Nebraska

UNIFORM APPLICATION
FY 2027 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028
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Center for Substance Abuse Prevention
Division of Primary Prevention

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

NOT FINAL

A: State Information

State Information

I. State Agency for the Block Grant

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III. Expenditure Period

State Expenditure Period

From	7/1/2025
To	6/30/2026

Block Grant Expenditure Period

From	10/1/2023
To	9/30/2025

IV. Date Submitted

Submission Date	
Revision Date	

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NOT FINAL

Footnotes:

NOT FINAL

B: Annual Update

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

Priority #: 1

Priority Area: Increase Use of Evidence-based Strategies

Priority Type: SUP

Population(s): PP

Goal of the priority area:

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

Objective:

Increase percentage of evidence-based strategies used in Block Grant funded activities. Each region is tasked with increasing the use of evidence-based strategies for persons in need of primary prevention.

Strategies to attain the goal:

Strategies to Increase the Use of EBPs 1. Build Provider Capacity Through Training • Develop and implement a statewide EBP training plan for prevention providers. • Offer certified training on approved EBPs (e.g., LifeSkills Training, Strengthening Families, Botvin). • Create tiered learning paths (basic → intermediate → advanced) to improve workforce competency. 2. Strengthen Fidelity and Quality Assurance • Implement fidelity checklists, coaching, and regular site visits. • Use standardized monitoring tools to ensure programs are delivered as designed. • Provide technical assistance to strengthen adherence and reduce implementation drift. 3. Establish Clear EBP Selection and Approval Processes • Create or update a state-approved list of EBPs eligible for block-grant funding. • Develop guidance to help communities select EBPs based on local data and readiness. • Require providers to justify program selection and describe expected outcomes. 4. Support Implementation with Technical Assistance (TA) • Offer statewide or regional TA to support rollout and sustainability of EBPs. • Provide specialized TA for data collection, fidelity monitoring, and implementation barriers. • Use "implementation coaches" to work one-on-one with new programs. 5. Enhance Data Systems to Track EBP Use • Integrate EBP reporting fields into block-grant reporting systems. • Track implementation quality, reach, dosage, and outcomes. • Use data dashboards to give providers real-time feedback. 6. Incentivize the Adoption of EBPs • Allocate a percentage of block-grant funds that must be used for EBPs. • Offer mini-grants or competitive funding for communities adopting new EBPs. • Provide financial incentives for demonstrating high fidelity. 7. Strengthen Partnerships and Collaboration • Partner with schools, coalitions, and community-based organizations to expand EBP reach. • Promote cross-sector collaborations with public health, mental health, and youth-serving agencies. • Create communities of practice to share lessons and success stories. 8. Increase Communication and Awareness • Develop EBP toolkits, implementation guides, and communication materials. • Share success stories and evidence demonstrating EBP effectiveness. • Host webinars, regional meetings, or learning collaboratives focused on EBPs. 9. Use Local Assessment & Needs Data to Drive EBP Selection • Provide templates and guidance for conducting needs assessments. • Require providers to select EBPs that align with local risk and protective factors. • Use data to prioritize populations with the highest prevention needs. 10. Build Long-Term Sustainability • Build EBP costs into multi-year block-grant planning cycles. • Support providers in braiding and blending additional funding sources. • Develop sustainability plans for programs that show strong outcomes.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of evidence-based strategies used in Block Grant funded activities /programs

Baseline Measurement: 48.5%

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

NOT FINAL

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 and system agility.

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:
The percentage of Block Grant funded Primary Prevention practices using evidence-based strategies in FFY2026 was 41.9%, not achieving the target of 55%. The DBH Prevention program continues to work with state procurement on contract issues and the prevention system workforce to address capacity, communication, and engagement issues to improve planning and programming of prevention activities.

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

Priority #: 2

Priority Area: Alcohol Use among Youth and Young Adults

Priority Type: SUP

Population(s): PP

Goal of the priority area:

Reduce harmful alcohol use among youth and young adults.

Objective:

Increase awareness of the health and safety consequences of binge drinking among youth and young adults, ages 18-24.

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. Strategies • Education & Awareness • Launch social media and community campaigns highlighting the risks of binge drinking and promoting healthy alternatives. • Engage influencers, such as youth ambassadors, and peer educators to deliver prevention messages.

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: 24.7%

First-year target/outcome measurement: 26%

Second-year target/outcome measurement: 26%

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 methodological assistance provided by the Centers for Disease Control Prevention (CDC). States use a standardized core

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questionnaire, optional modules, and state-added questions to ask variety important health-topics. The BRFSS is administered annually to non-institutionalized adults 18 years and older. Nebraska Department Health Human Services DHHS) Division Public DPH) contracts with the University of Nebraska-Lincoln, Bureau Sociological Research BOSR) to manage 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 results through coordination with DPH CDC. The survey is based on self-report. Additionally, there is typically a two-year lag for public release of this CDC data, which impacts trend assessment, outcomes/impact of program activities, and planning of targets.

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 2025 Behavioral Rick Factor Surveillance Survey (BRFSS) data the percentage of young adults who reported binge drinking (having more than five drinks for males and more than four drinks for females on one occasion) was 26.5%, not meeting First-Year Target of 26%. However, the indicator measure is the BRFSS for which published results have a two year lag. The Division of Behavioral Health has implemented the same indicator measure in a state sponsored annual survey and that data is being reviewed for consideration as an alternative indicator measure in future block grant applications. This is a critical area of focus as the state has consistently seen Alcohol as the number one substance use self-reported at admission to DBH funded services.

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

Priority #: 3

Priority Area: Consumers in Stable Living Arrangements at Discharge

Priority Type: SUT, SUR, MHS

Population(s): SMI, SED, PWWDC, PWID, PRSUD

Goal of the priority area:

Increase the number of individuals in stable living arrangements at discharge from DBH funded services.

Objective:

To reduce the percentage of consumers who are discharged as homeless or homeless shelter, thereby increasing the percentage discharged into stable living arrangements by drawing attention to the focus and wrapping additional community support services where appropriate for individuals at risk of homelessness.

Strategies to attain the goal:

• Increase system and community-level planning efforts to focus on targeted resources for priority populations. • Regions provide community-based wrap -round services where appropriate to help consumers have permanent and stable housing. • Collaborate with providers and community partners to understand local housing experiences and needs and to help support response efforts. • Increase the attention and focus on the priority area at monthly meetings with the Regional Behavioral Health Authority (RBHA) partners and service providers.

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 select DBH-funded services

Baseline Measurement: 82%

First-year target/outcome measurement: 83%

Second-year target/outcome measurement: 85%

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

Data Source:

NOT FINAL

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

New Data Source*(if needed)*:

Description of Data:

Providers enter consumer level demographic and service specific information for consumers MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS warehouses data entered so that such data can be analyzed at any time. For identified priority population consumers admitted into service in FY25, their living arrangement is collected at admission and relevant changes are attested to throughout their episode of care. Status at the end of the Fiscal Year is noted for this measure.

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. Individuals reporting this data point may not wish to disclose whether they are or are at risk of experiencing homelessness.

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:
The First-Year outcome measure 81.5% of the number of consumers in stable living arrangements at discharge from residential service did not meet the First-Year target of 83%. 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 and attention is drawn to this measure on a regular basis with RBHAs and providers. External circumstances experienced by consumers with regards to housing likely contributed to this decrease of 0.5 percentage points below baseline and not achieving the target (-1.5 percentage points).

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

Priority #: 4

Priority Area: Consumer Employment

Priority Type: SUT, SUR, MHS

Population(s): SMI, SED, PWWDC, PWID, PRSUD

Goal of the priority area:

To improve functionality and work-life responsibilities among consumers of Behavioral Health services who are classified as in the Labor Market.

Objective:

Reduce the percentage of consumers who are discharged as “unemployed” by having Regions provide additional services as appropriate to help consumers classified as being in the Labor Market gain or maintain employment.

Strategies to attain the goal:

• Increase provider awareness of meaningful employment for those consumers who are classified as being in the Labor Market (employed part time, full time, or unemployed but are looking for a job). • Collaborate with providers and community partners to understand local employment opportunities and needs to help support response efforts. • Increase the attention and focus on the priority area at monthly meetings with the Regional Behavioral Health Authority (RBHA) partners and service providers.

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 select DBH-funded services

Baseline Measurement: 63%

First-year target/outcome measurement: 63%

Second-year target/outcome measurement: 65%

NOT FINAL

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:

Providers enter consumer level demographic and service specific information for consumers MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders. CDS warehouses the data entered so that it can be analyzed at any time. For identified priority population consumers admitted into service in FY25, employment status is collected at admission and relevant changes are attested to throughout their episode of care.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Individuals reporting this data point may not wish to employment status and thus would be excluded from calculation. The CDS access reporting function is monitored for completeness and accuracy on a regular basis. Individuals who only access crisis, emergency, or inpatient services are not included in the analyses. 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)*:
Continued state support for consumers to sustain and acquire competitive employment achieved a statewide First-Year outcome measure of 66.7% of the percentage of consumers in the labor market who are employed at discharge from any DBH funded service.

Priority #: 5

Priority Area: Timely access to Residential Substance Use Services for PWID

Priority Type: SUT

Population(s): PWID

Goal of the priority area:

Timely access to SUD residential services for persons who inject drugs

Objective:

To reduce the time waiting (confirmation on waitlist to admission) for PWID seeking SUD residential treatment services thereby increasing rates of treatment among individuals with SUD.

Strategies to attain the goal:

• Monitor access data a regular basis. • Additionally, the issue of timely access for priority populations is addressed during Super User Calls and attention drawn directly with the Regional Behavioral Health Authority (RBHA) partners and service providers when there are notable changes or anomalies.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Time waiting to be admitted into Residential Treatment Services for PWID (CDS-identified) within the given Fiscal Year.

Baseline Measurement: 5 Days

First-year target/outcome measurement: 5 Days (maintain)

Second-year target/outcome measurement: 4 Days

NOT FINAL

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 waitlist confirmation and admission data from CDS. Providers enter consumer level demographic and service specific information for consumers MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS warehouses data entered so that such data can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Timely data input by providers to create encounters and waitlist entry is essential for the algorithm to alert Region partners and providers about priority populations. Additional training in classification and waitlisting of priority population. Preadmission documentation starts for persons incarcerated or in jails prior to release, and changes to release date could impact service availability.

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:
The state did not achieve the statewide First-Year outcome measure. This is a new target measure and in the first year Nebraska averaged 6.8 days for persons reported as injecting drugs (PWID) admitted into a SUD residential services, not achieving the First-Year target of 5 days. A deeper dive into data illuminated trends and non-compliance which were shared in CDS-EBS Super User Calls; Observed improvement = 8 days to 6.8 days (this data reflects a small targeted group and outliers impact overall averages); CDS Engagement Visit encouraged discussions on waitlist practices and retraining of staff on this matter and data accuracy in CDS and illuminated opportunities for training, especially with providers experiencing workforce turnover, change in EHRs, and for explicit distinctions between Referral dates and Waitlist Confirmation dates, e.g., for persons in jail or corrections facilities at time of referral.

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

Priority #: 6

Priority Area: First Episode Psychosis/Coordinated Specialty Care

Priority Type: MHS

Population(s): SED, ESMI

Goal of the priority area:

To increase number of persons served in Coordinated Specialty Care service among those who have experienced a first episode of psychosis

Objective:

To improve the system capacity and awareness of Coordinated Specialty Care service for voluntary self-entry and referral into the service. To ensure that consumers are being provided with appropriate levels of behavioral health services after experiencing their 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, fidelity to the Coordinated Specialty Care model, and increasing community awareness of available FEP services.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals served CSC/FEP programs

Baseline Measurement: 25

NOT FINAL

First-year target/outcome measurement: 25

Second-year target/outcome measurement: 25

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:

Providers enter consumer level demographic and service specific information for consumers receiving DBH funded services, either directly or through regional contracts. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders. CDS warehouses 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:

Computation of the data in this measure is based on number of persons served in the SFY. Participation in the service is voluntary and responsive to experience of first episode of psychosis.

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:
The First-Year outcome measure of 24 consumers served in CSC/FEP programs did not meet the First-Year target of 25. DBH has implemented activities to strengthen training of provider teams, promote fidelity to the evidence-based practice, and engagement of participants. However, this number will potentially be further impractical in the second year by measures put in place in the system for the key providers that became a CCBHC. This is currently a braided service and the system change excludes consumers who are Medicaid members. Further assessment of this measure and the system components are continuing.

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

Priority #: 7

Priority Area: Tuberculosis

Priority Type: SUT

Population(s): TB

Goal of the priority area:

All persons seeking substance use treatment are screened for TB and appropriately referred as needed.

Objective:

To decrease the rates of infectious disease transmission via screening and referral for additional services when appropriate (with TB or at-risk of TB).

Strategies to attain the goal:

• DBH has contractual agreement with all the Regional Behavioral Health Authorities (RBHA) to ascertain that individuals who are seeking admission to Substance Use Treatment services are screened for TB. • As per contract, when screening deems it appropriate, consumers are referred to relevant services. • DBH conducts fidelity audits to ascertain compliance for implementation of contractual TB screening.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Maintain the contract requirement with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service. Tuberculosis screening provided to all persons entering a substance abuse treatment service.

Baseline Measurement: 100% contract compliance

NOT FINAL

First-year target/outcome measurement: 100% contract compliance

Second-year target/outcome measurement: 100% contract compliance

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 Regional Behavior Health Authorities to ensure that all persons admitted to an SUD service are screened for TB.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

RBHAs directly manage contracts with the providers.

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.

Priority #: 8

Priority Area: 988 Crisis Calls and Mobile Crisis Response Dashboards

Priority Type: SUR

Population(s): BHCS, PRSUD

Goal of the priority area:

To have regularly updated resources that are accessible pertinent to 988 Suicide and Crisis Lifeline and DBH Crisis response service

Objective:

• To maintain a public facing dashboard with 988 crisis call/text/chat volume accessible for region partners and public interest. • To maintain an internal dashboard with more sensitive data exclusively for internal review and reporting.

Strategies to attain the goal:

• To increase awareness of 988 as a crisis resource. • To increase awareness of the location of the public-facing dashboard is shared in monthly and quarterly meetings. • The internal dashboard is used to create reports (as needed) that are aggregated to be following HIPAA 20,000 rule and best practices for sharing small N data.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: a. Maintain the public-facing 988 call/text/chat volume dashboard b. Maintain the internal Mobile Crisis Response dashboard

Baseline Measurement: An external dashboard is operational for data on 988 call/text/chat volume and modality. An internal Mobile Crisis response dashboard is operational

First-year target/outcome measurement: Maintain and update the dashboards as needed

Second-year target/outcome measurement: Maintain and update the dashboards as needed

NOT FINAL

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

Data Source:

Boystown Call Center and CDS.

New Data Source*(if needed)*:

Description of Data:

The external dashboard data are collected and provided by Boystown regarding Nebraska's 988 calls/text/chat volume and Mobile Crisis Response activation metrics. For the internal dashboard, data are extracted from the CDS for which referral source is a key component for Mobile Crisis Response (activation) and information collected in the MCR Follow-up Questionnaire.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Adherence to HIPAA 20,000 rule and best practices for sharing small N data, limits sharing of certain data associated with internal dashboard for Mobile Crisis Response.

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

Priority #: 9

Priority Area: Access for PWWDC to Substance Use Disorder Services

Priority Type: SUT

Population(s): PWWDC

Goal of the priority area:

Timely access to OTP services among women who have responsibilities of caring for vulnerable children/fetus.

Objective:

To continue to reduce the time waiting (confirmation on waitlist to admission) for PWWDC seeking opioid treatment services thereby increasing rate of treatment among these individuals with SUD.

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 OTP to determine if additional service locations are necessary to meet the needs of priority populations seeking treatment. • Algorithms within the CDS also alert regional partners and providers when a priority population individual is put on a waitlist for opioid treatment.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Priority PWWDC, identified in CDS, seeking Opioid Treatment Services time on the waitlist is less than a week (within 48 hours for pregnant women).

Baseline Measurement: 7 Days

First-year target/outcome measurement: 6 Days

Second-year target/outcome measurement: 3 Days

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

NOT FINAL

Data Source:

Nebraska DHHS Division of Behavioral Heath Centralized Data System (CDS). Data are analyzed for priority women (pregnant and/or with dependent children) who are admitted to Opioid Treatment Program in the given Fiscal Year,

New Data Source*(if needed)*:

Description of Data:

Providers input consumer level demographic and service specific information for all consumers including waitlist confirmation dates into the CDS. The CDS warehouses data entered so that such data can be analyzed at any time. CDS algorithms include an alert to contract manager and provider regarding compliance for priority populations on waitlist, and status for interim services to pregnant women seeking SU Disorder services.

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. • Accurate pregnancy status is not always shared by the consumer. • External factors sometimes impact women's timely acceptance for service.

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 achieved the First-Year target of 6 days for timely access to OTP services among women who have responsibilities of caring for vulnerable children/fetus. (Waitlisted max 3 days; if pregnant max 48 hours.) Nebraska's OTP providers make a concerted effort to expand their capacity as needed to be able to get this population within service expeditiously.

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Footnotes:

NOT FINAL

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: 7/1/2025 Expenditure Period End Date: 6/30/2026

Activity	A. SUPTRS BG	B. MHBG	C. Medicaid (Federal, State, and Local)	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	$4,319,974.75		$48,780,144.42	$3,481,727.15	$14,782,328.27	$0.00	$0.00		$0.00
a. Pregnant Women and Women with Dependent Children (PWWDC)[d]	$540,450.20		$465,063.78	$0.00	$70,259.74	$0.00	$0.00		$0.00
b. All Other	$3,779,524.55		$48,315,080.64	$3,481,727.15	$14,712,068.53	$0.00	$0.00		$0.00
2. Recovery Support Services[e]	$270,662.29		$0.00	$0.00	$1,355,171.74	$0.00	$0.00		$0.00
3. Substance Use Primary Prevention[f]	$2,584,216.90		$0.00	$1,103,811.36	$247,149.82	$0.00	$0.00		($2,485.19)
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
5. Tuberculosis Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00		$0.00
6. Other Capacity Building/Systems Development Activities	$767,138.00		$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]	$222,382.88		$0.00	$515,049.83	$0.00	$0.00	$0.00		$0.00
13. Total	**$8,164,374.82**	**$0.00**	**$48,780,144.42**	**$5,100,588.34**	**$16,384,649.83**	**$0.00**	**$0.00**	**$0.00**	**($2,485.19)**

Please indicate the expenditures are actual or estimated.

(•) Actual ( ) Estimated

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

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

[c] Prevention other than primary prevention.

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

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

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

NOT FINAL

[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 allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

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

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

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Footnotes:

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C: Expenditure Reports

Table 3c - Risk Reduction Activities & Expenditures

Effective April 24, 2026, grantees were notified in a SAMHSA Dear Colleague Letter of updated guidance on supplies and services that cannot be supported with SAMHSA funds. In reporting expenditures of SUPTRS BG funds for the activities listed in the Table 3c during SFY 2026, the state should place in the Footnotes an acknowledgement of the receipt and understanding of the updated guidance, and an acknowledgement that the state did not utilize SUPTRS BG funds for purchases or activities prohibited effective April 24, 2026.

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: 07/01/2025 Expenditure Period End Date: 06/30/2026

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]
Emergent Devices Inc	401 Plymouth Road, Suite 400	No	3648	3648	0	0	0	$120,384.00		$0.00
Total			3648	3648	0	0	0	$120,384.00		$0.00

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

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

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

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

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1. Nebraska acknowledges the April 24, 2026 SAMHSA Dear Colleague Letter of updated guidance on supplies and services that cannot be supported with SAMHSA funds: 1) Acknowledgement of the receipt and understanding of the updated guidance, and (2) Acknowledgement that the state did not utilize SUPTRS BG funds for purchases or activities prohibited effective April 24, 2026.
>
2. The Number of Overdoes Reversals is not available.

NOT FINAL

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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: 10/1/2023 Expenditure Period End Date: 9/30/2025

Expenditure Category	FFY SUPTRS BG Award
1. Substance Use Disorder Prevention[a] and Treatment	$5,159,515.84
2. Recovery Support Services[b]	$32,023.69
3. Primary Prevention of Substance Use[c]	$2,026,471.47
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]	$833,996.72
7. Administration[f]	$321,376.62
8. Total[g]	**$8,373,384.34**

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

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

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

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

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

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

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

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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 2024 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: 10/1/2023 Expenditure Period End Date: 9/30/2025

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							
Information Dissemination	Indicated	$24,506.00						
Information Dissemination	Universal	$189,362.00						
Information Dissemination	Unspecified							
Information Dissemination	**Total**	**$213,868.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$146,835.00						
Education	Indicated	$12,805.00						
Education	Universal	$413,485.00						
Education	Unspecified							
Education	**Total**	**$573,125.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective	$25,380.00						
Alternatives	Indicated							
Alternatives	Universal	$7,645.00						
Alternatives	Unspecified							
Alternatives	**Total**	**$33,025.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$11,215.00						
Problem Identification and Referral	Indicated	$146,775.00						
Problem Identification and Referral	Universal	$10,323.00						
Problem Identification and Referral	Unspecified							

NOT FINAL

Problem Identification and Referral	**Total**	**$168,313.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Community-Based Process	Selective							
Community-Based Process	Indicated							
Community-Based Process	Universal	$448,155.00						
Community-Based Process	Unspecified							
Community-Based Process	**Total**	**$448,155.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective							
Environmental	Indicated							
Environmental	Universal	$565,413.00						
Environmental	Unspecified							
Environmental	**Total**	**$565,413.00**	**$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	$24,572.00						
Section 1926 (Synar)-Tobacco	**Total**	**$24,572.00**	**$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	**$2,026,471.00**						

[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.

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Footnotes:

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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: 10/1/2023 Expenditure Period End Date: 9/30/2025

Strategy	A. SUPTRS BG Award	B. COVID-19[a]	C. ARP[b]
Universal Direct	$445,310	$0	$0
Universal Indirect	$1,213,645	$0	$0
Selective	$207,936	$0	$0
Indicated	$159,580	$0	$0
Column Total	**$2,026,471**	**$0**	**$0**
Total SUPTRS BG Award[c]	**8373384.00**		
Primary Prevention Expenditure Percentage[d]	**24.20%**		

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

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

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

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

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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 2024 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: 10/1/2023 Expenditure Period End Date: 9/30/2025

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	☐	☐	☐

NOT FINAL

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

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

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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: 10/01/2023 Expenditure Period End Date: 09/30/2025

Activity	A. SUPTRS BG Prevention[a] & Treatment	B. SUPTRS BG Recovery Support Services[b]	C. SUPTRS BG Primary Prevention[c]
1. Information Systems	$0	$0	$0
a. Single State Agency (SSA)	$0	$0	$0
b. All other subrecipient contracts	$0	$0	$0
2. Infrastructure Support	$100,000	$0	$0
a. Single State Agency (SSA)	$0	$0	$0
b. All other subrecipient contracts	$100,000	$0	$0
3. Partnerships, community outreach, and needs assessment	$0	$0	$79,681
a. Single State Agency (SSA)	$0	$0	$0
b. All other subrecipient contracts	$0	$0	$79,681
4. Planning Council Activities	$0	$0	$0
a. Single State Agency (SSA)	$0	$0	$0
b. All other subrecipient contracts	$0	$0	$0
5. Quality Assurance and Improvement	$0	$0	$79,682
a. Single State Agency (SSA)	$0	$0	$0
b. All other subrecipient contracts	$0	$0	$79,682
6. Research and Evaluation	$0	$0	$441,190
a. Single State Agency (SSA)	$0	$0	$0
b. All other subrecipient contracts	$0	$0	$441,190
7. Training and Education	$81,959	$0	$51,485
a. Single State Agency (SSA)	$0	$0	$0
b. All other subrecipient contracts	$81,959	$0	$51,485
8. Total[d]	**$181,959**	**$0**	**$652,038**

[a]Other than primary prevention.

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

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

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

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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: 10/01/2023 Expenditure Period End Date: 09/30/2025

										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]
	X	X	✗	Omaha Metro	American Lung Association - Omaha	11225 Davenport Street, Ste 101	Omaha	NE	68154	$5,491.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5,491.00	$0.00
	NE100496]	NE100496	✓	Omaha Metro	ARCH Inc	1502 North 58th Street	Omaha	NE	68104	$138,707.00	$138,707.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE750441	NE750441	✓	Omaha Metro	ARCH Inc	604 South 37th Street	Omaha	NE	68105	$296,074.00	$296,074.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	Northeast	Area Substance Abuse Prevention	422 East Douglas Street	ONeill	NE	68763	$63,249.00	$0.00	$0.00	$0.00	$0.00	$0.00	$63,249.00	$0.00
	X	X	✗	South Central	Area Substance and Alcohol Abuse Prevention	835 South Burlington Suite 114	Hastings	NE	68901	$82,347.00	$0.00	$0.00	$0.00	$0.00	$0.00	$82,347.00	$0.00
	NE100836	NE100836	✓	Southeast	Associates in Counseling and Treatment	5600 P Street	Lincoln	NE	68505	$19,790.00	$19,790.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100836	NE102262	✓	Southeast	Associates in Counseling and Treatment	5600 P Street	Lincoln	NE	68505	$2,130.00	$2,130.00	$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	$400,450.00	$400,450.00	$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	$30,659.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30,659.00	$0.00
	NE301302	NE301302	✓	Northeast	Behavioral Health Specialists Inc	1900 Vicki Lane	Norfolk	NE	68701 -4558	$303,379.00	$303,379.00	$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	$275,267.00	$275,267.00	$213.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100531	NE100531	✗	Southeast	Blue Valley Behavioral Health	521 East Street	Fairbury	NE	68352	$3,869.00	$3,869.00	$194.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100532	NE100532	✗	Southeast	Blue Valley Behavioral Health	355 East 4th Street, Lower Level	Wahoo	NE	68066	$13,601.00	$13,601.00	$1,164.00	$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	$5,969.00	$5,969.00	$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	$10,141.00	$10,141.00	$776.00	$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	$4,138.00	$4,138.00	$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	$16,228.00	$16,228.00	$1,746.00	$0.00	$0.00	$0.00	$0.00	$0.00

NOT FINAL

	NE750409	NE750409	✓	Southeast	Blue Valley Behavioral Health	1903 4th Corso Street	Nebraska City	NE	68410	$28,610.00	$28,610.00	$931.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE750953	NE750953	✓	Southeast	Blue Valley Behavioral Health	1123 North 9th Street	Beatrice	NE	68310	$36,305.00	$36,305.00	$931.00	$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	$19,175.00	$19,175.00	$2,134.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE901184	NE901184	✗	Southeast	Blue Valley Behavioral Health	1212 Ivy Avenue	Crete	NE	68333	$22,462.00	$22,462.00	$1,358.00	$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	$33,520.00	$33,520.00	$1,474.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100603	NE100603	✓	Southeast	Bridge Behavioral Health	721 K Street	Lincoln	NE	68508	$180,638.00	$180,638.00	$4,883.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE900335	NE900335	✓	Southwest	Bridge Inc	907 South Kansas Street	Hastings	NE	68901	$26,804.00	$26,804.00	$26,804.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE302219	NE302219	✓	Southeast	CenterPointe	2202 South 11th Street	Lincoln	NE	68502-3559	$57,010.00	$57,010.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102270	NE102270	✓	Southeast	CenterPointe	2202 South 11th Street	Lincoln	NE	68502-3559	$111,357.00	$111,357.00	$2,896.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101275	NE101275	✓	Omaha Metro	CenterPointe	1490 North 16th Street	Omaha	NE	68102	$301,770.00	$294,937.00	$0.00	$0.00	$0.00	$0.00	$6,833.00	$0.00
	X	X	✗	South Central	Central Nebraska Council on Alcoholism and Addictions, Inc.	3204 College Street	Grand Island	NE	68803	$81,336.00	$0.00	$0.00	$0.00	$0.00	$0.00	$81,336.00	$0.00
	NE100623	NE100623	✓	Panhandle	Cirrus House Inc	1509 1st Avenue	Scottsbluff	NE	69361-3106	$9,901.00	$8,308.00	$0.00	$0.00	$0.00	$0.00	$1,593.00	$0.00
	X	X	✗	99	Coalition Rx	8401 West Dodge Road Suite 115	Omaha	NE	68114	$111,759.00	$0.00	$0.00	$0.00	$0.00	$0.00	$111,759.00	$0.00
	NE102052	NE102052	✓	Panhandle	Community Action Partnership of	975 Crescent Drive	Gering	NE	69341	$37,982.00	$37,002.00	$5,928.00	$0.00	$0.00	$0.00	$980.00	$0.00
	X	X	✗	South Central	Community Connections	121 North Dewey Street	North Platte	NE	69103	$161,410.00	$0.00	$0.00	$0.00	$0.00	$0.00	$161,410.00	$0.00
	NE101277	NE101277	✓	Omaha Metro	Dougals County	1490 North 16th Street	Omaha	NE	68102	$111,746.00	$111,746.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE750151	NE750151	✓	South Central	Friendship House Inc	707 West 1st Street	Grand Island	NE	68801	$315,182.00	$315,182.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	Southeast	Gage County MAPS Coalition	320 North 5th Street	Beatrice	NE	68310	$1,200.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,200.00	$0.00
	X	X	✗	South Central	Garfield Loup Wheeler Childrens Council	455 Grand Avenue	Burwell	NE	68823	$104,603.00	$0.00	$0.00	$0.00	$0.00	$0.00	$104,603.00	$0.00
	X	X	✗	South Central	Grand Island Substance Abuse	219 West 2nd Street	Grand Island	NE	68801	$18,421.00	$0.00	$0.00	$0.00	$0.00	$0.00	$18,421.00	$0.00
	X	X	✗	Northeast	Healthy Communities Initiative	2104 21st Circle	Wisner	NE	68791	$30,343.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30,343.00	$0.00
	NE101063	NE101063	✗	Omaha Metro	Heartland Family Services Inc	4847 Sahler Street	Omaha	NE	68104	$86,502.00	$86,502.00	$86,502.00	$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	$86,975.00	$86,975.00	$18,612.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE900699	NE900699	✓	Panhandle	Human Services Inc	419 West 25th Street	Alliance	NE	69301	$200,691.00	$200,666.00	$63,711.00	$0.00	$0.00	$0.00	$25.00	$0.00
	NE102279	NE102279	✓	Panhandle	Inner Peace Holistic Healing Center	229 Main Street	Chadron	NE	69337-2355	$55,436.00	$55,048.00	$12,369.00	$0.00	$0.00	$0.00	$388.00	$0.00
	NE102058	NE102058	✗	Panhandle	Karuna Counseling	731 Illinois Street	Sidney	NE	69162-2574	$7,911.00	$7,004.00	$0.00	$0.00	$0.00	$0.00	$907.00	$0.00

NOT FINAL

	X	X	✗	99	Lamar Advertising of Omaha	4849 G Street	Omaha	NE	68117-1414	$26,050.00	$0.00	$0.00	$0.00	$0.00	$0.00	$26,050.00	$0.00
	X	X	✗	Southeast	Lancaster Prevention Coalition	1645 North Street	Lincoln	NE	68508	$12,821.00	$0.00	$0.00	$0.00	$0.00	$0.00	$12,821.00	$0.00
	NE100415	NE100415	✓	99	Lincoln Medical Education Partnership	4600 Valley Road	Lincoln	NE	68510	$196,624.00	$98,312.00	$0.00	$0.00	$0.00	$0.00	$98,312.00	$0.00
	NE100927	NE100927	✓	Southeast	Lutheran Family Services	2301 O Street	Lincoln	NE	68510-1124	$46,004.00	$46,004.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101283	NE101283	✓	Panhandle	Mental Health Alliance	815 Flack Avenue	Alliance	NE	69301	$2,773.00	$2,773.00	$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	$8,981.00	$8,981.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	Panhandle	Monument Prevention Coalition	1601 East 27th Street	Scottsbluff	NE	69361	$48,165.00	$0.00	$0.00	$0.00	$0.00	$0.00	$48,165.00	$0.00
	X	X	✗	Panhandle	Morrill County Prevention Coalition	1601 E 27th Street	Scottsbluff	NE	69361-1815	$9,452.00	$0.00	$0.00	$0.00	$0.00	$0.00	$9,452.00	$0.00
	X	X	✗	99	Nebraska State Patrol	4600 Innovation Drive	Lincoln	NE	68521	$24,572.00	$0.00	$0.00	$0.00	$0.00	$0.00	$24,572.00	$0.00
	X	X	✗	Northeast	Northeast Nebraska Public Health Department	215 North Pearl Street	Wayne	NE	68787-1975	$22,817.00	$0.00	$0.00	$0.00	$0.00	$0.00	$22,817.00	$0.00
	NE300072	NE300072	✓	Omaha Metro	NOVA Treatment Community	8502 Morman Bridge Road	Omaha	NE	68152	$423,824.00	$423,824.00	$2,286.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100886	NE100886	✓	Northeast	Oasis Counseling International	333 West Norfolk Avenue Suite 201	Norfolk	NE	68701	$473.00	$473.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	Omaha Metro	Omaha Collegiate Consortium	2500 California Plaza	Omaha	NE	68178	$98,884.00	$0.00	$0.00	$0.00	$0.00	$0.00	$98,884.00	$0.00
	X	X	✗	Panhandle	Panhandle Public Health District	808 Box Butte Avenue	Hemingford	NE	69348	$146,280.00	$0.00	$0.00	$0.00	$0.00	$0.00	$146,280.00	$0.00
	X	X	✗	Southeast	Polk County Prevention Coalition	400 Hawkeye Street	Osceola	NE	68651	$1,386.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,386.00	$0.00
	X	X	✗	South Central	Positive Pressure Community Coalition	2510 11th Avenue	Kearney	NE	68849	$66,344.00	$0.00	$0.00	$0.00	$0.00	$0.00	$66,344.00	$0.00
	X	X	✗	Omaha Metro	Project Extra Mile	11620 M Circle	Omaha	NE	68137	$125,984.00	$0.00	$0.00	$0.00	$0.00	$0.00	$125,984.00	$0.00
	NE100847	NE100847	✓	Panhandle	Region 1 Behavioral Health Authority	4110 Avenue D	Scottsbluff	NE	69361	$22,581.00	$0.00	$0.00	$0.00	$0.00	$0.00	$22,581.00	$0.00
	NE102368	NE102368	✓	Southeast	Region 5 Systems	3600 Union Drive	Lincoln	NE	68516-6623	$154,038.00	$0.00	$0.00	$0.00	$0.00	$0.00	$154,038.00	$0.00
	NE102464	NE102464	✗	Omaha Metro	Region 6 Behavioral Healthcare	4715 S 132nd Street	Omaha	NE	68137	$25,649.00	$0.00	$0.00	$0.00	$0.00	$0.00	$25,649.00	$0.00
	NE102284	NE102284	✓	Southwest	Region II Human Services	114 South Chestnut Street	North Platte	NE	69103	$155,261.00	$144,836.00	$144,836.00	$0.00	$0.00	$0.00	$10,425.00	$0.00
	NE100530	NE100530	✓	Southwest	Region II Human Services	110 North Bailey Street P.O. Box 1208	North Platte	NE	69103	$113,282.00	$0.00	$0.00	$0.00	$0.00	$0.00	$113,282.00	$0.00
	NE100803	NE100803	✗	South Central	Region III Behavioral Health Services	4009 6th Avenue Ste 65	Kearney	NE	68848-2555	$24,383.00	$9,235.00	$0.00	$0.00	$0.00	$0.00	$15,148.00	$0.00
	NE100811	NE100811	✓	Northeast	Region IV MH and SA Service District	206 Monroe Avenue	Norfolk	NE	68701	$34,142.00	$0.00	$0.00	$0.00	$0.00	$0.00	$34,142.00	$0.00

NOT FINAL

	NE100829	NE100829	✓	Southeast	Region V Systems	1645 N Street Suite A	Lincoln	NE	68508	$178,133.00	$0.00	$0.00	$0.00	$0.00	$0.00	$178,133.00	$0.00
	NE102189	NE102189	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Wedgewood Drive	Lincoln	NE	68510	$612.00	$612.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE101262	NE101262	✓	Southeast	Saint Monicas Home	120 Wedgewood Drive	Lincoln	NE	68510	$17,129.00	$17,129.00	$15,952.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100556	NE100556	✓	Southeast	Saint Monicas Home	120 Wedgewood Drive	Lincoln	NE	68510	$128,064.00	$128,064.00	$110,974.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102292	NE102292	✓	Southeast	Saint Monicas Home	120 Wedgewood Drive	Lincoln	NE	68510	$20,184.00	$20,184.00	$9,662.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102257	NE102257	✓	Southeast	Saint Monicas Home	120 Wedgewood Drive	Lincoln	NE	68510	$13,121.00	$13,121.00	$13,121.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102281	NE102281	✓	Panhandle	Sandhills Center for Hope	212 Box Butte Avenue	Alliance	NE	69301	$11,835.00	$10,904.00	$0.00	$0.00	$0.00	$0.00	$931.00	$0.00
	NE750540	NE750540	✓	Omaha Metro	Santa Monica Inc	401 South 39th Street	Omaha	NE	68131	$89,357.00	$89,357.00	$79,332.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	Omaha Metro	Sarpy Cass Health Department	701 Olson Drive Suite 101	Papillion	NE	68046	$53,517.00	$0.00	$0.00	$0.00	$0.00	$0.00	$53,517.00	$0.00
	X	X	✗	Southeast	Saunders County Prevention Coalition	387 North Chestnut Street Suite 1	Wahoo	NE	68066-1869	$4,272.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4,272.00	$0.00
	X	X	✗	99	Screen Vision Media	245 Kenneth Drive Suite 400	Rochester	NY	14623-4301	$20,000.00	$10,000.00	$0.00	$0.00	$0.00	$0.00	$10,000.00	$0.00
	X	X	✗	Southeast	Seward County Prevention Coalition	616 Bradford Street	Seward	NE	68434-1710	$486.00	$0.00	$0.00	$0.00	$0.00	$0.00	$486.00	$0.00
	NE301708	NE301708	✗	Southwest	South Central Behavioral Services Inc	3810 Central Avenue	Kearney	NE	68848-1715	$3,162.00	$3,162.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE750946	NE750946	✗	Southwest	South Central Behavioral Services Inc	616 West 5th Street	Hastings	NE	68902-0050	$4,575.00	$4,575.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE100783	NE100783	✓	Southeast	Targeted Adult Services Coordination	643 South 25th Street Suite 11	Lincoln	NE	68510	$5,000.00	$5,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE900418	NE900418	✓	Northeast	The Link Inc	1001 West Norfolk Avenue	Norfolk	NE	68701	$232,733.00	$232,733.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102321	NE102321	✗	Northeast	The Well	2718 13th Street	Norfolk	NE	68702	$83.00	$83.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE000081	NE000081	✗	Southeast	Touchstone Short Term Residential	2633 P Street	Lincoln	NE	68503	$146,417.00	$146,417.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	South Central	UNK Alcohol Taskforce	2510 11th Avenue , MSAB 130	Kearney	NE	68849	$2,112.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,112.00	$0.00
	NE101224	NE101224	✓	Panhandle	Western Community Health Resources	300 Shelton Street	Chadron	NE	69337	$26,466.00	$25,186.00	$0.00	$0.00	$0.00	$0.00	$1,280.00	$0.00
	NE101260	NE101260	✓	Panhandle	Western Community Health Resources	300 Shelton Street	Chadron	NE	69337	$14,643.00	$13,508.00	$0.00	$0.00	$0.00	$0.00	$1,135.00	$0.00
	NE102187	NE102187	✗	Northeast	Womens Empowering Life Line	200 S 13th Street	Norfolk	NE	68702	$8,951.00	$8,951.00	$8,951.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102201	NE102201	✗	Northeast	Womens Empowering Life Line Inc	1203 South 8th Street	Norfolk	NE	68702	$953.00	$953.00	$633.00	$0.00	$0.00	$0.00	$0.00	$0.00
	NE102204	NE102204	✗	Northeast	Womens Empowering Life Line Inc	306 West Indiana Avenue	Norfolk	NE	68702	$74,071.00	$74,071.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

NOT FINAL

	NE100221	NE100221	X	Northeast	Womens Empowering Life Line Inc	910 West Park Avenue	Norfolk	NE	68702	$104,559.00	$104,559.00	$104,559.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	Southeast	York County Drug Task Force	1417 Kennedy Drive	York	NE	68467-4613	$303.00	$0.00	$0.00	$0.00	$0.00	$0.00	$303.00	$0.00
	X	X	X	Northeast	Zone Afterschool Program	105 22nd Drive	Norfolk	NE	68701	$16,426.00	$0.00	$0.00	$0.00	$0.00	$0.00	$16,426.00	$0.00
Total										$6,878,472.00	$4,852,001.00	$722,932.00	$0.00	$0.00	$0.00	$2,026,471.00	$0.00

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

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

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

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

[d]Includes all practitioners who have a current DEA registration that includes Schedule III authority and may prescribe buprenorphine for opioid use disorder in their practice if permitted under applicable state law. Expenditures reported in this column are a subcategory of total expenditures for 'Prevention and Treatment Services' reported in Column B.

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

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

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

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

Footnotes:

NOT FINAL

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: 07/01/2025 Expenditure Period End Date: 06/30/2026

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period	**SSA State Expenditures (A)**	**A1(2024) + A2(2025) / 2 (B)**
SFY 2024	$14,663,222.00	
SFY 2025	$18,331,999.00	$16,497,611
SFY 2026	$22,273,420.00	

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

SFY 2024	Yes	X	No
SFY 2025	Yes	X	No
SFY 2026	Yes	X	No

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

Yes No X

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

If yes, SFY:

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

Yes No

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

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
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.

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

Footnotes:

NOT FINAL

C: Expenditure Reports

Table 8b - Base and 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: 07/01/2025 Expenditure Period End Date: 06/30/2026

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 2024		$ 918,287.10	Actual
SFY 2025		$ 796,571.14	Actual
SFY 2026		$ 755,589.99	(•) Actual ( ) Estimated
Enter the amount the State plans to expend in SFY 2027 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)): $ 755,590.00;			

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

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Footnotes:

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

NOT FINAL

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: 10/1/2023 Expenditure Period End Date: 9/30/2025

Risks	A. Strategies	B. Providers
Economically Disadvantaged [6]	**1. Information Dissemination**	
	4. Brochures	1
	9. Brochures, fact sheets, newsletters and handouts (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	
	2. Systematic planning	1
	4. Community team-building	1
Already Using Substances [9]	**1. Information Dissemination**	
	4. Brochures	1
	5. Radio and TV public service announcements	1
	9. Radio, Printed materials, Fixed Displays	1
	2. Education	
	7. Printed materials	1
	5. Community-Based Process	
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	2
	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
Violent and Delinquent Behavior [4]	**2. Education**	
	2. Ongoing classroom and/or small group sessions	2
People Who Experience Abuse [8]	**5. Community-Based Process**	
	3. Multi-agency coordination and collaboration/coalition	1

NOT FINAL

People With Housing Insecurity [10]	**5. Community-Based Process**	
	4. Community team-building	1
Mental Health Problems [5]	**5. Community-Based Process**	
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	1
All Other Risk Groups	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	2
	4. Brochures	14
	5. Radio and TV public service announcements	6
	6. Speaking engagements	2
	9. Billboards; Fixed Displays; Movie Theatres; Multiple Methods; Newspaper; Other; Peer leader/helper programs; Social Media; Unmapped; Website	15
	2. Education	
	1. Parenting and family management	11
	2. Ongoing classroom and/or small group sessions	37
	3. Peer leader/helper programs	7
	4. Education programs for youth groups	15
	5. Mentors	6
	6. Preschool ATOD prevention programs	3
	7. After school programs; Brochures; Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training; Community service activities; Driving while under the influence/driving while intoxicated education programs; Online learning modules; Policy advocacy	9
	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	6
	3. Community drop-in centers	1
	4. Community service activities	2
	6. Recreation activities	4

NOT FINAL

7. Printed materials	2
4. Problem Identification and Referral	
2. Student Assistance Programs	4
3. Driving while under the influence/driving while intoxicated education programs	1
4. Brief Screening/Intervention	5
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	14
2. Systematic planning	5
3. Multi-agency coordination and collaboration/coalition	20
4. Community team-building	22
5. Accessing services and funding	4
6. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs; Ongoing classroom and/or small group sessions; Regional/Coalition/Community Meetings	21
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	9
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	14
3. Modifying alcohol and tobacco advertising practices	2
4. Product pricing strategies	1
5. Community team-building; Multi-agency coordination and collaboration/coalition; Policy advocacy	5

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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.

NOT FINAL

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: 7/1/2025 Expenditure Period End Date: 6/30/2026

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]		
	(A) Number of Admissions	(B) Number of Persons Served	(C) Number of Admissions	(D) Number of Persons Served	(E) Number of Admissions	(F) Number of Persons Served	(G) Mean	(H) Median	(I) Standard Deviation	(J) Mean Cost	(K) Median Cost	(L) Standard Deviation	(M) Mean Cost	(N) Median Cost	(O) Standard Deviation
Withdrawal Management (24-HOUR CARE)[c]															
1. Hospital Inpatient															
2. Free-Standing Residential															
REHABILITATION/RESIDENTIAL[c]															
3. Hospital Inpatient	1,292	1,292					$118	$133	$40						
4. Short-term (up to 30 days)	2,723	2,715					$6,434	$6,122	$1,946						
5. Long-term (over 30 days)	1,734	1,724					$11,807	$10,751	$6,010						
AMBULATORY (OUTPATIENT)[c]															
6. Outpatient	24,775	24,587					$358	$264	$524						
7. Intensive Outpatient	2,451	2,433					$1,140	$1,217	$976						
8. Withdrawal Management	1,634	1,537					$912	$745	$411						
Medication for Opioid Use Disorder (MOUD) Treatment[c]															
9. Withdrawal Management with Opioid Agonist Medications	1,726	1,723					$2,931	$2,439	$2,434						
10. Continuous MOUD and Other Services in Outpatient Settings															

[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

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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 subset of substance use disorder service funded through Medicaid.

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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: 07/01/2025 Expenditure Period End Date: 06/30/2026

	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	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	8	1	0	77	25	0

NOT FINAL

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	1	3	0
Total	**8**	**1**	**0**	**78**	**28**	**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	24	21	0	1	2	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	**24**	**21**	**0**	**1**	**2**	**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	**0**	**0**	**0**
2. Peer-Led Support Group	**0**	**0**	**0**
3. Peer-Led Training or Peer Certification Activity	**0**	**0**	**0**

NOT FINAL

4. Recovery Housing	**110**	**49**	**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]	**1**	**3**	**0**
Total	**111**	**52**	**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.

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Footnotes:

NOT FINAL

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: 07/01/2025 Expenditure Period End Date: 06/30/2026

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	**13**	**21**	**0**	**34**	1	1	0
13-17 years	**273**	**387**	**0**	**660**	25	20	0
18-20 years	**207**	**310**	**0**	**517**	17	22	0
21-24 years	**438**	**614**	**1**	**1,053**	61	50	0
25-44 years	**4,275**	**5,586**	**2**	**9,863**	362	351	0
45-64 years	**1,709**	**2,820**	**1**	**4,530**	113	136	0
65-74 years	**188**	**292**	**0**	**480**	6	11	0
75+ years	**16**	**26**	**0**	**42**	2	1	0
Not Available	**0**	**0**	**1**	**1**	0	0	0
Total	**7,119**	**10,056**	**5**	**17,180**	**587**	**592**	**0**
Pregnant Women	**173**				21		

Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	1113
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	775

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

(•) Yes ( ) No

[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	3	4	0
13-17 years	1	5	0	37	72	0
18-20 years	0	1	0	38	44	0
21-24 years	1	10	0	60	84	0
25-44 years	22	55	0	444	682	0
45-64 years	6	21	0	138	369	0
65-74 years	1	4	0	25	59	0
75+ years	0	0	0	1	6	0
Not Available	0	0	0	0	0	0

NOT FINAL

Total	**31**	**96**	**0**	**746**	**1,320**	**0**
Pregnant Women	0			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

	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	6	15	0
13-17 years	0	0	0	156	221	0
18-20 years	0	0	0	119	183	0
21-24 years	2	3	0	252	369	1
25-44 years	11	15	0	2,999	3,775	1
45-64 years	8	7	0	1,312	2,022	1
65-74 years	0	1	0	143	193	0
75+ years	0	0	0	12	14	0
Not Available	0	0	0	0	0	0
Total	**21**	**26**	**0**	**4,999**	**6,792**	**3**
Pregnant Women	0			110		

[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	2	0	0
13-17 years	0	6	0	35	34	0
18-20 years	9	27	0	14	13	0
21-24 years	20	55	0	28	27	0
25-44 years	95	280	1	198	165	0
45-64 years	24	67	0	38	55	0
65-74 years	1	7	0	1	3	0
75+ years	0	2	0	0	2	0
Not Available	0	0	0	0	0	0
Total	**149**	**444**	**1**	**316**	**299**	**0**
Pregnant Women	6			11		

[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

NOT FINAL

	Female	Male	Not Available [b]	Female	Male	Not Available [b]
0-5 years[a]	0	0	0	0	0	0
6-12 years	1	1	0	12	16	0
13-17 years	19	29	0	177	240	0
18-20 years	10	20	0	144	200	0
21-24 years	14	16	0	332	437	1
25-44 years	144	263	0	3,492	4,267	2
45-64 years	70	143	0	1,407	2,248	1
65-74 years	11	14	0	156	229	0
75+ years	1	1	0	9	21	0
Not Available	0	0	1	0	0	0
Total	**270**	**487**	**1**	**5,729**	**7,658**	**4**
Pregnant Women	9			138		

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

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

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

	Hispanic or Latino			Hispanic or Latino Origin Not Available		
	Female	Male	Not Available [b]	Female	Male	Not Available [b]
0-5 years[a]	0	0	0	0	0	0
6-12 years	0	3	0	1	2	0
13-17 years	72	103	0	24	44	0
18-20 years	48	86	0	15	24	0
21-24 years	77	153	0	29	24	0
25-44 years	539	800	0	245	518	0
45-64 years	140	230	0	162	342	0
65-74 years	7	21	0	25	42	0
75+ years	1	3	0	6	2	0
Not Available	0	0	0	0	0	1
Total	**884**	**1,399**	**0**	**507**	**998**	**1**
Pregnant Women	23			12		

[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	**13**	**21**	**0**	**34**
13-17 years	**273**	**387**	**0**	**660**
18-20 years	**207**	**310**	**0**	**517**

NOT FINAL

21-24 years	**438**	**614**	**1**	**1,053**
25-44 years	**4,276**	**5,585**	**2**	**9,863**
45-64 years	**1,709**	**2,820**	**1**	**4,530**
65-74 years	**188**	**292**	**0**	**480**
75+ years	**16**	**26**	**0**	**42**
Not Available	**0**	**0**	**1**	**1**
Total	**7,120**	**10,055**	**5**	**17,180**
Pregnant Women	**173**			

[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.

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 a subset of state Medicaid during the reporting period.

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Footnotes:

NOT FINAL

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: 7/1/2025 Expenditure Period End Date: 6/30/2026

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

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Footnotes:

Nebraska is not a Designated State.

NOT FINAL

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: 7/1/2025 Expenditure Period End Date: 6/30/2026

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.

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Footnotes:

NOT FINAL

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]	201	197
Total number of clients with non-missing values on employment/student status [denominator]	922	922
Percent of clients employed or student (full-time and part-time)	21.8%	21.4%
Notes (for this level of care):		
Number of CY 2025 admissions submitted:		1,222
Number of CY 2025 discharges submitted:		1,198
Number of CY 2025 discharges linked to an admission:		1,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		1,040
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):		922

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	38	49
Total number of clients with non-missing values on employment/student status [denominator]	109	109
Percent of clients employed or student (full-time and part-time)	34.9%	45.0%
Notes (for this level of care):		
Number of CY 2025 admissions submitted:		172
Number of CY 2025 discharges submitted:		170
Number of CY 2025 discharges linked to an admission:		125

NOT FINAL

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	121
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	109

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	957	975
Total number of clients with non-missing values on employment/student status [denominator]	2,476	2,476
Percent of clients employed or student (full-time and part-time)	38.7%	39.4%
Notes (for this level of care):		
Number of CY 2025 admissions submitted:		4,317
Number of CY 2025 discharges submitted:		3,965
Number of CY 2025 discharges linked to an admission:		3,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		2,957
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):		2,476

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	81	93
Total number of clients with non-missing values on employment/student status [denominator]	186	186
Percent of clients employed or student (full-time and part-time)	43.5%	50.0%
Notes (for this level of care):		
Number of CY 2025 admissions submitted:		314
Number of CY 2025 discharges submitted:		329
Number of CY 2025 discharges linked to an admission:		259

NOT FINAL

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	248
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	186

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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Footnotes:

NOT FINAL

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]	626	629
Total number of clients with non-missing values on living arrangements [denominator]	955	955
Percent of clients in stable living situation	65.5%	65.9%
Notes (for this level of care):		
Number of CY 2025 admissions submitted:		1,222
Number of CY 2025 discharges submitted:		1,198
Number of CY 2025 discharges linked to an admission:		1,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		1,040
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):		955

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	90	95
Total number of clients with non-missing values on living arrangements [denominator]	106	106
Percent of clients in stable living situation	84.9%	89.6%
Notes (for this level of care):		
Number of CY 2025 admissions submitted:		172
Number of CY 2025 discharges submitted:		170
Number of CY 2025 discharges linked to an admission:		125
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		121

NOT FINAL

Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	106

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	2,182	2,193
Total number of clients with non-missing values on living arrangements [denominator]	2,440	2,440
Percent of clients in stable living situation	89.4%	89.9%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	4,317
Number of CY 2025 discharges submitted:	3,965
Number of CY 2025 discharges linked to an admission:	3,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	2,957
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	2,440

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	181	178
Total number of clients with non-missing values on living arrangements [denominator]	191	191
Percent of clients in stable living situation	94.8%	93.2%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	314
Number of CY 2025 discharges submitted:	329
Number of CY 2025 discharges linked to an admission:	259
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	248
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	191

NOT FINAL

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Footnotes:

NOT FINAL

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]	908	912
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,048	1,048
Percent of clients without arrests	86.6%	87.0%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	1,222
Number of CY 2025 discharges submitted:	1,198
Number of CY 2025 discharges linked to an admission:	1,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,048
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	1,048

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	108	110
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	124	124
Percent of clients without arrests	87.1%	88.7%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	172
Number of CY 2025 discharges submitted:	170
Number of CY 2025 discharges linked to an admission:	125

NOT FINAL

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	124
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	124

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	2,179	2,217
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,878	2,878
Percent of clients without arrests	75.7%	77.0%
Notes (for this level of care):		
Number of CY 2025 admissions submitted:		4,317
Number of CY 2025 discharges submitted:		3,965
Number of CY 2025 discharges linked to an admission:		3,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		3,011
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):		2,878

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	213	226
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	259	259
Percent of clients without arrests	82.2%	87.3%
Notes (for this level of care):		
Number of CY 2025 admissions submitted:		314
Number of CY 2025 discharges submitted:		329
Number of CY 2025 discharges linked to an admission:		259

NOT FINAL

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	259
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	259

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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Footnotes:

NOT FINAL

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]	386	666
All clients with non-missing values on at least one substance/frequency of use [denominator]	923	923
Percent of clients abstinent from alcohol	41.8%	72.2%

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]		300
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	537	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		55.9%

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]		366
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	386	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.8%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	1,222
Number of CY 2025 discharges submitted:	1,198
Number of CY 2025 discharges linked to an admission:	1,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,048
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	923

NOT FINAL

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]	78	88
All clients with non-missing values on at least one substance/frequency of use [denominator]	119	119
Percent of clients abstinent from alcohol	65.5%	73.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		21
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	41	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		51.2%

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]		67
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	78	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		85.9%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	172
Number of CY 2025 discharges submitted:	170
Number of CY 2025 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	124
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	119

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

IO FINAL

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]	1,690	2,073
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,392	2,392
Percent of clients abstinent from alcohol	70.7%	86.7%

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]		540
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	702	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		76.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,533
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,690	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		90.7%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	4,317
Number of CY 2025 discharges submitted:	3,965
Number of CY 2025 discharges linked to an admission:	3,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,011
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	2,392

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

Intensive Outpatient (IO)

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

NOT FINAL

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]	165	201
All clients with non-missing values on at least one substance/frequency of use [denominator]	247	247
Percent of clients abstinent from alcohol	66.8%	81.4%

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]		55
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	82	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		67.1%

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]		146
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	165	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		88.5%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	314
Number of CY 2025 discharges submitted:	329
Number of CY 2025 discharges linked to an admission:	259
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	259
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	247

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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Footnotes:

NOT FINAL

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]	353	497
All clients with non-missing values on at least one substance/frequency of use [denominator]	923	923
Percent of clients abstinent from drugs	38.2%	53.8%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		184
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	570	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		32.3%

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]		313
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	353	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.7%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	1,222
Number of CY 2025 discharges submitted:	1,198
Number of CY 2025 discharges linked to an admission:	1,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,048
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	923

NOT FINAL

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]	65	61
All clients with non-missing values on at least one substance/frequency of use [denominator]	119	119
Percent of clients abstinent from drugs	54.6%	51.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		21
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	54	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		38.9%

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]		40
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	65	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		61.5%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	172
Number of CY 2025 discharges submitted:	170
Number of CY 2025 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	124
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	119

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

Outpatient (OP)

NOT FINAL

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,656	1,698
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,392	2,392
Percent of clients abstinent from drugs	69.2%	71.0%

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]		377
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	736	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		51.2%

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]		1,321
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,656	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.8%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	4,317
Number of CY 2025 discharges submitted:	3,965
Number of CY 2025 discharges linked to an admission:	3,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,011
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	2,392

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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)

NOT FINAL

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	154	163
All clients with non-missing values on at least one substance/frequency of use [denominator]	247	247
Percent of clients abstinent from drugs	62.3%	66.0%

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]		42
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	93	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		45.2%

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]		121
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	154	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		78.6%

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	314
Number of CY 2025 discharges submitted:	329
Number of CY 2025 discharges linked to an admission:	259
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	259
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	247

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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Footnotes:

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E: Performance Data and Outcomes

Table 19 – Treatment Performance Measure: Change in Social Support of Recovery (From Admission to Discharge)

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]	454	514
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	973	973
Percent of clients participating in self-help groups	46.7%	52.8%
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]	6.2%	
Notes (for this level of care):		
Number of CY 2025 admissions submitted:	1,222	
Number of CY 2025 discharges submitted:	1,198	
Number of CY 2025 discharges linked to an admission:	1,048	
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	1,048	
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	973	

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	81	94
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	114	114
Percent of clients participating in self-help groups	71.1%	82.5%
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]	11.4%	
Notes (for this level of care):		
Number of CY 2025 admissions submitted:	172	
Number of CY 2025 discharges submitted:	170	

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Number of CY 2025 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	124
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	114

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	1,314	1,298
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,687	2,687
Percent of clients participating in self-help groups	48.9%	48.3%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-0.6%	

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	4,317
Number of CY 2025 discharges submitted:	3,965
Number of CY 2025 discharges linked to an admission:	3,048
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,011
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	2,687

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]

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]	105	137
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	229	229
Percent of clients participating in self-help groups	45.9%	59.8%
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]	14.0%	

Notes (for this level of care):	
Number of CY 2025 admissions submitted:	314

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Number of CY 2025 discharges submitted:	329
Number of CY 2025 discharges linked to an admission:	259
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	259
Number of CY 2025 linked discharges eligible for this calculation (non-missing values):	229

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
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E: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
Withdrawal Management (24-HOUR CARE)				
1. Hospital Inpatient	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)	12	3	5	21
5. Long-term (over 30 days)	66	21	51	103
AMBULATORY (OUTPATIENT)				
6. Outpatient	45	1	9	57
7. Intensive Outpatient	50	22	52	66
8. Withdrawal Management	0	0	0	0
Medication for Opioid Use Disorder (MOUD) Treatment				
9. Withdrawal Management with Opioid Agonist Medications	0	0	0	0
10. Continuous MOUD and Other Services in Outpatient Settings	69	23	57	110

Level of Care	2025 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	544	464
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	1198	1048

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5. Long-term (over 30 days)	170	125
AMBULATORY (OUTPATIENT)		
6. Outpatient	3965	3015
7. Intensive Outpatient	329	259
8. Withdrawal Management	0	0
Medication for Opioid Use Disorder (MOUD) Treatment		
9. Withdrawal Management with Opioid Agonist Medications	0	0
10. Continuous MOUD and Other Services in Outpatient Settings	0	33

Source: SAMHSA/CBHSQ TEDS CY 2025 admissions file and CY 2
[Records received through 9/1/2026]
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Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Drug Use/Alcohol Use Measure: 30-Day Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]" **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2024		
	Age 21+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		
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 2024		

NOT FINAL

	Age 18+ - CY 2024		

[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.
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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 2024		
	Age 21+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]" **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2024		
	Age 21+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		
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 2024		
	Age 18+ - CY 2024		

[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.
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Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2024		
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 2024		
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 2024		
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 2024		
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 2024		

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Table 25 – Substance Use Disorder Prevention NOMs Domain: Employment/Education Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]" **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2024		
	Age 18+ - CY 2024		

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Table 26 – Substance Use Disorder Prevention NOMs Domain: Employment/Education Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2024		

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Footnotes:

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2024		

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Footnotes:

NOT FINAL

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	**Source:** Federal Bureau of Investigation National Incident-Based Reporting System **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2024		

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Footnotes:

NOT FINAL

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2024		
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?" [FootNoteAnchor:1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2024		

[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.
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Footnotes:

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Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] [FootNoteAnchor:1]?" **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2024		

[a]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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Reporting Period Start and End Dates for Information Reported on SUPTRS BG Tables 31, 32, 33, and 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	1/1/2024	12/31/2024
2.	Table 32 - Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2024	12/31/2024
3.	Table 33 - Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2024	12/31/2024
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	10/1/2023	9/30/2025

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.

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Footnotes:

NOT FINAL

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

The reporting period for Tables 31 is Calendar Year (CY) 2024 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	**85,798**	**4,123,222**
0-5	6,499	185,032
6-12	16,573	250,156
13-17	12,431	257,685
18-20	2,671	251,384
21-24	2,563	242,966
25-44	11,054	926,548
45-64	13,578	901,862
65-74	5,417	428,979
75+	9,244	215,233
Age Not Available[a]	5,768	463,377
B. Sex	**85,798**	**4,123,222**
Male	38,985	1,727,211
Female	38,249	1,721,241
Sex Not Available	8,564	674,770
C. Ethnicity	**85,798**	**4,123,222**
Hispanic or Latino	14,540	349,610
Not Hispanic or Latino	60,116	2,783,826
Ethnicity Not Available	11,142	989,786
D. Race	**85,798**	**4,123,222**
White	64,491	2,741,922
Black or African American	1,263	131,986
Native Hawaiian/Other Pacific Islander	101	2,639
Asian	662	77,284
American Indian/Alaska Native	923	43,377
More Than One Race	4,780	93,440

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Some other Race	3,705	36,587
Race Not Available	9,873	995,987

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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.

NOT FINAL

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

The reporting period for Tables 32 is Calendar Year (CY) 2024 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	83,858	N/A
2. Universal Indirect	N/A	$4,123,222.00
3. Selective	558	N/A
4. Indicated	1,382	N/A
5. Total	**85,798**	**$4,123,222.00**

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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.

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2. Population-based Programs and Strategies report non deduplicated estimates of people served.

NOT FINAL

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Table 33 - Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention

The reporting period for Tables 33 is Calendar Year (CY) 2024, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on calendar year, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Definition of Evidence-Based Programs and Strategies: 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	195	121	316	62	104	482
2. Total number of Programs and Strategies Funded	560	226	786	65	109	960
3. Percent of Evidence-Based Programs and Strategies	34.82%	53.54%	40.20%	95.38%	95.41%	50.21%

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Footnotes:

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Table 34 - Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies

The reporting period for table 34 is the 24-month expenditure period of the FFY 2024 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 # 400	$322,366.00
Universal Indirect	Total # 246	$659,725.00
Selective	Total # 131	$25,380.00
Indicated	Total # 217	$52,430.00
Unspecified	Total # 0	$0.00
	Total EBPs: 994	Total Dollars Spent: $1,059,901.00

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Prevention Attachments

Submission Uploads

FFY 2027 Prevention Attachment Category A:

File	Version	Date Added

FFY 2027 Prevention Attachment Category B:

File	Version	Date Added

FFY 2027 Prevention Attachment Category C:

File	Version	Date Added

FFY 2027 Prevention Attachment Category D:

File	Version	Date Added

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Footnotes:

Nebraska did not have any attachments.

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