcomes from the first two reviews of CMHCs will be collected and may possibly be used to determine new performance indicators in the years ahead.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

A monitoring tool was developed to utilize for chart review in SFY 2025 by the Substance Use Treatment and Recovery Services Branch.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Center for Substance Abuse Treatment

Division of State and Community Systems

State Systems Partnership Branch

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 24 Annual Report

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

Report Expenditure Period: October 1, 2023 - September 30, 2024

Report Submission Due Date: Tuesday, December 31, 2024

Name of SUBG Grantee: Kentucky
Name of State, DC, Territory, Associated State, or Tribe

Submitted By: Melissa Runyon, Block Grant Planner
Name and Title of Individual Submitting Report

Date Submitted: December 17, 2024

Total FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding Amount Awarded to This Grantee in August 2021:

$562,833

Instructions: For the FFY 2024, ending on 9/30/24, please complete this FY 24 Annual Report form for the FY 24 expenditures from the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding. Please upload as a Word or PDF document in Table 1 of the 2025 SUPTRS BG Report that was submitted on or before 12/2/24. Please report on the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding activities and expenditures by Tuesday, December 31, 2024. The period of performance for this report is October 1, 2023 through September 30, 2024. For further information , please feel free to contact your CSAT SPO.

Details for SUPTRS BG Grantees: After completing the table above, grantees are requested to upload this report document through a regular WebBGAS Revision Request that will be created by your CSAT SPO, as an Attachment to Table 1 Priority Area and Annual Performance Indicators – Progress Report, of the 2025 SUPTRS BG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, December 31, 2024.

For the expenditure period of October 1, 2023 through September 30, 2024, please include a complete listing of the expenditure of FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete and upload this report document indicating "Not Applicable". Please feel free to address any questions or concerns to your CSAT SPO. Thank you.

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 24 Annual Report Table			
#	**FY 24 Date of Expenditure**	**FY 24 Item/Activity Description for Expenditure Period of 10/01/23 through 09/30/24**	**FY 24 Amount of Expenditure**
1	July 2023	Supplies for SUD residential treatment programs, recovery housing programs, and other programs in the community that serve individuals with SUD.	$199,948.92
2	October 2023 – April 2024	Shipping and distribution costs for SUD residential treatment programs, recovery housing programs, and other programs in the community that serve individuals with SUD.	$12,995.47
3	June 2023 – September 2024	Personnel costs for coordinating purchase and distribution of supplies to community SUD programs.	$663.92
4	May 2024 – September 2024	CMHC expenditure for supplies.	$15,571.00
5	June 2024 – September 2024	CMHC expenditures for supplies.	$9,571.00
6	March 2024 – September 2024	CMHC expenditures for supplies.	$13,643.00
7	March 2024 – October 2024	CMHC expenditures for supplies.	$12,038.00
8	May 2024 - September 2024	CMHC expenditures for supplies.	$15,571.00
9	August 2024 – September 2024	CMHC expenditures for supplies.	$5,767.00
10	July 2024 – September 2024	CMHC expenditure for supplies.	$1,071.00

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 24 Annual Report Table			
#	**FY 24 Date of Expenditure**	**FY 24 Item/Activity Description for Expenditure Period of 10/01/23 through 09/30/24**	**FY 24 Amount of Expenditure**
11	March 2024 – September 2024	CMHC expenditures for supplies.	$15,667.00
12	April 2024 – September 2024	CMHC expenditures for supplies.	$15,571.00
13	April 2024 – September 2024	CMHC expenditures for supplies.	$1,237.00
14	April 2024 – September 2024	CMHC expenditures for supplies.	$15,571.00
15	April 2024 – September 2024	CMHC expenditures for supplies.	$15,571.00
16	April 2024 – September 2024	CMHC expenditures for supplies.	$1,071.00
17	March 2024 – September 2024	CMHC expenditure for supplies.	$15,571.00
17			
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		Total	**$367,099.31**

These funds were allocated through a partnership with the Department for Public Health, to assist with access and distribution to substance use treatment and recovery programs across the state.

During SFY 2024 the following significant data points were realized:

198 agencies/programs requested funds for COVID 19 mitigation. These programs were primarily recovery housing and residential treatment programs for SUD.

1,374,068 individual Personal Protective Equipment items were distributed including masks, face shields, etc.

Some funds were used for personnel and shipping costs to coordinate and distribute these supplies. However, the vast majority of these funding allocations were utilized for supplies.

In addition to our partnership with the Department for Public Health, DBHDID also allocated funds during this time period to the 14 CMHCs that cover all 120 counties in Kentucky. The CMHCs used the funding for purchasing COVID 19 mitigation supplies, such as Personal Protective Equipment and COVID 19 test kits.

No COVID 19 vaccines were purchased with these funds.

Background and Description of Funding: On August 10, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID Testing and Mitigation funds). The total overall expenditure period performance period for this funding is September 1, 2021 – September 30, 2025, though the expenditure period for the report above is for FY 24 only, from 10/1/23 through 9/30/24.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, US Territories, Freely Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the 2025 Substance Use Block Grant Report filed on or before 12/2/24. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

12/3/2024: SUBG Grantee WebBGAS Revision Request will be created by the CSAT SPO for the grantee upload of the FY 24 SABG ARP COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 24 expenditure period of October 1, 2023 through September 30, 2024. Using the FY 24 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2025 SUPTRS Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, December 31, 2024. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of expenditures, between October 1, 2023 and September 30, 2024. If no activities were completed, please complete and upload the report document indicating "Not Applicable".

Summary of the August 10, 2021 Guidance Letter:
Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

"People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest $100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities–some of the most impacted and highest risk communities across the country. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)). SAMHSA will supplement the ARP funding for state grantees. The performance period for this funding is September 1, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates $50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states.

States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

• Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.

• Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.

• Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.

• Behavioral health services for those in short-term housing for people who are at high risk for COVID-19.

• Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.

• Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

• Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most under-served, under-resourced, and marginalized communities in need.

• Expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

• Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.

• Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.

• Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.

• Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.

• Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.

• Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).

• Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).

• Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.

• Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:

- Discuss test result or diagnosis with consumers;
- Assess patient symptom history and health status;
- Provide instructions and support for self-isolation and symptom monitoring; and
- Identify people (contacts) who may have been exposed to COVID-19.

• Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:

- Provide information about the virus;
- Discuss their symptom history and other relevant health information; and
- Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

• Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
• Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
• Construction projects.
• Support of lobbying/advocacy efforts.
• Facility or land purchases.
• COVID-19 mitigation activities conducted prior to 9/1/2021.
• Financial assistance to an entity other than a public or nonprofit private entity.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

Expenditure Period Start Date: 7/1/2023 Expenditure Period End Date: 6/30/2024

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19[1]	I. ARP[2]
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery[3]	$16,292,595.00		$0.00	$26,262,284.00	$7,408,481.00	$0.00	$7,885,047.00	$8,120,604.00	$3,364,261.00
a. Pregnant Women and Women with Dependent Children	$3,360,172.83		$0.00	$0.00	$0.00	$0.00	$0.00	$331,863.00	$798,486.00
b. Recovery Support Services	$7,080.00		$0.00	$430,127.00	$0.00	$0.00	$0.00	$0.00	$115,569.00
c. All Other	$12,925,342.17		$0.00	$25,832,157.00	$7,408,481.00	$0.00	$7,885,047.00	$7,788,741.00	$2,450,206.00
2. Substance Use Disorder Primary Prevention	$4,997,484.00		$0.00	$4,632,512.00	$315,862.00	$0.00	$0.00	$2,193,357.00	$471,397.00
3. Tuberculosis Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[4]	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	$60,457.00		$0.00	$1,706,962.00	$2,330,994.00	$0.00	$235,418.00	$140,254.00	$24,392.00
11. Total	**$21,350,536.00**	**$0.00**	**$0.00**	**$32,601,758.00**	**$10,055,337.00**	**$0.00**	**$8,120,465.00**	**$10,454,215.00**	**$3,860,050.00**

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2]The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

[3]Prevention other than primary prevention

[4]Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

(●) Actual ( ) Estimated

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Footnotes:

The correct reporting period for this table is July 1, 2023 - June 30, 2024, which is SFY 2024.
The dates were pre-populated on Table 2, and we were unable to change.

Revision Request Response: State expenditures reported under Column E of Table 2 include ALL state expenditures during SFY 2024. However, Table 8a includes ONLY those three funding codes that were included in the MOE formula approved by SAMHSA in 1994, so only a

portion of the total state expenditures are represented on Table 8a.
Table 8b does not include any state funds for SFY 2024.
For Table 2, Column A, Row 1a, Kentucky had a rounding error in the amount originally represented on Table 8b. That error was corrected to match the exact total expenditure reported on Table 8b.

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

Expenditure Start Date: 10/01/2021 Expenditure End Date: 09/30/2023

				SSP Expenditures		
SSP Agency Name	**SSP Main Address**	**SUD Treatment Provider (Yes or No)**	**# Of locations (Include any mobile locations)**	**SUPTRS BG Funds**	**COVID-19[1] Funds**	**ARP[2] Funds**
No Data Available						

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2] The expenditure period for The ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

Kentucky does not utilize SUPTRS BG funds for SSPs. This table is N/A.

III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 10/1/2021 Expenditure End Date: 9/30/2023

SUPTRS							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing *(Please enter total number of individuals served)***	**Treatment for Substance Use Conditions *(Please enter total number of individuals served)***	**Treatment for Physical Health *(Please enter total number of individuals served)***	**STD Testing *(Please enter total number of individuals served)***	**Hep C *(Please enter total number of individuals served)***
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

COVID-19[1]							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing *(Please enter total number of individuals served)***	**Treatment for Substance Use Conditions *(Please enter total number of individuals served)***	**Treatment for Physical Health *(Please enter total number of individuals served)***	**STD Testing *(Please enter total number of individuals served)***	**Hep C *(Please enter total number of individuals served)***
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

ARP[2]							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing *(Please enter total number of individuals served)***	**Treatment for Substance Use Conditions *(Please enter total number of individuals served)***	**Treatment for Physical Health *(Please enter total number of individuals served)***	**STD Testing *(Please enter total number of individuals served)***	**Hep C *(Please enter total number of individuals served)***
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2] The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

Kentucky does not utilize SUPTRS BG funding for SSPs. This table is N/A.

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Table 3c – Harm Reduction Activities

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdoese Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19[1] Funds	ARP[2] Funds
Kentucky Pharmacy Education and Research Foundation INC/Kentucky Pharmacist's Association	96 C Michael Davenport BLVD	No	18312	18312	0	0	0	$0.00	$743,436.00	$31,260.00
Metro Louisville Harm Reduction Task Force/Kentucky Harm Reduction Coalition	721 S Brook ST	No	0	0	0	303030	303030	$0.00	$51,983.42	$47,124.01

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025, for most states.

[2]The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.

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Footnotes:

KY utilizes blended funds for harm reduction. Numbers reported on this table represent the amount purchased/ distributed with SUPTRS Covid 19/ARPA Funds." We cannot distinguish which source purchased Naloxone that resulted in overdose reversals. However, the total overdose reversals reported
for SFY 2024 was 5,687. This number is believed to be largely underreported.

The correct reporting period for the data in this table is July 1, 2023 - June 30, 2024. The incorrect reporting period was pre-populated, and we were unable to change.

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

This table is for the reporting of expenditures by category for the SUPTRS BG FY 2022 Award. States should complete this table and demonstrate compliance with SUPTRS BG statute and regulations during the two-year expenditure period for which the state was awarded. These include a minimum expenditure of no less than 20 percent for primary prevention, a capitation of 5 percent in SSA administration of the SUPTRS BG, and a required 5 percent for EIS/HIV in designated states during the award period. For detailed instructions, refer to those in WebBGAS.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Expenditure Category	FY 2022 SA Block Grant Award
1. Substance Use Prevention[1], Treatment, and Recovery	$15,877,822.53
2. Substance Use Primary Prevention	$4,325,135.43
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[2]	$0.00
4. Tuberculosis Services	$0.00
5. Administration (excluding program/provider level)	$347,656.04
Total	**$20,550,614.00**

[1]Prevention other than Primary Prevention

[2]Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

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Footnotes:

III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

This table is for the reporting of expenditures on primary prevention activities and must demonstrate the state's compliance with the statutory minimum set-aside of no less than 20 percent of the SUPTRS BG 2022 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Table 5a. The total reported on this table should be equal to that found in Table 4, Row 2 unless the state also reports expenditures in Table 6, Column B. In which case, the sum of Table 5a + Table 6, Column B should be equal to that reported on Table 4, Row 2. Expenditures within the six strategies should be directly associated with the cost of completing the activity or task. If a state used strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other."

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	$279.00				
Information Dissemination	Indicated	$1,392.00				
Information Dissemination	Universal	$208,872.00				
Information Dissemination	Unspecified					
Information Dissemination	**Total**	**$210,543.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$557.00				
Education	Indicated	$835.00				
Education	Universal	$35,091.00				
Education	Unspecified					
Education	**Total**	**$36,483.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal	$1,949.00				
Alternatives	Unspecified					
Alternatives	**Total**	**$1,949.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$835.00				
Problem Identification and Referral	Indicated	$8,355.00				
Problem Identification and Referral	Universal	$16,710.00				
Problem Identification and Referral	Unspecified					

Problem Identification and Referral	**Total**	**$25,900.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Community-Based Process	Selective	$1,949.00				
Community-Based Process	Indicated	$3,899.00				
Community-Based Process	Universal	$2,491,151.00				
Community-Based Process	Unspecified					
Community-Based Process	**Total**	**$2,496,999.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective					
Environmental	Indicated	$8,076.00				
Environmental	Universal	$5,013.00				
Environmental	Unspecified					
Environmental	**Total**	**$13,089.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal					
Section 1926 (Synar)-Tobacco	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Universal Direct					
Other	Universal Indirect					
Other	Selective					
Other	Indicated					
Other	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total	**$2,784,963.00**				

Section 1926 (Synar)-Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130), a state may not use the SUPTRS BG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SUPTRS BG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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Footnotes:

III: Expenditure Reports

Table 5b - SUPTRS BG Primary Prevention Targeted Priorities (Required)

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2022 SUPTRS BG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

	SUPTRS BG Award
Prioritized Substances	
Alcohol	☑
Tobacco	☑
Marijuana	☑
Prescription Drugs	☑
Cocaine	☑
Heroin	☑
Inhalants	☐
Methamphetamine	☑
Synthetic Drugs (i.e. Bath salts, Spice, K2)	☐
Fentanyl	☑
Prioritized Populations	
Students in College	☑
Military Families	☑
LGBTQ+	☑
American Indians/Alaska Natives	☐
African American	☑
Hispanic	☑
Homeless	☐
Native Hawaiian/Other Pacific Islanders	☐
Asian	☑

Rural	☑
Other Underserved Racial and Ethnic Minorities	☐

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Footnotes:

III: Expenditure Reports

Table 6 - Non Direct Services/System Development

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated[1]
1. Information Systems	$0.00	$940,950.53	$0.00
2. Infrastructure Support	$0.00	$0.00	$0.00
3. Partnerships, Community Outreach, and Needs Assessment	$423,381.56	$450,000.00	$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$0.00	$0.00
6. Research and Evaluation	$0.00	$0.00	$0.00
7. Training and Education	$0.00	$149,222.00	$0.00
8. Total	**$423,381.56**	**$1,540,172.53**	**$0.00**

[1]Integrated refers to funds both treatment and prevention portions of the SUPTRS BG for overarching activities.
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Footnotes:

Primary Prevention system development/non-direct services activities expenditures on Table 6, Column B ($1,540,172.43) + Primary Prevention direct service contracts total expenditures on Table 7, Column D ($2,784,963) = Table 4, Row 2, Primary Prevention total expenditures ($4,325,135.53).
SUD prevention, treatment and recovery expenditures on Table 6, Column A ($423,381.56 + Table 7, Column B expenditures ($15,454,440.97) = Table 4, Row 1 ($15,877,822.53)

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SUPTRS BG funds including community and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes system development/non-direct service expenditures.

Expenditure Period Start Date: 10/01/2021 Expenditure Period End Date: 09/30/2023

										Source of Funds Substance Use Block Grant							
	Entity Number	I-BHS ID (formerly I-SATS)	ⓘ	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G[1]. Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
	KY100822	KY100822	✓	East	Adanta Group	259 Parkers Mill Road	Somerset	KY	42501	$641,394.00	$420,121.00	$5,858.00	$221,273.00	$0.00	$0.00	$0.00	$0.00
	KY900188	KY900188	✓	West	Communicare Inc	1311 North Dixie Highway Building C	Elizabethtown	KY	42701	$982,218.00	$758,816.00	$145,647.00	$223,402.00	$0.00	$0.00	$0.00	$0.00
	KY900832	KY900832	✓	East	Comprehend Inc	611 Forest Avenue	Maysville	KY	41056	$440,868.00	$334,644.00	$17,511.00	$106,224.00	$0.00	$0.00	$0.00	$0.00
	KY000363	KY000363	✓	East	Cumberland River Behavioral Health	P.O. Box 568	Corbin	KY	40702	$728,467.00	$611,427.00	$132,528.00	$117,040.00	$0.00	$0.00	$0.00	$0.00
	KS0014422	x	✗	99	Drug Free America Foundation	333 3rd Avenue N., Suite 200	St. Petersburg	FL	33701	$97,500.00	$0.00	$0.00	$97,500.00	$0.00	$0.00	$0.00	$0.00
	KY101323	KY101323	✓	West	Four Rivers Behavioral Health	425 Broadway Street Suite Lower Level	Paducah	KY	42001	$674,019.00	$549,389.00	$66,821.00	$124,630.00	$0.00	$0.00	$0.00	$0.00
	1	X	✗	East	Independence Place	2358 Nicholasville Rd, Suite 180	Lexington	KY	40503	$50,000.00	$50,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KY0036010	x	✗	99	Kentucky Alliance of Boys & Girls Clubs	3900 Crittenden Drive	Louisville	KY	40209	$21,778.52	$21,778.52	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	206	X	✗	North Central	Kentucky Housing Corporation	1231 Louisville Rd	Frankfort	KY	40601	$6,666.66	$6,666.66	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KY0025147	X	✗	99	Kentucky Partnership For Families and Childern Inc	600 Teton Trail	Frankfort	KY	40601	$60,000.00	$60,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KY750062	KY750062	✓	East	Kentucky River Community Care Inc	115 Rockwood Lane	Hazard	KY	41701	$612,657.00	$445,810.00	$88,000.00	$166,847.00	$0.00	$0.00	$0.00	$0.00
	KY901319	KY901319	✓	West	LifeSkills Inc	822 Woodway Drive	Bowling Green	KY	42101	$1,274,705.00	$1,094,232.00	$247,392.00	$180,473.00	$0.00	$0.00	$0.00	$0.00
	KY100698	KY100698	✓	North Central	Methadone/Opiate Rehabilitation and	222 South 1st Street Suite 501	Louisville	KY	40202	$705,816.67	$705,816.67	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KY900097	KY900097	✓	East	Mountain Comprehensive Care Center	104 South Front Avenue	Prestonsburg	KY	41653	$618,332.00	$510,580.00	$52,640.00	$107,752.00	$0.00	$0.00	$0.00	$0.00
	KY102203	KY102203	✓	North Central	New Vista	1351 Newtown Pike	Lexington	KY	40511	$2,168,374.41	$1,809,995.41	$390,015.00	$358,379.00	$0.00	$0.00	$0.00	$0.00
	KY901012	KY901012	✓	North Central	NorthKey Community Care	513 Madison Avenue	Covington	KY	41011	$1,681,175.00	$1,472,266.00	$490,152.00	$208,909.00	$0.00	$0.00	$0.00	$0.00
	KY0021289	X	✗	99	Oxford House Inc	1010 Wayne Ave STE 300	Silver Spring	KY	20910	$91,940.00	$91,940.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KY900238	KY900238	✓	East	Pathways Inc	P.O. Box 790	Ashland	KY	41101 -0790	$1,046,173.00	$892,199.00	$173,686.00	$153,974.00	$0.00	$0.00	$0.00	$0.00
	KY900170	KY900170	✓	West	Pennyroyal Center	P.O. Box 614	Hopkinsville	KY	42241 -0614	$862,168.00	$646,262.00	$87,857.00	$215,906.00	$0.00	$0.00	$0.00	$0.00
	1	X	✗	99	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	$107,206.88	$107,206.88	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KY104567	KY104567	✓	North Central	RiverValley Behavioral Health	1100 Walnut Street	Owensboro	KY	42301	$851,187.00	$683,002.00	$92,513.00	$168,185.00	$0.00	$0.00	$0.00	$0.00

	KY102314	KY102314	✓	North Central	Seven Counties Services	c/o Patricia Cummings 101 West Muhammad Ali Boulevard	Louisville	KY	40202 -1429	$3,758,375.00	$3,423,906.00	$1,341,202.00	$334,469.00	$0.00	$0.00	$0.00	$0.00
	KY0028649	x	✗	99	Spalding University	845 S 3RD Street	Louisville	KY	40203	$38,899.37	$38,899.37	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	1	X	✗	North Central	The Healing Place Inc	1020 W Market St	Louisville	KY	40202	$623,220.00	$623,220.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	1	X	✗	North Central	University of Kentucky Research Foun.	222 Waller Ste 480	Lexington	KY	40504	$49,045.15	$49,045.15	$49,045.15	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	99	Young People in Recovery	1415 Park Avenue West	Denver	KY	80205	$47,218.31	$47,218.31	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total										$18,239,403.97	$15,454,440.97	$3,380,867.15	$2,784,963.00	$0.00	$0.00	$0.00	$0.00

*** Indicates the imported record has an error.**

Note: [1]42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only
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Footnotes:

Primary Prevention direct service contracts total expenditures on Table 7, Column D ($2,784,963) + Primary Prevention system development/non-direct services activities expenditures on Table 6, Column B ($1,540,172.43) = Table 4, Row 2, Primary Prevention total expenditures ($4,325,135.43).

Revision Request Response: The following entities provide direct service but are not "treatment" providers. They are either recovery centers, provide recovery support services, or provide other services that are not considered "treatment". (The Healing Place; Drug Free America; Independence Place; Ky Alliance of Boys and Girls Club; Kentucky Housing Corporation; Kentucky Partnership for Families and Children; Oxford House; Young People in Recovery; People Advocating Recovery; Spalding University; University of Kentucky).

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention, Treatment, and Recovery

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2022) + B2(2023)** **2** **(C)**
SFY 2022 (1)	$9,305,754.00	
SFY 2023 (2)	$9,692,566.52	$9,499,160
SFY 2024 (3)	$10,055,336.62	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2022	Yes	X	No
SFY 2023	Yes	X	No
SFY 2024	Yes	X	No

Did the state or jurisdiction have any non-recurring expenditures as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes No X

If yes, specify the amount and the State fiscal year:

If yes, SFY:

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes No

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations?

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
Three specific accounting codes are used to calculate general state SUD expenditures for this MOE by fiscal year, a methodology approved by SAMHSA June 23, 1994. A report was created to pull only these approved state expenditures from our state accounting system. For SFY 2024 the following amounts were expended: TNAH - $102,365; TNA1 - $100,000; TNAA - $9,852,971.62 to equal $10,055,336.62.

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Footnotes:

III: Expenditure Reports

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

Base

Period	Total Women's Base (A)
SFY 1994	$ 2,616,923.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2022		$ 3,273,753.00	Actual
SFY 2023		$ 4,043,067.89	Actual
SFY 2024		$ 3,360,172.83	◉ Actual ○ Estimated
Enter the amount the State plans to expend in SFY 2025 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): $ 4,050,553.00;			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).

A comprehensive spreadsheet is maintained annually with all allocations and expenditures for only the women's set aside, as designated by a specific subfunction created years ago that corresponds with requirements for the women's set aside as defined by SAMHSA. The specific funding code internally is TNA7. The total expenditures for that specific funding code for SFY 2024 was $3,360,172.83. This amount represents SFY 2024 expenditures by the 14 CMHCs and other specific providers for women's services as reported on Table 8b.

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Footnotes:

Revision Request Response:

1. Amounts/methods are reported in the box at the bottom of the table. Additional information as requested was added.
2. A rounding error was corrected on Table 2 and now Table 2, Column A, Row 1a matches the total on Table 8b exactly.
3. No state funds were used for Table 8b for SFY 2024.

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C.§ 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	**1. Information Dissemination**	
	2. Resources directories	14
	3. Media campaigns	14
	4. Brochures	14
	5. Radio and TV public service announcements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	14
	9. Social Media Channels	14
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	14
	3. Peer leader/helper programs	14
	4. Education programs for youth groups	14
	3. Alternatives	
	2. Youth/adult leadership activities	14
	4. Community service activities	4
	6. Recreation activities	3
	4. Problem Identification and Referral	
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	14
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	14
	2. Systematic planning	14
	3. Multi-agency coordination and collaboration/coalition	14
	4. Community team-building	14
	5. Accessing services and funding	14

	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	14
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	14
	3. Modifying alcohol and tobacco advertising practices	14
	4. Product pricing strategies	14

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Footnotes:

IV: Population and Services Reports

Table 10a – Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2023

Expenditure Period End Date: 6/30/2024

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served[1]		ARP Number of Admissions > Number of Persons Served[2]		SUPTRS BG Service Costs			COVID-19 Costs[1]			ARP Costs[2]		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
DETOXIFICATION (24-HOUR CARE)															
1. Hospital Inpatient	65	63													
2. Free-Standing Residential	0	0													
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient	0	0	220												
4. Short-term (up to 30 days)	1,052	1,036	125												
5. Long-term (over 30 days)	742	702													
AMBULATORY (OUTPATIENT)															
6. Outpatient	8,899	8,545	5,472												
7. Intensive Outpatient	291	284													
8. Detoxification	0	0													
OUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification	0	0													
10. MOUD Medication-Assisted Treatment Outpatient	0	0	100												

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG and COVID-19 Number of Persons Served)

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

[3] In FY 2020 SAMHSA modified the "Level of Care" (LOC)" and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication- Assisted Treatment," respectively. In prior SUPTRS BG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is "MOUD & Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "MOUD Medication-Assisted Treatment Detoxification," Row 9 and "MOUD & Medication Assisted Treatment Outpatient," Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Footnotes:

Kentucky is not a fee for service contractor and thus does not collect cost per person.

COVID 19 funded services were reported in Column C only because these providers only collect data at admission and do not collect admission vs served data.

Providers for Table 10a, Column C are funded through blended COVID 19/ARPA funds. All numbers were reported under only the COVID 19 column, due to Table 11b only offering reporting for COVID 19 funding.

IV: Population and Services Reports

Table 10b – Number of Persons Served (Unduplicated Count) Who Received Recovery Supports

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity. For detailed instructions, see those in WebBGAS.

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

	Age 0-5[1]							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

[1]Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	3	2	0	0	0	0	0
Peer-Led Support Group	3	3	0	0	0	0	0	2	4	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	12	26	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	10	8	0	0	0	0	0	58	48	0	2	5	0	0
Peer-Led Support Group	10	3	0	0	0	0	0	91	54	0	0	1	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	57	103	0	0	0	0	0	518	929	0	0	1	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	17	30	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	21	25	0	0	0	0	0	0	2	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	145	265	0	0	0	0	0	1	8	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	**88**	**88**	**0**	**2**	**5**	**0**	**0**
Peer-Led Support Group	**128**	**91**	**0**	**0**	**1**	**0**	**0**
Peer-Led Training or Peer Certification Activity	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Recovery Housing	**734**	**1,331**	**0**	**0**	**1**	**0**	**0**
Recovery Support Service Childcare Fee or Family Caregiver Fee	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Recovery Support Service Transportation	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Secondary School, High School, or Collegiate Recovery Program Service or Activity	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0
Comments on Data (Age):							
Comments on Data (Gender):							
Comments on Data (Overall):							

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

IV: Population and Services Reports

Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

	Total of Race								American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	4	8	0	0	1	0	0	13	2	4	0	0	0	0	0
13-17 years	98	308	2	2	28	8	14	460	49	154	1	1	6	4	7
18-20 years	202	332	4	6	6	0	58	608	101	166	2	3	0	0	29
21-24 years	493	824	10	14	18	0	106	1,465	247	413	5	7	1	0	53
25-44 years	4,141	7,145	14	54	209	15	795	12,373	2,072	3,578	7	27	7	8	398
45-64 years	1,660	3,596	2	8	79	4	372	5,721	831	1,801	1	4	2	2	191
65-74 years	60	180	0	0	1	0	16	257	30	90	0	0	0	0	8
75+ years	4	12	0	0	0	0	2	18	2	6	0	0	0	0	1
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	6,662	12,405	32	84	342	27	1,363	20,915	3,334	6,212	16	42	16	14	687
Pregnant Women	284								142						

Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	11570
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	138673

Are the values reported in this table generated from a client-based system with unique identifiers?

(●) Yes ( ) No

Comments on Data (Race)	
Comments on Data (Gender)	
Comments on Data (Overall)	

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0

6-12 years	0	0	0	0	0	0	0	0	1	0	0	1	0	0
13-17 years	1	1	0	0	0	0	0	3	15	0	1	4	0	0
18-20 years	2	1	0	0	0	0	0	9	17	0	0	2	0	2
21-24 years	0	1	0	0	0	0	0	20	43	0	1	3	0	5
25-44 years	2	11	0	0	0	0	2	78	389	1	3	57	1	28
45-64 years	1	2	0	0	0	0	1	29	218	0	2	32	0	5
65-74 years	1	0	0	0	0	0	0	1	17	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**7**	**16**	**0**	**0**	**0**	**0**	**3**	**140**	**702**	**1**	**7**	**99**	**1**	**40**
Pregnant Women	0							14						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	1	2	0	0	0	0	0
13-17 years	0	1	0	0	0	0	0	42	125	1	0	11	3	7
18-20 years	0	1	0	0	0	0	0	85	137	2	3	4	0	22
21-24 years	1	0	0	0	0	0	0	214	338	5	4	12	0	36
25-44 years	0	5	0	0	0	0	0	1,917	3,024	5	21	132	5	322
45-64 years	1	4	0	0	0	0	1	775	1,522	1	2	42	2	151
65-74 years	0	0	0	0	0	0	0	26	71	0	0	1	0	6
75+ years	0	0	0	0	0	0	0	2	4	0	0	0	0	1
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**2**	**11**	**0**	**0**	**0**	**0**	**1**	**3,062**	**5,223**	**14**	**30**	**202**	**10**	**545**
Pregnant Women	0							124						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	1	0	0	0	0	0	0	0	1	0	0	0	0	0
13-17 years	1	7	0	0	6	0	0	2	4	0	0	1	1	0
18-20 years	1	4	0	0	0	0	1	3	6	0	0	0	0	1
21-24 years	4	8	0	1	1	0	5	7	19	0	1	1	0	3
25-44 years	28	55	0	0	6	0	15	39	77	1	3	7	1	6
45-64 years	11	31	0	0	2	0	0	11	15	0	0	1	0	2
65-74 years	2	2	0	0	0	0	0	0	0	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**48**	**107**	**0**	**1**	**15**	**0**	**21**	**62**	**122**	**1**	**4**	**10**	**2**	**12**
Pregnant Women	0							4						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	3	4	0	0	3	0	0
13-17 years	0	1	0	0	0	0	0	44	144	1	1	18	4	7
18-20 years	1	0	0	0	0	0	3	95	151	2	3	6	0	24
21-24 years	0	2	0	0	0	0	4	240	392	5	5	16	0	46
25-44 years	5	6	0	0	0	0	24	2,007	3,470	6	25	188	8	372
45-64 years	1	3	0	0	0	0	21	820	1,762	1	4	74	2	173
65-74 years	0	0	0	0	0	0	2	29	86	0	0	1	0	7
75+ years	0	0	0	0	0	0	0	2	6	0	0	0	0	1
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**7**	**12**	**0**	**0**	**0**	**0**	**54**	**3,240**	**6,015**	**15**	**38**	**306**	**14**	**630**
Pregnant Women	0							135						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	4	7	0	0	4	0	0	0	0	0	0	0	0	0
18-20 years	5	14	0	0	0	0	1	0	0	0	0	0	0	0
21-24 years	6	14	0	1	1	0	3	0	0	0	0	0	0	0
25-44 years	47	80	1	1	5	0	3	0	0	0	0	0	0	0
45-64 years	8	21	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	4	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**70**	**140**	**1**	**2**	**10**	**0**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	5							2						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Total of Ethnicity							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total

0-5 years[1]	0	0	0	0	0	0	0	0
6-12 years	3	4	0	0	3	0	0	0
13-17 years	48	151	1	1	22	4	7	0
18-20 years	100	165	2	3	6	0	25	13
21-24 years	246	406	5	6	17	0	49	58
25-44 years	2,054	3,550	7	26	193	8	375	662
45-64 years	828	1,783	1	4	74	2	173	281
65-74 years	29	90	0	0	1	0	7	10
75+ years	2	6	0	0	0	0	1	1
Not Available	0	0	0	0	0	0	0	4,824
Total	3,310	6,155	16	40	316	14	637	5,849
Pregnant Women	142							

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use[1]

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded under COVID-19 Relief Supplemental Funding.

	Total of Race								American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[2]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	4	10	0	0	0	0	0	14	0	0	0	0	0	0	0
21-24 years	18	40	0	0	0	0	0	58	0	0	0	0	0	0	0
25-44 years	261	407	1	0	0	0	1	670	0	0	0	0	0	0	0
45-64 years	68	211	0	0	0	0	2	281	0	1	0	0	0	0	0
65-74 years	2	8	0	0	0	0	0	10	0	0	0	0	0	0	0
75+ years	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Not Available	2,332	2,419	20	9	2	0	5	4,787	2	0	0	0	0	0	0
Total	2,686	3,095	21	9	2	0	8	5,821	2	1	0	0	0	0	0
Pregnant Women	15								0						

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2]Age category 0-5 years is not applicable.

Comments on Data (Race)	
Comments on Data (Gender)	
Comments on Data (Overall)	

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	4	6	0	0	0	0	0
25-44 years	0	1	0	0	0	0	0	23	76	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	6	42	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	3	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	2	0	0	0	0	0	194	340	7	2	0	0	0
Total	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**227**	**467**	**7**	**2**	**0**	**0**	**0**
Pregnant Women	0							2						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	4	10	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	12	33	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	226	320	1	0	0	0	0
45-64 years	0	0	0	0	0	0	0	60	159	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	2	4	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	2,073	1,974	12	6	2	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,378**	**2,500**	**13**	**6**	**2**	**0**	**0**
Pregnant Women	0							13						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	2	1	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	6	15	1	1	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**8**	**17**	**1**	**1**	**0**	**0**	**0**
Pregnant Women	0							0						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	4	8	0	0	0	0	0
21-24 years	2	0	0	0	0	0	0	16	40	0	0	0	0	0
25-44 years	10	9	0	0	0	0	1	246	388	0	0	0	0	0
45-64 years	2	9	0	0	0	0	2	66	202	0	0	0	0	0
65-74 years	0	1	0	0	0	0	0	2	7	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Not Available	57	88	0	0	0	0	5	0	0	0	0	0	0	0
Total	**71**	**107**	**0**	**0**	**0**	**0**	**8**	**335**	**645**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	0							15						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	2	0	0	0	0	0	0
25-44 years	4	1	0	0	0	0	0	11	11	0	0	0	0	1
45-64 years	0	0	0	0	0	0	0	2	9	0	0	0	0	2
65-74 years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Not Available	8	44	0	0	0	0	0	2,332	2,404	20	9	2	0	5
Total	**12**	**46**	**0**	**0**	**0**	**0**	**0**	**2,347**	**2,425**	**20**	**9**	**2**	**0**	**8**
Pregnant Women	0							0						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Total of Ethnicity							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total
0-5 years[1]	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6-12 years	**3**	**4**	**0**	**0**	**3**	**0**	**0**	**0**
13-17 years	**48**	**151**	**1**	**1**	**22**	**4**	**7**	**0**
18-20 years	**100**	**165**	**2**	**3**	**6**	**0**	**25**	**13**
21-24 years	**246**	**406**	**5**	**6**	**17**	**0**	**49**	**58**
25-44 years	**2,054**	**3,550**	**7**	**26**	**193**	**8**	**375**	**662**
45-64 years	**828**	**1,783**	**1**	**4**	**74**	**2**	**173**	**281**
65-74 years	**29**	**90**	**0**	**0**	**1**	**0**	**7**	**10**
75+ years	**2**	**6**	**0**	**0**	**0**	**0**	**1**	**1**
Not Available	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,824**
Total	**3,310**	**6,155**	**16**	**40**	**316**	**14**	**637**	**5,849**
Pregnant Women	**15**							

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs

	Sexual Orientation								
A. Age	**B. Straight or Heterosexual**	**C. Homosexual (Gay or Lesbian)**	**D. Bisexual**	**E. Queer**	**F. Pansexual**	**G. Questioning**	**H. Asexual**	**I. Other**	**J. Not Available**
0-5 years[1]	0	0	0	0	0	0	0	0	0
6-12 years	5	1	1	0	0	1	0	0	1
13-17 years	128	16	26	1	0	3	0	0	63
18-20 years	168	22	35	1	0	3	0	0	80
21-24 years	440	40	80	8	0	6	0	0	164
25-44 years	3,932	433	587	15	0	29	0	0	1,290
45-64 years	1,972	107	269	1	0	17	0	0	541
65-74 years	5	1	1	0	0	1	0	0	1
75+ years	4	0	2	0	0	0	0	0	4
TOTAL	**6,654**	**620**	**1,001**	**26**	**0**	**60**	**0**	**0**	**2,144**

[1]Age category 0-5 years is not applicable.
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Footnotes:

IV: Population and Services Reports

Table 12 - SUPTRS BG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

Expenditure Period Start Date: 7/1/2023

Expenditure Period End Date: 6/30/2024

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide:	Rural:
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

Kentucky is NOT a designated state. This table is N/A.

IV: Population and Services Reports

Table 13 - Charitable Choice – Required

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance use disorder provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2023 Expenditure Period End Date: 6/30/2024

Notice to Program Beneficiaries - Check all that apply:

- [x] Used model notice provided in final regulation.
- [ ] Used notice developed by State (please attach a copy to the Report).
- [ ] State has disseminated notice to religious organizations that are providers.
- [ ] State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- [ ] State has developed specific referral system for this requirement.
- [ ] State has incorporated this requirement into existing referral system(s).
- [ ] SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- [ ] Other networks and information systems are used to help identify providers.
- [x] State maintains record of referrals made by religious organizations that are providers.

0 Enter the total number of referrals to other substance use disorder providers ("alternative providers") necessitated by religious objection, as defined above, made during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

No trainings were provided.

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Footnotes:

The correct reporting period for this table is SFY 2024 (July 1, 2023 - June 30, 2024). The dates were pre-populated and were incorrect. We were unable to change them.

V: Performance Data and Outcomes

Table 14 - Treatment Performance Measure: Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	502	503
Total number of clients with non-missing values on employment/student status [denominator]	3,213	3,213
Percent of clients employed or student (full-time and part-time)	15.6%	15.7%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	1,197
Number of CY 2023 discharges submitted:	10,536
Number of CY 2023 discharges linked to an admission:	3,977
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,235
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,213

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	195	192
Total number of clients with non-missing values on employment/student status [denominator]	2,320	2,320
Percent of clients employed or student (full-time and part-time)	8.4%	8.3%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	653
Number of CY 2023 discharges submitted:	6,514
Number of CY 2023 discharges linked to an admission:	2,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,327

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,320

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	10,196	10,219
Total number of clients with non-missing values on employment/student status [denominator]	32,895	32,895
Percent of clients employed or student (full-time and part-time)	31.0%	31.1%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		9,589
Number of CY 2023 discharges submitted:		42,947
Number of CY 2023 discharges linked to an admission:		42,924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		33,139
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		32,895

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	976	974
Total number of clients with non-missing values on employment/student status [denominator]	5,411	5,411
Percent of clients employed or student (full-time and part-time)	18.0%	18.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		348
Number of CY 2023 discharges submitted:		7,577
Number of CY 2023 discharges linked to an admission:		7,577
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,432

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,411

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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Footnotes:

V: Performance Data and Outcomes

Table 15 - Treatment Performance Measure: Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,649	2,652
Total number of clients with non-missing values on living arrangements [denominator]	3,219	3,219
Percent of clients in stable living situation	82.3%	82.4%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	1,197
Number of CY 2023 discharges submitted:	10,536
Number of CY 2023 discharges linked to an admission:	3,977
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,235
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,219

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,324	1,314
Total number of clients with non-missing values on living arrangements [denominator]	2,325	2,325
Percent of clients in stable living situation	56.9%	56.5%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	653
Number of CY 2023 discharges submitted:	6,514
Number of CY 2023 discharges linked to an admission:	2,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,327
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,325

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	29,688	29,718
Total number of clients with non-missing values on living arrangements [denominator]	33,059	33,059
Percent of clients in stable living situation	89.8%	89.9%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	9,589
Number of CY 2023 discharges submitted:	42,947
Number of CY 2023 discharges linked to an admission:	42,924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	33,139
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	33,059

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	4,216	4,210
Total number of clients with non-missing values on living arrangements [denominator]	5,423	5,423
Percent of clients in stable living situation	77.7%	77.6%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	348
Number of CY 2023 discharges submitted:	7,577
Number of CY 2023 discharges linked to an admission:	7,577
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,432
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,423

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Footnotes:

V: Performance Data and Outcomes

Table 16 - Treatment Performance Measure: Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,787	2,805
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,146	3,146
Percent of clients without arrests	88.6%	89.2%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	1,197
Number of CY 2023 discharges submitted:	10,536
Number of CY 2023 discharges linked to an admission:	3,977
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,236
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,146

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,056	2,058
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,329	2,329
Percent of clients without arrests	88.3%	88.4%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	653
Number of CY 2023 discharges submitted:	6,514
Number of CY 2023 discharges linked to an admission:	2,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,330

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,329

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	30,880	30,927
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	33,084	33,084
Percent of clients without arrests	93.3%	93.5%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		9,589
Number of CY 2023 discharges submitted:		42,947
Number of CY 2023 discharges linked to an admission:		42,924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		33,215
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		33,084

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,946	4,963
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	5,434	5,434
Percent of clients without arrests	91.0%	91.3%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		348
Number of CY 2023 discharges submitted:		7,577
Number of CY 2023 discharges linked to an admission:		7,577
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,434

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,434

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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Footnotes:

V: Performance Data and Outcomes

Table 17 - Treatment Performance Measure: Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,597	2,438
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,210	3,210
Percent of clients abstinent from alcohol	80.9%	76.0%

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		17
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	613	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		2.8%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,421
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,597	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.2%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	1,197
Number of CY 2023 discharges submitted:	10,536
Number of CY 2023 discharges linked to an admission:	3,977
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,236
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,210

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,884	1,836
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,329	2,329
Percent of clients abstinent from alcohol	80.9%	78.8%

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		39
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	445	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		8.8%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,797
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,884	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.4%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	653
Number of CY 2023 discharges submitted:	6,514
Number of CY 2023 discharges linked to an admission:	2,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,330
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,329

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	28,791	27,196
All clients with non-missing values on at least one substance/frequency of use [denominator]	33,143	33,143
Percent of clients abstinent from alcohol	86.9%	82.1%

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		145
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,352	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.3%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		27,051
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	28,791	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.0%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	9,589
Number of CY 2023 discharges submitted:	42,947
Number of CY 2023 discharges linked to an admission:	42,924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	33,215
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	33,143

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	4,671	4,443
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,434	5,434
Percent of clients abstinent from alcohol	86.0%	81.8%

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		40
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	763	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		5.2%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		4,403
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,671	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.3%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	348
Number of CY 2023 discharges submitted:	7,577
Number of CY 2023 discharges linked to an admission:	7,577
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,434
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,434

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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Footnotes:

V: Performance Data and Outcomes

Table 18 - Treatment Performance Measure: Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,268	746
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,210	3,210
Percent of clients abstinent from drugs	39.5%	23.2%

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		88
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,942	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		4.5%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		658
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,268	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		51.9%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	1,197
Number of CY 2023 discharges submitted:	10,536
Number of CY 2023 discharges linked to an admission:	3,977
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,236
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,210

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,038	626
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,329	2,329
Percent of clients abstinent from drugs	44.6%	26.9%

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		195
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,291	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		15.1%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		431
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,038	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		41.5%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	653
Number of CY 2023 discharges submitted:	6,514
Number of CY 2023 discharges linked to an admission:	2,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,330
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,329

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	19,868	14,761
All clients with non-missing values on at least one substance/frequency of use [denominator]	33,143	33,143
Percent of clients abstinent from drugs	59.9%	44.5%

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		924
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	13,275	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		7.0%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		13,837
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	19,868	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		69.6%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	9,589
Number of CY 2023 discharges submitted:	42,947
Number of CY 2023 discharges linked to an admission:	42,924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	33,215
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	33,143

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,957	2,057
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,434	5,434
Percent of clients abstinent from drugs	54.4%	37.9%

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		184
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,477	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		7.4%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,873
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,957	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		63.3%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	348
Number of CY 2023 discharges submitted:	7,577
Number of CY 2023 discharges linked to an admission:	7,577
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,434
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,434

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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V: Performance Data and Outcomes

Table 19 – State Description of Social Support of Recovery Data Collection

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	963	970
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,231	3,231
Percent of clients participating in self-help groups	29.8%	30.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.2%	

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	1,197
Number of CY 2023 discharges submitted:	10,536
Number of CY 2023 discharges linked to an admission:	3,977
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,236
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,231

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	629	721
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,329	2,329
Percent of clients participating in self-help groups	27.0%	31.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.0%	

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	653
Number of CY 2023 discharges submitted:	6,514

Number of CY 2023 discharges linked to an admission:	2,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,330
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,329

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	10,880	11,035
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	33,118	33,118
Percent of clients participating in self-help groups	32.9%	33.3%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.5%	

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	9,589
Number of CY 2023 discharges submitted:	42,947
Number of CY 2023 discharges linked to an admission:	42,924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	33,215
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	33,118

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,581	1,692
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	5,429	5,429
Percent of clients participating in self-help groups	29.1%	31.2%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.0%	

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	348

Number of CY 2023 discharges submitted:	7,577
Number of CY 2023 discharges linked to an admission:	7,577
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,434
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,429

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
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Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	3	1	2	4
2. Free-Standing Residential	0	0	0	0
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	6	2	3	7
5. Long-term (over 30 days)	6	1	3	6
AMBULATORY (OUTPATIENT)				
6. Outpatient	17	1	1	8
7. Intensive Outpatient	6	1	1	5
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification[1]	3	2	4	4
10. OUD Medication-Assisted Treatment Outpatient[2]	22	1	1	8

Level of Care	2023 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	321	144
2. Free-Standing Residential	0	0
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	10536	3977

5. Long-term (over 30 days)	6514	2701
AMBULATORY (OUTPATIENT)		
6. Outpatient	42947	33223
7. Intensive Outpatient	7577	7577
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification[1]		12
10. OUD Medication-Assisted Treatment Outpatient[2]		9701

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

[1] OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

[2] OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]" **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2021 - 2022		
	Age 21+ - CY 2021 - 2022		
2. 30-day Cigarette Use	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]" **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
3. 30-day Use of Other Tobacco Products	**Survey Item: NSDUH Questionnaire:** "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.]" **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
4. 30-day Use of Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]" **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
5. 30-day Use of Illicit Drugs Other Than Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]?[2]" **Outcome Reported:** Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2021 - 2022		

	Age 18+ - CY 2021 - 2022		

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[2]NSDUH asks separate questions for each illicit drug. The number provided combines responses to all questions about illicit drugs other than marijuana or hashish.

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Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2021 - 2022		
	Age 21+ - CY 2021 - 2022		
2. Perception of Risk From Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk]" **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
3. Perception of Risk From Marijuana	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		

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Table 23 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]" **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2021 - 2022		
	Age 21+ - CY 2021 - 2022		
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]" **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.]" **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]" **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin?[Response option: Write in age at first use.]" **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]" **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.
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Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		
2. Perception of Peer Disapproval of Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2021 - 2022		
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		
4. Disapproval of Using Marijuana Regularly	**Source Survey Item: NSDUH Questionnaire:** "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		
5. Disapproval of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2021 - 2022		

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Table 25 – Substance Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]" **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		

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Table 26 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2021		

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Table 27 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Fatalities

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2021		

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Table 28 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol and Drug-Related Arrests

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2021		

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Table 29 – Substance Use Disorder Primary Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2021 - 2022		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" [1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2021 - 2022		

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.
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Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]?" **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2021 - 2022		

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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Reporting Period Start and End Dates for Information Reported on SUPTRS BG Tables 31, 32, 33, 34 and 35

Reporting Period Start and End Dates for Information Reported on Tables 31, 32, 33, 34 and 35

Please indicate the reporting period for each of the following NOMS.

	Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1.	Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
2.	Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
3.	Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2022	12/31/2022
4.	Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2022	12/31/2022
5.	Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2021	9/30/2023

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

The data in the following tables were extracted from the Kentucky Prevention Data System. The data are input monthly by our contracted providers, Regional Prevention Centers, and monitored by the Prevention Branch Data Manager.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those partipants to the More Than One Race subcategory.

Data are collected reporting programs and strategies by the prevention specialist or other responsible party (e.g., teachers who teach prevention curriculum). Kentucky does not have a specific protocol for identifying the service populations of individuals who are more than one race. The service providers use their own judgment in recording these data. They may also ask participants to include race when registering for a program, signing in for a meeting, training, etc., and participants may self-identify as more than one race in those cases.

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Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

The reporting period for Tables 31 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	**405,490**
0-5	73
6-12	1,576
13-17	4,039
18-20	848
21-24	2,084
25-44	11,918
45-64	7,730
65-74	1,111
75 and Over	0
Age Not Known	376,111
B. Gender	**405,490**
Male	9,834
Female	26,603
Trans man	25
Trans woman	1
Gender non-conforming	4
Other	369,023
C. Ethnicity	**405,490**
Hispanic or Latino	1,085
Not Hispanic or Latino	27,788
Ethnicity Unknown	376,617
D. Race	**405,490**
White	32,933
Black or African American	2,693
Native Hawaiian/Other Pacific Islander	0
Asian	84
American Indian/Alaska Native	86

More Than One Race (not OMB required)	351
Race Not Known or Other (not OMB required)	369,343

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Footnotes:

Our system collected this data under previous SAMHSA age categories, therefore we have no specification after age 65. This results in 75+ age group having zero participants. The large number is due mainly to billboards in media campaigns. We are working with contracted providers to ensure that more complete demographic data is collected whenever possible.

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Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

The reporting period for Tables 32 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	**14594625**
0-5	10
6-12	119
13-17	30
18-20	186
21-24	1557
25-44	6600
45-64	7517
65-74	1795
75 and Over	0
Age Not Known	14576811
B. Gender	**14594625**
Male	4649171
Female	4719182
Trans man	
Trans woman	
Gender non-conforming	
Other	5226272
C. Race	**14594625**
White	8991329
Black or African American	179356
Native Hawaiian/Other Pacific Islander	0
Asian	10
American Indian/Alaska Native	2
More Than One Race (not OMB required)	61190
Race Not Known or Other (not OMB required)	5362738
D. Ethnicity	**14594625**
Hispanic or Latino	507

Not Hispanic or Latino	8952
Ethnicity Unknown	14585166

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Footnotes:

Our system collected this data under previous SAMHSA age categories, therefore we have no specification after age 65. This results in 75+ age group having zero participants. The large number is due mainly to billboards in media campaigns. We are working with contracted providers to ensure that more complete demographic data is collected whenever possible.

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Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

The reporting period for Tables 33 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	405,314	N/A
2. Universal Indirect	N/A	$14,594,625.00
3. Selective	26	N/A
4. Indicated	150	N/A
5. Total	**405,490**	**$14,594,625.00**
Number of Persons Served[1]	**405,490**	**14,594,625**

[1]Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

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Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention

The reporting period for Tables 34 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:
    The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:
    The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:
    The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:
    The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Kentucky began implementing these guidelines in 2006 at the time of the SPF grant. Training and ongoing technical assistance regarding selecting and implementing evidence-based practices is provided to all Regional Prevention Center (RPC) personnel. Selecting and identifying evidence-based practices is also included in the KY Substance Use Prevention Skills training that all RPC personnel are required to attend within the first year of employment. Additionally, Kentucky has an Evidence-Based Workgroup that reviews all requests for program and strategies to be included in the Prevention Data System. Their decisions to include programs is based on a process developed by our contracted prevention evaluators which is used to determine the level of evidence behind a program or strategy.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Regional Prevention Center staff enter information into the Prevention Data System, and implementers of evidence-based prevention curricula in schools report data to the contracted prevention evaluator.

Table 34 - SUBSTANCE USE DISORDER PRIMARY PREVENTION **Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	6159	467	6626	6	65	6697
2. Total number of Programs and Strategies Funded	10542	1164	11706	12	73	11791
3. Percent of Evidence-Based Programs and Strategies	58.42%	40.12%	56.60%	50.00%	89.04%	56.80%

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Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies

The reporting period for table 35 is the 24- month expenditure period of the FFY 2022 SUPTRS BG award.

Reporting Period Start Date: 10/01/2021 Reporting Period End Date: 09/30/2023

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 6,159	$2,259,160.00
Universal Indirect	Total # 467	$171,230.00
Selective	Total # 6	$2,334.00
Indicated	Total # 65	$23,829.77
Unspecified	Total # 0	$0.00
	Total EBPs: 6,697	Total Dollars Spent: $2,456,553.77

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Prevention Attachments

Submission Uploads

FFY 2025 Prevention Attachment Category A:

File	Version	Date Added

FFY 2025 Prevention Attachment Category B:

File	Version	Date Added

FFY 2025 Prevention Attachment Category C:

File	Version	Date Added

FFY 2025 Prevention Attachment Category D:

File	Version	Date Added

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Footnotes: