Nebraska

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 12/02/2025 9.17.24 AM)

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	Nebraska Department of Health and Human Services
Organizational Unit	Division of Behavioral Health
Mailing Address	301 Centennial Mall South, Fourth Floor PO Box 95026
City	Lincoln
Zip Code	68509-5026

II. Contact Person for the Block Grant

First Name	Thomas
Last Name	Janousek
Agency Name	NE DHHS Division of Behavioral Health
Mailing Address	301 Centennial Mall South, Fourth Floor PO Box 95026
City	Lincoln
Zip Code	68509-5026
Telephone	(402) 875-3763
Fax	(402) 742-8314
Email Address	Thomas.Janousek@nebraska.gov

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	12/1/2025 9:33:31 PM
Revision Date	12/1/2025 9:34:06 PM

V. Contact Person Responsible for Report Submission

First Name	John
Last Name	Trouba
Telephone	(402) 471-7824
Fax	
Email Address	john.trouba@nebraska.gov

VI. Contact Person Responsible for Substance Use Disorder Data

First Name	Betty Jean
Last Name	Usher-Tate
Telephone	(402) 471-1423
Email Address	BettyJean.Usher-Tate@nebraska.gov

Footnotes:

B: Annual Update

Table 1 - Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Alcohol Use among Youth and Young Adults

Priority Type:

Population(s): PP, Other

Goal of the priority area:

Reduce harmful alcohol use among youth and young adults.

Objective:

Reduce the prevalence of binge drinking by youth and young adults.

Strategies to attain the goal:

Work with prevention coalitions across the state to continue engaging in partnerships with local schools, colleges and community groups to facilitate trainings and educational activities which aim to enhance awareness of the risks associated with alcohol use, particularly those associated with binge drinking.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Prevalence of binge drinking reported by youth and young adults, ages 18 to 24

Baseline Measurement: 27%

First-year target/outcome measurement: 27%

Second-year target/outcome measurement: 27%

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

Data Source:

Behavioral Risk Factor Surveillance Survey (BRFSS)

New Data Source*(if needed)*:

Description of Data:

The Behavioral Risk Factor Surveillance System (BRFSS) is a survey which collects state data about residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The BRFSS is a cross-sectional survey conducted by states with technical and methodological assistance provided by the Centers for Disease Control and Prevention (CDC). States use a standardized core questionnaire, optional modules, and state-added questions to ask a variety of important health-related topics of which DBH contributes recommendations on question content. It is administered every year and targeted at non-institutionalized adults 18 years of age and older. The Nebraska Department of Health and Human Services (DHHS) Division of Public Health (DPH) contracts with the University of Nebraska-Lincoln, Bureau of Sociological Research (BOSR) to manage BRFSS data collection.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Although this survey has historically been implemented every year, the Division of Behavioral Health does not directly coordinate and is thereby dependent on availability of survey results through coordination with DPH and CDC.

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:

According to the 2022 Behavioral Rick Factor Surveillance Survey (BRFSS) data the percentage of young adults who reported having more than five drinks for males and more than four drinks for females on one occasion was 29%, not meeting First-year Target of 27%. Given the 2021 achievement of 26.2% and the previous baseline was 31.5%, the new baseline was set at 27%. However, the indicator measure is the BRFSS for which published results have a two year lag. The Division of Behavioral Health is implementing the same indicator measure in a state sponsored annual survey in CY2025 to improve reporting timelines.

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

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:
Year 2 (CY25) target was 27% but the BRFSS survey found 28.6% of 18-24 years old reported binge drinking, which is above and does not meet the target of reduced binge drinking. The Division of Behavioral Health continues working toward strategic implementation of a state sponsored annual survey, with the same indicator measure, to improve reporting timelines.

How second year target was achieved:

Priority #: 2

Priority Area: Increase Use of Evidence-based Strategies

Priority Type:

Population(s): PP, Other

Goal of the priority area:

Increasing the use of evidence-based strategies supported through Block Grant funding.

Objective:

Increase the use of evidence-based strategies employed by prevention coalitions to reduce alcohol and substance use.

Strategies to attain the goal:

Support increased use of evidence-based interventions in prevention practices. Use evidence-based public education and awareness strategies, campaigns, and engagement activities to increase awareness of binge drinking and reduce binge drinking rate. Offer technical assistance to enhance program staff understanding on identification and use of evidence-based strategies in addition to continued training on data collection and entry into the state prevention reporting system related to prevention activities.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of Block Grant funded evidence-based strategies.

Baseline Measurement: 50%

First-year target/outcome measurement: 55%

Second-year target/outcome measurement: 55%

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

Data Source:

Nebraska Prevention Information Reporting System (NPIRS)

New Data Source*(if needed)*:

Description of Data:

The NPIRS is an internet-based reporting system designed to collect and report prevention activity data in Nebraska. The system collects community, regional, and state level data from recipients of federal and state prevention funds administered by the Division of Behavioral Health. NPIRS provides the reporting capabilities for components of the Federal Block Grant. The reports provide number served by individual-based programs or population-based programs and strategies, numbers served by intervention type, and use of evidence-based programs and strategies.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

System users receive numerous training opportunities and work continues to improve consistency and accuracy in reporting into the

NPIRS.

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)*:
Support for increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a First-year outcome measure of 55.6% for evidence-based strategies employed. Prioritized use of block grant funding for the use of evidence-based strategies in prevention practices has been successfully implemented in planning and programming of prevention activities.

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:
FFY25 target was 55% but actual outcome was 48%, not sustaining the percentage for use of evidence-based interventions in prevention practices established as Year 2 target. Delays in contract issuance and workforce capacity issues affected planned prevention activities. The DBH Prevention program is working with state procurement on contract issues and prevention system workforce to address capacity, communication, and engagement issues to improve planning and programming of prevention activities.

How second year target was achieved:

Priority #: 3

Priority Area: Consumers in Stable Living Arrangements

Priority Type: MHS

Population(s): SMI, SED, ESMI, PWWDC, PWID, EIS/HIV, TB, Other

Goal of the priority area:

Consumers have permanent and stable housing.

Objective:

Increasing support for consumers to secure and maintain permanent housing.

Strategies to attain the goal:

Increase system and community-level planning efforts to focus on targeted resources for priority populations. Work with providers and community partners to understand local housing needs and help support response efforts.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of consumers in stable living arrangements at discharge from Residential Services.

Baseline Measurement: 80%

First-year target/outcome measurement: 83%

Second-year target/outcome measurement: 85%

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

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source*(if needed)*:

Description of Data:

Consumer treatment data from CDS. CDS collects consumer level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving DBH funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Information is provided by consumer who may not wish to disclose they are or are at risk of experiencing homelessness. Residential services include: Dual Disorder Residential - MH + SUD, Halfway House - SUD, Intermediate Residential - SUD, Psychiatric Residential Rehabilitation - MH, Secure Residential - MH, Short Term Residential - SUD, and Therapeutic Community - SUD.

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)*:
Increased system and community-level activities supporting efforts to focus targeted resources for priority populations achieved a statewide First-year outcome measure of 84% of the number of consumers in stable living arrangements at discharge from residential services.

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:
The second-year outcome measure 83% of the number of consumers in stable living arrangements at discharge from residential service did not meet the second-year target of 85%. Though the first-year outcome showed gains above the baseline of 80%, the progress was not sustained in the states two metropolitan areas which resulted in the overall state outcome decline. System and community-level activities supporting efforts to focus targeted resources for priority populations are being reviewed and assessed. Key Performance Index (KPI) have been implemented to draw attention and efforts for this measure.

How second year target was achieved:

Priority #: 4

Priority Area: Consumer Employment

Priority Type: MHS

Population(s): SMI, SED, ESMI, PWWDC, PWID, EIS/HIV, TB, Other

Goal of the priority area:

Consumers in the labor market have employment.

Objective:

Increasing support for consumers to obtain and sustain employment.

Strategies to attain the goal:

Work with providers and community partners to understand local employment opportunities and help support efforts to connect consumers with employers.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of consumers in the labor market who are employed at discharge from any DBH funded service

Baseline Measurement: 58%

First-year target/outcome measurement: 58%

Second-year target/outcome measurement: 60%

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

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source*(if needed)*:

Description of Data:

Consumer treatment data from CDS. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving Division funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Information is provided by consumers who may not wish to disclose employment status and thus would be excluded from calculation. The labor market consists of those who are employed [employment status is 'Active/Armed Forces (< 35 Hrs)','Active/Armed Forces (35+ Hrs)','Employed Full Time (35+ Hrs)', or 'Employed Part Time (< 35 Hrs)'] and those who are unemployed but have been actively looking for employment in the past 30 days.

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)*:
Increased support for consumers to sustain and acquire competitive employment achieved a statewide first-year outcome measure of 65% of the percentage of consumers in the labor market who are employed at discharged from any DBH funded service.

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:
Continued support for consumers to sustain and acquire competitive employment achieved a statewide second-year outcome measure of 63% of the percentage of consumers who were in the labor market and employed at the time of discharged from any DBH funded service.

Priority #: 5

Priority Area: Access for Priority Populations to Substance Use Disorder Services

Priority Type:

Population(s): PWID, EIS/HIV, TB, Other

Goal of the priority area:

Priority populations are admitting into substance use disorder services in a timely manner.

Objective:

Improve wait times into Short Term Residential services for persons who inject drugs.

Strategies to attain the goal:

As required through the contracts with the Regional Behavioral Health Authorities (RBHAs), priority populations are expected to receive priority status according to priority type when waiting to enter a substance abuse treatment service. Educational trainings with RBHAs and providers to ensure priority status is understood and Federal requirements are followed. Monitoring and assessment of Short Term Residential capacity to determine if additional service locations are necessary to meet the needs of all priority populations seeking treatment.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of persons reported as injecting drugs who are admitted into Short Term Residential services within 14 days of seeking treatment

Baseline Measurement: 80%

First-year target/outcome measurement: 85%

Second-year target/outcome measurement: 85%

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

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source*(if needed)*:

Description of Data:

Consumer wait and admission data from CDS. CDS collects consumer level information for all consumers placed on a waiting list for MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The CDS access reporting function is monitored for completeness and accuracy on a regular basis.

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)*:
Educational trainings with RBHAs and providers to ensure priority populations receive priority status according to priority type when waiting to enter a substance use treatment service. There has been improvement in the wait times into Short Term Residential services for Priority1: PWID and Priority 3: PID. The state achieved a statewide first year outcome measure of 95% of persons reported as injecting drugs who admitted into Short Term Residential services within 14 days of seeking treatment.

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:
Educational trainings with RBHAs and providers to ensure priority populations receive priority status according to priority type when waiting to enter a substance use treatment service. There has been improvement in the wait times into Short Term Residential services for Priority1: Pregnant-PWID and Priority 3: PWID. The state achieved a statewide second year outcome measure of 89% of persons reported as injecting drugs who admitted into Short Term Residential services within 14 days of seeking treatment.

Priority #: 6

Priority Area: First Episode Psychosis Coordinated Specialty Care

Priority Type: MHS

Population(s): SMI, SED, ESMI

Goal of the priority area:

Improve the system such that more people are being provided the behavioral health services they need earlier and in a voluntary capacity through self-entry into the service system.

Objective:

Improve access to First Episode Psychosis Coordinated Specialty Care treatment for youth and young adults who have experienced a first episode of psychosis.

Strategies to attain the goal:

Continue to develop recovery-oriented services and increase use of evidence-based practices which help individuals stabilize and maintain stabilization in community settings. Support Mental Health trainings to improve early intervention and support, particularly for youth having a first episode of psychosis (FEP). Emphasis will be placed on enhancing recruitment strategies and increasing community awareness on FEP services available.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of statewide admissions into FEP CSC programs

Baseline Measurement: 20 Admissions

First-year target/outcome measurement: 20 Admissions

Second-year target/outcome measurement: 20 Admissions

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

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source*(if needed)*:

Description of Data:

Consumer treatment data from CDS. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving Division funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The CDS access reporting function is monitored for completeness and accuracy on a regular basis.

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)*:
Strategies to improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a First Episode of Psychosis achieved a First-year outcome measure of 32 persons served (admitted) which exceeded the first year target of 20.

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:
FEP Programs continue to employ strategies to improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a First Episode of Psychosis. Second-year outcome measure of 25 persons served (admitted) which exceeded the second-year target of 20.

Priority #: 7

Priority Area: Priority Area: Tuberculosis

Priority Type:

Population(s): TB, Other

Goal of the priority area:

Tuberculosis screening is provided to all persons entering substance abuse treatment service and meets federal requirements regarding screening for Tuberculosis.

Objective:

As required through the contracts with Regional Behavioral Health Authorities, Tuberculosis (TB) screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made to those individuals whose screening indicates "high risk" for TB. The Tuberculosis Program in the Nebraska Division of Public Health provides the overall coordination for the State of Nebraska.

Strategies to attain the goal:

Regional Behavioral Health Authorities will comply with contract requirements for Tuberculosis screening to be provided to all persons entering a substance abuse treatment service.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator:	Tuberculosis (TB)
Baseline Measurement:	Maintain the contract requirement with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.
First-year target/outcome measurement:	The contract requirement will be maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.
Second-year target/outcome measurement:	The contract requirement will be maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

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

Data Source:

The Nebraska Department of Health and Human Services - Division of Behavioral Health contracts with the six Regional Behavioral Health Authorities.

New Data Source*(if needed)*:

Description of Data:

Signed contracts between the Nebraska Department of Health and Human Services - Division of Behavioral Health and the six Regional Behavioral Health Authorities.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

This contract requirement is connected to the Federal requirements under the Substance Abuse Prevention and Treatment Block Grant.

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)*:
The Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering substance abuse treatment service.

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:
The Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering substance abuse treatment service.

Priority #:	8
Priority Area:	Crisis Response Dashboard
Priority Type:	MHS
Population(s):	SMI, SED, ESMI, BHCS, PWWDC, PWID, EIS/HIV, TB, Other

Goal of the priority area:

Implement a working dashboard that summarizes and visualizes volume and metrics data for 988 and Mobile Crisis Response (MCR); to be updated monthly.

Objective:

Provide 988 and Mobile Crisis Response (MCR) volume and metrics tracking for the public and relevant stakeholders.

Strategies to attain the goal:

Maintain ongoing 988 data collection with Boys Town to develop a public-facing dashboard that will summarize and visualize Calls/Chats/Texts volume data for 988 and key metrics for MCR activations at statewide and regional levels.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Stand up a public-facing 988 dashboard (updated monthly)

Baseline Measurement: Project is in development

First-year target/outcome measurement: Report 988 Calls/Chats/Texts volume and metrics on a working Dashboard

Second-year target/outcome measurement: Report 988 Calls/Chats/Texts volume and Mobile Crisis Response activation metrics on a working Dashboard

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

Data Source:

988 data from Boys Town.

New Data Source*(if needed)*:

Description of Data:

Nebraska 988 calls chats, and texts volume and Mobile Crisis Response (MCR) activations volumes and metrics on statewide and regional levels.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None.

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)*:
Nebraska successfully implemented a public-facing 988 Crisis Response Dashboard. The dashboard has been updated monthly since April 2024 and it reports 998 Calls, Chats, Texts volume metrics.

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:
Nebraska successfully implemented a public-facing 988 Crisis Response Dashboard which has been updated monthly since April 2024, reporting 998 Calls, Chats, Texts volume metrics. Nebraska succussfully implemented a Mobile Crisis Response Dashboard which has been updated monthly since December 2024, reporting activation volumes and metrics.

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

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	$4,744,742.00		$42,296,811.00	$1,016,775.00	$16,772,957.00	$0.00	$0.00	$0.00	$305,088.00
a. Pregnant Women and Women with Dependent Children (PWWDC)[d]	$669,179.00		$0.00	$0.00	$127,392.00	$0.00	$0.00	$0.00	$0.00
b. All Other	$4,075,563.00		$42,296,811.00	$1,016,775.00	$16,645,565.00	$0.00	$0.00	$0.00	$305,088.00
2. Recovery Support Services[e]	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3. Substance Use Primary Prevention[f]	$2,770,193.00		$0.00	$386,592.00	$140,718.00	$0.00	$0.00	$520,435.00	$701,267.00
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]	$243,368.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
13. Total	**$7,758,303.00**	**$0.00**	**$42,296,811.00**	**$1,403,367.00**	**$16,913,675.00**	**$0.00**	**$0.00**	**$520,435.00**	**$1,006,355.00**

Please indicate the expenditures are actual or estimated.

○ Actual ◉ Estimated

Please identify which of the information in is estimated rather than actual:

Nebraska Medicaid funds are estimates.

Identify the date by when all estimates can be replaced with actual expenditures: 01/31/2026

[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.

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

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.*

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

Footnotes:
Not Applicable. Nebraska DHHS is not authorized to create or implement a Syringe Services Program.

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	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	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	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.

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

Footnotes:

Not Applicable. Nebraska DHHS is not authorized to create or implement a Syringe Services Program.

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]
No Data Available										

[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.

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

Footnotes:

Nebraska did not expend SUPTRS BG, SABG COVID-19 or SABG ARP/ARPA funds on Risk Reduction Activities in the reporting period.

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	$4,370,617.00
2. Recovery Support Services[b]	$0.00
3. Primary Prevention of Substance Use[c]	$2,072,322.00
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]	$698,052.00
7. Administration[f]	$375,402.00
8. Total[g]	**$7,516,393.00**

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

Footnotes:

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	$22,848.00						
Information Dissemination	Indicated	$581.00						
Information Dissemination	Universal	$205,948.00						
Information Dissemination	Unspecified							
Information Dissemination	**Total**	**$229,377.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$142,054.00						
Education	Indicated	$3,364.00						
Education	Universal	$373,307.00						
Education	Unspecified							
Education	**Total**	**$518,725.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective	$17,878.00						
Alternatives	Indicated	$4,823.00						
Alternatives	Universal	$12,083.00						
Alternatives	Unspecified							
Alternatives	**Total**	**$34,784.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$12,115.00						
Problem Identification and Referral	Indicated	$134,767.00						
Problem Identification and Referral	Universal	$37,731.00						
Problem Identification and Referral	Unspecified							

Problem Identification and Referral	**Total**	**$184,613.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Community-Based Process	Selective							
Community-Based Process	Indicated							
Community-Based Process	Universal	$429,477.00						
Community-Based Process	Unspecified							
Community-Based Process	**Total**	**$429,477.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective							
Environmental	Indicated							
Environmental	Universal	$583,007.00						
Environmental	Unspecified							
Environmental	**Total**	**$583,007.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 (Synar)-Tobacco	Selective							
Section 1926 (Synar)-Tobacco	Indicated							
Section 1926 (Synar)-Tobacco	Universal	$92,339.00						
Section 1926 (Synar)-Tobacco	**Total**	**$92,339.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Universal Direct							
Other	Universal Indirect							
Other	Selective							
Other	Indicated							
Other	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total	**$2,072,322.00**						

[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:

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	$459,970		
Universal Indirect	$1,273,922		
Selective	$194,895		
Indicated	$143,535		
Column Total	**$2,072,322**		
Total SUPTRS BG Award[c]	**7516393.00**		
Primary Prevention Expenditure Percentage[d]	**27.57%**		

[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.

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

Footnotes:

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.

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

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	$78,000.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$78,000.00	$0.00	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$0.00	$58,911.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$58,911.00
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	$58,911.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$58,911.00
6. Research and Evaluation	$0.00	$0.00	$422,870.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$422,870.00
7. Training and Education	$29,395.00	$0.00	$49,965.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$29,395.00	$0.00	$49,965.00
8. Total[d]	**$107,395.00**	**$0.00**	**$590,657.00**

[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.

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

Footnotes:

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]
	NE750441	NE750441	✓	Omaha Metro	ARCH Inc	604 South 37th Street	Omaha	NE	68105	$375,724.00	$375,724.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100496]	NE100496	✓	Omaha Metro	ARCH Inc	1502 North 58th Street	Omaha	NE	68104	$187,444.00	$187,444.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100873	NE100873	✓	Northeast	Area Substance Abuse Prevention	422 East Douglas Street	ONeill	NE	68763	$59,148.00	$0.00	$0.00	$0.00	$0.00	$0.00	$59,148.00	$0.00
	NE100898	NE100898	✗	South Central	Area Substance and Alcohol Abuse Prevention	835 South Burlington Suite 114	Hastings	NE	68901	$67,388.00	$0.00	$0.00	$0.00	$0.00	$0.00	$67,388.00	$0.00
	NE100836	NE100836	✗	Southeast	Associates in Counseling and Treatment	600 N Cotner Blvd Ste 119	Lincoln	NE	68505	$91,342.00	$91,342.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100836	NE102262	✗	Southeast	Associates in Counseling and Treatment	5600 P Street Suite 119	Lincoln	NE	68505	$36,034.00	$36,034.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100781	NE100781	✓	Omaha Metro	BAART Community Healthcare Inc	1941 South 42nd Street Suite 210	Omaha	NE	68105	$333,327.00	$333,327.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100868	NE100868	✓	Northeast	Back To BASICS	4321 41st Avenue P.O. Box 1028	Columbus	NE	68602	$39,795.00	$0.00	$0.00	$0.00	$0.00	$0.00	$39,795.00	$0.00
	NE100900	NE100900	✓	Southeast	Beatrice Public Schools	320 North 5th Street	Beatrice	NE	68310	$8,408.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,408.00	$0.00
	NE301302	NE301302	✓	Northeast	Behavioral Health Specialists Inc	1900 Vicki Lane	Norfolk	NE	68701 -4558	$114,313.00	$114,313.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE900707	NE900707	✓	Northeast	Behavioral Health Specialists Inc	4432 Sunrise Place	Columbus	NE	68601	$195,255.00	$195,255.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE750409	NE750409	✓	Southeast	Blue Valley Behavioral Health	1903 4th Corso Street	Nebraska City	NE	68410	$14,885.00	$14,885.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100531	NE100531	✗	Southeast	Blue Valley Behavioral Health	521 E Street	Fairbury	NE	68352	$3,763.00	$3,763.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100532	NE100532	✗	Southeast	Blue Valley Behavioral Health	355 East 4th St Lower Level	Wahoo	NE	68066	$9,404.00	$9,404.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE750045	NE750045	✓	Southeast	Blue Valley Behavioral Health	820 Central Avenue Suite 4	Auburn	NE	68305	$5,461.00	$5,461.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE750102	NE750102	✗	Southeast	Blue Valley Behavioral Health	367 East Street	David City	NE	68632	$18,788.00	$18,788.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101301	NE101301	✓	Southeast	Blue Valley Behavioral Health	3901 Normal Boulevard Suite 201	Lincoln	NE	68506	$4,188.00	$4,188.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102161	NE102161	✓	Southeast	Blue Valley Behavioral Health	103 East 35th Street Suite A	Falls City	NE	68355	$5,829.00	$5,829.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

	NE750953	NE750953	✓	Southeast	Blue Valley Behavioral Health	1123 North 9th Street	Beatrice	NE	68310	$29,204.00	$29,204.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE750631	NE750631	✓	Southeast	Blue Valley Behavioral Health	459 South 6th Street Suite 1	Seward	NE	68434	$11,436.00	$11,436.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE901184	NE901184	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 326	Crete	NE	68333	$21,331.00	$21,331.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE901382	NE901382	✓	Southeast	Blue Valley Behavioral Health	722 South Lincoln Avenue Suite 1	York	NE	68467	$24,231.00	$24,231.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100603	NE100603	✓	Southeast	Bridge Behavioral Health	721 K Street	Lincoln	NE	68508	$199,426.00	$199,426.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE900335	NE900335	✓	Southwest	Bridge Inc	907 South Kansas Street	Hastings	NE	68901	$103,324.00	$103,324.00	$103,324.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101278	NE101278	✓	Southeast	Butler County Believes in Youth	2850 County Road L	Weston	NE	68070 -4039	$8,687.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,687.00	$0.00
	NE301401	NE301401	✗	Southeast	CenterPointe	1000 South 13th Street	Lincoln	NE	68508 -3533	$18,321.00	$18,321.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE302219	NE302219	✗	Southeast	CenterPointe	2220 South 10th Street	Lincoln	NE	68502	$59,216.00	$59,216.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101275	NE101275	✓	Omaha Metro	CenterPointe	1490 North 16th Street	Omaha	NE	68102	$280,112.00	$280,112.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102270	NE102270	✓	Southeast	CenterPointe	2202 South 11th Street	Lincoln	NE	68502 -3559	$45,508.00	$45,508.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100623	NE100623	✓	Panhandle	Cirrus House Inc	1509 1st Avenue	Scottsbluff	NE	69361 -3106	$28,233.00	$28,233.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100689	NE100689	✓	99	Coalition Rx	8401 West Dodge Road Suite 115	Omaha	NE	68114	$75,599.00	$0.00	$0.00	$0.00	$0.00	$0.00	$75,599.00	$0.00
	NE102052	NE102052	✓	Panhandle	Community Action Partnership of	975 Crescent Drive	Gering	NE	69341	$71,594.00	$71,594.00	$7,423.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100885	NE100885	✓	South Central	Community Connections	P.O. Box 852	North Platte	NE	69103	$157,191.00	$0.00	$0.00	$0.00	$0.00	$0.00	$157,191.00	$0.00
	NE101277	NE101277	✓	Omaha Metro	Dougals County	1490 North 16th Street	Omaha	NE	68102	$120,353.00	$120,353.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100899	NE100899	✓	Southeast	Fillmore County Prevention Coalition	995 Highway 33 Suite 1	Crete	NE	68333 -2551	$7,500.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7,500.00	$0.00
	NE750151	NE750151	✓	South Central	Friendship House Inc	707 West 1st Street	Grand Island	NE	68801	$341,469.00	$341,469.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100804	NE100804	✓	South Central	Garfield Loup Wheeler Childrens	P.O. Box 638	Burwell	NE	68823	$76,691.00	$0.00	$0.00	$0.00	$0.00	$0.00	$76,691.00	$0.00
	NE100827	NE100827	✓	South Central	Grand Island Substance Abuse	219 West 2nd Street	Grand Island	NE	68801	$103,836.00	$0.00	$0.00	$0.00	$0.00	$0.00	$103,836.00	$0.00
	NE100869	NE100869	✓	Northeast	Healthy Communities Initiative	2104 21st Circle	Wisner	NE	68791	$26,103.00	$0.00	$0.00	$0.00	$0.00	$0.00	$26,103.00	$0.00
	NE101063	NE101063	✗	Omaha Metro	Heartland Family Services Inc	4847 Sahler Street	Omaha	NE	68104	$97,749.00	$97,749.00	$97,749.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE901242	NE901242	✓	Southeast	Houses of Hope of Nebraska Inc	1124 North Cotner Boulevard	Lincoln	NE	68505 -1834	$107,130.00	$107,130.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE900699	NE900699	✓	Panhandle	Human Services Inc	419 West 25th Street	Alliance	NE	69301	$183,703.00	$183,703.00	$23,776.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100901	NE100901	✗	Southeast	Jefferson County Prevention Coalition	995 Hwy 33, Ste 1	Crete	NE	68333 -2551	$9,725.00	$0.00	$0.00	$0.00	$0.00	$0.00	$9,725.00	$0.00
	NE102058	NE102058	✓	Panhandle	Karuna Counseling	206 Beaver Creek Estate Way	West Jefferson	NC	28694	$308.00	$308.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100911	NE100911	✓	Southeast	Lancaster Prevention Coalition	1645 North Street	Lincoln	NE	68508	$11,453.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11,453.00	$0.00

	NE100415	NE100415	✓	99	Lincoln Medical Education Partnership	4600 Valley Road	Lincoln	NE	68510	$159,879.00	$0.00	$0.00	$0.00	$0.00	$0.00	$159,879.00	$0.00
	NE100927	NE100927	✓	Southeast	Lutheran Family Services	2301 O Street	Lincoln	NE	68510-1124	$35,404.00	$35,404.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101283	NE101283	✓	Panhandle	Mental Health Alliance	815 Flack Avenue	Alliance	NE	69301	$2,441.00	$2,441.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100777	NE100777	✓	Southeast	Mental Health Crisis Center	825 J Street	Lincoln	NE	68508	$8,136.00	$8,136.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100601	NE100601	✓	Panhandle	Monument Prevention Coalition	1601 East 27th Street	Scottsbluff	NE	69361	$52,787.00	$0.00	$0.00	$0.00	$0.00	$0.00	$52,787.00	$0.00
	NE100864	NE100864	✗	Panhandle	Morrill County Prevention Coalition	1601 E 27th Street Scottsbluff, NE, 69361	Hemingford	NE	69348	$13,627.00	$0.00	$0.00	$0.00	$0.00	$0.00	$13,627.00	$0.00
	NE000005	NE000005	✗	99	Nebraska State Patrol	4600 Innovation Drive	Lincoln	NE	68521	$92,339.00	$0.00	$0.00	$0.00	$0.00	$0.00	$92,339.00	$0.00
	NE100914	NE100914	✓	Northeast	Northeast Nebraska Public	215 North Pearl Street	Wayne	NE	68787-1975	$27,351.00	$0.00	$0.00	$0.00	$0.00	$0.00	$27,351.00	$0.00
	NE300072	NE300072	✓	Omaha Metro	NOVA Treatment Community	8502 Morman Bridge Road	Omaha	NE	68152	$303,308.00	$303,308.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102002	NE102002	✓	Omaha Metro	Omaha Collegiate Consortium	2500 California Plaza	Omaha	NE	68178	$130,183.00	$0.00	$0.00	$0.00	$0.00	$0.00	$130,183.00	$0.00
	NE102047	NE102047	✓	Panhandle	Panhandle Public Health District	808 Box Butte Avenue	Hemingford	NE	69348	$154,109.00	$0.00	$0.00	$0.00	$0.00	$0.00	$154,109.00	$0.00
	NE100907	NE100907	✓	Southeast	Polk County Prevention Coalition	P.O. Box 316	Osceola	NE	68651	$8,114.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,114.00	$0.00
	NE100871	NE100871	✓	South Central	Positive Pressure Community Coalition	1755 Prairie View Place	Kearney	NE	68848	$48,499.00	$0.00	$0.00	$0.00	$0.00	$0.00	$48,499.00	$0.00
	NE102032	NE102032	✓	Omaha Metro	Project Extra Mile	11620 M Circle	Omaha	NE	68137	$140,886.00	$0.00	$0.00	$0.00	$0.00	$0.00	$140,886.00	$0.00
	NE100848	NE100848	✓	Panhandle	Region 1 Behavioral Health Authority	18 West 16th Street	Scottsbluff	NE	69361	$1,546.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,546.00	$0.00
	NE102284	NE102284	✓	Southwest	Region II Human Services	114 South Chestnut Street	North Platte	NE	69103	$129,891.00	$129,891.00	$129,891.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100530	NE100530	✓	Southwest	Region II Human Services	110 North Bailey Street P.O. Box 1208	North Platte	NE	69103	$120,292.00	$0.00	$0.00	$0.00	$0.00	$0.00	$120,292.00	$0.00
	NE100803	NE100803	✓	South Central	Region III Behavioral Health Services	P.O. Box 2555	Kearney	NE	68848-2555	$669.00	$0.00	$0.00	$0.00	$0.00	$0.00	$669.00	$0.00
	NE100811	NE100811	✓	Northeast	Region IV MH and SA Service District	206 Monroe Avenue	Norfolk	NE	68701	$35,682.00	$0.00	$0.00	$0.00	$0.00	$0.00	$35,682.00	$0.00
	NE100829	NE100829	✓	Southeast	Region V Systems	1645 N Street Suite A	Lincoln	NE	68508	$283,731.00	$0.00	$0.00	$0.00	$0.00	$0.00	$283,731.00	$0.00
	NE101262	NE101262	✗	Southeast	Saint Monicas Behavioral Health Servs	20 Skyway Dr	Lincoln	NE	68510	$12,988.00	$12,988.00	$11,856.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100556	NE100556	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Wedgewood Drive	Lincoln	NE	68510	$157,516.00	$157,516.00	$114,630.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100887	NE100887	✓	Southeast	Saline County Coalition	421 West Ash Street	Wilber	NE	68465-3270	$10,150.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10,150.00	$0.00
	NE102281	NE102281	✓	Panhandle	Sandhills Center for Hope	212 Box Butte Avenue	Alliance	NE	69301	$3,710.00	$3,710.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

	NE750540	NE750540	✓	Omaha Metro	Santa Monica Inc	401 South 39th Street	Omaha	NE	68131	$70,751.00	$70,751.00	$65,548.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102108	NE102108	✓	Omaha Metro	Sarpy Cass Health Department	701 Olson Drive Suite 101	Papillion	NE	68046	$77,092.00	$0.00	$0.00	$0.00	$0.00	$0.00	$77,092.00	$0.00
	NE101279	NE101279	✓	Southeast	Saunders County Prevention Coalition	387 North Chestnut Street Suite 1	Wahoo	NE	68066-1869	$7,128.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7,128.00	$0.00
	NE102075	NE102075	✓	Southeast	Seward County Prevention Coalition	616 Bradford Street	Seward	NE	68434-1710	$11,271.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11,271.00	$0.00
	NE750946	NE750946	✗	Southwest	South Central Behavioral Services Inc	616 West 5th Street	Hastings	NE	68902-0050	$2,836.00	$2,836.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102064	NE102064	✓	Southeast	Southeast Health District Prevention	2511 Schneider Avenue	Auburn	NE	68305	$3,629.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,629.00	$0.00
	NE100904	NE100904	✓	Southeast	Thayer County Healthy Comm Coalition	995 Highway 33 Suite 1	Crete	NE	68333-2551	$6,580.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6,580.00	$0.00
	NE900418	NE900418	✓	Northeast	The Link Inc	1001 West Norfolk Avenue	Norfolk	NE	68701	$226,184.00	$226,184.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102188	NE102188	✗	Northeast	The Well	512 Verges Ave	Norfolk	NE	68701	$16,923.00	$16,923.00	$16,923.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE000081	NE000081	✗	Southeast	Touchstone Short Term Residential	2633 P Street	Lincoln	NE	68503	$163,915.00	$163,915.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101224	NE101224	✓	Panhandle	Western Community Health Resources	300 Shelton Street	Chadron	NE	69337	$1,795.00	$1,795.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101260	NE101260	✗	Panhandle	Western Community Health Resources	616 Box Butte	Alliance	NE	69301	$283.00	$283.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102187	NE102187	✗	Northeast	Womens Empowering Life Line	200 S 13th Street	Norfolk	NE	68701	$42,770.00	$42,770.00	$42,770.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102201	NE102201	✗	Northeast	Womens Empowering Life Line Inc	1203 8th Street	Norfolk	NE	68701	$2,000.00	$2,000.00	$2,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102204	NE102204	✗	Northeast	Womens Empowering Life Line Inc	306 W Indiana Ave	Norfolk	NE	68701	$14,267.00	$14,267.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100221	NE100221	✗	Northeast	Womens Empowering Life Line Inc	910 W Park Ave	Norfolk	NE	68701	$37,094.00	$37,094.00	$37,094.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100905	NE100905	✓	Southeast	York County Drug Task Force	1417 Kennedy Drive	York	NE	68467-4613	$8,438.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,438.00	$0.00
	NE100637	NE100637	✓	Northeast	Zone Afterschool Program	105 22nd Drive	Norfolk	NE	68701	$26,816.00	$0.00	$0.00	$0.00	$0.00	$0.00	$26,816.00	$0.00
Total										$6,442,939.00	$4,370,617.00	$652,984.00	$0.00	$0.00	$0.00	$2,072,322.00	$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.

[9]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.

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

Footnotes:

1. State Planning Areas defined by geographic entity:
1) Omaha Metro consists of Cass, Dodge, Douglas, Sarpy, and Washington counties.
2) Southeast consists of Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer and York counties.
3) South Central consists of Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster and Wheeler counties.
4) Southwest consists of Arthur, Chase, Dawson, Dundy, Frontier, Grant, Gosper, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow and Thomas counties.
5) Panhandle consists of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan and Sioux counties.
6) Northeast consists of Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston and Wayne counties.

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	$31,213,508.00	
SFY 2024	$28,532,246.00	$29,872,877
SFY 2025	$20,144,700.00	

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		No	X

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: 1/31/2026

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.
Amounts reflected are amounts in state accounting records for expenditures made by SSA for aid program. In addition, the state portion of Medicaid is calculated into MOE. After review with our new fiscal team it was determined that we will need to complete a formal letter requesting material compliance and further explanation for Nebraska. We will be providing a formal letter withing one week of the submission of this report.

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

Footnotes:

We will be providing a formal letter requesting material compliance for the MOE. Thanks

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	$ 753,713.00

Maintenance

Period	A. Total Women's Base	B. Total Expenditures	Expense Type
SFY 2023		$ 2,038,637.38	Actual
SFY 2024		$ 918,287.10	Actual
SFY 2025		$ 796,571.14	(●) 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)): $ 796,571.00;			

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).
To establish the base for specialized services for pregnant women and women with dependent children in FFY92, Nebraska submitted information to the Center for Substance Abuse Treatment (CSAT) detailing the amount the state had expended ($274,044) for services to this specialized population. This amount was determined through an analysis of admission data from programs to determine the percentage of admissions of pregnant women and women with children compared to total admissions in these programs. This percent was then applied to total program expenditures to extrapolate an agreed upon base. Subsequent requirements to utilize five percent of SAPT Block Grant funds for two years (totaling $506,669) brought the continuation base to $753,713 for FFY04 and subsequent years.

In May 2009, the state accounting system (Nebraska Information System, hereafter referred to as NIS) was altered

to establish a method of tracking expenditures for services provided to pregnant women and women with children purchased by the SSA. Under this new method, expenditures reported each month for these services by the Regional Behavioral Health Authorities are directly coded into NIS. Expenditures reported on this table are from the amount recorded in NIS each as paid to regional intermediary and subsequently paid to providers for units of service performed for this population.

In 2018, a new billing system was implemented to track payments at the service level. Information from the billing system is reconciled to the state accounting system to identify any service provided to the target population with funding not originally identified for this population.

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

Footnotes:

1. Reported total expenditures for services provided to pregnant women and women with dependent children includes those services purchased by the SSA and Medicaid for selected WSA Providers.

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**	
	4. Brochures	1
	9. Website (1)	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	3. Community drop-in centers	1
	4. Community service activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
	4. Community team-building	1
Already Using Substances [9]	**1. Information Dissemination**	
	4. Brochures	1
	5. Radio and TV public service announcements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
	5. Accessing services and funding	1
Children of People who Use Substances [1]	**4. Problem Identification and Referral**	
	2. Student Assistance Programs	1
People with Differing Physical Abilities [7]	**5. Community-Based Process**	
	3. Multi-agency coordination and collaboration/coalition	1
Violent and Delinquent Behavior [4]	**2. Education**	
	3. Peer leader/helper programs	1

	4. Education programs for youth groups	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
	5. Accessing services and funding	1
People Who Experience Abuse [8]	**5. Community-Based Process**	
	3. Multi-agency coordination and collaboration/coalition	1
People With Housing Insecurity [10]	**3. Alternatives**	
	4. Community service activities	1
	5. Community-Based Process	
	4. Community team-building	1
Mental Health Problems [5]	**1. Information Dissemination**	
	4. Brochures	2
	5. Radio and TV public service announcements	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
	5. Accessing services and funding	1
All Other Risk Groups	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	2
	3. Media campaigns	5
	4. Brochures	9
	5. Radio and TV public service announcements	6
	6. Speaking engagements	3
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	5
	8. Information lines/Hot lines	2
	9. Movie Theatres (1); Newspaper (1); Social Media (4); Website (1); Billboards (1); Multiple Methods (2); Other (2)	12
	2. Education	
	1. Parenting and family management	6
	2. Ongoing classroom and/or small group sessions	7
	3. Peer leader/helper programs	5
	4. Education programs for youth groups	4
	5. Mentors	5

6. Preschool ATOD prevention programs	1
7. After school programs (1); Online learning modules (1)	2
3. Alternatives	
1. Drug free dances and parties	5
2. Youth/adult leadership activities	4
3. Community drop-in centers	2
4. Community service activities	1
6. Recreation activities	4
4. Problem Identification and Referral	
2. Student Assistance Programs	2
3. Driving while under the influence/driving while intoxicated education programs	1
4. Brief Screening/Intervention (2)	2
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	6
2. Systematic planning	3
3. Multi-agency coordination and collaboration/coalition	4
4. Community team-building	6
5. Accessing services and funding	4
6. Regional/Coalition/Community Meetings (6)	6
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	4
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	5
3. Modifying alcohol and tobacco advertising practices	3
4. Product pricing strategies	1
5. Policy advocacy (2)	2

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

Footnotes:

1. Column B records the number of providers performing each of the activities identified in Column A. Providers are those entities recorded in Table 7-Statewide Entity Inventory as having expended Primary Prevention Set-aside Funds.
2. Table 9 Column A - Strategy 4. Problem Identification and Referral does not include early intervention activities, including any activity designed to determine if a person is in need of treatment.

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	0	0													
2. Free-Standing Residential	0	0													
REHABILITATION/RESIDENTIAL[c]															
3. Hospital Inpatient	1,278	1,278					117.50	91.51	53.19						
4. Short-term (up to 30 days)	3,124	2,962					5,284.92	5,480.93	2,236.36						
5. Long-term (over 30 days)	1,402	1,394					13,846.75	12,445.20	8,793.46						
AMBULATORY (OUTPATIENT)[c]															
6. Outpatient	18,615	18,405					408.79	270.17	595.60						
7. Intensive Outpatient	1,858	1,842					1,209.24	1,142.03	827.41						
8. Withdrawal Management	1,782	1,646					961.91	818.28	490.86						
Medication for Opioid Use Disorder (MOUD) Treatment[c]															
9. Withdrawal Management with Opioid Agonist Medications	1,389	1,384					2,778.12	2,312.89	2,115.97						
10. Continuous MOUD and Other Services in Outpatient Settings	0	0			1	1							4,679.02		

[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)

NA

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

Footnotes:

1. SUPTRS BG Number of Admissions/Number of Persons Served: Individuals included in this table were served in a substance use disorder or dual service funded by the Nebraska DHHS Division of Behavioral Health or in a substance use disorder service funded through Medicaid.
>
2. SABG ARP Number of Admissions/Number of Persons Served: APR funds expended for service provided to a single individual. Given the N=1, not all ARP Costs can be calculated. All other reported expended SABG ARP funds in Table 2 for the reporting period were for primary prevention and other non-treatment activities.

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	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	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**	**0**	**0**	**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	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	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**	**0**	**0**	**0**

	Age 21-24			Age 25-44		
	Female	Male	Not Available[b]	Female	Male	Not Available[b]
1. Peer-to-Peer Support Individual	0	0	0	2	6	0
2. Peer-Led Support Group	0	0	0	2	9	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	6	1	0	77	16	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	2	2	0
Total	**6**	**1**	**0**	**83**	**33**	**0**

	Age 45-64			Age 65-74		
	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	23	38	0	0	3	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]	1	0	0	0	0	0
Total	**24**	**38**	**0**	**0**	**3**	**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	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**	**0**	**0**	**0**

	Total		
	Female	Male	Not Available[b]
1. Peer-to-Peer Support Individual	**2**	**6**	**0**
2. Peer-Led Support Group	**2**	**9**	**0**
3. Peer-Led Training or Peer Certification Activity	**0**	**0**	**0**

4. Recovery Housing	**106**	**58**	**0**
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]	**3**	**2**	**0**
Total	**113**	**75**	**0**
Comments on Data (Age):	Last reported age at time of service was used for reporting.		
Comments on Data (Sex):	Last reported sex at time of service was used for reporting.		
Comments on Data (Overall):	Values reported are for unduplicated persons that received recovery support services through the DHHS Division of Behavioral Health.		

[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	**22**	**30**	**0**	**52**	1	0	0
13-17 years	**267**	**418**	**0**	**685**	30	31	0
18-20 years	**158**	**277**	**0**	**435**	19	18	0
21-24 years	**403**	**548**	**0**	**951**	54	42	0
25-44 years	**3,873**	**5,073**	**7**	**8,953**	322	331	0
45-64 years	**1,416**	**2,454**	**1**	**3,871**	97	130	0
65-74 years	**112**	**202**	**0**	**314**	6	12	0
75+ years	**5**	**19**	**0**	**24**	0	0	0
Not Available	**2**	**7**	**0**	**9**	0	0	0
Total	**6,258**	**9,028**	**8**	**15,294**	**529**	**564**	**0**
Pregnant Women	**190**				27		

Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	1208
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	820

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

(•) Yes ( ) No

Comments on Data (Race and Ethnicity)	Most recently reported race and ethnicity used.
Comments on Data (Sex)	Most recently reported sex used.
Comments on Data (Overall)	Individuals included in this table were served in a substance use disorder or dual service through the Nebraska DHHS Division of Behavioral and state Medicaid during the reporting period.

[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	4	7	0
13-17 years	1	8	0	37	82	0
18-20 years	3	4	0	16	34	0
21-24 years	5	4	0	49	92	0
25-44 years	20	47	0	337	566	0
45-64 years	2	14	0	122	300	0

65-74 years	2	2	0	14	19	0
75+ years	0	1	0	0	3	0
Not Available	0	0	0	1	1	0
Total	**33**	**80**	**0**	**580**	**1,104**	**0**
Pregnant Women	0			19		

[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	11	16	0
13-17 years	0	1	0	143	199	0
18-20 years	1	1	0	84	162	0
21-24 years	3	5	0	235	320	0
25-44 years	17	17	1	2,771	3,461	6
45-64 years	8	7	0	1,055	1,755	1
65-74 years	0	1	0	84	153	0
75+ years	0	0	0	5	13	0
Not Available	0	0	0	0	5	0
Total	**29**	**32**	**1**	**4,388**	**6,084**	**7**
Pregnant Women	1			116		

[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	5	3	0
13-17 years	3	6	0	28	43	0
18-20 years	11	17	0	15	13	0
21-24 years	16	42	0	26	22	0
25-44 years	82	255	0	169	118	0
45-64 years	26	59	0	37	51	0
65-74 years	1	4	0	2	5	0
75+ years	0	2	0	0	0	0
Not Available	0	0	0	0	1	0
Total	**139**	**385**	**0**	**282**	**256**	**0**
Pregnant Women	3			16		

[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	1	4	0	17	22	0
13-17 years	25	48	0	159	255	0
18-20 years	9	28	0	105	169	0
21-24 years	15	21	0	293	382	0
25-44 years	155	278	0	3,122	3,788	6
45-64 years	69	138	0	1,151	1,915	1
65-74 years	3	6	0	90	162	0
75+ years	0	0	0	4	15	0
Not Available	1	0	0	1	5	0
Total	**278**	**523**	**0**	**4,942**	**6,713**	**7**
Pregnant Women	8			141		

[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	5	6	0	0	2	0
13-17 years	78	113	0	30	50	0
18-20 years	39	80	0	14	28	0
21-24 years	84	128	0	26	38	0
25-44 years	456	720	1	295	565	0
45-64 years	100	236	0	165	303	0
65-74 years	6	20	0	16	20	0
75+ years	0	3	0	1	1	0
Not Available	0	1	0	1	1	0
Total	**768**	**1,307**	**1**	**548**	**1,008**	**0**
Pregnant Women	32			17		

[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	**22**	**30**	**0**	**52**
13-17 years	**267**	**418**	**0**	**685**
18-20 years	**158**	**277**	**0**	**435**
21-24 years	**403**	**548**	**0**	**951**
25-44 years	**3,873**	**5,073**	**7**	**8,953**
45-64 years	**1,416**	**2,454**	**1**	**3,871**
65-74 years	**112**	**202**	**0**	**314**
75+ years	**5**	**19**	**0**	**24**
Not Available	**2**	**7**	**0**	**9**
Total	**6,258**	**9,028**	**8**	**15,294**
Pregnant Women	**190**			

[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**	**0**	**0**	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	**0**				0		

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

Yes No

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

[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	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
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	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
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	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
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	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
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

	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	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
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

	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	0	0
Total	0	0	0	0
Pregnant Women	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.

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

Footnotes:

1. Table 11b: During the reporting period, there were no COVID-19 Relief Supplemental funds used for direct services.

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:		

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

Footnotes:

Nebraska is not a 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:

- ☐ 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.
- ☐ 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.

The Nebraska DHHS Division of Behavioral Health (Division) created a self-study power point about Charitable Choice. This power point was distributed to Regional Behavioral Health Authorities (RBHA) under contract with the Division who are responsible for overseeing services in the respective counties in their service area. The RBHAs could either send this power point to each of their contracted providers to review or conduct a presentation of the material at one of their regularly scheduled provider meetings. Each provider was required to sign and submit an attestation to the RBHA that they had reviewed, understood and would abide by the requirements. Training and monitoring of Charitable Choice occurs in a variety of formal and informal ways across the state including quarterly provider meetings; site visits and review of consumer records to ensure consumers have acknowledged receiving information on their rights and offered alternative services; specific announcements, trainings, policies and procedures, or other forms of technical assistance provided to all or specific RHBA subcontractors; and program reviews which specifically addresses Charitable Choice and how provider staff are aware of and ensuring compliance. In addition, the RBHAs and Division monitor the number of individuals who have requested a change in service provider due to this provision on weekly capacity and waitlist documents submitted by providers across the state.

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

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]	183	179
Total number of clients with non-missing values on employment/student status [denominator]	939	939
Percent of clients employed or student (full-time and part-time)	19.5%	19.1%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	1,129
Number of CY 2024 discharges submitted:	1,080
Number of CY 2024 discharges linked to an admission:	966
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	961
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	939

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]	40	75
Total number of clients with non-missing values on employment/student status [denominator]	164	164
Percent of clients employed or student (full-time and part-time)	24.4%	45.7%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	186
Number of CY 2024 discharges submitted:	181
Number of CY 2024 discharges linked to an admission:	171

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	168
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	164

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]	1,450	1,484
Total number of clients with non-missing values on employment/student status [denominator]	3,572	3,572
Percent of clients employed or student (full-time and part-time)	40.6%	41.5%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	4,457
Number of CY 2024 discharges submitted:	4,081
Number of CY 2024 discharges linked to an admission:	4,018
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,899
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,572

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]	141	182
Total number of clients with non-missing values on employment/student status [denominator]	325	325
Percent of clients employed or student (full-time and part-time)	43.4%	56.0%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	369
Number of CY 2024 discharges submitted:	358
Number of CY 2024 discharges linked to an admission:	358

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	346
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	325

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]	592	606
Total number of clients with non-missing values on living arrangements [denominator]	895	895
Percent of clients in stable living situation	66.1%	67.7%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		1,129
Number of CY 2024 discharges submitted:		1,080
Number of CY 2024 discharges linked to an admission:		966
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		961
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		895

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]	132	140
Total number of clients with non-missing values on living arrangements [denominator]	154	154
Percent of clients in stable living situation	85.7%	90.9%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		186
Number of CY 2024 discharges submitted:		181
Number of CY 2024 discharges linked to an admission:		171
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		168

Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	154

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]	2,991	2,994
Total number of clients with non-missing values on living arrangements [denominator]	3,429	3,429
Percent of clients in stable living situation	87.2%	87.3%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	4,457
Number of CY 2024 discharges submitted:	4,081
Number of CY 2024 discharges linked to an admission:	4,018
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,899
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,429

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]	277	273
Total number of clients with non-missing values on living arrangements [denominator]	285	285
Percent of clients in stable living situation	97.2%	95.8%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	369
Number of CY 2024 discharges submitted:	358
Number of CY 2024 discharges linked to an admission:	358
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	346
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	285

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 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]	851	857
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	965	965
Percent of clients without arrests	88.2%	88.8%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	1,129
Number of CY 2024 discharges submitted:	1,080
Number of CY 2024 discharges linked to an admission:	966
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	965
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	965

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]	158	162
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	169	169
Percent of clients without arrests	93.5%	95.9%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	186
Number of CY 2024 discharges submitted:	181
Number of CY 2024 discharges linked to an admission:	171

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	169
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	169

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]	3,181	3,207
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,758	3,758
Percent of clients without arrests	84.6%	85.3%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	4,457
Number of CY 2024 discharges submitted:	4,081
Number of CY 2024 discharges linked to an admission:	4,018
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,957
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,758

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]	325	331
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	355	355
Percent of clients without arrests	91.5%	93.2%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	369
Number of CY 2024 discharges submitted:	358
Number of CY 2024 discharges linked to an admission:	358

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	355
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	355

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]	422	647
All clients with non-missing values on at least one substance/frequency of use [denominator]	889	889
Percent of clients abstinent from alcohol	47.5%	72.8%

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]		251
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	467	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		53.7%

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]		396
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	422	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.8%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	1,129
Number of CY 2024 discharges submitted:	1,080
Number of CY 2024 discharges linked to an admission:	966
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	965
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	889

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

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]	114	116
All clients with non-missing values on at least one substance/frequency of use [denominator]	165	165
Percent of clients abstinent from alcohol	69.1%	70.3%

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]		31
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	51	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		60.8%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		85
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	114	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		74.6%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	186
Number of CY 2024 discharges submitted:	181
Number of CY 2024 discharges linked to an admission:	171
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	169
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	165

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

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]	2,334	2,821
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,336	3,336
Percent of clients abstinent from alcohol	70.0%	84.6%

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]		736
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,002	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		73.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,085
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,334	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		89.3%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	4,457
Number of CY 2024 discharges submitted:	4,081
Number of CY 2024 discharges linked to an admission:	4,018
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,957
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,336

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]	232	275
All clients with non-missing values on at least one substance/frequency of use [denominator]	342	342
Percent of clients abstinent from alcohol	67.8%	80.4%

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]		75
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	110	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		68.2%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		200
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	232	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		86.2%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	369
Number of CY 2024 discharges submitted:	358
Number of CY 2024 discharges linked to an admission:	358
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	355
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	342

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]	385	515
All clients with non-missing values on at least one substance/frequency of use [denominator]	889	889
Percent of clients abstinent from drugs	43.3%	57.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		190
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	504	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		37.7%

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]		325
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	385	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		84.4%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	1,129
Number of CY 2024 discharges submitted:	1,080
Number of CY 2024 discharges linked to an admission:	966
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	965
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	889

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

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]	116	100
All clients with non-missing values on at least one substance/frequency of use [denominator]	165	165
Percent of clients abstinent from drugs	70.3%	60.6%

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]		21
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	49	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		42.9%

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]		79
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	116	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		68.1%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	186
Number of CY 2024 discharges submitted:	181
Number of CY 2024 discharges linked to an admission:	171
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	169
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	165

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

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]	2,253	2,265
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,336	3,336
Percent of clients abstinent from drugs	67.5%	67.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		514
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,083	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		47.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,751
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,253	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		77.7%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	4,457
Number of CY 2024 discharges submitted:	4,081
Number of CY 2024 discharges linked to an admission:	4,018
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,957
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,336

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]	251	212
All clients with non-missing values on at least one substance/frequency of use [denominator]	342	342
Percent of clients abstinent from drugs	73.4%	62.0%

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]		38
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	91	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		41.8%

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]		174
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	251	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		69.3%

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	369
Number of CY 2024 discharges submitted:	358
Number of CY 2024 discharges linked to an admission:	358
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	355
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	342

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]	401	504
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	916	916
Percent of clients participating in self-help groups	43.8%	55.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	11.2%	
Notes (for this level of care):		
Number of CY 2024 admissions submitted:	1,129	
Number of CY 2024 discharges submitted:	1,080	
Number of CY 2024 discharges linked to an admission:	966	
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	965	
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	916	

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]	94	117
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	154	154
Percent of clients participating in self-help groups	61.0%	76.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	14.9%	
Notes (for this level of care):		
Number of CY 2024 admissions submitted:	186	
Number of CY 2024 discharges submitted:	181	

Number of CY 2024 discharges linked to an admission:	171
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	169
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	154

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]	1,468	1,474
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,486	3,486
Percent of clients participating in self-help groups	42.1%	42.3%
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]	0.2%	

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	4,457
Number of CY 2024 discharges submitted:	4,081
Number of CY 2024 discharges linked to an admission:	4,018
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,957
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,486

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]	161	165
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	325	325
Percent of clients participating in self-help groups	49.5%	50.8%
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]	1.2%	

Notes (for this level of care):	
Number of CY 2024 admissions submitted:	369

Number of CY 2024 discharges submitted:	358
Number of CY 2024 discharges linked to an admission:	358
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	355
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	325

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 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	0	0	0	0
2. Free-Standing Residential	4	1	3	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	15	3	7	28
5. Long-term (over 30 days)	92	27	79	159
AMBULATORY (OUTPATIENT)				
6. Outpatient	82	1	10	97
7. Intensive Outpatient	78	37	61	80
8. Withdrawal Management	0	0	0	0
Medication for Opioid Use Disorder (MOUD) Treatment				
9. Withdrawal Management with Opioid Agonist Medications	151	42	86	177
10. Continuous MOUD and Other Services in Outpatient Settings	364	103	362	552

Level of Care	2024 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
Withdrawal Management (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	572	489
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	1080	966

5. Long-term (over 30 days)	181	171
AMBULATORY (OUTPATIENT)		
6. Outpatient	4081	3960
7. Intensive Outpatient	358	358
8. Withdrawal Management	43	0
Medication for Opioid Use Disorder (MOUD) Treatment		
9. Withdrawal Management with Opioid Agonist Medications	0	41
10. Continuous MOUD and Other Services in Outpatient Settings	0	58

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 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

Footnotes:

E: Performance Data and Outcomes

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		

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

Footnotes:

E: Performance Data and Outcomes

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

Footnotes:

E: Performance Data and Outcomes

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		

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

Footnotes:

E: Performance Data and Outcomes

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

Footnotes:

E: Performance Data and Outcomes

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		

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

Footnotes:

E: Performance Data and Outcomes

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		

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

Footnotes:

E: Performance Data and Outcomes

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

Footnotes:

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

Footnotes:

E: Performance Data and Outcomes

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

Footnotes:

E: Performance Data and Outcomes

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 Division of Behavioral Health utilizes an on-line web database called the Nebraska Prevention Information Reporting System (NPIRS). All activities funded through the Division of Behavioral Health (as SSA) must be entered into this reporting system.

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.

NPIRS maintains the race of individuals by using racial categories. More than one race can be selected and is reported as "More Than One Race." These counts are not duplicated among the specific racial categories.

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

Footnotes:

E: Performance Data and Outcomes

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	**25,373**	**39,604,958**
0-5	1,500	2,628,235
6-12	6,578	3,867,420
13-17	9,881	2,777,334
18-20	1,587	1,690,793
21-24	1,127	2,159,705
25-44	2,326	10,610,243
45-64	1,586	9,432,745
65-74	0	3,491,913
75+	486	2,946,570
Age Not Available[a]	302	0
B. Sex	**25,373**	**39,604,958**
Male	9,110	19,819,756
Female	10,855	19,785,202
Sex Not Available	5,408	0
C. Ethnicity	**25,373**	**39,604,958**
Hispanic or Latino	1,935	5,054,505
Not Hispanic or Latino	15,255	34,550,453
Ethnicity Not Available	8,183	0
D. Race	**25,373**	**39,604,958**
White	14,996	31,770,673
Black or African American	745	2,329,435
Native Hawaiian/Other Pacific Islander	27	29,922
Asian	304	1,036,563
American Indian/Alaska Native	534	359,743
More Than One Race	1,005	2,621,451

Some other Race	828	1,457,171
Race Not Available	6,934	0

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

Footnotes:

1. Individual-based Programs and Strategies counts are duplicated. For example, a young person may attend a high school presentation on substance use disorder one day and attend a health fair the next. This individual would be reported twice.
2. Population-based programs and Strategies report non deduplicated estimates of people served. There were many more universal indirect activities in CY23 than in previous calendar years, coalitions were still reconnecting with their main partners.

E: Performance Data and Outcomes

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	22,741	N/A
2. Universal Indirect	N/A	$39,604,958.00
3. Selective	1,239	N/A
4. Indicated	1,393	N/A
5. Total	**25,373**	**$39,604,958.00**

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

Footnotes:

1. Individual-based Programs and Strategies counts are duplicated. For example, a young person may attend a high school presentation on substance use disorder one day and attend a health fair the next. This individual would be reported twice.
2. Population-based programs and Strategies report non deduplicated estimates of people served. There were many more universal indirect activities in CY23 than in previous calendar years, coalitions were still reconnecting with their main partners.

E: Performance Data and Outcomes

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.

Nebraska determines if a program should be identified as an evidence-based practice (EBP) in the following manner: When an organization funded by DBH wishes to implement a program that has not been included on the Nebraska Prevention Information Reporting System (NPIRS) Activity Matrix they complete a Request for Approval form, which is sent to the prevention team at DBH. This form asks for information about the program, including if the requester believes it is an evidence-based practice. If they do, they are asked how they know it is evidence-based and are prompted to select from the following options: Inclusion in a Federal registry of evidence-based interventions, Found to be effective (on the primary targeted outcome) in a published, scientific journal, Supported by documentation of effective implementation multiple times in the past (showing consistent pattern of positive effects), Appeared on a list of recommended evidence-based programs, policies, and practices provided by a State, tribal entity, or jurisdiction, or Reviewed by a panel of informed experts including qualified prevention researchers, local prevention practitioners, and key community leaders (e.g., law enforcement and education representatives, elders within indigenous cultures). The requester then provides a list of sources of the evidence. The sources are reviewed by the state prevention staff to ensure that the program has shown outcomes, what those outcomes are related to, and with what populations. If DBH prevention team approve the request, approval is sent to the requester and the program is added to the NPIRS Activity Matrix as an EBP and is coded in the NPIRS system as such.

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

The Division of Behavioral Health utilizes an on-line web application referred to as the Nebraska Prevention Information Reporting System(NPIRS).

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	258	148	406	191	94	691
2. Total number of Programs and Strategies Funded	456	264	720	196	106	1,022
3. Percent of Evidence-Based Programs and Strategies	56.58%	56.06%	56.39%	97.45%	88.68%	67.61%

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

Footnotes:

E: Performance Data and Outcomes

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 # 431	$371,037.00
Universal Indirect	Total # 273	$555,513.00
Selective	Total # 325	$161,651.00
Indicated	Total # 206	$20,450.00
Unspecified	Total # 0	$0.00
	Total EBPs: 1,235	Total Dollars Spent: $1,108,651.00

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

Footnotes:

E: Performance Data and Outcomes

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: