Kentucky

UNIFORM APPLICATION
FY 2026 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028
(generated on 11/03/2025 1.21.56 PM)

Center for Substance Abuse Prevention
Division of Primary Prevention

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

A: 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
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City	Frankfort
Zip Code	40621

II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

From	7/1/2024
To	6/30/2025

Block Grant Expenditure Period

From	10/1/2022
To	9/30/2024

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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Footnotes:

ASSURANCE
of Compliance with SAMHSA Charitable Choice Statutes and Regulations
SMA 170

REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Steven Stack	Cabinet Secretary
APPLICANT ORGANIZATION	DATE SUBMITTED
Cabinet for Health and Family Services-BHDID	10/24/2025

B: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

How second year target was achieved:
Kentucky has focused on appropriate admissions of Adults with SMI into personal care homes. Many resources have been provided in this effort. For SFY 2025, 3.5% 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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

How second year target was achieved:
Provider workforce for this population as reported by CMHCs at the end of SFY 2025 was 1,449.

Priority #: 3

Priority Area: First Episode Psychosis/Early Serious Mental Illness

Priority Type:

Population(s): ESMI

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/outcome was not achieved, and changes proposed to meet target/outcome:

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

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

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

How second year target was achieved:
93% of new admissions into CSC programs during SFY 2025 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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

How second year target was achieved:
Kentucky has focused several funding streams and staffing on the implementation of 988 call services. During SFY 2025, 38,928 calls, texts, and chats were answered in-state. This was 124% 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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

How second year target was achieved:
15,750 students completed the "Too Good for Drugs" curriculum during SFY 2025. This curriculum 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/outcome was not achieved, and changes proposed to meet target/outcome:

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

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

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

How second year target was achieved:
During SFY 2025, two additional CMHCs developed Plan of Safe Care strategic plans.

Priority #: 7

Priority Area: Persons who inject drugs

Priority Type:

Population(s): PWID

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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

How second year target was achieved:
During SFY 2025, 66 counties had access to SSPs.

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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

How second year target was achieved:
During SFY 2025, 20 client files and 5 staff files, at two separate CMHCs, were reviewed by Division of Substance Disorder program administrators and found to reach 100% adherence to policy standards for TB screening and referral, as measured by the monitoring tool.

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Footnotes:

C: 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 for primary prevention of substance use, treatment of SUD, and recovery support services for individuals with SUD. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from the reporting period on SUPTRS BG Table 4. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

Activity	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, Medicare etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19[a]	I. ARP[b]
1. Substance Use Disorder Prevention[c] & Treatment	$15,225,658.00		$0.00	$33,798,557.00	$8,587,097.00	$0.00	$11,480,376.00	$604,190.00	$7,760,995.00
a. Pregnant Women and Women with Dependent Children (PWWDC)[d]	$4,699,978.00		$0.00	$0.00	$0.00	$0.00	$0.00	$130,569.00	$332,479.00
b. All Other	$10,525,680.00		$0.00	$33,798,557.00	$8,587,097.00	$0.00	$11,480,376.00	$473,621.00	$7,428,516.00
2. Recovery Support Services[e]	$917,760.00		$0.00	$343,698.00	$0.00	$0.00	$0.00	$0.00	$437,320.00
3. Substance Use Primary Prevention[f]	$4,989,782.00		$0.00	$4,071,348.00	$0.00	$0.00	$0.00	$32,487.00	$1,662,089.00
4. Early Intervention Services Regarding the Human Immuno-deficiency Virus (EIS/HIV)[g]	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. Tuberculosis Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6. Other Capacity Building/Systems Development Activities	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7. State Hospital									
8. Other 24 Hour Care									
9. Ambulatory/Community Non-24 Hour Care									
10. Mental Health Primary Prevention									
11. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
12. Administration[h]	$68,266.00		$0.00	$1,699,218.00	$1,778,498.00	$0.00	$521,206.00	$27,578.00	$52,041.00
13. Total	**$21,201,466.00**	**$0.00**	**$0.00**	**$39,912,821.00**	**$10,365,595.00**	**$0.00**	**$12,001,582.00**	**$664,255.00**	**$9,912,445.00**

Please indicate the expenditures are actual or estimated.

(●) Actual ( ) Estimated

[a] Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025, for most states that include expenditures between July 1, 2024 and March 14, 2025, in the COVID-19 designated column of the FY2026 Report.

[b] Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period. Note: ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025. States are required to report expenditures made during SFY 2025, for most states this is July 1, 2024 through March 24, 2025, in the ARP designated column in the FY2026 Report.

[c] Prevention other than primary prevention.

[d] Grantees must expend for Pregnant Women and Women with Dependent Children in compliance Women's Maintenance of Effort (MOE) over the one-year reporting period.

[e] This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of expenditures allowable under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting expenditures for RSS, previously reported under Row 1, Substance Use Disorder Prevention and Treatment, in the stand-alone Row 2. States are encouraged to begin reporting these expenditures in the 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward.

[f] Row 3 should account for the 20% minimum primary prevention set-aside of SUPTRS BG funds to be used for universal, selective, and indicated substance use prevention activities.

[g]The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

[h]Per 45 CFR § 96.135 Restrictions on expenditure of the SUPTRS BG, the state involved will not expend more than 5% of the BG to pay the costs of administering the SUPTRS BG.

[i]If expenditures are estimated at time of reporting, the state must provide in the footnotes a date when the final actual expenditures are expected. Actual amounts are required to meet compliance with SUPTRS BG reporting.

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Footnotes:

C: Expenditure Reports

Table 3a - Syringe Services Program (SSP) Expenditures by Program

States which have requested and been approved for expending SUPTRS BG and its supplemental funds on the support of Syringe Services Programs (SSP) must report the programs that are funded, including whether they provide treatment and the total expenditures spent by each program under the SUPTRS BG and its other supplemental funds. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Grantees approved for expending SUPTRS BG on SSPs are prohibited from using appropriated funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug as outlined in the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118 - 47), March 23, 2024.In addition, states must note that no federal funding maybe used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits.Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug. Grants also include explicit prohibitions of federal funds to be used to purchase drug paraphernalia used to administer any illegal drug.

Expenditure Start Date: 07/01/2024 Expenditure End Date: 06/30/2025

				SSP Expenditures		
SSP Name	**SSP Main Address**	**SUD Treatment Provider (Yes or No)**	**# Of locations (Include any mobile locations)**	**A. SUPTRS BG**	**B. COVID-19[a]**	**C. ARP[b]**
No Data Available						
Total						

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period.
Note: *COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025 (typically July 1, 2024–March 14, 2025) in the COVID-19 designated column of the FY2026 Report.*

[b]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period.
Note: *ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025.*

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Footnotes:

N/A -- Kentucky does not use SUBG funds for syringe services programs.

C: Expenditure Reports

Table 3b - Syringe Services Program (SSP) Number of Individuals Served

States which have requested and been approved for expending SUPTRS BG and its supplemental funds on the support of Syringe Services Programs (SSP) must report the number of individuals served by service and activity type below. Grantees approved for expending SUPTRS BG on SSPs are prohibited from using appropriated funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug as outlined in the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118-47), March 23, 2024. In addition, states must note that no federal funding maybe used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug.

If a state does NOT use any SUPTRS BG and/or supplemental funds on SSP, indicate so in the footnote. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Expenditure Start Date: 07/01/2024 Expenditure End Date: 06/30/2025

SUPTRS BG							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing** ***(Enter total number of individuals served)***	**Treatment for Substance Use Conditions** ***(Enter total number of individuals served)***	**Treatment for Physical Health** ***(Enter total number of individuals served)***	**STD Testing** ***(Enter total number of individuals served)***	**Hep C** ***(Enter total number of individuals served)***
0	0	ONSITE[c]	0	0	0	0	0
		REFERRAL OUT[d]	0	0	0	0	0
Total	0		0	0	0	0	0

COVID-19[a]							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing** ***(Enter total number of individuals served)***	**Treatment for Substance Use Conditions** ***(Enter total number of individuals served)***	**Treatment for Physical Health** ***(Enter total number of individuals served)***	**STD Testing** ***(Enter total number of individuals served)***	**Hep C** ***(Enter total number of individuals served)***
0	0	ONSITE[c]	0	0	0	0	0
		REFERRAL OUT[d]	0	0	0	0	0
Total	0		0	0	0	0	0

ARP[b]							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing** ***(Enter total number of individuals***	**Treatment for Substance Use Conditions**	**Treatment for Physical Health** ***(Enter total***	**STD Testing** ***(Enter total number of individuals***	**Hep C** ***(Enter total number of individuals served)***

			served)	(Enter total number of individuals served)	number of individuals served)	served)	
0	0	ONSITE[c]	0	0	0	0	0
		REFERRAL OUT[d]	0	0	0	0	0
Total	0		0	0	0	0	0

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025, for most states that include expenditures between July 1, 2024 and March 14, 2025, in the COVID-19 designated column of the FY2026 Report.

[b]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period. Note: ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025. States are required to report expenditures made during SFY 2025, for most states this is July 1, 2024 through March 24, 2025, in the ARP designated column in the FY2026 Report.

[c]Onsite services are those conducted on premise of the SSP and are reimbursed through SUPTRS BG.

[d]In instances where the service is not provided directly onsite at the SSP, the SSP may refer individuals out to other providers. SSPs should document the number of referrals made out to other providers during the reporting period.

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Footnotes:

N/A -- Kentucky does not use SUBG funds for syringe services programs.

C: Expenditure Reports

Table 3c - Risk Reduction Activities & Expenditures

States that use SUPTRS BG and/or its supplemental funds for the purchase and distribution of opioid overdose reversal kits and/or drug checking technologies, including test strips, must report the number purchased, distributed, and the related expenditures in the table below by provider/program. If a state does NOT use any SUPTRS BG and/or supplemental funds on Risk Reduction activities, please state so in the footnote. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Grantees approved for expending SUPTRS BG on SSPs are prohibited from using appropriated funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug as outlined in the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118-47), March 23, 2024. In addition, states must note that no federal funding maybe used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug.

Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118-47), March 23, 2024. In addition, states must note that no federal funding maybe used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

Risk Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Opioid Overdose Reversal Kits[a] Purchased	Number of Opioid Overdose Reversal Kits Distributed	Number of Overdose Reversals	Number of Drug Checking Technologies[b] Purchased	Number of Drug Checking Technologies Distributed	A. SUPTRS BG	B. COVID-19[c]	C. ARP[d]
Kentucky Pharmacist Association/Kentucky Pharmacist Education and Research Foundation	96 C. Michael Davenport Blvd	No	4000	4000	0	0	0	$0.00	$0.00	$100,000.00
Department for Public Health/Local Health Departments	275 East Main Street, HS2GWC,	Yes	0	0	0	200000	167452	$0.00	$0.00	$100,000.00
Kentucky Harm Reduction Coalition	215 West Breckinridge Street	No	0	0	0	200000	200000	$0.00	$0.00	$100,000.00
Total			4000	4000	0	400000	367452	$0.00	$0.00	$300,000.00

[a]Opioid overdose Reversal Kits may include naloxone, nalmefene, and other FDA approved overdose reversal medications approved by the FDA as specified. The range of FDA-approved opioid overdose reversal medications are supported and recommendations are that grantees fully assess specific community characteristics, available resources, and interest in different products and delivery routes, when determining the FDA-approved opioid overdose reversal medications to purchase and distribute. In addition, the use of Block Grant funds for the purchase of syringes for the intramuscular administration of naloxone is considered an allowable expense.

[b]Drug checking technologies may include those technologies that are used to check for the presence of if certain chemicals or additives in one's personal supply of drugs. Examples of drug checking technologies includes fentanyl and xylazine test strips, among other drug checking technologies specified in federal guidance.

[c]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period. **Note:** COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025, for most states that include expenditures between July 1, 2024 and March 14, 2025, in the COVID-19 designated column of the FY2026 Report.

[d]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period. **Note:** ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025. States are required to report expenditures made during SFY 2025, for most states this is July 1, 2024 through March 24, 2025, in the ARP designated column in the FY2026 Report.

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Footnotes:

OD reversals are not tracked by a specific funding source. During SFY 2025, there were 6,701 OD reversals reported. This number is believed to be underreported.

C: Expenditure Reports

Table 4 - SUPTRS BG Expenditure Compliance Report

This table provides a description of SUPTRS BG expenditures for authorized activities to prevent and treat SUDs.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Expenditure Category	FFY SUPTRS BG Award
1. Substance Use Disorder Prevention[a] and Treatment	$15,460,258.00
2. Recovery Support Services[b]	$858,186.00
3. Primary Prevention of Substance Use[c]	$2,865,447.00
4. Early Intervention Services for the Human Immunodeficiency Virus (EIS/HIV)[d]	$0.00
5. Tuberculosis Services	$0.00
6. Other Capacity Building/Systems Development[e]	$1,984,858.00
7. Administration[f]	$315,667.00
8. Total[g]	**$21,484,416.00**

[a]Prevention other than primary prevention. The amount reported in this row should reflect those expenditures made for direct services during the expenditure period, and otherwise reported on Table 7. Do not include expenditures made for other capacity building/systems development, those are required to be reported in Row 6 of this table.

[b]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of expenditures allowable under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting expenditures for RSS, previously reported under Row 1, Substance Use Disorder Prevention and Treatment, in the stand-alone Row 2. States are encouraged to begin reporting these expenditures as early as their 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward. States should use the footnotes to explain any challenges that that contribute to their inability to report RSS expenditures separately.

[c]The amounts reported here should reflect direct delivery of primary prevention to the population and be consistent with the expenditures found on Tables 5a. Do not include expenditures for other capacity building/systems development, those are required to be reported in Row 6 of this table.

[d]The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG award to establish one or more projects to provide early intervention services for the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

[e]Other capacity building/system development expenditures should reflect activities that support treatment, recovery support services, and primary prevention that are otherwise not direct services. The total found here should reflect the sum of expenditures found on Table 6 for treatment, recovery, and primary prevention.

[f]Per **45 CFR § 96.135** Restrictions on expenditure of grant, the State involved will not expend more than 5% of the BG to pay the costs of SSA administering the SUPTRS BG.

[g]The total of this table should be consistent the state's Federal Financial Report (FFR) submitted at closeout of the award for which the state is reporting.
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Footnotes:

The Primary Prevention 20% set aside = 4,766,992, which is the total of (Table 4, Row 2 total (2,865,447) + Table 4, row 6 amount that is only for primary prevention (1,901,545). The 1,901,545 matches the Table 6, Column C total for primary prevention only.

C: Expenditure Reports

Table 5a - Primary Prevention Expenditures by Strategy and Institute of Medicine (IOM) Categories

This table is for the reporting of expenditures on primary prevention activities associated with the SUPTRS BG 2023 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Report Table 5a. Expenditures within each of the six strategies or by Institute of Medicine Model (IOM) classification should be directly associated with the cost of completing the activities or tasks. 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." For detailed instructions, refer to those in the WebBGAS.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Strategy	IOM Classification	A. SUPTRS BG[a]	B. Other Federal	C. State	D. Local	E. Other	F. COVID-19[b]	G. ARP[c]
Information Dissemination	Selective	$573.00						
Information Dissemination	Indicated	$573.00						
Information Dissemination	Universal	$224,365.00						
Information Dissemination	Unspecified	$0.00						
Information Dissemination	**Total**	**$225,511.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$0.00						
Education	Indicated	$573.00						
Education	Universal	$42,122.00						
Education	Unspecified	$0.00						
Education	**Total**	**$42,695.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective	$0.00						
Alternatives	Indicated	$0.00						
Alternatives	Universal	$573.00						
Alternatives	Unspecified	$0.00						
Alternatives	**Total**	**$573.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$0.00						
Problem Identification and Referral	Indicated	$5,731.00						
Problem Identification and Referral	Universal	$22,924.00						
Problem Identification and Referral	Unspecified	$0.00						

Problem Identification and Referral	**Total**	**$28,655.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Community-Based Process	Selective	$287.00						
Community-Based Process	Indicated	$287.00						
Community-Based Process	Universal	$2,558,843.00						
Community-Based Process	Unspecified	$0.00						
Community-Based Process	**Total**	**$2,559,417.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective	$0.00						
Environmental	Indicated	$0.00						
Environmental	Universal	$8,596.00						
Environmental	Unspecified	$0.00						
Environmental	**Total**	**$8,596.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 (Synar)-Tobacco	Selective	$0.00						
Section 1926 (Synar)-Tobacco	Indicated	$0.00						
Section 1926 (Synar)-Tobacco	Universal	$0.00						
Section 1926 (Synar)-Tobacco	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Universal Direct	$0.00						
Other	Universal Indirect	$0.00						
Other	Selective	$0.00						
Other	Indicated	$0.00						
Other	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total	**$2,865,447.00**						

[a]The total SUPTRS BG Award expenditures should equal the amount reported on Table 4, Row 3 and not include any expenditures otherwise spent on other capacity building/systems development.

[b]Per the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG COVID-19 expenditures for the same two-year period. **Note:** COVID supplemental funds had an original award period from March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds.

[c]Per the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG ARP expenditures for the same two-year period. **Note:** ARP supplemental funds had award period from September 1, 2021 through March 24, 2025.

Footnotes:

The total for Column A on Table 5a (2,865,447) equals the total on Table 4, Row 3 (2,865,447), and equals the total on Table 7, Column G (2,865,447), both which representing the direct expenditures for primary prevention. When that amount (2,865,447) is added to the total on Table 6, Column C (1,901,545), the amount for primary prevention capacity building/systems development expenditures, it equals 4,766,992, the 20% primary prevention set aside for this reporting period.

C: Expenditure Reports

Table 5b - Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SUPTRS Report Table 5b if it chooses to report primary prevention of substance use activities utilizing the Institute of Medicine Model (IOM) Model of Universal, Selective, and Indicated in SUPTRS Report Table 5a. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Strategy	A. SUPTRS BG Award	B. COVID-19[a]	C. ARP[b]
Universal Direct	$2,445,954		
Universal Indirect	$411,469		
Selective	$860		
Indicated	$7,164		
Column Total	**$2,865,447**	**$0**	**$0**
Total SUPTRS BG Award[c]	**21484416.00**		
Primary Prevention Expenditure Percentage[d]	**13.34%**		

[a]Per the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG COVID-19 expenditures for the same two-year period. Note: COVID supplemental funds had an original award period from March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds.

[b]Per the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG ARP expenditures for the same two-year period. Note: ARP supplemental funds had award period from September 1, 2021 through March 24, 2025.

[c]Total SUPTRS BG Award is populated from Report Table 4 SUPTRS BG Award Expenditure Compliance Report.

[d]The Primary Prevention Expenditure Percentage is the percentage amount the agency committed to for this reporting period.

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Footnotes:

When the total for Table 5b, Column A (2,865,447) is added to the total for Table 6, Column C (1,901,545), it equals 4,766,992, which represents the primary prevention 20% set aside for this reporting period.

C: Expenditure Reports

Table 5c - Primary Prevention Priorities

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 SUPTRS BG 2023 Award during the two-year award period. The purpose of the bottom half of the 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: 10/1/2022 Expenditure Period End Date: 9/30/2024

Priority Substances	A. SUPTRS BG	B. COVID-19[a]	C. ARP[b]
Alcohol	☑	☐	☐
Tobacco/Nicotine-Containing Products	☑	☐	☐
Cannabis/Cannabinoids	☑	☐	☐
Prescription Medications	☑	☐	☐
Cocaine	☐	☐	☐
Heroin	☑	☐	☐
Inhalants	☐	☐	☐
Methamphetamine	☑	☐	☐
Fentanyl or Other Synthetic Opioids	☑	☐	☐
Other	☐	☐	☐
Priority Populations			
College Age Individuals (ages 18-26)	☑	☐	☐
Older Adults (age 55 and above)	☑	☐	☐
Military Families	☑	☐	☐
American Indian/Alaska Native	☐	☐	☐
African American	☑	☐	☐
Hispanic	☑	☐	☐
Persons Experiencing Homelessness	☐	☐	☐
Native Hawaiian/Pacific Islander	☐	☐	☐
Asian	☑	☐	☐
Rural	☑	☐	☐

[a]Per the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG COVID-19 primary prevention priority areas for the same two-year period. **Note:** COVID supplemental funds had an original award period from March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds.

[b]Per the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG ARP primary prevention priority areas for the same two-year period. **Note:** ARP supplemental funds had award period from September 1, 2021 through March 24, 2025.

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Footnotes:

C: Expenditure Reports

Table 6 - Other Capacity Building/Systems Development Activities

Expenditures in the following categories of SSA activities and subrecipient activities funded by the SSA through contracts, grants, or agreements with subrecipients. Expenditures should not duplicate any reporting of allocations to subrecipients that are listed in Table 7. Please utilize the following categories to describe the types of expenditures your state supports with Block Grant funds, and if the preponderance of the activity fits within a category. Other capacity building/systems development activities may not be used to meet set-aside requirements for EIS/HIV. For additional definitions and instructions on how to complete this table, please see the 'Instruction' tab above.

Expenditure Period Start Date: 10/01/2022 Expenditure Period End Date: 09/30/2024

Activity	A. SUPTRS BG Prevention[a] & Treatment	B. SUPTRS BG Recovery Support Services[b]	C. SUPTRS BG Primary Prevention[c]
1. Information Systems	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00
2. Infrastructure Support	$0.00	$0.00	$220,000.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$220,000.00
3. Partnerships, community outreach, and needs assessment	$0.00	$0.00	$1,104,062.00
a. Single State Agency (SSA)	$0.00	$0.00	$1,074,551.00
b. All other subrecipient contracts	$0.00	$0.00	$29,511.00
4. Planning Council Activities	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00
6. Research and Evaluation	$0.00	$0.00	$462,968.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$462,968.00
7. Training and Education	$83,313.00	$0.00	$114,515.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$83,313.00	$0.00	$114,515.00
8. Total[d]	**$83,313.00**	**$0.00**	**$1,901,545.00**

[a]Other than primary prevention.

[b]This expenditure category includes those other capacity building/systems development activities that support recovery support direct service activities outlined under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting expenditures for RSS, previously reported under Column A, 'SUPTRS BG Prevention and Treatment,' in the stand-alone Column B, 'SUPTRS BG Recovery Support Services.' States are encouraged to begin reporting these expenditures as early as their 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward. States should use the footnotes to explain any challenges that that contribute to their inability to report RSS expenditures separately.

[c]Expenditures for other capacity building/systems development activities related to primary prevention only.

[d]The sum of all three columns should be equal to the amount reported on Table 4, Row 6.

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Footnotes:

The Primary Prevention Total on Table 6, Column C (1,901,545) + the Primary Prevention Total on Table 7, Column G (2,865,447) = the Primary Prevention 20% Set Aside amount of $4,766,992.

For Table 6, there were supporting capacity building/systems development expenditures for recovery support services and additional expenditures for treatment, but those were funded through COVID 19 and ARPA supplemental funds for this reporting period.

C: 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, treatment and recovery support services, as well as intermediaries/administrative service organizations. Table 7 excludes other capacity building/systems development expenditures found on Table 6.

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: 10/01/2022 Expenditure Period End Date: 09/30/2024

										Source of Funds Substance Use Block Grant							
	Entity Number	I-TF (formerly I-BHS)	ⓘ	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention[a] and Treatment Services	C. Pregnant Women and Women with Dependent Children[b]	D. Opioid Treatment Programs (OTPs)[c]	E. Office-based opioid treatment (OBOTs)[d]	F. Recovery Support Services[e]	G. Primary Prevention[f]	H. Early Intervention Services for HIV[g]
	KY100822	KY100822	✓	East	Adanta Group	259 Parkers Mill Road	Somerset	KY	42501	$758,048.00	$483,071.00	$59,702.00	$0.00	$0.00	$44,819.00	$230,158.00	$0.00
	KY900188	KY900188	✓	West	Communicare Inc	1311 North Dixie Highway Building C	Elizabethtown	KY	42701	$1,365,215.00	$1,155,604.00	$158,888.00	$0.00	$0.00	$53,076.00	$156,535.00	$0.00
	KY900832	KY900832	✓	East	Comprehend Inc	611 Forest Avenue	Maysville	KY	41056	$529,471.00	$328,033.00	$17,511.00	$0.00	$0.00	$73,404.00	$128,034.00	$0.00
	KY000363	KY000363	✓	East	Cumberland River Behavioral Health	P.O. Box 568	Corbin	KY	40702	$1,210,232.00	$926,985.00	$242,193.00	$0.00	$0.00	$72,383.00	$210,864.00	$0.00
	KY101323	KY101323	✓	West	Four Rivers Behavioral Health	425 Broadway Street Suite Lower Level	Paducah	KY	42001	$1,147,704.00	$934,901.00	$72,896.00	$0.00	$0.00	$75,000.00	$137,803.00	$0.00
	KY0036010	x	✗	99	Kentucky Alliance of Boys & Girls Clubs	3900 Crittenden Drive	Louisville	KY	40209	$103,413.00	$61,515.00	$0.00	$0.00	$0.00	$0.00	$41,898.00	$0.00
	KY750062	KY750062	✓	East	Kentucky River Community Care Inc	115 Rockwood Lane	Hazard	KY	41701	$825,855.00	$525,496.00	$114,398.00	$0.00	$0.00	$75,000.00	$225,359.00	$0.00
	KY901319	KY901319	✓	West	LifeSkills Inc	822 Woodway Drive	Bowling Green	KY	42101	$1,119,607.00	$851,289.00	$131,274.00	$0.00	$0.00	$74,013.00	$194,305.00	$0.00
	KY100698	KY100698	✓	North Central	Methadone/Opiate Rehabilitation and	222 South 1st Street Suite 501	Louisville	KY	40202	$199,299.00	$199,299.00	$0.00	$199,299.00	$0.00	$0.00	$0.00	$0.00
	KY900097	KY900097	✓	East	Mountain Comprehensive Care Center	104 South Front Avenue	Prestonsburg	KY	41653	$935,658.00	$726,158.00	$73,704.00	$0.00	$0.00	$15,426.00	$194,074.00	$0.00
	KY102203	KY102203	✓	North Central	New Vista	1351 Newtown Pike	Lexington	KY	40511	$2,477,972.00	$2,164,837.00	$476,681.00	$0.00	$0.00	$75,000.00	$238,135.00	$0.00
	KY901012	KY901012	✓	North Central	NorthKey Community Care	513 Madison Avenue	Covington	KY	41011	$1,361,307.00	$1,255,773.00	$183,802.00	$0.00	$0.00	$53,680.00	$51,854.00	$0.00
	KY900238	KY900238	✓	East	Pathways Inc	P.O. Box 790	Ashland	KY	41101 -0790	$1,184,185.00	$918,055.00	$189,476.00	$0.00	$0.00	$75,000.00	$191,130.00	$0.00
	KY900170	KY900170	✓	West	Pennyroyal Center	P.O. Box 614	Hopkinsville	KY	42241 -0614	$1,119,655.00	$779,227.00	$135,932.00	$0.00	$0.00	$75,000.00	$265,428.00	$0.00
	KY104567	KY104567	✓	North Central	RiverValley Behavioral Health	1100 Walnut Street	Owensboro	KY	42301	$733,351.00	$526,845.00	$92,513.00	$0.00	$0.00	$21,385.00	$185,121.00	$0.00
	KY102314	KY102314	✓	North Central	Seven Counties Services	c/o Patricia Cummings 101 West Muhammad Ali Boulevard	Louisville	KY	40202 -1429	$4,112,919.00	$3,623,170.00	$1,341,202.00	$0.00	$0.00	$75,000.00	$414,749.00	$0.00
Total										$19,183,891.00	$15,460,258.00	$3,290,172.00	$199,299.00	$0.00	$858,186.00	$2,865,447.00	$0.00

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

[a]Other than primary prevention. The amount reported in this row should reflect those expenditures made for direct services during the expenditure period, and otherwise reported on Table 4, Row 1. Do not include expenditures made for other capacity building/systems development.

[b]Expenditures reported in the column are subcategory of expenditures reported for 'Prevention and Treatment Services' reported in Column B and meet the requirements of specialized services for pregnant women and women with dependent children.

[c]Includes 42 CFR 8.12: Federal Opioid Treatment Program (OTP) providers only. Expenditures reported in this column are a subcategory of total expenditures for 'Prevention and Treatment Services' reported in Column B.

[d]Includes all practitioners who have a current DEA registration that includes Schedule III authority and may prescribe buprenorphine for opioid use disorder in their practice if permitted under applicable state law. Expenditures

reported in this column are a subcategory of total expenditures for 'Prevention and Treatment Services' reported in Column B.

[e]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of expenditures allowable under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting entity level expenditures for RSS, previously reported under Column B, 'Prevention and Treatment Services', in the stand-alone Column F. States are encouraged to begin reporting these expenditures as early as their 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward. States should use the footnotes to explain any challenges that that contribute to their inability to report RSS expenditures separately. The total of this column should be equal to that report on Table 4, Row 2 and should not include expenditures made for other capacity building/systems development.

[f]The amounts reported here should reflect direct delivery of primary prevention to the population and be consistent with the expenditures found on Table 4, Row 3, as well as Table 5a. Do not include expenditures for other capacity building/systems development.

[g]The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG award to establish one or more projects to provide early intervention services for the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

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Footnotes:

The one provider listed with a X provides direct services but are not treatment providers, thus they are not listed in the IT-F database.

The total for Table 7, Column G (2,865,447) + the Primary Prevention total on Table 6 (1,901,545) = the 20% set aside for Primary Prevention of 4,766,992.
Table 7, Column G (2,865,447) also matches Table 4, Row 2 for primary prevention direct services (2,865,447). When added to Table 6 Primary Prevention total (1,901,545) this equals the 20% set aside of 4,766,992.

C: Expenditure Reports

Table 8a - Maintenance of Effort (MOE) for State Expenditures for Substance Use Disorder Prevention, Treatment, and Recovery Support Services

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: 07/01/2024 Expenditure Period End Date: 06/30/2025

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period	**SSA State Expenditures** **(A)**	**A1(2023) + A2(2024)** **2** **(C)**
SFY 2023	$9,692,566.52	
SFY 2024	$10,055,336.62	$9,873,952
SFY 2025	$10,365,595.00	

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

SFY 2023	Yes	X	No
SFY 2024	Yes	X	No
SFY 2025	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.
Based on a SAMHSA approved formula from 1994, Kentucky tracks specific expenditures from 3 specific funding codes. For SFY 2025, the following expenditures were noted: TNAA - 10,105,623; TNA1 - 100,000; TNAH - 159,972 for a total of $10,365,595.

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Footnotes:

C: Expenditure Reports

Table 8b – Base on Maintenance of Effort (MOE) for Expenditures for Services to Pregnant Women and Women with Dependent Children

This table provides a report of all state and SUPTRS BG funds expended on specialized SUD treatment and related services which meet the SUPTRS BG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the FFY for which the state is applying for funds. Dates given are for the FY 2026 SUPTRS BG Report. For the FY 2027 SUPTRS BG Report, increase each year (other than the base year) by one.

Expenditure Period Start Date:

07/01/2024

Expenditure Period End Date:

06/30/2025

Base

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

Maintenance

Period	A. Total Women's Base	B. Total Expenditures	Expense Type
SFY 2023		$ 4,043,067.89	Actual
SFY 2024		$ 3,360,172.83	Actual
SFY 2025		$ 4,699,978.48	(●) Actual ( ) Estimated
Enter the amount the State plans to expend in SFY 2026 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;			

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

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

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).
Kentucky maintains a special funding code to track all
expenditures that meet this set aside as outlined in 1994.
Only those expenditures are reported on this table.

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Footnotes:

D: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Risks	A. Strategies	B. Providers
Economically Disadvantaged [6]	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	14
	2. Resources directories	14
	3. Media campaigns	14
	4. Brochures	14
	5. Radio and TV public service announcements	14
	6. Speaking engagements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	14
	2. Education	
	1. Parenting and family management	14
	2. Ongoing classroom and/or small group sessions	14
	3. Peer leader/helper programs	14
	4. Education programs for youth groups	2
	3. Alternatives	
	2. Youth/adult leadership activities	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	14

	alcohol, tobacco, and other drugs	
Already Using Substances [9]	**4. Problem Identification and Referral**	
	3. Driving while under the influence/driving while intoxicated education programs	4
	4. Screening, Brief Intervention, Referral to Treatment (SBIRT)	4
Pregnant Women/Teens [2]	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	14
	2. Resources directories	14
	4. Brochures	14
	6. Speaking engagements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	14
	2. Education	
	2. Ongoing classroom and/or small group sessions	14
	4. Problem Identification and Referral	
	4. Screening, Brief Intervention, Referral to Treatment (SBIRT)	14

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Footnotes:

D: Population and Services Reports

Table 10a - Treatment Utilization Matrix for Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorder in the Proceeding 12-months by Level of Care

Table 10a is based on the required SSA reporting of data on SUD client treatment admissions and subsequent admissions to an episode of care that occur during the most recently completed SFY. Grantees must report data for SUD client treatment admissions and subsequent admissions to an episode of care during the period that were funded, in full or in part, with SUPTRS BG funding. Grantees are encouraged to use TEDS data when completing this table. If the SSA is unable to report SUD client treatment admissions that are limited to SUPTRS BG, COVID-19, or ARP funds, please briefly explain in Footnote below.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19[a] Number of Admissions > Number of Persons Served		ARP[b] Number of Admissions > Number of Persons Served		SUPTRS BG Service Costs			COVID-19 Costs[a]			ARP Costs[b]		
	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)
Withdrawal Management (24-HOUR CARE)[c]															
1. Hospital Inpatient	98	11			0	0									
2. Free-Standing Residential	0	0			0	0									
REHABILITATION/RESIDENTIAL[c]															
3. Hospital Inpatient	0	0			0	0									
4. Short-term (up to 30 days)	3,344	1,165			0	0									
5. Long-term (over 30 days)	3,217	498			0	0									
AMBULATORY (OUTPATIENT)[c]															
6. Outpatient	28,917	9,738	5,379			0									
7. Intensive Outpatient	606	204			0	0									
8. Withdrawal Management	0	0			0	0									
Medication for Opioid Use Disorder (MOUD) Treatment[c]															
9. Withdrawal Management with Opioid Agonist Medications	0	0			0	0									
10. Continuous MOUD and Other Services in Outpatient Settings	223	90	198			0									

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions, persons served, and expenditures for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions, persons served, and expenditures made during SFY 2025, for most states that include expenditures between July 1, 2024 and March 14, 2025, in the COVID-19 designated column of the FY2026 Report.

[b]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP admissions, persons served, and expenditures for the same one-year period. Note: ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025. States are required to report ARP admissions, persons served, and expenditures made during SFY 2025, for most states this is July 1, 2024 through March 24, 2025, in the ARP designated column in the FY2026 Report

[c]In FY2020 modifications were made to "Level of Care" (LOC)" and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication for Opioid Use Disorder" 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 Withdrawal Management," Row 9 and "MOUD Treatment Outpatient," Row 10. MOUD Withdrawal Management includes hospital withdrawal management, residential withdrawal management, or ambulatory withdrawal management services/settings AND Medications for Opioid Use Disorder Treatment. MOUD Treatment Outpatient includes outpatient services/settings AND MOUD Treatment. The change was made to better align with language that reflects that medications for opioid use disorder is a category of medications that are often provided in conjunction with other services in outpatient settings and more importantly convey those medications do not substitute one drug for another

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)

N/A

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Footnotes:

Kentucky is not a fee for service state, thus cost per person is not calculated.
For Column C, data were collected for admissions only. Thus, Column D is not populated.
Persons served reported in Column C represents those served by COVID 19 supplemental funds and ARPA supplemental funds. Kentucky braided funding for these services.

D: Population and Services Reports

Table 10b - Number of Persons Served (Unduplicated Count) Who Received Recovery Support Services for Substance Use Disorder by Age and Sex

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and sex. Grantees are requested to include data on Table 10b for individuals with SUD who received recovery support services that were funded, in full or in part, with SUPTRS BG funding. If data reported also includes data on SUD persons served in recovery support services that are funded with other sources of funding, please briefly explain in footnote below.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

	Age 0-5[a]			Age 6-12		
	Female	Male	Not Available[b]	Female	Male	Not Available[b]
1. Peer-to-Peer Support Individual	0	0	0	0	1	0
2. Peer-Led Support Group	0	0	0	1	1	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity[c]	0	0	0	0	0	0
Total	**0**	**0**	**0**	**1**	**2**	**0**

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

	Age 13-17			Age 18-20		
	Female	Male	Not Available[b]	Female	Male	Not Available[b]
1. Peer-to-Peer Support Individual	3	3	0	2	5	0
2. Peer-Led Support Group	2	1	0	3	0	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity[c]	0	0	0	0	0	0
Total	**5**	**4**	**0**	**5**	**5**	**0**

	Age 21-24			Age 25-44		
	Female	Male	Not Available[b]	Female	Male	Not Available[b]
1. Peer-to-Peer Support Individual	3	7	0	70	74	1
2. Peer-Led Support Group	4	3	1	75	58	6
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0

5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity[c]	0	0	0	0	0	0
Total	**7**	**10**	**1**	**145**	**132**	**7**

	Age 45-64			Age 65-74		
	Female	Male	Not Available[b]	Female	Male	Not Available[b]
1. Peer-to-Peer Support Individual	13	27	0	0	3	0
2. Peer-Led Support Group	21	35	0	1	3	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity[c]	0	0	0	0	0	0
Total	**34**	**62**	**0**	**1**	**6**	**0**

	Age 75+			Age Not Available		
	Female	Male	Not Available[b]	Female	Male	Not Available[b]
1. Peer-to-Peer Support Individual	0	0	0	0	0	0
2. Peer-Led Support Group	0	0	0	0	0	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	523	1301	100
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity[c]	0	0	0	0	0	0
Total	**0**	**0**	**0**	**523**	**1,301**	**100**

	Total		
	Female	Male	Not Available[b]
1. Peer-to-Peer Support Individual	**91**	**120**	**1**
2. Peer-Led Support Group	**107**	**101**	**7**
3. Peer-Led Training or Peer Certification Activity	**0**	**0**	**0**

4. Recovery Housing	**523**	**1,301**	**100**
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	**0**	**0**	**0**
6. Recovery Support Service Transportation	**0**	**0**	**0**
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	**0**	**0**	**0**
8. Recovery Social Support or Social Inclusion Activity	**0**	**0**	**0**
9. Other Approved Recovery Support Event or Activity[c]	**0**	**0**	**0**
Total	**721**	**1,522**	**108**
Comments on Data (Age):	For Recovery Housing, some ages are collected but the age groups for the data collected do not match the reporting age categories, so all were reported under age not available.		
Comments on Data (Sex):	For Recovery Housing, 100 served were reported as not collected/unknown sex, so those were reported under Sex Not Available.		
Comments on Data (Overall):	Data for peer support individual and group are collected through Kentucky's client/event data system. Data for recovery housing is maintained on a separate basis and thus that data does not include all of the demographics for this table. Kentucky DBHDID does manage peer support certification training, but those activities are not funded by block grant so that information is not included on this table.		

[a]Age category 0-5 years is not applicable. *(Continued below).*

[b]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is ad

[c]'Other' includes:

Recovery Health and Wellness Educational Event or Activity

Peer-Led Recovery Educational Workshop or Event

Culturally Based Recovery Practice or Creative and Expressive Arts Recovery Activity

Peer-Led Recovery Educational Workshop or Event; Recovery Friendly Workplace (RFW) Initiative, Activity, or Supportive Employment Service;

Recovery Friendly Workplace (RFW) Initiative, Activity, or Supportive Employment Service;

Recovery Community Organization (RCO) or Recovery Community Center (RCC) Service or Activity; as well as all

Other approved SUD RSS Events or Activities through consultation with respective state SUPTRS BG Project Officer.

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

D: Population and Services Reports

Table 11a – Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

Table 11a is based on the required SSA reporting of data on SUD client treatment admissions and subsequent admissions to an episode of care during the period that occur during the most recently completed SFY. In Table 11a, each client admitted to treatment during the immediately prior completed SFY is to be reported. Grantees are requested to include data on Table 11a for those SUD client treatment admissions that were funded, in full or in part, with SUPTRS BG funds. If Table 11a includes additional data reporting on SUD client treatment admissions which are funded with other sources of funding, please briefly explain in the footnote below.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Total of Race				American Indian or Alaska Native		
	Female	Male	Not Available [b]	Total	Female	Male	Not Available [b]
0-5 years[a]	**0**	**0**	**0**	**0**	0	0	0
6-12 years	**1**	**4**	**2**	**7**	0	0	0
13-17 years	**57**	**112**	**34**	**203**	0	0	0
18-20 years	**58**	**166**	**43**	**267**	1	3	0
21-24 years	**217**	**393**	**75**	**685**	0	2	0
25-44 years	**2,292**	**3,560**	**643**	**6,495**	8	11	0
45-64 years	**1,023**	**2,187**	**335**	**3,545**	7	7	0
65-74 years	**50**	**133**	**15**	**198**	0	0	0
75+ years	**3**	**12**	**1**	**16**	0	0	0
Not Available	**0**	**0**	**0**	**0**	0	0	0
Total	**3,701**	**6,567**	**1,148**	**11,416**	**16**	**23**	**0**
Pregnant Women	**120**				0		

Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	11194
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	133126

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

(●) Yes ( ) No

Comments on Data (Race and Ethnicity)	
Comments on Data (Sex)	
Comments on Data (Overall)	These data are collected and reported through Kentucky's client/event data system.

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

[b]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Asian			Black or African American		
	Female	Male	Not Available [b]	Female	Male	Not Available [b]
0-5 years[a]	0	0	0	0	0	0
6-12 years	0	0	0	0	0	1
13-17 years	1	1	0	5	6	4
18-20 years	0	1	0	7	13	6
21-24 years	1	0	0	13	52	6
25-44 years	4	7	0	95	373	86
45-64 years	1	2	0	41	256	32

65-74 years	0	0	0	3	16	2
75+ years	0	0	0	0	2	0
Not Available	0	0	0	0	0	0
Total	**7**	**11**	**0**	**164**	**718**	**137**
Pregnant Women	0			3		

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

[b]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Native Hawaiian or Other Pacific Islander			White		
	Female	Male	Not Available [b]	Female	Male	Not Available [b]
0-5 years[a]	0	0	0	0	0	0
6-12 years	0	0	0	1	4	1
13-17 years	0	0	0	46	93	21
18-20 years	0	0	0	44	136	25
21-24 years	0	0	0	187	309	53
25-44 years	2	4	0	2,085	2,991	446
45-64 years	1	3	0	947	1,853	255
65-74 years	0	0	0	42	110	10
75+ years	0	0	0	3	10	1
Not Available	0	0	0	0	0	0
Total	**3**	**7**	**0**	**3,355**	**5,506**	**812**
Pregnant Women	0			114		

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

[b]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Some Other Race			More than One Race Reported		
	Female	Male	Not Available [b]	Female	Male	Not Available [b]
0-5 years[a]	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	1	5	3	4	7	1
18-20 years	3	4	1	2	9	0
21-24 years	5	8	2	10	18	4
25-44 years	19	62	21	52	90	21
45-64 years	9	21	11	8	29	5
65-74 years	3	2	0	2	3	1
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	**40**	**102**	**38**	**78**	**156**	**32**
Pregnant Women	1			2		

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

[b]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Race Not Available			Not Hispanic or Latino		
	Female	Male	Not Available [b]	Female	Male	Not Available [b]
0-5 years[a]	0	0	0	0	0	0
6-12 years	0	0	0	1	4	2
13-17 years	0	0	5	51	100	26
18-20 years	1	0	11	50	147	29
21-24 years	1	4	10	208	373	63
25-44 years	27	22	69	2,201	3,412	559
45-64 years	9	16	32	1,002	2,127	293
65-74 years	0	2	2	46	139	12
75+ years	0	0	0	3	12	1
Not Available	0	0	0	0	0	0
Total	**38**	**44**	**129**	**3,562**	**6,314**	**985**
Pregnant Women	0			117		

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

[b]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Hispanic or Latino			Hispanic or Latino Origin Not Available		
	Female	Male	Not Available [b]	Female	Male	Not Available [b]
0-5 years[a]	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	5	11	3	0	1	4
18-20 years	7	16	3	1	2	11
21-24 years	8	14	2	2	6	10
25-44 years	50	91	9	37	56	75
45-64 years	11	24	4	11	35	36
65-74 years	3	0	0	1	4	3
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	3
Total	**84**	**156**	**21**	**52**	**104**	**142**
Pregnant Women	3			0		

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

[b]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Total of Ethnicity			
	Female	Male	Not Available [b]	Total

0-5 years[a]	**0**	**0**	**0**	**0**
6-12 years	**1**	**4**	**2**	**7**
13-17 years	**56**	**112**	**33**	**201**
18-20 years	**58**	**165**	**43**	**266**
21-24 years	**218**	**393**	**75**	**686**
25-44 years	**2,288**	**3,559**	**643**	**6,490**
45-64 years	**1,024**	**2,186**	**333**	**3,543**
65-74 years	**50**	**143**	**15**	**208**
75+ years	**3**	**12**	**1**	**16**
Not Available	**0**	**0**	**3**	**3**
Total	**3,698**	**6,574**	**1,148**	**11,420**
Pregnant Women	**120**			

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

[b]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

D: Population and Services Reports

Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a Supplemental Funding

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded using COVID-19 Relief Supplemental Funding. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those expending supplemental funds under the second NCE are required to report individuals served from the start of SFY 2025 through March 14, 2025 in COVID-19 designated table (11b) for the SUPTRS BG 2026 Report.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19[a] Supplemental Funding

	Total of Race				American Indian or Alaska Native		
	Female	Male	Not Available [c]	Total	Female	Male	Not Available [c]
0-5 years[b]	**0**	**0**	**0**	**0**	0	0	0
6-12 years	**0**	**0**	**0**	**0**	0	0	0
13-17 years	**0**	**0**	**0**	**0**	0	0	0
18-20 years	**0**	**0**	**0**	**0**	0	0	0
21-24 years	**0**	**0**	**0**	**0**	0	0	0
25-44 years	**0**	**0**	**0**	**0**	0	0	0
45-64 years	**0**	**0**	**0**	**0**	0	0	0
65-74 years	**0**	**0**	**0**	**0**	0	0	0
75+ years	**0**	**0**	**0**	**0**	0	0	0
Not Available	**0**	**0**	**5,577**	**5,577**	0	0	9
Total	**0**	**0**	**5,577**	**5,577**	**0**	**0**	**9**
Pregnant Women	**22**				0		

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

○ Yes ◉ No

Comments on Data (Race)	These data for the supplemental funding are collected through individual spreadsheets, and although some information was collected for race and ethnicity, it was not collected by age.
Comments on Data (Gender)	These data for the supplemental funding are collected through individual spreadsheets, and although some information was collected for sex, it was not collected by age.
Comments on Data (Overall)	For these data collected, the following demographics were noted: 2,306 were male, 2,213 were female, and 1,058 were not collected for the sex category. For race, 3,727 were White, 676 were Black, 9 were American Indian, 3 were Asian, 27 were more than one race, 1 was Hawaiian, 1 was other race, and 1,133 were unknown race. For ethnicity, 4,400 were non-Hispanic, 47 were Hispanic, and 1,130 were unknown ethnicity.

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

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

[c]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19[a] Supplemental Funding

	Asian			Black or African American		
	Female	Male	Not Available [c]	Female	Male	Not Available [c]
0-5 years[b]	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0

Not Available	0	0	3	0	0	676
Total	**0**	**0**	**3**	**0**	**0**	**676**
Pregnant Women	0			0		

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

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

[c]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19[a] Supplemental Funding

	Native Hawaiian or Other Pacific Islander			White		
	Female	Male	Not Available [c]	Female	Male	Not Available [c]
0-5 years[b]	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	1	0	0	3,727
Total	**0**	**0**	**1**	**0**	**0**	**3,727**
Pregnant Women	0			0		

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

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

[c]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19[a] Supplemental Funding

	Some Other Race			More than One Race Reported		
	Female	Male	Not Available [c]	Female	Male	Not Available [c]
0-5 years[b]	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	1	0	0	27
Total	**0**	**0**	**1**	**0**	**0**	**27**

Pregnant Women	0			0		

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

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

[c]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19[a] Supplemental Funding

	Race Not Available			Not Hispanic or Latino		
	Female	Male	Not Available [c]	Female	Male	Not Available [c]
0-5 years[b]	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	1,133	0	0	4,400
Total	**0**	**0**	**1,133**	**0**	**0**	**4,400**
Pregnant Women	22			0		

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

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

[c]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19[a] Supplemental Funding

	Hispanic or Latino			Hispanic or Latino Origin Not Available		
	Female	Male	Not Available [c]	Female	Male	Not Available [c]
0-5 years[b]	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	47	0	0	1,130
Total	**0**	**0**	**47**	**0**	**0**	**1,130**
Pregnant Women	0			22		

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

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

[c]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19[a] Supplemental Funding

	Total of Ethnicity			
	Female	Male	Not Available [c]	Total
0-5 years[b]	0	0	0	0
6-12 years	0	0	0	0
13-17 years	0	0	0	0
18-20 years	0	0	0	0
21-24 years	0	0	0	0
25-44 years	0	0	0	0
45-64 years	0	0	0	0
65-74 years	0	0	0	0
75+ years	0	0	0	0
Not Available	0	0	5,577	5,577
Total	0	0	5,577	5,577
Pregnant Women	22			

[a]Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

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

[c]The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

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Footnotes:

COVID 19 supplemental funds were braided with ARPA supplemental funds and these numbers represent persons served by both funding sources for the reporting period.

D: Population and Services Reports

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

This table requires designated states, as defined in section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act **(42 U.S.C. § 300x-24(b))**, to provide information on Early Intervention Services for HIV including pre-test counseling, testing, post-test counseling, and the provision of therapeutic measures to diagnose the extent of deficiency in the immune system, to prevent and treat the deterioration of immune system, and to prevent and treat conditions arising from HIV/AIDS funded with SUPTRS BG funds.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	A. Statewide _____	B. 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 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 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:

N/A--Kentucky is not a HIV designated state.

D: 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 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: 7/1/2024 Expenditure Period End Date: 6/30/2025

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).
- [ ] Federal 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 training was provided

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Footnotes:

E: 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]	298	309
Total number of clients with non-missing values on employment/student status [denominator]	2,443	2,443
Percent of clients employed or student (full-time and part-time)	12.2%	12.6%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	1,136
Number of CY 2024 discharges submitted:	7,546
Number of CY 2024 discharges linked to an admission:	3,160
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	2,463
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	2,443

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	295	294
Total number of clients with non-missing values on employment/student status [denominator]	1,820	1,820
Percent of clients employed or student (full-time and part-time)	16.2%	16.2%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	649
Number of CY 2024 discharges submitted:	6,912
Number of CY 2024 discharges linked to an admission:	2,277

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,893
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	1,820

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	9,737	9,802
Total number of clients with non-missing values on employment/student status [denominator]	32,385	32,385
Percent of clients employed or student (full-time and part-time)	30.1%	30.3%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		9,609
Number of CY 2024 discharges submitted:		42,042
Number of CY 2024 discharges linked to an admission:		42,032
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		32,732
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		32,385

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	1,042	1,042
Total number of clients with non-missing values on employment/student status [denominator]	4,756	4,756
Percent of clients employed or student (full-time and part-time)	21.9%	21.9%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		208
Number of CY 2024 discharges submitted:		6,330
Number of CY 2024 discharges linked to an admission:		6,330

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	4,759
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	4,756

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

E: 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]	2,003	1,999
Total number of clients with non-missing values on living arrangements [denominator]	2,449	2,449
Percent of clients in stable living situation	81.8%	81.6%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		1,136
Number of CY 2024 discharges submitted:		7,546
Number of CY 2024 discharges linked to an admission:		3,160
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		2,463
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		2,449

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	685	717
Total number of clients with non-missing values on living arrangements [denominator]	1,890	1,890
Percent of clients in stable living situation	36.2%	37.9%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		649
Number of CY 2024 discharges submitted:		6,912
Number of CY 2024 discharges linked to an admission:		2,277
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		1,893

Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	1,890

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	27,089	27,180
Total number of clients with non-missing values on living arrangements [denominator]	32,657	32,657
Percent of clients in stable living situation	83.0%	83.2%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		9,609
Number of CY 2024 discharges submitted:		42,042
Number of CY 2024 discharges linked to an admission:		42,032
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		32,732
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		32,657

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	3,678	3,660
Total number of clients with non-missing values on living arrangements [denominator]	4,754	4,754
Percent of clients in stable living situation	77.4%	77.0%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		208
Number of CY 2024 discharges submitted:		6,330
Number of CY 2024 discharges linked to an admission:		6,330
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		4,759
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		4,754

Footnotes:

E: 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]	2,096	2,126
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,456	2,456
Percent of clients without arrests	85.3%	86.6%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		1,136
Number of CY 2024 discharges submitted:		7,546
Number of CY 2024 discharges linked to an admission:		3,160
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		2,463
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		2,456

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	1,648	1,657
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,894	1,894
Percent of clients without arrests	87.0%	87.5%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		649
Number of CY 2024 discharges submitted:		6,912
Number of CY 2024 discharges linked to an admission:		2,277

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,894
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	1,894

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	30,087	30,150
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	32,725	32,725
Percent of clients without arrests	91.9%	92.1%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		9,609
Number of CY 2024 discharges submitted:		42,042
Number of CY 2024 discharges linked to an admission:		42,032
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		32,814
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		32,725

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	4,244	4,260
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,761	4,761
Percent of clients without arrests	89.1%	89.5%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		208
Number of CY 2024 discharges submitted:		6,330
Number of CY 2024 discharges linked to an admission:		6,330

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	4,761
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	4,761

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

E: 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]	1,892	1,821
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,463	2,463
Percent of clients abstinent from alcohol	76.8%	73.9%

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]		9
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	571	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		1.6%

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]		1,812
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,892	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.8%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	1,136
Number of CY 2024 discharges submitted:	7,546
Number of CY 2024 discharges linked to an admission:	3,160
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	2,463
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	2,463

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]	1,519	1,465
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,894	1,894
Percent of clients abstinent from alcohol	80.2%	77.3%

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]		54
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	375	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		14.4%

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]		1,411
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,519	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.9%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	649
Number of CY 2024 discharges submitted:	6,912
Number of CY 2024 discharges linked to an admission:	2,277
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,894
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	1,894

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]	28,205	26,501
All clients with non-missing values on at least one substance/frequency of use [denominator]	32,810	32,810
Percent of clients abstinent from alcohol	86.0%	80.8%

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]		183
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,605	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		4.0%

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]		26,318
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	28,205	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.3%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	9,609
Number of CY 2024 discharges submitted:	42,042
Number of CY 2024 discharges linked to an admission:	42,032
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	32,814
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	32,810

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	4,165	3,944
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,760	4,760
Percent of clients abstinent from alcohol	87.5%	82.9%

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]	595	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		6.7%

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]		3,904
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,165	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.7%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	208
Number of CY 2024 discharges submitted:	6,330
Number of CY 2024 discharges linked to an admission:	6,330
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	4,761
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	4,760

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

E: 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]	878	484
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,463	2,463
Percent of clients abstinent from drugs	35.6%	19.7%

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]		64
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,585	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		4.0%

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]		420
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	878	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		47.8%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	1,136
Number of CY 2024 discharges submitted:	7,546
Number of CY 2024 discharges linked to an admission:	3,160
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	2,463
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	2,463

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]	752	611
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,894	1,894
Percent of clients abstinent from drugs	39.7%	32.3%

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]		178
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,142	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		15.6%

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]		433
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	752	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		57.6%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	649
Number of CY 2024 discharges submitted:	6,912
Number of CY 2024 discharges linked to an admission:	2,277
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,894
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	1,894

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]	19,451	14,544
All clients with non-missing values on at least one substance/frequency of use [denominator]	32,810	32,810
Percent of clients abstinent from drugs	59.3%	44.3%

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]		1,187
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	13,359	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		8.9%

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]		13,357
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	19,451	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		68.7%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	9,609
Number of CY 2024 discharges submitted:	42,042
Number of CY 2024 discharges linked to an admission:	42,032
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	32,814
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	32,810

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	2,708	1,747
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,760	4,760
Percent of clients abstinent from drugs	56.9%	36.7%

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]		245
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,052	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		11.9%

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]		1,502
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,708	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		55.5%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	208
Number of CY 2024 discharges submitted:	6,330
Number of CY 2024 discharges linked to an admission:	6,330
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	4,761
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	4,760

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

E: 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]	787	785
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,461	2,461
Percent of clients participating in self-help groups	32.0%	31.9%
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]	-0.1%	

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	1,136
Number of CY 2024 discharges submitted:	7,546
Number of CY 2024 discharges linked to an admission:	3,160
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	2,463
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	2,461

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	261	325
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,894	1,894
Percent of clients participating in self-help groups	13.8%	17.2%
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]	3.4%	

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	649
Number of CY 2024 discharges submitted:	6,912

Number of CY 2024 discharges linked to an admission:	2,277
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,894
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	1,894

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	9,847	10,036
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	32,765	32,765
Percent of clients participating in self-help groups	30.1%	30.6%
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]	0.6%	

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	9,609
Number of CY 2024 discharges submitted:	42,042
Number of CY 2024 discharges linked to an admission:	42,032
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	32,814
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	32,765

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

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]	1,318	1,346
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	4,761	4,761
Percent of clients participating in self-help groups	27.7%	28.3%
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]	0.6%	

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	208

Number of CY 2024 discharges submitted:	6,330
Number of CY 2024 discharges linked to an admission:	6,330
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	4,761
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	4,761

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
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0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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E: Performance Data and Outcomes

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
Withdrawal Management (24-HOUR CARE)				
1. Hospital Inpatient	2	1	1	2
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	1	2	6
5. Long-term (over 30 days)	4	1	2	3
AMBULATORY (OUTPATIENT)				
6. Outpatient	16	1	1	6
7. Intensive Outpatient	6	1	1	3
8. Withdrawal Management	0	0	0	0
Medication for Opioid Use Disorder (MOUD) Treatment				
9. Withdrawal Management with Opioid Agonist Medications	2	1	2	2
10. Continuous MOUD and Other Services in Outpatient Settings	21	1	1	8

Level of Care	2024 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
Withdrawal Management (24-HOUR CARE)		
1. Hospital Inpatient	208	63
2. Free-Standing Residential	0	0
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	7546	3160

5. Long-term (over 30 days)	6912	2277
AMBULATORY (OUTPATIENT)		
6. Outpatient	42042	32821
7. Intensive Outpatient	6330	6330
8. Withdrawal Management	0	0
Medication for Opioid Use Disorder (MOUD) Treatment		
9. Withdrawal Management with Opioid Agonist Medications	0	6
10. Continuous MOUD and Other Services in Outpatient Settings	0	9211

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]
0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – 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 2023		
	Age 21+ - CY 2023		
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 2023		
	Age 18+ - CY 2023		
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][a]?[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 2023		
	Age 18+ - CY 2023		
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 2023		
	Age 18+ - CY 2023		
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]?[b]" **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 2023		

	Age 18+ - CY 2023		

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

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

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – 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 2023		
	Age 21+ - CY 2023		
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 2023		
	Age 18+ - CY 2023		
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 2023		
	Age 18+ - CY 2023		

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Table 23 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – 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 2023		
	Age 21+ - CY 2023		
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 2023		
	Age 18+ - CY 2023		
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][a]?[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 2023		
	Age 18+ - CY 2023		
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 2023		
	Age 18+ - CY 2023		
5. 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][b] 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 2023		
	Age 18+ - CY 2023		

[a]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[b]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.
0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – 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 2023		
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 2023		
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 2023		
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 2023		
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 2023		

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Table 25 – Substance Use Disorder Prevention NOMs Domain: Employment/Education 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 2023		
	Age 18+ - CY 2023		

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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Table 26 – Substance Use Disorder Prevention NOMs Domain: Employment/Education 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 2024		

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Table 27 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Traffic 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 2024		

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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 National Incident-Based Reporting System **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2024		

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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E: Performance Data and Outcomes

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 2023		
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?" [a][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 2023		

[a]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.
0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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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][a]?" **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2023		

[a]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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

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

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- and Population-Based Programs and Strategies – Number of Persons Served by Age, Sex, Race, and Ethnicity	1/1/2023	12/31/2023
2.	Table 32 - Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2023	12/31/2023
3.	Table 33 - Number of Programs and Strategies by Type of Intervention	1/1/2023	12/31/2023
4.	Table 34 - 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	10/1/2022	9/30/2024

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 these 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- and Population-Based Programs and Strategies – Number of Persons Served by Age, Sex, Race, and Ethnicity

The reporting period for Tables 31 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand 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 the calendar year, please indicate in this footnote why you are unable to report on the calendar year and the steps the state intends to take to make calendar year reporting possible in future years.

	Individual-Based Programs and Strategies-Number of Persons Served	Population-Based Programs and Strategies-Number of Persons Reached
A. Age	**365,363**	**10,023,638**
0-5	348	72,262
6-12	3,222	403,077
13-17	19,412	1,332,676
18-20	902	940,982
21-24	3,943	1,290,190
25-44	19,277	1,308,806
45-64	14,777	1,315,938
65-74	2,117	1,631,128
75+	0	0
Age Not Available[a]	301,365	1,728,579
B. Sex	**365,363**	**10,023,638**
Male	139,798	5,001,645
Female	167,654	4,860,603
Sex Not Available	57,911	161,390
C. Ethnicity	**365,363**	**10,023,638**
Hispanic or Latino	2,060	236,481
Not Hispanic or Latino	300,607	8,339,603
Ethnicity Not Available	62,696	1,447,554
D. Race	**365,363**	**10,023,638**
White	290,801	9,377,130
Black or African American	7,798	205,435
Native Hawaiian/Other Pacific Islander	16	8,219
Asian	154	42,629
American Indian/Alaska Native	820	36,811
More Than One Race	726	123,136

Some other Race	66	188
Race Not Available	64,982	230,090

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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Table 32 - Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

The reporting period for Tables 32 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand 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 the calendar year, please indicate in this footnote why you are unable to report on the calendar year 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	415,103	N/A
2. Universal Indirect	N/A	$9,973,403.00
3. Selective	248	N/A
4. Indicated	247	N/A
5. Total	**415,598**	**$9,973,403.00**

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Table 33 - Number of Programs and Strategies by Type of Intervention

The reporting period for Tables 33 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand 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 the calendar year, please indicate in this footnote why you are unable to report on the calendar year and the steps the state intends to take to make calendar year reporting possible in future years.

Definition of Evidence-Based Programs and Strategies: Evidence-Based Prevention Programs (EBPs) are designed to prevent substance use and related negative outcomes. Most strategies are designed to be delivered in specific settings, to specific age groups, and to specific population. EBPs are prevention strategies that were reported as effective for your substance and population of focus. EBPs should be identified by one of three ways:

1. Inclusion in a formal registry of evidence-based interventions such as federal, state or foundation registries
2. Being Reported (with positive effects) in a peer-reviewed journal
3. Documentation of effectiveness based on one or more of the following guidelines:
   - Guideline 1:
     The intervention is connected to a theory of change based upon a clear logic or conceptual model. The intervention should be informed by risk and protective factors research.
   - Guideline 2:
     The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
   - Guideline 3:
     The intervention is supported by documentation that it has been effectively implemented multiple times with results that show a consistent pattern of credible and positive effects.
   - Guideline 4:
     The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that may include: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; or 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.

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 included in the KY Substance Use Prevention Skills training that all RPC personnel are required to attend during their first year of employment. Additionally, Kentucky has an Evidence-Based Workgroup that reviews all requests for programs and strategies to be included in the Prevention Data System. Their decisions to include programs are based on a process developed by our contracted prevention evaluators which is based on the guidelines above and 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 these data?

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	6,388	505	6,893	11	73	6,977
2. Total number of Programs and Strategies Funded	11,112	1,888	13,000	20	127	13,147
3. Percent of Evidence-Based Programs and Strategies	57.49%	26.75%	53.02%	55.00%	57.48%	53.07%

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Table 34 - 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 34 is the 24-month expenditure period of the FFY 2023 SUPTRS BG award.

	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 # 6,388	$1,392,346.00
Universal Indirect	Total # 505	$110,098.00
Selective	Total # 11	$2,282.00
Indicated	Total # 73	$15,967.00
Unspecified	Total # 0	$0.00
	Total EBPs: 6,977	Total Dollars Spent: $1,520,693.00

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Prevention Attachments

Submission Uploads

FFY 2026 Prevention Attachment Category A:

File	Version	Date Added

FFY 2026 Prevention Attachment Category B:

File	Version	Date Added

FFY 2026 Prevention Attachment Category C:

File	Version	Date Added

FFY 2026 Prevention Attachment Category D:

File	Version	Date Added

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes: