Block Grant Reporting Section

CFDA 93.959

Substance Use Prevention, Treatment, and Recovery Services Block Grant

(SUPTRS BG)

U.S. Department of Health and Human Services

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A. Introduction

Section 1942(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. § 300x-52(a)) requires the Secretary of the U.S. Department of Health and Human Services to determine the extent to which states[1] have implemented the State Plan for the preceding fiscal year. The purpose of the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) Annual Report is to provide information to assist the Secretary in making this determination.

States are required to prepare and submit an annual report that includes expenditure summaries for (1) the state fiscal year (SFY) immediately preceding the federal fiscal year (FFY) for which the state is applying for funds; and (2) the obligation and expenditure period of the SUPTRS BG Notice of Award (NoA) subject to the review. The reporting periods (SFY or FFY) are noted for each table in the document. The SUPTRS BG Annual Report will address the purposes for which the SUPTRS BG funds were expended, identify the sub-recipients which received SUPTRS BG funds, and the authorized activities and services grantees purchased with such funds. Particular attention should be given to the progress made toward accomplishing the goals and performance indicators identified in the states and jurisdictions' plans.

All states are required to prepare and submit their respective SUPTRS BG Annual Reports utilizing the Web Block Grant Application System (WebBGAS). Annual reports must be received not later than December 1st for a state or jurisdiction to receive its SUPTRS BG NoA. If a due date falls on a weekend or federal holiday, the receipt date for a report will be the next business day. The following schedule provides specific due dates for the SUPTRS BG and MHBG/SUPTRS BG Applications, SUPTRS BG Annual Reports, MHBG Implementation Reports, and the Annual Synar Reports:

[1] The term "state" means each of the several states, the District of Columbia, each of the United States Territories, Freely Associated States (FAS), and the Red Lake Band of Chippewa Indians. The United States Territories include the Commonwealth of Puerto Rico, Virgin Islands, American Samoa, Commonwealth of the Northern Marianas Islands, and Guam. The FAS include the Federated States of Micronesia , the Republic of the Marshall Islands, and the Republic of Palau.

Due Dates for SUPTRS BG Only		
FFY for which the state is applying for funds	**SUPTRS BG Report Due[a]**	**Synar Report Due**
2026	**12/1/2025**	**12/31/2025**
2027	**12/1/2026**	**12/31/2026**

[a]Grantees must report expenditures and obligations for the compliance year. The compliance year is two years preceding the year in which the SUPTRS BG Annual Report is due. For FFY 2026 the compliance year is 2023 and for FFY 2027 the compliance year is 2024. For more information regarding this requirement see guidance for Tables 4 through 7.

States are required to prepare and submit an annual report comprised of the following sections:

Section B: Annual Update (Table 1) – In this section, states are required to provide a brief review of the extent to which their respective plans were implemented and met priorities and goals identified in the SUPTRS BG plan as identified in Table 1. The report should also include a brief review of areas that the state identified in the SUPTRS BG plan as needing improvement and changes that the state or jurisdiction proposes to make to achieve the goals established.

Section C: State Agency Expenditure Reports (Tables 2 through 8) – In this section, states must provide information regarding expenditures for authorized activities and services for primary prevention of substance use, treatment of substance use disorder (SUD)[2], and providing recovery support services for individuals with SUD. The state must provide a description of SUPTRS BG expenditures and any authorized supplemental expenditures.

Section D: Populations and Services Reports (Tables 9 through 13) – In this section, states must provide specific information regarding the number of individuals served with SUPTRS BG and any supplemental funds when applicable and authorized. In addition, states should not provide specific information regarding the services these individuals received.

[2] The term "substance use disorder" means substance-related and addictive disorders as described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, American Psychiatric Association, 2013.

Section E: Performance Indicators and Accomplishments (Tables 14 through 34) – In this section of the report, states are required to complete selected Performance Indicator tables. Performance indicators should be reported using the table format provided in this document. The purpose of the performance indicator tables is to show progress made over time as measured by National Outcome Measures (NOMS) for primary prevention of substance use, as well as treatment and recovery support services for SUD. These reporting requirements are fulfilled using various data sources.

B. Annual Update

The information that states enter in SUPTRS BG Table 1 in the planning section of the state's Behavioral Health Assessment and Plan will automatically populate cells 1 - 6 in the progress report table below. States are required to indicate in Cell 8, titled "Report of Progress toward Goal Attainment", whether each year's respective performance target/outcome measurement was "Achieved" or "Not Achieved". If a target/outcome was not achieved, a detailed explanation why it was not achieved must be provided, along with remedial steps proposed to meet the target in the coming year.

SUPTRS BG Report Table 1. Priority Areas and Annual Performance Indicators – Progress Report

SUPTRS BG Report Table 1. *Priority Areas and Annual Performance Indicators – Progress Report*
1. Priority Area:
2. Priority Type (***SUP, SUT, SUR, MHS***):
3. Population(s) (***SMI, SED, ESMI, BHCS, PWWDC, PP, PWID, EIS/HIV, TB, PRSUD, Other***):
4. Goal of the Priority Area:
5. Objective:
6. Strategies to Attain the Objective:
7. Annual Performance Indicators to Measure Goal Success: Indicator #1:
a. Baseline measurement (Initial data collected prior to the first-year target/outcome):
b. First-year target/outcome measurement (Progress – end of 2026):
c. Second-year target/outcome measurement (Final – end of 2027):
d. Data source:
e. Description of data:
f. Data issues/caveats that affect outcome measures:

Priority Areas and Annual Performance Indicators (*continued*)
8. 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:

SMI – adults with serious mental illness;
SED – children with serious emotional disturbance;

ESMI – individuals with early serious mental illness including psychosis;
BHCS – individuals receiving behavioral health crisis services;
PWWDC – pregnant women and/or women with dependent children who are receiving SUD treatment services;
PP – individuals in need of substance use primary prevention;
PWID – individuals who inject drugs (formerly knowns as intravenous drug users (IVDU);
EIS – early intervention services/**HIV** – individuals with or at risk for HIV/AIDS who are receiving SUD treatment services;
TB – individuals with or at risk of tuberculosis who are receiving SUD treatment services;
PRSUD – persons in or seeking recovery from SUD;
Other – specify

C. State Agency Expenditure Reports

States are required to provide information regarding SUPTRS BG, state funds, and other BG supplemental funds as relevant expended for authorized activities for primary prevention of substance use, the treatment of SUD, and providing recovery support services for individuals with SUD and for related public health services for example TB and, if applicable, early intervention services regarding the human immunodeficiency virus (EIS/HIV). Please complete the tables described below:

SUPTRS BG Report Table 2. *State Agency Expenditure Report.*

This table provides a report of SUPTRS BG and state expenditures by the principal agency of a state, i.e., single state agency (SSA), during the SFY immediately preceding the FFY for which the state is applying for funds. Expenditures to be reported are for authorized activities to prevent and treat SUDs pursuant to section 1921 of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-21); TB services; EIS/HIV, if applicable; pursuant to section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)); and administration pursuant to section 1931(a)(2) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-31(a)(2)). Activities should also include expenditures related to recovery support services as mandated by the Consolidated Appropriations Act, 2023. In Column A, the applicable FFYs' SUPTRS BG funds expended during the SFY should be included. In Column I, applicable FFYs ARP supplement funds expended during the SFY should be included. **NOTE:** Include applicable FFYs expenditures from additional supplemental funds per federal guidance. Grantees may be requested to report supplemental funding expenditures in WebBGAS in accordance with requirements included in their current Notice of Award (NoA) Terms and Conditions.

SUPTRS BG Report Table 3a. *Syringe Services Program (SSP) Expenditures by Program*

This table provides a report of SUPTRS BG and supplemental expenditures per federal guidance for elements of syringe services programs (SSP) carried out by SUPTRS BG sub-recipients as described in the federal guidance. The authorization to expend federal funds for elements of a syringe services program is subject to an authorization in the annual appropriations' bill(s). **NOTE:** This table provides a report of expenditures from any additional supplement funding in accordance with requirements when applicable and included in grantees' current NoA Terms and Conditions.

SUPTRS BG Report Table 3b. *Syringe Services Program (SSP) Number of Individuals Served*

This table is intended to capture the unduplicated count of persons that received onsite services from an SSP or were referred out to services by an SSP including HIV, Hepatitis C, and sexually transmitted disease (STI) testing, treatment for substance use disorders, and treatment for physical health conditions. **NOTE:** This table provides a report of expenditures from any additional supplement funding in accordance with requirements when applicable and included in grantees' current NoA Terms and Conditions.

SUPTRS BG Report Table 3c. *Risk Reduction Activities & Expenditures*

This table is intended to capture the extent to which SUPTRS BG funds (other than primary prevention set aside funds) are used to support grantee's risk reduction activities, specifically opioid overdose reversal medication purchase and distribution as well as the purchase and distribution of drug checking technologies, including test strips. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug. **NOTE:** This table provides a report of expenditures from the any supplement funding in accordance with requirements when applicable and included in grantees' current NoA Terms and Conditions.

SUPTRS BG Report Table 4. *SUPTRS BG Expenditure Compliance Report.*

This table provides a report of expenditures for authorized activities for the primary prevention of substance use, treatment of SUD, and provision of recovery support services to individuals with SUD associated with a SUPTRS BG NoA for the applicable fiscal year award. It covers the two-year obligation and expenditure period.

SUPTRS BG Report Table 5a. *SUPTRS BG Primary Prevention Expenditures by Strategy and Institute of Medicine (IOM) Categories*

This table provides a report of actual primary prevention expenditures associated with a SUPTRS BG NoA for the applicable fiscal year of award. The state or jurisdiction must complete SUPTRS BG Report Table 5a. There are six primary prevention strategies typically funded by single state agencies administering the SUPTRS BG. 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. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state plans to use strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other" in Table 5a.

The state or jurisdiction must complete SUPTRS BG Report Table 5a Other Strategy if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective, and Indicated. Indicate how much funding supported each of the IOM classifications of Universal Direct, Universal Indirect, Selective, or Indicated without specifying the prevention strategy. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations). For detailed instructions, refer to those in the WebBGAS.

Section 1926 (Synar) - Tobacco: Costs associated with the Synar Program. Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Use Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130) a state may not use the SUPTRS BG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR § 96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SUPTRS BG funds* that were allotted for Synar activities in the appropriate columns under 7 below. Public Law 116-94, signed on December 20, 2019, supersedes this legislation and increased the Federal minimum age for tobacco sales from 18 to 21. The prevention set aside may be used to fund revisions to states' Synar program to comply with PL 116-94. These funds should be reported in the appropriate columns under 7 below.

SUPTRS BG Report Table 5b. *SUPTRS BG Primary Expenditures by Institute of Medicine (IOM) Categories.*
This table provides a report of actual primary prevention expenditures and Institute of Medicine categories. It covers the two-year obligation and expenditure period.

SUPTRS BG Report Table 5c. *SUPTRS BG Primary Prevention Priorities.*
This required table provides a report of actual state primary prevention priorities and special population categories on which the state expended primary prevention funds from the SUPTRS BG NoA for the applicable fiscal year. It covers the two-year obligation and expenditure period.

SUPTRS BG Report Table 6. *Expenditures for Other Capacity Building/Systems Development Activities.*
This table provides a report of expenditures from the SUPTRS BG for systems development and other capacity building service activities during the applicable fiscal award period.

SUPTRS BG Report Table 7. *SUPTRS BG Statewide Entity Inventory.*

This table provides a report of the SUPTRS BG sub-recipients, including community and faith-based organizations, which provided direct services for primary prevention of substance use, prevention (other than primary) and treatment of SUD, and recovery support services. Table 7 excludes expenditures for Other Capacity Building/Systems Development Activities (formerly known as Resource Development Expenditures) reported on Table 6.

SUPTRS BG Report Table 8a. ***Maintenance of Effort (MOE) for State Expenditures for Substance Use Disorder Prevention, Treatment, and Recovery Support Services.***

This table provides a report of aggregate state expenditures by the SSA for authorized activities for primary prevention of substance use, treatment of SUD, and provision of recovery support services for individuals with SUD during the state fiscal year (SFY) immediately preceding the federal fiscal year for which the state is applying for funds.

SUPTRS BG Report 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 SUPTRS BG and/or state funds pursuant to 42 U.S.C. § 300x-22(b) and 45 CFR § 96.124(c)(3) expended to establish new programs or expand the capacity of existing programs designed to serve pregnant women and women with dependent children and the services required pursuant to 45 CFR § 96.124(e) to address the treatment and recovery needs of such women during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

SUPTRS BG Report 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.

2026 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025
2027 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026

SUPTRS BG Report Table 2. *State Agency Expenditure Report*								
Report Period	**From:**				**To:**			
ACTIVITY	A. SUPTRS BG	B. Medicaid (Federal, State, and local)	C. Other Federal Funds (e.g., ACF, TANF, CDC, Medicare, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19[a]	H. ARP[b]
1. Substance Use Disorder Prevention[c] & Treatment								
a. Pregnant Women and Women with Dependent Children (PWWDC)[d]								
b. All Other								
2. Recovery Support Services[e]								
3. Substance Use Primary Prevention[f]								
4. Early Intervention Services Regarding the Human Immuno-deficiency Virus (EIS/HIV)[g]								
5. Tuberculosis Services								
6. Other Capacity Building/Systems Development Activities								
7. Administration[h]								
8. Total	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**
Please indicate if the expenditures are actual or estimated.[i]	☐ Actual	☐ Estimated						

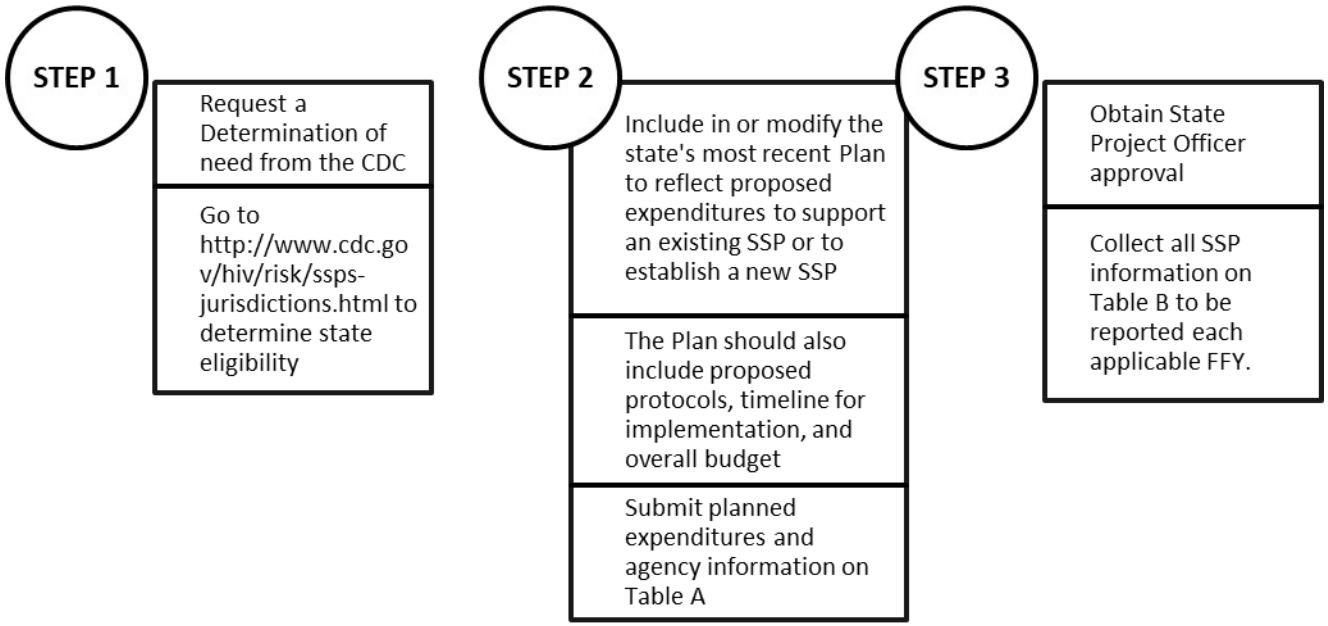
[a] Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period. **Note:** COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States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

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

[c] Prevention other than primary prevention.
[d] Grantees must expend for Pregnant Women and Women with Dependent Children in compliance Women's Maintenance of Effort (MOE) over the one-year reporting period.
[e] This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of expenditures allowable under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting expenditures for RSS, previously reported under Row 1, Substance Use Disorder Prevention and Treatment, in the stand-alone Row 2. States are encouraged to begin reporting these expenditures in the 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward.
[f] Row 3 should account for the 20% minimum primary prevention set-aside of SUPTRS BG funds to be used for universal, selective, and indicated substance use prevention activities.
[g] The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.
[h] Per 45 CFR § 96.135 Restrictions on expenditure of the SUPTRS BG, the state involved will not expend more than 5% of the BG to pay the costs of administering the SUPTRS BG.
[i] If expenditures are estimated at time of reporting, the state must provide in the footnotes a date when the final actual expenditures are expected. Actual amounts are required to meet compliance with SUPTRS BG reporting.

SUPTRS BG Report Table 3. Syringe Services Programs (SSP) & Risk Reduction Activities

Tables 3a through 3c provide a report of the expenditures of SUPTRS BG funding 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 provision of recovery support services for individuals with SUD. For detailed instructions, refer to those in the WebBGAS.



SUPTRS BG Report Table 3a. Syringe Services Program (SSP) Expenditures by Program

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

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

2026 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025.
2027 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026.

SUPTRS BG Report Table 3a. Syringe Services Program (SSP) Expenditures by Program						
Report Period	**From:**			**To:**		
SSP Name	**SSP Main Address**	**SUD Treatment Provider (Yes or No)**	**# of Locations (include any mobile locations)**	A. SUPTRS BG	B. COVID-19[a]	C. ARP[b]
Total				**$**	**$**	**$**

[a] Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19

expenditures for the same one-year period. **Note:** COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025, *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.

SUPTRS BG Report Table 3b. Syringe Services Program (SSP) Number of Individuals Served

States which have requested and been approved for expending SUPTRS BG and its supplemental funds on the support of Syringe Services Programs (SSP) must report the number of individuals served by service and activity type below.

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

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

2026 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025
2027 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026

SUPTRS BG Report Table 3a. *Syringe Services Program (SSP) Number of Individuals Served*											
Report Period		**From:**				**To:**					
		SUPTRS BG									
Syringe Services Program Name	**# of Unique Individuals Served**	**HIV Testing** *(Enter total number of individuals served)*		**Treatment for Substance Use Disorders** *(Enter total number of individuals served)*		**Treatment for Physical Health** *(Enter total number of individuals served)*		**STD Testing** *(Enter total number of individuals served)*		**Hep C** *(Enter total number of individuals served)*	
		ONSITE[c]	REFERRAL OUT[d]	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT

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

SUPTRS BG Report Table 3a. *cont.*											
Report Period		**From:**				**To:**					
		COVID-19[a]									
Syringe Services Program Name	**# of Unique Individuals Served**	**HIV Testing** *(Enter total number of individuals served)*		**Treatment for Substance Use Disorders** *(Enter total number of individuals served)*		**Treatment for Physical Health** *(Enter total number of individuals served)*		**STD Testing** *(Enter total number of individuals served)*		**Hep C** *(Enter total number of individuals served)*	
		ONSITE[c]	REFERRAL OUT[d]	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

SUPTRS BG Report Table 3a. *cont.*											
Report Period		**From:**				**To:**					
		ARP[b]									
Syringe Services Program Name	**# of Unique Individuals Served**	**HIV Testing** *(Enter total number of individuals served)*		**Treatment for Substance Use Disorders** *(Enter total number of individuals served)*		**Treatment for Physical Health** *(Enter total number of individuals served)*		**STD Testing** *(Enter total number of individuals served)*		**Hep C** *(Enter total number of individuals served)*	
		ONSITE[c]	REFERRAL OUT[d]	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT	ONSITE	REFERRAL OUT

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

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

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

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

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

SUPTRS BG Report Table 3c. Risk Reduction Activities & Expenditures

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

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

2026 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025
2027 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026

SUPTRS BG Report Table 3c. Risk Reduction Activities & Expenditures											
Report Period			**From:**				**To:**				
Provider/Program Name	**Main Address**	**SSP (Yes/No)**	**Risk Reduction Activities**					**Expenditures**			
			Number of Opioid Overdose Reversal Kits[a] Purchased	Number of Opioid Overdose Reversal Kits Distributed	Number of Opioid 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]	

Total			**0**	**0**	**0**	**0**	**0**	**$**	**$**	**$**

[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.

SUPTRS BG Report Table 4. SUPTRS BG Expenditure Compliance Report

This table provides a description of SUPTRS BG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in WebBGAS.

2026 Reporting Period: 10/1/2022 to 9/30/2024 (FFY 2023 Award)
2027 Reporting Period: 10/1/2023 to 9/30/2025 (FFY 2024 Award)

SUPTRS BG Report Table 4. *SUPTRS BG Expenditure Compliance Report*	
Report Period From:	**To:**
Expenditure Category	FFY SUPTRS BG Award
1. Substance Use Disorder Prevention[a] and Treatment	$
2. Recovery Support Services[b]	$
3. Primary Prevention of Substance Use[c]	$
4. Early Intervention Services for the Human Immunodeficiency Virus (EIS/HIV)[d]	$
5. Tuberculosis Services	$
6. Other Capacity Building/Systems Development[e]	$
7. Administration[f]	$
8. Total[g]	**$**

[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 allotments 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 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.

SUPTRS BG Report Table 5a. Primary Prevention Expenditures by Strategy and Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SUPTRS BG Report Table 5a. There are six primary prevention strategies typically funded by single state agencies administering the SUPTRS BG. Expenditures within each of the six strategies and by Institute of Medicine Model (IOM) classification should be directly associated with the cost of completing the activities or tasks. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state plans to use strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other" in Table 5a.

The state or jurisdiction must complete SUPTRS BG Report Table 5a Other Strategy if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective, and Indicated. Indicate how much funding supported each of the IOM classifications of Universal Direct, Universal Indirect, Selective, or Indicated without specifying the prevention strategy. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations). For detailed instructions, refer to those in the WebBGAS.

Section 1926 (Synar) – Tobacco: Costs associated with the Synar Program. Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Use Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130) a state may not use the SUPTRS BG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR § 96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SUPTRS BG funds* that were allotted for Synar activities in the appropriate columns under 7 below. Public Law 116-94, signed on December 20, 2019, supersedes this legislation, and increased the Federal minimum age for tobacco sales from 18 to 21. The prevention set aside may be used to fund revisions to states' Synar program to comply with PL 116-94. These funds should be reported in the appropriate columns under 7 below.

The total SUPTRS BG amounts should equal the amounts reported on Plan Table 4, Row 3, Primary Prevention of Substance Use, as well as the total of Table 7, Column G. The total on the Report Table 6, Column C combined with the total on Report Table 5a should be no less than 20 percent of the state's total expenditures under the SUPTRS BG Award in order to meet the state's primary prevention set-aside.

Institute of Medicine Classification: Universal, Selective, and Indicated:

Prevention strategies may be classified using the IOM Model of Universal, Selective, and Indicated, which classifies preventive interventions by the population served. Definitions for these categories appear below:

Universal: Activities tailored to the public or a whole population group that have not been identified based on individual risk.

Universal Direct: Row 1 – Interventions directly serve an identifiable group of participants who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

Universal Indirect: Row 2 – Interventions support population-based programs and environmental strategies (e.g., establishing, Alcohol, Tobacco, and Other Drugs (ATOD) policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

Selective: Activities tailored to individuals or a subgroup of the population whose risk of developing a substance use disorder is significantly higher than average.

Indicated: Activities tailored to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing a substance use disorder or having biological markers indicating predisposition for substance use disorder but not meeting diagnostic levels (Adapted from The Institute of Medicine).

States that can report on both the strategy type and the population served (universal, selective, or indicated) should do so. If planned expenditure information is only available by strategy type, then the state should report planned expenditures in the row titled Unspecified (for example, Information Dissemination Unspecified).

Substance Use Disorder Primary Prevention Strategies Defined:

Information Dissemination – This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use and substance use disorders, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.

Education – This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy.

Alternatives – This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities and to discourage the use of alcohol and drugs through these activities.

Problem Identification and Referral to Education – This strategy aims at identification of those who have engaged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have engaged in initial use of illicit drugs in order to assess if their behavior can be addressed through education or other preventive interventions. It should be noted, however, that this strategy does not include any activity designed to determine if a person needs treatment.

Community-based Process – This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

Environmental – This strategy establishes, or changes written and unwritten community standards, codes, and attitudes; thereby, influencing alcohol and other drug use by the general population.

Other – States that plan their primary prevention expenditures using the IOM model of universal, selective, and indicated should use Table 5a to list their FFY 2023 and FFY 2024 SUPTRS BG actual expenditures in each of these categories.

2026 Report Period: 10/1/2022 to 9/30/2024
2027 Report Period: 10/1/2023 to 9/30/2025

SUPTRS BG Report Table 5a. *Primary Prevention Expenditures[a] by Strategy and Institute of Medicine (IOM) Categories*								
Report Period		**From:**			**To:**			
Strategy	**IOM Classification**	A. SUPTRS BG[a]	B. Other Federal	C. State	D. Local	E. Other	F. COVID-19[b]	G. ARP[c]
1. Information Dissemination	**Universal**	$	$	$	$	$	$	$
	Selective	$	$	$	$	$	$	$
	Indicated	$	$	$	$	$	$	$
	Unspecified	$	$	$	$	$	$	$
2. Education	**Universal**	$	$	$	$	$	$	$
	Selective	$	$	$	$	$	$	$
	Indicated	$	$	$	$	$	$	$
	Unspecified	$	$	$	$	$	$	$
3. Alternatives	**Universal**	$	$	$	$	$	$	$
	Selective	$	$	$	$	$	$	$
	Indicated	$	$	$	$	$	$	$
	Unspecified	$	$	$	$	$	$	$

4. Problem Identification and Referral	**Universal**	$	$	$	$	$	$	$
	Selective	$	$	$	$	$	$	$
	Indicated	$	$	$	$	$	$	$
	Unspecified	$	$	$	$	$	$	$
5. Community-Based Processes	**Universal**	$	$	$	$	$	$	$
	Selective	$	$	$	$	$	$	$
	Indicated	$	$	$	$	$	$	$
	Unspecified	$	$	$	$	$	$	$
6. Environmental	**Universal**	$	$	$	$	$	$	$
	Selective	$	$	$	$	$	$	$
	Indicated	$	$	$	$	$	$	$
	Unspecified	$	$	$	$	$	$	$
7. Section 1926 (Synar)-Tobacco	**Universal**	$	$	$	$	$	$	$
	Selective	$	$	$	$	$	$	$
	Indicated	$	$	$	$	$	$	$
8. Other	**Universal Direct**	$	$	$	$	$	$	$
	Universal Indirect	$	$	$	$	$	$	$
	Selective	$	$	$	$	$	$	$
	Indicated	$	$	$	$	$	$	$
9. Total		**$**	**$**	**$**	**$**	**$**	**$**	**$**

[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.

SUPTRS BG Report Table 5b. Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SUPTRS Table 5b if it chooses to report primary prevention of substance use activities utilizing the IOM Model of Universal, Selective, and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. The last two rows Total SUBG Award and Planned Primary Prevention Percentage should be used as checks for the planned set aside percentage for primary prevention for this reporting period.

2026 Reporting Period: 10/1/2022 to 9/30/2024
2027 Reporting Period: 10/1/2023 to 9/30/2025

SUPTRS Report Table 5b. *SUPTRS Primary Prevention Expenditures by Institute of Medicine (IOM) Categories*			
Report Period	**From:**	**To:**	
Strategy	A. SUPTRS BG	B. COVID-19[a]	C. ARP[b]
Universal Direct	$	$	$
Universal Indirect	$	$	$
Selective	$	$	$
Indicated	$	$	$
Column Total	**$**	**$**	**$**
Total SUPTRS BG Award[c]	**$**		
Planned Primary Prevention Percentage[d]	**%**		

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

[d] The Planned Primary Prevention Percentage is the percentage amount the agency committed to for this reporting period. For example, the state may have planned to spend 25%.

SUPTRS BG Report Table 5c. SUPTRS BG 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 applicable SUPTRS BG NoA. 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.

2026 Reporting Period: 10/1/2022 to 9/30/2024
2027 Reporting Period: 10/1/2023 to 9/30/2025

SUPTRS BG Report Table 5c. *Primary Prevention Priorities*			
Report Period From:		**To:**	
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	A. SUPTRS BG	B. COVID-19[a]	C. ARP[b]
College Age Individuals (ages 18-26)	☐	☐	☐
Older Adults (age 55 and above)	☐	☐	☐
Military Families	☐	☐	☐
American Indian/Alaska Native	☐	☐	☐
African American	☐	☐	☐
Hispanic	☐	☐	☐
Persons Experiencing Homelessness	☐	☐	☐
Native Hawaiian/Pacific Islander	☐	☐	☐
Asian	☐	☐	☐
Rural	☐	☐	☐

[a]Per the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG

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

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

SUPTRS BG Report Table 6. Other Capacity Building/Systems Development

Expenditures for Other Capacity Building/System 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.

We understand that a particular activity may cross categories but try to identify the primary purpose or goal of the activity. For example, a subrecipient may utilize Block Grant funds to train personnel to conduct fidelity assessments of evidence-based practices. While this could fall under either training/education and/or quality assurance/improvement – the primary purpose is to assure the implementation of evidence-based practices (EBP), so that expenditure would most likely be captured under quality assurance/improvement.

Information Systems – This includes the SSA or subrecipients collecting and analyzing treatment data as well as prevention data under the SUPTRS BG to monitor performance and outcomes. Costs for electronic health records and other health information technology also fall under this category.

Infrastructure Support – This includes the SSA subrecipient activities that provide the infrastructure to support services but for which there are no individual services delivered. Examples include the development and maintenance of a crisis-response capacity, including hotlines, mobile crisis teams, web-based check-in groups (for medication, treatment, re-entry follow-up), drop-in centers, and respite services.

Partnerships, Community Outreach, and Needs Assessment – This includes subrecipient personnel salaries not reported on Table 7 prorated for time and materials to support planning meetings, information collection, analysis, and travel. It also includes the support for partnerships across state and local agencies, and tribal governments. Community/network development activities, such as marketing, communication, and public education, and including the planning and coordination of services, fall into this category, as do needs-assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps.

Planning Council Activities – This includes those subrecipient supports for the performance of a Mental Health Planning Council under the MHBG, a combined Behavioral Health Planning Council, or optional Advisory Council for the SUPTRS BG.

Quality Assurance **and Improvement** – This includes the SSA or subrecipient activities to improve the overall quality of services, including those activities to assure conformity to acceptable professional standards, adaptation, and review of implementation of EBP, identification of areas of technical assistance related to quality outcomes, including feedback. Administrative agency contracts to monitor service-provider quality fall into this category, as do independent peer-review activities performed by subrecipients.

Research and Evaluation – This includes the SSA or subrecipient performance measurement, evaluation, and research, such as services research and demonstration projects to test feasibility and effectiveness of a new approach as well as the dissemination of such information.

Training and Education – This includes the SSA or contracting with subrecipients to perform skill development and continuing education for personnel employed in local programs as well as partnering agencies, as long as the training relates to either substance use disorder service delivery (prevention, treatment, and recovery) for SUPTRS BG. Typical costs include course fees, tuition, trainer(s) and support staff salaries and expense reimbursement, and certification expenditures.

Enter the total amount of the block grant expended for each activity.

2026 Reporting Period: 10/1/2022 to 9/30/2024
2027 Reporting Period: 10/1/2023 to 9/30/2025

SUPTRS BG Report Table 6. Other Capacity Building/Systems Development Activities			
Report Period	**From:**	**To:**	
Activity	A. SUPTRS BG Prevention[a] & Treatment	B. SUPTRS BG Recovery Support Services[b]	C. SUPTRS BG Primary Prevention [c]
1. Information Systems	**$**	**$**	**$**
a. Single State Agency (SSA)	$	$	$
b. All other subrecipient contracts	$	$	$
2. Infrastructure Support	**$**	**$**	**$**

a. Single State Agency (SSA)	$	$	$
b. All other subrecipient contracts	$	$	$
3. Partnerships, Community Outreach, and Needs Assessment	**$**	**$**	**$**
a. Single State Agency (SSA)	$	$	$
b. All other subrecipient contracts	$	$	$
4. Planning Council Activities	**$**	**$**	**$**
a. Single State Agency (SSA)	$	$	$
b. All other subrecipient contracts	$	$	$
5. Quality Assurance and Improvement	**$**	**$**	**$**
a. Single State Agency (SSA)	$	$	$
b. All other subrecipient contracts	$	$	$
6. Research and Evaluation	**$**	**$**	**$**
a. Single State Agency (SSA)	$	$	$
b. All other subrecipient contracts	$	$	$
7. Training and Education	**$**	**$**	**$**
a. Single State Agency (SSA)	$	$	$
b. All other subrecipient contracts	$	$	$
8. Total[d]	**$**	**$**	**$**

[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.

SUPTRS BG Report Table 7. State 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. For detailed instructions, see those in WebBGAS.

2026 Reporting Period: 10/1/2022 to 9/30/2024
2027 Reporting Period: 10/1/2023 to 9/30/2025

SUPTRS BG Report Table 7. *State Entity Inventory*															
Report Period				**From:**				**To:**							
Entity Number	**I-TF (formerly I-BHS)**	**Area Served (Statewide or Sub-State 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	G. Primary Prevention[f]	H. Early Intervention Services for HIV[g]
								$	$	$	$	$	$	$	$
								$	$	$	$	$	$	$	$
Total								**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

[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 allotments 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.

Description of Calculations for MOE Tables 8a and 8b

Please provide a description of the amounts and methods used to calculate the following:

(a) total Single State Agency (SSA) expenditures for SUD prevention and treatment as required by:

a. 42 U.S.C. § 300x-30 and 45 CFR § 96.124(f)(4)

(b) the base and, for 1994 and subsequent fiscal years, report the SUPTRS BG and state expenditures for treatment services to pregnant women and women with dependent children as required by:

b. 42 U.S.C. § 300x-22(b)(1) and 45 CFR § 96.122(f)(5)(ii)(A)

SUPTRS BG Report 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. 20262027 For detailed instructions, see those in BGAS.

2026 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025
2027 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026

SUPTRS BG Report Table 8a. *Maintenance of Effort (MOE) for State Expenditures for Substance Use Disorder Prevention, Treatment, and Recovery Support Services*		
Report Period	**From:**	**To:**
	A. SSA State Expenditures	B. A1 (2023) + A2 (2024) 2
1. SFY 2023	$	
2. SFY 2024	$	$
3. SFY 2025	**$**	

Are the expenditure amounts reported in Column A “actual” expenditures for the fiscal years involved?

	Yes	No
SFY 2023		
SFY 2024		
SFY 2025		

If any estimated expenditures are provided, please indicate when “actual” expenditure data will be submitted: ___ /___ /_____
mm/ dd / yyyy

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 ___

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

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 exclude these funds from the MOE calculations? ___ /___/_____
mm/ dd / yyyy

SUPTRS BG Report 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. For detailed instructions, see those in WebBGAS.

2026 Reporting Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025
2027 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026

SUPTRS BG Report Table 8b. Base and Maintenance of Effort (MOE) for Expenditures for Services to Pregnant Women and Women with Dependent Children		
Report Period	**From:**	**To:**
	A. Total Women's Base	B. Total Expenditures
1994	$	
2023		$
2024		$
2025		**$**
Enter the amount the State plans to expend in the next SFY for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Column A, Row 1: $_____		

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

	Yes	No

SFY 2023		
SFY 2024		
SFY 2025		

If any estimated expenditures are provided, please indicate when “actual” expenditure data will be submitted: ___ /___ /_____
mm/ dd / yyyy

D. Populations and Services Report

States are required to provide information regarding individuals that are served by the SSA in SUPTRS BG Tables 9 through 13.

SUPTRS BG Report Table 9. ***Prevention Strategy Report.***
This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7, *State Entity Inventory*, Column D. It seeks further information on the specific strategies and activities being funded by the principal agency of the state which address the sub-populations at risk for ATOD.

SUPTRS BG Report Table 10a. ***Treatment Utilization Matrix Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Level of Care.***
This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care as defined in the Behavioral Health Services Information System (BHSIS). States should use Treatment Episode Data Set (TEDS) standards (see TEDS data) during the SFY immediately preceding the FFY for which the state is applying for funds.

SUPTRS BG Report Table 10b. ***Number of Persons Served (Unduplicated Count) Who Received Recovery Support Services for Substance Use Disorder*.**
This table captures an aggregated unduplicated count of persons who receive recovery support services using SUPTRS BG funds during the SFY immediately preceding the FFY for which the state is applying for funds. Grantees are to provide counts of persons that have received specified recovery support services. Grantees should provide this information for individuals who received recovery support services by age and sex.

SUPTRS BG Report Table 11a. ***Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorder in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures*.**
This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG during the SFY immediately preceding the FFY for which the state is applying for funds. States are to provide this information on all programs by age, sex, race and ethnicity. States are to report whether the values reported come from a client-based system(s) with

unique client identifiers.

SUPTRS BG Report Table 11b. ***Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – COVID-19 Supplemental Expenditures*****.**
This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded with COVID-19 Relief Supplement funds during the SFY immediately preceding the FFY for which the state is applying for funds. States are to provide this information on all programs by age, sex, race and ethnicity. States are to report whether the values reported come from a client-based system(s) with unique client identifiers. **Note**: States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those expending supplemental funds under the second NCE are required to report individuals served between during the SFY covered under the second NCE in COVID-19 designated column for the SUPTRS BG 2026 Report.

SUPTRS BG Report Table 12. ***Early Intervention Services for the Human Immunodeficiency Virus (EIS/HIV) – Designated States Only.***
This table requires designated states as defined in section 1924(b)(2) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)(2)), to provide information on Early Intervention Services for the Human Immunodeficiency Virus (EIS/HIV) provided during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

SUPTRS BG Report Table 13. ***Charitable Choice.***
This table requires states to provide information regarding compliance with section 1955 of Title XIX, Part B, Subpart III of the PHS Act (42 U.S.C. § 300x-65) and the Charitable Choice Provisions and Regulations; Final Rule (42 CFR Part 54) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Each section of this table requires that the state respond appropriately to identify the way they have complied with the requirements related to authorizing legislation and implementing regulation. States should report on the number of clients referred due to religious objection from faith and community-based programs to appropriate alternative providers. If

no alternate referrals were made, enter zero.

SUPTRS BG Report Table 9. Prevention Strategy Report

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

2026 Report Period: 10/1/2022 to 9/30/2024
2027 Report Period: 10/1/2023 to 9/30/2025

SUPTRS BG Report Table 9. *Prevention Strategy Report*		
Report Period	**From:**	**To:**
Risks	A. Strategies	B. Providers
Children of People who Use Substances [1]		
Pregnant Women/Teens [2]		
People Who End High School Pre-Graduation [3]		
Violent and Delinquent Behavior [4]		
Mental Health Problems [5]		
Economically Disadvantaged [6]		
People with Differing Physical Abilities [7]		
People Who Experience Abuse [8]		
Already Using Substances [9]		
People With Housing Insecurity [10]		
Other- Specify [11]		

SUPTRS BG Report 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. For detailed instructions, see those in WebBGAS.

2026 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025.
2027 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026.

SUPTRS BG Report 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															
Report Period							**From:**						**To:**		
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 Service Costs [a]**			**ARP Service 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)															
1. Hospital Inpatient							$	$	$	$	$	$	$	$	$
2. Free-Standing Residential							$	$	$	$	$	$	$	$	$
Rehabilitation/Residential															
3. Hospital Inpatient							$	$	$	$	$	$	$	$	$
4. Short-term (up to 30 days)							$	$	$	$	$	$	$	$	$
5. Long-term (over 30 days)							$	$	$	$	$	$	$	$	$
Ambulatory (Outpatient)															
6. Outpatient							$	$	$	$	$	$	$	$	$
7. Intensive Outpatient							$	$	$	$	$	$	$	$	$
8. Withdrawal Management							$	$	$	$	$	$	$	$	$
Medication for Opioid Use Disorder (MOUD) Treatment[c]															

9. Withdrawal Management with Opioid Agonist Medications							$	$	$	$	$	$	$	$	$
10. Continuous MOUD and Other Services in Outpatient Settings							$	$	$	$	$	$	$	$	$
Footnote:															

[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

SUPTRS BG Report 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.

2026 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025
2027 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026

SUPTRS BG Report Table 10b. ***Number of Persons Served (Unduplicated Count) Who Received Recovery Support Services for Substance Use Disorder by Age and Sex***															
Reporting Period	**From:**						**To:**								
	Total			**Age 0-5[a]**			**Age 6-12**			**Age 13-17**			**Age 18-20**		
	Female	Male	Not Available [b]	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
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												
4. Recovery Housing	0	0	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]	0	0	0												
Total	**0**	**0**	**0**				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

[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 added, or if the state does not collect the requested information in the state data system.

[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.

(Continued on next page)

SUPTRS BG Report Table 10b. *continued*															
Report Period				**From:**					**To:**						
	Total			**Age 21-24**			**Age 25-44**			**Age 45-64**			**Age 65-74**		
	Female	Male	Not Available [b]	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
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												
4. Recovery Housing	0	0	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]	0	0	0												
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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

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

[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.

Comments on Data (Sex)	
Comments on Data (Age)	
Comments on Data (Overall)	

(Continued on next page)

SUPTRS BG Report Table 10b. *continued*

Report Period From: To:

	Total			Age 75+			Age Not Available		
	Female	Male	Not Available[b]	Female	Male	Not Available	Female	Male	Not Available
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						
4. Recovery Housing	0	0	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]	0	0	0						
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

[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 added, or if the state does not collect the requested information in the state data system.

[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.

SUPTRS BG Report 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

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. For detailed instructions, see those in BGAS.

2026 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025.
2027 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026.

SUPTRS BG Report 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															
Report Period	**From:**						**To:**								
	Total			**American Indian or Alaska Native**			**Asian**			**Black or African American**			**Native Hawaiian or Other Pacific Islander**		
	Female	Male	Not Available[b]	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-5 years[a]															
6-12 years	0	0	0												
13-17 years	0	0	0												
18-20 years	0	0	0												
21-24 years	0	0	0												

25-44 years	0	0	0												
45-64 years	0	0	0												
65-74 years	0	0	0												
75+	0	0	0												
Not Available	0	0	0												
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	**0**			**0**			**0**			**0**			**0**		

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

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

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SUPTRS BG Report Table 11a. *continued*									
Report Period				**From:**			**To:**		
	Total			**White**			**Race Not Available**		
	Female	Male	Not Available[b]	Female	Male	Not Available	Female	Male	Not Available
0-5 years[a]									
6-12 years	0	0	0						
13-17 years	0	0	0						
18-20 years	0	0	0						
21-24 years	0	0	0						
25-44 years	0	0	0						
45-64 years	0	0	0						
65-74 years	0	0	0						
75+	0	0	0						
Not Available	0	0	0						
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	**0**			**0**			**0**		

[a] Age category 0-5 years is not applicable.
[b] The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

Numbers of Persons Served who were admitted in a Period Prior to the reporting Period	0
Number of persons served outside of the levels of care described on SUPTRS BG Table 10a	0

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

☐ Yes ☐ No

Comments on Data (Race and Ethnicity)	
Comments on Data (Sex)	
Comments on Data (Overall)	

(Continued on next page)

SUPTRS BG Report Table 11a. *continued*													
Report Period:			**From:**					**To:**					
	Total			**Not Hispanic or Latino**			**Hispanic or Latino**			**Ethnicity Not Available**			
	Female	Male	Not Available[b]	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-5 years[a]													
6-12 years	0	0	0										
13-17 years	0	0	0										
18-20 years	0	0	0										
21-24 years	0	0	0										
25-44 years	0	0	0										
45-64 years	0	0	0										
65-74 years	0	0	0										
75+	0	0	0										
Not Available	0	0	0										
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Pregnant Women	**0**			**0**			**0**			**0**			

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

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

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

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

2026 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025.
2027 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026.

SUPTRS BG Report Table 11b. 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 – COVID19[a] Supplemental Funding															
Report Period	**From:**														
	Total			**American Indian or Alaska Native**			**Asian**			**Black or African American**			**Native Hawaiian or Other Pacific Islander**		
	Female	Male	Not Available[c]	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-5 years[b]															
6-12 years	0	0	0												
13-17 years	0	0	0												
18-20 years	0	0	0												
21-24 years	0	0	0												
25-44 years	0	0	0												
45-64 years	0	0	0												
65-74 years	0	0	0												
75+	0	0	0												
Not Available	0	0	0												
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	**0**			**0**			**0**			**0**			**0**		

[a] Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. **Note:** COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, *for most states that include admissions between July 1, 2024 and March 14, 2025*, in the COVID-19 designated table (11b) of the FY2026 Report.
[b] Age category 0-5 years is not applicable.

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

SUPTRS BG Report Table 11b. *continued*									
Report Period				**From:**			**To:**		
	Total			**White**			**Race Not Available**		
	Female	Male	Not Available[c]	Female	Male	Not Available	Female	Male	Not Available
0-5 years[b]									
6-12 years	0	0	0						
13-17 years	0	0	0						
18-20 years	0	0	0						
21-24 years	0	0	0						
25-44 years	0	0	0						
45-64 years	0	0	0						
65-74 years	0	0	0						
75+	0	0	0						
Not Available	0	0	0						
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	**0**			**0**			**0**		

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

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

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

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

☐ Yes ☐ No

Comments on Data (Race and Ethnicity)	
Comments on Data (Sex)	

Comments on Data (Overall)	

(Continued on next page)

SUPTRS BG Report Table 11b. *continued*												
Report Period:	**From:**						**To:**					
	Total			**Not Hispanic or Latino**			**Hispanic or Latino**			**Ethnicity Not Available**		
	Female	Male	Not Available[c]	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-5 years[b]												
6-12 years	0	0	0									
13-17 years	0	0	0									
18-20 years	0	0	0									
21-24 years	0	0	0									
25-44 years	0	0	0									
45-64 years	0	0	0									
65-74 years	0	0	0									
75+	0	0	0									
Not Available	0	0	0									
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	**0**			**0**			**0**			**0**		

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

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

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

SUPTRS BG Report 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. For detailed instructions, see those in BGAS.

2026 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2024 to 6/30/2025.
2027 Report Period: The most recently completed State Fiscal Year (SFY), for most states this is 7/1/2025 to 6/30/2026.

SUPTRS BG Report Table 12. Early Intervention Services for the Human Immunodeficiency Virus (EIS/HIV) in Designated States		
Report Period	**From:**	**To:**
	A. Statewide	B. Rural
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state:		
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:		

SUPTRS BG Report 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.

Notice to Program Beneficiaries – Check all that apply:

- ☐ Used model notice provided in final regulations.
- ☐ 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.

___ 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.

E. Performance Data and Outcomes

The National Outcome Measures (NOMs) help demonstrate program accountability and efficacy.The NOMs are intended to document the performance of federally supported programs and systems of care.

Treatment Performance Measures

SUPTRS BG Report Table 14. ***Employment/Education Status.***
This table describes the status of adult clients served by the public SUD treatment service systems in terms of employment and education status. The Employment/Education Status Form seeks information on clients who are employed or who are students (full-time or part-time within the prior 30 days) at admission and discharge.

SUPTRS BG Report Table 15. ***Stability of Housing.***
This table requests information regarding the number of individuals in a stable living environment as collected by the most recent assessment in the reporting period. Specifically, information is collected on the individual's last known living situation.

SUPTRS BG Report Table 16. ***Criminal Justice Involvement.***
This table requests information regarding the clients' involvement in the criminal justice system. Specifically, the table requests information to measure the change in number of arrests over time.

SUPTRS BG Report Table 17. ***Change in Abstinence - Alcohol Use.***
This table seeks information regarding alcohol abstinence. Specifically, information is collected on the number of clients with no alcohol use (all clients regardless of primary problem) at admission and discharge.

SUPTRS BG Report Table 18. ***Change in Abstinence - Other Drug Use.***
This table collects information regarding clients' change in abstinence with drugs of use other than alcohol. This table seeks to collect information on clients with no other drug use (all clients regardless of primary problem) at admission and discharge.

SUPTRS BG Report Table 19. ***Change in Social Support of Recovery.***

This table seeks to measure the change in clients' social support of recovery. Specifically, this form collects information regarding the number of clients participating in self-help groups at admission and discharge.

SUPTRS BG Report Table 20. *Retention.*
This table collects information regarding retention. Specifically, this table collects information regarding the length of stay of clients completing treatment.

Prevention Performance Measures

SUPTRS BG Report Table 21. Reduced Morbidity – Drug Use/Alcohol Use; Measure: 30 Day Use.
This table seeks information regarding 30-day use of alcohol, tobacco, and other drugs.

SUPTRS BG Report Table 22. Reduced Morbidity – Drug Use/Alcohol Use; Measure: Perception of Risk/Harm of Use.
This table seeks information regarding the individuals' perceived risk of harming themselves with alcohol, tobacco, and other drugs.

SUPTRS BG Report Table 23. Reduced Morbidity from Drug Use/Alcohol Use; Measure: Age of First Use.
This table seeks information regarding the age of first use of alcohol, cigarettes, and other drugs.

SUPTRS BG Report Table 24. Reduced Morbidity– Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes.
This table seeks information regarding public perception or attitude regarding use of alcohol, cigarettes, and other drugs.

SUPTRS BG Report Table 25. Employment/Education; Measure: Perception of Workplace Policy.
This table reports the percent of individuals who would be more likely to work for an employer conducting random drug and alcohol tests.

SUPTRS BG Report Table 26. Employment/Education; Measure: Average Daily School Attendance Rate.
This table collects information regarding the average daily school attendance.

SUPTRS BG Report Table 27. Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities.
This table collects information regarding the number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.

SUPTRS BG Report Table 28. Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests.
This table collects information regarding alcohol- and drug-related arrests.

SUPTRS BG Report Table 29. Social Connectedness; Measure: Family Communications around Drug and Alcohol Use.
This table provides information regarding the percent of youth reporting having talked with a parent and the percent of parents reporting that they have talked to their child about alcohol and drug use.

SUPTRS BG Report Table 30. Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message.
This table collects information regarding the percent of youth reporting having been exposed to prevention messaging.

SUPTRS BG Report Tables 31-34. Reporting Period – Start and End Dates for Information Reported on Tables 31, 32, 33, and 34.
This table provides information regarding the corresponding reporting period dates for Table 31 through Table 35. States also must describe their data collection system regarding prevention NOMS reporting.

SUPTRS BG Report Table 31. Individual- and Population-Based Programs and Strategies; Measure: Number of Persons Served by Age, Sex, Race and Ethnicity.
This table provides information on the number of persons served by individual-based, as well as population-based, programs and strategies. This includes practices and strategies with identifiable goals designed to change behavioral outcomes among a definable population or within a definable geographic area.

SUPTRS BG Report Table 32. Number of Evidence-Based Programs by Types of Intervention.
This table collects information on the number of evidence-based programs and strategies by type of intervention.

SUPTRS BG Report Table 33. Number of Evidence-based Programs and Strategies, and Total SUPTRS BG Funds Spent on Evidence-Based Programs/ Strategies.

This table collects information on the number of Evidence-Based Programs and Strategies funded by the type of IOM intervention (e.g., Universal, Selective, and Indicated). In addition, the state must indicate the amount of SUPTRS BG funds spent on the Evidence-Based interventions.

Treatment Performance Measures

SUPTRS BG Report Table 14. Treatment Performance Measure: Employment /Education Status (From Admission to Discharge)

Most recent year for which TEDS data are available: _____

Employment/Education Status – Clients employed or student (full-time or part-time) (prior 30 days) at admission vs. discharge	Admission Clients (T_1)	Discharge Clients (T_2)
Number of clients employed or student (full-time and part-time) [numerator]		
Total number of clients with non-missing values on employment/student status [denominator]		
Percent of clients employed or student (full-time and part-time)	**%**	**%**

SUPTRS BG Report Table 14. *State Description of Employment/Education Status Data Collection*

STATE CONFORMANCE TO INTERIM STANDARD	**State Description of Employment/Education Data Collection (SUPTRS BG Table 14):** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	**What is the source of data for SUPTRS BG Table 14 (select all that apply):** ☐ Client self-report ☐ Client self-report confirmed by another source→ ☐ collateral source ☐ Administrative data source ☐ Other Specify _____
EPISODE OF CARE	**How is the admission/discharge basis defined for SUPTRS BG Table 14 (Select one)** ☐ Admission is on the first date of service, prior to which

	no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days ☐ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit ☐ Other Specify _____
DISCHARGE DATA COLLECTION	**How was discharge data collected for SUPTRS BG Table 14 (select all that apply)** ☐ Not applicable, data reported on form is collected at time period other than discharge→ Specify: ☐ In-treatment data ___ days post-admission, OR ☐ Follow-up data ___ (specify) months Post- ☐ admission ☐ discharge ☐ other _____ ☐ Discharge data are collected for the census of all (or almost all) clients who were admitted to treatment ☐ Discharge data are collected for a sample or all clients who were admitted to treatment ☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment ☐ Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	**Was the admission and discharge data linked for table 14 (select all that apply):** ☐ Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID) **Select type of UCID** ☐ Master Client Index or Master Patient Index, centrally assigned ☐ Social Security Number (SSN) ☐ Unique client ID based on fixed client characteristics (such as date of birth, sex, partial SSN, etc.) ☐ Some other Statewide unique ID ☐ Provider-entity-specific unique ID ☐ No, State Management Information System does not

	utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data ☐ No, admission and discharge records were matched using probabilistic record matching.
IF DATA ARE UNAVAILABLE	**If data are not reported, why is State unable to report (select all that apply):** ☐ Information is not collected at admission ☐ Information is not collected at discharge ☐ Information is not collected by the categories requested ☐ State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA ARE NOT AVAILABLE	**State must provide time-framed plans for capturing employment\student status data on all clients if data are not currently available. Plans should also discuss barriers, resource needs and estimates of cost.**

SUPTRS BG Report Table 15. *Treatment Performance Measure: Stability of Housing* (From Admission to Discharge)

Most recent year for which TEDS data are available: _____

Clients living in a stable living situation (prior 30 days) at admission vs. discharge	Admission Clients (T_1)	Discharge Clients (T_2)
Number of clients living in a stable situation [numerator]		
Total number of clients with non-missing values on living arrangements [denominator]		
Percent of clients in a stable living situation	**%**	**%**

SUPTRS BG Report Table 15. *State Description of Stability in Housing Data Collection*

STATE CONFORMANCE TO INTERIM STANDARD	**State Description of Stability in Housing Data Collection (SUPTRS BG Table 15):** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	**What is the source of data for SUPTRS BG Table 15 (select all that apply):** ☐ Client self-report ☐ Client self-report confirmed by another source→ ☐ collateral source ☐ Administrative data source ☐ Other Specify _____
EPISODE OF CARE	**How is the admission/discharge basis defined for SUPTRS BG Table 15 (Select one)** ☐ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days ☐ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the

	last date of service in a Program/Service Delivery Unit ☐ Other Specify _____ _____
DISCHARGE DATA COLLECTION	**How was discharge data collected for SUPTRS BG Table 15 (select all that apply)** ☐ Not applicable, data reported on form is collected at time period other than discharge→ Specify: ☐ In-treatment data ___ days post-admission, OR ☐ Follow-up data ___ (specify) months Post- ☐ admission ☐ discharge ☐ other _____ ☐ Discharge data are collected for the census of all (or almost all) clients who were admitted to treatment ☐ Discharge data are collected for a sample or all clients who were admitted to treatment ☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment ☐ Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	**Was the admission and discharge data linked for SUPTRS BG Table 15 (select all that apply):** ☐ Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID) **Select type of UCID** ☐ Master Client Index or Master Patient Index, centrally assigned ☐ Social Security Number (SSN) ☐ Unique client ID based on fixed client characteristics (such as date of birth, sex, partial SSN, etc.) ☐ Some other Statewide unique ID ☐ Provider-entity-specific unique ID ☐ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data ☐ No, admission and discharge records were matched

	using probabilistic record matching.
IF DATA ARE UNAVAILABLE	**If data are not reported, why is the state unable to report (select all that apply):** ☐ Information is not collected at admission ☐ Information is not collected at discharge ☐ Information is not collected by the categories requested ☐ State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA ARE NOT AVAILABLE	**State must provide time-framed plans for capturing criminal justice involvement status data on all clients if data are not currently available. Plans should also discuss barriers, resource needs and estimates of cost.**

SUPTRS BG Report Table 16. Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Most recent year for which TEDS data are available: _____

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge	Admission Clients (T_1)	Discharge Clients (T_2)
Number of Clients without arrests [numerator]		
Total number of clients with non-missing values on arrests [denominator]		
Percent of clients without arrests	**%**	**%**

SUPTRS BG Table 16**.** *State Description of Criminal Involvement Data Collection*

STATE CONFORMANCE TO INTERIM STANDARD	**State Description of Criminal Involvement Data Collection (SUPTRS BG Table 16):** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	**What is the source of data for SUPTRS BG Table 16 (select all that apply):** ☐ Client self-report ☐ Client self-report confirmed by another source→ ☐ collateral source ☐ Administrative data source ☐ Other Specify _____
EPISODE OF CARE	**How is the admission/discharge basis defined for SUPTRS BG Table 16 (Select one):** ☐ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days ☐ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the

	last date of service in a Program/Service Delivery Unit ☐ Other Specify _____ _____
DISCHARGE DATA COLLECTION	**How was discharge data collected for SUPTRS BG Table 16 (select all that apply)** ☐ Not applicable, data reported on form is collected at time period other than discharge→ Specify: ☐ In-treatment data ___ days post-admission, OR ☐ Follow-up data ___ (specify) months Post- ☐ admission ☐ discharge ☐ other _____ ☐ Discharge data are collected for the census of all (or almost all) clients who were admitted to treatment ☐ Discharge data are collected for a sample or all clients who were admitted to treatment ☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment ☐ Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	**Was the admission and discharge data linked for SUPTRS BG Table 16 (select all that apply):** ☐ Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID) **Select type of UCID** ☐ Master Client Index or Master Patient Index, centrally assigned ☐ Social Security Number (SSN) ☐ Unique client ID based on fixed client characteristics (such as date of birth, sex, partial SSN, etc.) ☐ Some other Statewide unique ID ☐ Provider-entity-specific unique ID ☐ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data

IF DATA ARE UNAVAILABLE	☐ No, admission and discharge records were matched using probabilistic record matching. **If data are not reported, why is State unable to report (select all that apply):** ☐ Information is not collected at admission ☐ Information is not collected at discharge ☐ Information is not collected by the categories requested ☐ State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA ARE NOT AVAILABLE	**State must provide time-framed plans for capturing criminal justice involvement status data on all clients if data are not currently available. Plans should also discuss barriers, resource needs and estimates of cost.**

SUPTRS BG Report Table 17. Treatment Performance Measure: Change in Abstinence – Alcohol Use *(From Admission to Discharge)*

Most recent year for which TEDS data are available: _____

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge.	**Admission Clients (T_1)**	**Discharge Clients (T_2)**
Number of clients abstinent from alcohol [numerator]		
Total number of clients with non-missing values on "used any alcohol" variable [denominator]		
Percent of clients abstinent from alcohol	**%**	**%**

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g., TEDS Code 01)

SUPTRS BG Table 17. *State Description of Alcohol Use Data Collection*

STATE CONFORMANCE TO INTERIM STANDARD	**State Description of Alcohol Use Data Collection (SUPTRS BG Table 17):** State should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	**What is the source of data for SUPTRS BG Table 17 (select all that apply):** ☐ Client self-report ☐ Client self-report confirmed by another source→ ☐ urinalysis, blood test or other biological assay ☐ collateral source ☐ Administrative data source ☐ Other Specify _____
EPISODE OF CARE	**How is the admission/discharge basis defined for SUPTRS BG Table 17 (Select one)** ☐ Admission is on the first date of service, prior to which

	no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days ☐ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit ☐ Other Specify _____
DISCHARGE DATA COLLECTION	**How was discharge data collected for SUPTRS BG Table 17 (select all that apply)** ☐ Not applicable, data reported on form is collected at time period other than discharge→ Specify: ☐ In-treatment data ___ days post-admission, OR ☐ Follow-up data ___ (specify) months Post- ☐ admission ☐ discharge ☐ other _____ ☐ Discharge data are collected for the census of all (or almost all) clients who were admitted to treatment ☐ Discharge data are collected for a sample or all clients who were admitted to treatment ☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment ☐ Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	**Was the admission and discharge data linked for SUPTRS BG Table 17 (select all that apply):** ☐ Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID) **Select type of UCID** ☐ Master Client Index or Master Patient Index, centrally assigned ☐ Social Security Number (SSN) ☐ Unique client ID based on fixed client characteristics (such as date of birth, sex, partial SSN, etc.) ☐ Some other Statewide unique ID ☐ Provider-entity-specific unique ID

	☐ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data ☐ No, admission and discharge records were matched using probabilistic record matching.
IF DATA ARE UNAVAILABLE	**If data are not reported, why is State unable to report (select all that apply):** ☐ Information is not collected at admission ☐ Information is not collected at discharge ☐ Information is not collected by the categories requested ☐ State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA ARE NOT AVAILABLE	**State must provide time-framed plans for capturing abstinence - alcohol use status data on all clients if data are not currently available. Plans should also discuss barriers, resource needs and estimates of cost.**

SUPTRS BG Report Table 18. Performance Measure: Change in Abstinence – Other Drug Use (From Admission to Discharge)

Most recent year for which TEDS data are available: _____

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge.	Admission Clients (T_1)	Discharge Clients (T_2)
Number of Clients abstinent from illegal drugs [numerator]		
Total number of clients with non-missing values on "used any drug" variable [denominator][a]		
Percent of clients abstinent from drugs	**%**	**%**

[a] If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is drugs (e.g., TEDS Codes 01-04)

SUPTRS BG Report Table 18. State *Description of Other Drug Use Data Collection*

STATE CONFORMANCE TO INTERIM STANDARD	**State Description of Other Drug Use Data Collection (SUPTRS BG Table 18):** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	**What is the source of data for SUPTRS BG Table 18 (select all that apply):** ☐ Client self-report ☐ Client self-report confirmed by another source→ ☐ urinalysis, blood test or other biological assay ☐ collateral source ☐ Administrative data source ☐ Other Specify _____
EPISODE OF CARE	**How is the admission/discharge basis defined for SUPTRS BG Table 18 (Select one)** ☐ Admission is on the first date of service, prior to which

	no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days ☐ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit ☐ Other Specify _____
DISCHARGE DATA COLLECTION	**How was discharge data collected for SUPTRS BG Table 18 (select all that apply)** ☐ Not applicable, data reported on form is collected at time period other than discharge→ Specify: ☐ In-treatment data ___ days post-admission, OR ☐ Follow-up data ___ (specify) months Post- ☐ admission ☐ discharge ☐ other _____ ☐ Discharge data are collected for the census of all (or almost all) clients who were admitted to treatment ☐ Discharge data are collected for a sample or all clients who were admitted to treatment ☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment ☐ Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	**Was the admission and discharge data linked for SUPTRS BG Table 18 (select all that apply):** ☐ Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID) **Select type of UCID** ☐ Master Client Index or Master Patient Index, centrally assigned ☐ Social Security Number (SSN) ☐ Unique client ID based on fixed client characteristics (such as date of birth, sex, partial SSN, etc.) ☐ Some other Statewide unique ID ☐ Provider-entity-specific unique ID

	☐ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data ☐ No, admission and discharge records were matched using probabilistic record matching.
IF DATA ARE UNAVAILABLE	**If data are not reported, why is State unable to report (select all that apply):** ☐ Information is not collected at admission ☐ Information is not collected at discharge ☐ Information is not collected by the categories requested ☐ State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA ARE NOT AVAILABLE	**State must provide time-framed plans for capturing abstinence – drug use status data on all clients if data are not currently available. Plans should also discuss barriers, resource needs and estimates of cost.**

SUPTRS BG Report Table 19. Performance Measure: Change in Social Support of Recovery (From Admission to Discharge)

Most recent year for which TEDS data are available: _____

Social Support of Recovery – Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge	Admission Clients (T_1)	Discharge Clients (T_2)
Number of clients participating in self-help (AA NA meetings attended, etc.) [numerator]		
Total number of Admission and Discharge clients with non-missing values on self-help activities [denominator]		
Percent of clients participating in self-help activities	**%**	**%**

SUPTRS BG Report Table 19. *State Description of Social Support of Recovery Data Collection*

STATE CONFORMANCE TO INTERIM STANDARD	**State Description of Social Support of Recovery Data Collection (SUPTRS BG Table 19):** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	**What is the source of data for SUPTRS BG Table 19 (select all that apply):** ☐ Client self-report ☐ Client self-report confirmed by another source→ ☐ collateral source ☐ Administrative data source ☐ Other Specify _____
EPISODE OF CARE	**How is the admission/discharge basis defined for SUPTRS BG Table 19 (Select one)** ☐ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been

	received for 30 days ☐ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit ☐ Other Specify _____
DISCHARGE DATA COLLECTION	**How was discharge data collected for SUPTRS BG Table 19 (select all that apply)** ☐ Not applicable, data reported on form is collected at time period other than discharge→ Specify: ☐ In-treatment data ___ days post-admission, OR ☐ Follow-up data ___ (specify) months Post- ☐ admission ☐ discharge ☐ other _____ ☐ Discharge data are collected for the census of all (or almost all) clients who were admitted to treatment ☐ Discharge data are collected for a sample or all clients who were admitted to treatment ☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment ☐ Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	**Was the admission and discharge data linked for SUPTRS BG Table 19 (select all that apply):** ☐ Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID) **Select type of UCID** ☐ Master Client Index or Master Patient Index, centrally assigned ☐ Social Security Number (SSN) ☐ Unique client ID based on fixed client characteristics (such as date of birth, sex, partial SSN, etc.) ☐ Some other Statewide unique ID ☐ Provider-entity-specific unique ID ☐ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission

	data ☐ No, admission and discharge records were matched using probabilistic record matching.
IF DATA ARE UNAVAILABLE	**If data are not reported, why is State unable to report (select all that apply):** ☐ Information is not collected at admission ☐ Information is not collected at discharge ☐ Information is not collected by the categories requested ☐ State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA ARE NOT AVAILABLE	**State must provide time-framed plans for capturing self-help participation status data on all clients if data are not currently available. Plans should also discuss barriers, resource needs and estimates of cost.**

SUPTRS BG Report Table 20. Retention; Length of Stay (in Days) of Clients Completing Treatment

Most recent year for which TEDS data are available: _____

LENGTH OF STAY			
Level of Care	**Average (Mean)**	**Median**	**Interquartile Range**
Withdrawal Management (24-hour care)			
1. Hospital Inpatient			
2. Free-Standing Residential			
Rehabilitation/Residential			
3. Hospital Inpatient			
4. Short-term (up to 30 days)			
5. Long-term (over 30 days)			
Ambulatory (Outpatient)			
6. Outpatient			
7. Intensive Outpatient			
8. Withdrawal management			
Medication for Opioid Use Disorder (MOUD) Treatment			
9. Withdrawal Management with Opioid Agonist Medications			
10. Continuous MOUD and Other Services in Outpatient Settings			

Primary Prevention Performance Indicators and Accomplishments

The National Outcome Measures (NOMs) are a set of domains and measures that are used to track progress towards achieving its vision and to meet all of its federal reporting requirements, thus reducing burden and redundancy for grantees.

The NOMs Data Collection and Reporting tables are to be completed as part of the state's annual SUPTRS BG application. For Tables 21-25 and 27-30, the compliance year is calendar year (CY) 2024. **Note**: Pre-populated NOMs from the National Survey on Drug Use and Health (NSDUH) reflect pooled data from CYs 2023-2024. For substance use disorder prevention NOMs Table 26, the compliance year is School Year 2024.

For purposes of this section, unless otherwise noted, the term "state" refers to states, territories, and the one Native American tribe that receive SUPTRS BG funding.

Tables 21 through 30 - Information

A. Pre-populated Data

In this block grant report, pre-populated data are automatically provided to fulfill the majority of the reporting requirements, where possible. It has been agreed that the state-level reporting requirement for the NOMs listed in Tables 21-30 will be fulfilled through the use of extant data from sources including the NSDUH, the Fatality Analysis Reporting System (FARS) of the National Highway Traffic Safety Administration, the National Incident-Based Reporting System (NIBRS), and the National Center for Education Statistics (NCES) of the U.S. Department of Education. These pre-populated state-level NOMs will meet most of the state-level NOMs reporting requirements for the prevention portion of the SUPTRS BG funding.

Territories and Native American tribes for which there are no NSDUH, FARS, NIBRS, and/or NCES data will not be required to report on those measures, but will be encouraged to provide substitute data in Column D.

NOMs Domain - Reduced Morbidity: Drug Use/Alcohol Use
- Table 21: 30-Day Use
- Table 22: Perception of Risk/Harm of Use
- Table 23: Age of First Use
- Table 24: Perception of Disapproval/Attitudes

NOMs Domain - Employment/Education
• Table 25: Perception of Workplace Policy
• Table 26: Average Daily School Attendance Rate

NOMs Domain - Crime and Criminal Justice
• Table 27: Alcohol-Related Traffic Fatalities
• Table 28: Alcohol- and Drug-Related Arrests

NOMs Domain - Social Connectedness
• Table 29: Family Communications Around Drug and Alcohol Use

NOMs Domain - Retention
• Table 30: Youth Seeing, Reading, Watching, or Listening to a Prevention Message

B. Supplemental Data

States may also wish to provide additional data related to the NOMs. These data can be included in the block grant appendix. When describing the supplemental data, states should provide any relevant Web addresses (URLs) that provide links to specific state data sources.

C. Instructions for Completing Forms

Column A: Measure - The defined measure for the domain listed.

Column B: Question/Response
• *Source Survey Item*: For Tables 21-25, 29, and 30, the source is the NSDUH. For Tables 26-28 other "archival" sources are identified. The specific language used for each item is provided.
• *Response Option*: The range of responses that are provided for the survey item.
• *Outcome Reported*: The specific responses that are included in the calculation provided for the item.
• *Age*: The age range for which the responses are provided.

Column C: Pre-populated Data - Pre-populated data are provided; see letter A, Pre-populated data.

Column D: Approved Substitute Data – Grantees for which there are no NSDUH, FARS, NIBRS and/or NCES data will be able to voluntarily enter data for the items in this column. Substitute data are not allowed for grantees with pre-populated data.

SUPTRS BG Report 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.		
	Ages 12–20 – CY 2023-2024		
	Ages 21+ - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
3. 30-day Use of Other Tobacco Products	**Source 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).		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
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 illegal drug][b]?" **Outcome Reported:** Percent who reported having used illegal 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).		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		

[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.

SUPTRS BG Report 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.		
	Ages 12–20 CY 2023-2024		
	Ages 21+ - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data if any
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.		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		

SUPTRS BG Report 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.		
	Ages 12–20 - CY 2023-2024		
	Ages 21+ - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ CY 2023-2024		

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data if any
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.		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		

[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.

SUPTRS BG Report 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.		
	Ages 12–17 - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data if any
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.		
	Ages 12–17 - CY 2023-2024		
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.		
	Ages 12–17 - CY 2023-2024		

SUPTRS BG Report Table 25. Substance Use Disorder Prevention NOMs
Domain: Reduced Morbidity – Drug Use/Alcohol Use

Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?" [Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Ages 15–17 - CY 2023-2024		
	Ages 18+ - CY 2023-2024		

SUPTRS BG Report Table 26. Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Drug Use/Alcohol Use

Measure: Average Daily School Attendance Rate

A. Measure	B. Source	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.		
	CY 2024		

SUPTRS BG Report Table 27. Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice

Measure: Alcohol Related Traffic Fatalities

A. Measure	B. Source	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		

SUPTRS BG Report Table 28. Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice

Measure: Alcohol and Drug-Related Arrests

A. Measure	B. Source	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		

SUPTRS BG Report 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.		
	Ages 12–17 - CY 2023-2024		
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?"[a] [Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Ages 18+ - CY 2023-2024		

[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.

SUPTRS BG Report Table 30. Substance Use Disorder Primary Prevention NOMs Domain: Retention

Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

Measure	Question/Response	Pre-populated Data	Supplemental Data if any
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][a]?" **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Ages 12–17 - CY 2023-2024		

[a] This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

SUPTRS BG Report Tables 31-34 – *Reporting Period*

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

The following chart is for collecting information on the reporting periods for the data entered in Tables 31-34. **Please note that the correct reporting period for Tables 31-34 is the Calendar Year (CY) 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. **Note that the correct reporting period for Table 34 is the SUPTRS BG compliance period that coincides with the reporting period for Tables 4, 5a, 5b, 6 and 7.**

Rows 1 through 5 each correspond to a single form in the current year application among the following four tables: 31, 32, 33, and 34.
Column A: Enter the reporting period **start date**.
Column B: Enter the reporting period **end date**.
The date format to be entered in columns A and B should be month/day/year, as follows.

- Month: enter 2 digits (e.g. January = 01; December = 12)
- Day: enter 2 digits (e.g. 1st of the month = 01; 15th of the month = 15)
- Year: enter all 4 digits (e.g. 2012, 2013)

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. SUPTRS BG Table 31 Individual- and Population-Based Programs and Strategies – Number of Persons Served by Age, Sex, Race and Ethnicity	mm/dd/yyyy	mm/dd/yyyy
2. SUPTRS BG Table 32 Number of Persons Served by Type of Intervention	mm/dd/yyyy	mm/dd/yyyy
3. SUPTRS BG Table 33 Number of Evidence-Based Programs and Strategies by Type of Intervention	mm/dd/yyyy	mm/dd/yyyy
4. SUPTRS BG Table 34 Total Number of Evidence-Based Programs and Total SUPTRS BG Dollars Spent on Evidence-Based Programs/Strategies	mm/dd/yyyy	mm/dd/yyyy

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).

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 participants to the More Than One Race subcategory.

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

	Individual-Based Programs and Strategies-Number of Persons Served	Population-Based Programs and Strategies—Number of Persons Reached
A. Age		
0-5		
6-12		
13-17		
18-20		
21-24		
25-44		
45-64		
65-74		
75+		
Age Not Available[a]		
A. Sex		
Male		
Female		
Sex Not Available		
B. Ethnicity		
Hispanic or Latino		
Not Hispanic or Latino		
Ethnicity Not Available		
C. Race		
White		
Black or African American		
Native Hawaiian/Other Pacific Islander		
Asian		
American Indian/Alaska Native		
More than one Race		
Some Other Race		
Race Not Available		

[a]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 Report Table 32. Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

Intervention Type	Number of Persons Served by Individual- or Population-Based Program or Strategy	
	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		
2. Universal Indirect		
3. Selective		
4. Indicated		
5. Total	**0**	**0**

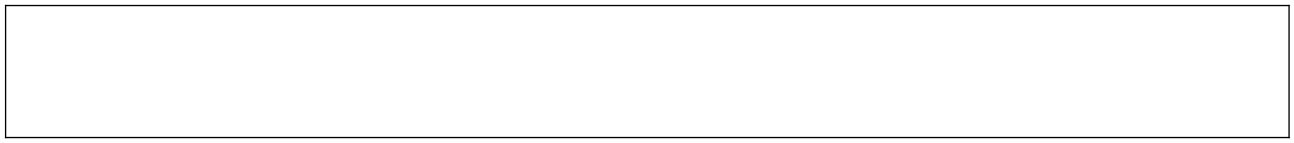
SUPTRS BG Report Table 33. Substance Use Disorder Primary Prevention Evidence-Based Programs and Strategies by Type of Intervention

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 populations.

EBPs are prevention strategies that were reported as effective for your substance and population of focus. EBPs may 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.



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

	Number of Programs and Strategies by Type of Intervention					
	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded			0			0
2. Total number of Programs and Strategies Funded			0			0
3. Percent of Evidence-Based Programs and Strategies	%	%	%	%	%	%

SUPTRS BG Report 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

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 #	$
Universal Indirect	Total #	$
Selective	Total #	$
Indicated	Total #	$
Unspecified	Total#	$
	Total EBPs:	Total Dollars Spent: $