

FY 2025 Substance Abuse Funding Report (House Bill 6)								
Funding Agency	Grant Name	Grant Start Date	Grant End Date	Award	Annual*	Grant Purpose	Number of Persons Served in FY25	Other Outcomes
Federal Recurring Formula Grants								
Substance Abuse and Mental Health Services Administration (SAMHSA)	Substance Use Prevention, Treatment and Recovery Services Block Grant	10/1/2023	9/30/2025	\$21,295,626	\$21,295,626	<p>The Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant funds support the development and implementation of community-based prevention, treatment and recovery activities that address alcohol and drug addiction among individuals that are uninsured or under-insured and the provision of services that are not covered by Medicaid, Medicare, or private insurance for persons with lower income. Key priorities include but are not limited to primary prevention of alcohol, nicotine/tobacco, cannabis, and other drug use, community-based residential, outpatient, and intensive outpatient services, non-hospital detoxification, medications to treat opioid use disorder (MOUD), peer support, and recovery supports. A required</p>	<p>Across 14 community mental health centers:</p> <ul style="list-style-type: none"> <li>• 2,672 unduplicated individuals received short-term residential services for addiction issues.</li> <li>• 755 individuals received long-term residential services for addiction issues.</li> <li>• 33,342 individuals diagnosed with addiction issues received outpatient therapy.</li> <li>• 8,291 individuals diagnosed with addiction issues received group outpatient therapy.</li> <li>• 29 individuals received intensive outpatient services for addiction issues.</li> <li>• 538 individuals with addiction issues received crisis stabilization services.</li> <li>• 1,061 individuals with addiction issues received mobile crisis services.</li> <li>• 3,382 adults with addiction issues received individual or group peer support services.</li> </ul> <p>Other provider data:</p> <ul style="list-style-type: none"> <li>• 1,812 individuals received recovery housing support through Oxford House.</li> <li>• There were 33,638,397 prevention touch points (note that these data include duplicate persons). This number includes the total number of participants receiving prevention services. Including information dissemination (e.g. distributing information at community events, media campaigns, etc.), community-based processes (e.g. community meetings and trainings), education (e.g. school curricula such as Too Good for Drugs, Youth Mental Health First Aid for school personnel and others who work with youth, etc.), and problem identification and referral (e.g. Zero Tolerance). High numbers are due in part to billboard media campaigns in some regions.</li> </ul>	<p>The Department of Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) collaborates with the University of Kentucky Center for Drug and Alcohol Research (UK CDAR) to develop and disseminate research findings:</p> <ul style="list-style-type: none"> <li>• The Kentucky Treatment Outcomes Study (KTOS) is a statewide evaluation of publicly funded addiction treatment programs administered through the community mental health centers. Current reports listed below: <ul style="list-style-type: none"> <li>○ <a href="#">KTOS 2025 Annual Report</a></li> <li>○ <a href="#">KTOS 2025 Outcomes Fact Sheet</a></li> <li>○ <a href="#">KTOS 2025 Findings at a Glance</a></li> </ul> </li> <li>• The Adolescent Kentucky Treatment Outcomes Study (AKTOS) is a statewide evaluation of publicly funded addiction treatment programs administered through the community mental health centers for adolescents (ages 12-17 years old). Current reports listed below: <ul style="list-style-type: none"> <li>○ <a href="#">AKTOS 2024 Annual Report</a></li> <li>○ <a href="#">AKTOS 2024 Intake Fact Sheet</a></li> </ul> </li> <li>• The Kentucky Opioid Replacement Treatment Outcome Study (KORTOS) is an evidence-based data collection system designed to examine opioid treatment outcomes. Current reports listed below: <ul style="list-style-type: none"> <li>○ <a href="#">KORTOS 2024 Annual Report</a></li> <li>○ <a href="#">KORTOS 2024 Outcomes Fact Sheet</a></li> <li>○ <a href="#">KORTOS 2024 Intake Fact Sheet</a></li> </ul> </li> <li>• UK CDAR also supports the design, development, and dissemination of data for the DUI Project and the KY-MOMS MATR case management outcomes project.</li> </ul>

						20% set aside is used to implement drug addiction primary prevention programming and a specified amount of funding must be spent on treatment services designed for pregnant women and women with dependent children.		<p>Reports for these projects are listed later in this report.</p> <p>The Department for Behavioral Health, Developmental, and Intellectual Disabilities collaborates with REACH Evaluation to develop and disseminate research findings:</p> <ul style="list-style-type: none"> <li>• The Kentucky Incentives for Prevention (KIP) survey is Kentucky’s largest source of data related to youth use of alcohol, tobacco, and other drugs (ATOD), as well as several additional factors related to adolescent social and emotional well-being. In October 2021, over 93,000 students representing 129 school districts completed the survey. The most recent KIP data collection period occurred in the fall of 2024. Results of this survey have not yet been finalized.</li> </ul>
SAMHSA	State Opioid Response	9/30/2024	9/29/2027	\$111,660,942	\$37,220,314	<p>Informed by the Kentucky Overdose Response Effort’s (KORE) Strategic Action Plan, populations of focus include individuals with opioid use disorder (OUD) and/or stimulant use disorder (StimUD) who are 1) overdose survivors; 2) criminal-legal system-involved; 3) pregnant and postpartum; 4) Black, Indigenous, and People of Color (BIPOC); and 5) transition-age youth.</p> <p>The goals of KORE are to 1) prevent the development of OUD and StimUD by</p>	<ul style="list-style-type: none"> <li>• 149,533 individuals received free naloxone, the FDA-approved overdose reversal medication.</li> <li>• 724,400 fentanyl and xylazine test strips were distributed, which are designed to detect the presence of specific substances (like fentanyl and xylazine) that cause overdose.</li> <li>• 19,524 individuals received addiction treatment services. Over 50% of individuals in a KORE-funded treatment program received MOUD. This includes 827 individuals re-entering from incarceration and 252 pregnant and postpartum individuals.</li> <li>• 7,626 mutual aid meetings were attended by 124,905 (duplicated) individuals.</li> <li>• 16,779 unduplicated individuals received recovery support services, such as peer support and recovery coaching.</li> <li>• 2,731 individuals received employment support services, such as job training.</li> <li>• 1,039 individuals served by the Kentucky Access to Recovery Program. This program provides barrier relief to individuals recovering from addiction. Services are free to low-income adults in eligible service areas who are</li> </ul>	<p>The <u>Unshame</u> Kentucky campaign is designed to reduce stigma against persons with OUD/StimUD and increase awareness of addiction related resources. Regular social media posts featuring testimonials from individuals in recovery and education on evidence-based practices yielded 6,460,717 impressions and 3,186,035 video plays across Facebook and Instagram.</p> <p>The Kentucky Hospital Association (KHA) launched the Bridge Navigator Program, which embedded peer support specialists in eight emergency departments to provide recovery coaching and service navigation to individuals experiencing a substance-related health emergency.</p> <p>KORE supported National Alliance for Recovery Residencies (NARR) certification of 331 recovery houses, equating to 4,613</p>

						implementing evidence-based interventions that address behaviors that may lead to a use disorder or overdose; 2) reduce overdose fatalities and other negative impacts of opioid and stimulant use through expansion of harm reduction strategies and principles; 3) reduce OUD/StimUD, overdose and related health consequences by increasing equitable availability and accessibility of evidence-based treatments that include the use of FDA-approved medications for opioid use disorder (MOUD); and 4) facilitate and sustain long-term recovery from OUD/StimUD by increasing access to support services that build recovery capital.	currently in treatment or in the early stages of recovery. The program does not pay for treatment itself, rather it supports the resources needed to be successful in recovery, such as housing, transportation, and childcare.	beds across 38 Kentucky counties and 47 cities.  The Foundation for a Healthy Kentucky provided funding to 10 organizations to support outreach and engagement activities among communities hardest hit by the overdose epidemic. From October 2024 to March 2025, 1,752 individuals were engaged through outreach activities, and 2,486 impressions were garnered through social media campaigns.
Funding Agency	Grant Name	Grant Start Date	Grant End Date	Award	Annual*	Grant Purpose	Number of Persons Served in FY24	Other Outcomes
Federal Non - Recurring COVID Grants - COVID								
SAMHSA	Substance Use Prevention, Treatment and Recovery Services Block Grant;	3/15/2021	3/14/2025	\$19,100,815	\$4,777,204	The Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant funds support the development and	These funds have been leveraged to support the enhancement and expansion of prevention, treatment, and recovery programming supported by the SUPTRS Block Grant and State Opioid Response funds. Funds have also been utilized to support several new start-up activities. Outcomes supported by braided funding sources include:	Funding complete

	Supplemental COVID Relief Funding					<p>implementation of community-based prevention, treatment and recovery activities that address alcohol and drug addiction among individuals that are uninsured or under-insured and the provision of services that are not covered by Medicaid, Medicare, or private insurance for persons with lower income. Key priorities include but are not limited to primary prevention of alcohol, nicotine/tobacco, cannabis, and other drug use, community-based residential, outpatient, and intensive outpatient services, non-hospital detoxification, medications to treat opioid use disorder, peer support, and recovery supports such as recovery housing and employment support.</p>	<ul style="list-style-type: none"> <li>• In FY 25, 33,638,397 prevention touches were delivered (note that these data include duplicate persons). This number includes the total number of participants receiving prevention services. Including information dissemination (e.g. distributing information at community events, media campaigns, etc.), community-based processes (e.g. community meetings and trainings), education (e.g. school curricula such as Too Good for Drugs and Youth Mental Health First Aid for school personnel and others who work with youth, etc.), and problem identification and referral (e.g. Zero Tolerance). High numbers are due in part to billboard media campaigns in some regions.</li> <li>• 1,812 individuals received recovery housing support through Oxford House.</li> <li>• 1,039 individuals served by the Kentucky Access to Recovery Program. This program provides barrier relief to individuals recovering from addiction. Services are free to low-income adults in eligible service areas who are currently in treatment or in the early stages of recovery. The program does not pay for treatment itself, rather it supports the resources needed to be successful in recovery, such as housing, transportation, and childcare.</li> <li>• 4,852 individuals received expanded addiction crisis and treatment services because of this funding.</li> <li>• Through recovery community centers, 561 individuals were served (unduplicated), and 688 mutual aid meetings were held and attended by 4,333 individuals (duplicated) and 137 events (life skills classes, prosocial events, and outreach) were held with 1,493 individuals (duplicated) attending.</li> <li>• Young People in Recovery served 11,346 (duplicated) individuals through 371 events including recovery meetings, workshops, prosocial events, and community engagement activities.</li> </ul>	<p>This grant funded two new recovery community centers (RCC), increasing the total number of RCCs funded through DBHDID to 15.</p>
SAMHSA	Substance Use Prevention,	9/1/2021	9/30/2025	\$16,496,159	\$4,124,040	The Substance Use Prevention, Treatment and	These funds have been leveraged to support the enhancement and expansion of prevention, treatment and recovery programming supported by	Funding complete

	Treatment and Recovery Services Block Grant; ARPA					<p>Recovery Services (SUPTRS) Block Grant funds support the development and implementation of community-based prevention, treatment and recovery activities that address alcohol and drug addiction among individuals that are uninsured or under-insured and the provision of services that are not covered by Medicaid, Medicare, or private insurance for persons with lower income. Key priorities include but are not limited to primary prevention of alcohol, nicotine/tobacco, cannabis, and other drug use, community-based residential, outpatient, and intensive outpatient services, non-hospital detoxification, medications to treat opioid use disorder, peer support, and recovery supports such as recovery housing and employment support.</p>	<p>regular block grant and State Opioid Response funds. Funds have also been utilized to support several new start-up activities. Outcomes supported by braided funding sources include:</p> <ul style="list-style-type: none"><li>• In FY 25, 33,638,397 doses of prevention were delivered (note that these data include duplicate persons). This number includes the total number of participants receiving prevention services. Including information dissemination (e.g. distributing information at community events, media campaigns, etc.), community-based processes (e.g. community meetings and trainings), education (e.g. school curricula such as Too Good for Drugs and Youth Mental Health First Aid for school personnel and others who work with youth, etc.), and problem identification and referral (e.g. Zero Tolerance). High numbers are due in part to billboard media campaigns in some regions.</li><li>• 11,596 individuals received free naloxone.</li><li>• 113,246 fentanyl test strips distributed.</li><li>• 12,893 xylazine test strips distributed.</li><li>• 1,812 individuals received recovery housing support through Oxford House.</li><li>• 1,039 individuals served by the Kentucky Access to Recovery Program. This program provides barrier relief to individuals recovering from addiction. Services are free to low-income adults in eligible service areas who are currently in treatment or in the early stages of recovery. The program does not pay for treatment itself, rather it supports the resources needed to be successful in recovery, such as housing, transportation, and childcare.</li><li>• 4,852 individuals received expanded addiction crisis and treatment services because of this funding.</li><li>• Through recovery community centers, 561 individuals served (unduplicated), and 688 mutual aid meetings were held and attended by 4,333 individuals (duplicated) and 137 events (life skills classes, prosocial events, and outreach) were held with 1,493 individuals (duplicated) attending.</li></ul>	
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SAMHSA	Substance Abuse Prevention and Treatment Block Grant; ARP Mitigation	9/1/2021	9/30/2025	\$562,833	\$140,708	Expand dedicated testing and mitigation resources for people with mental health and addiction issues by providing resources to prevent, prepare for, and respond to the COVID-19 public health emergency. Ensure the continuity of services to support individuals connected to the behavioral health system.	<ul style="list-style-type: none"> <li>198 agencies requested COVID mitigation resources, including addiction treatment facilities (48%), local health departments (28%) and recovery houses (24%).</li> </ul>	<p>Outlined below is the quantity of personal protective equipment (PPE) distributed to agencies:</p> <ul style="list-style-type: none"> <li>Surgical masks: 387,450</li> <li>Facial shields: 2,884</li> <li>Small nitrile gloves: 8,000</li> <li>Medium nitrile gloves: 377,800</li> <li>Large nitrile gloves: 367,600</li> <li>X-large nitrile gloves: 223,500</li> <li>Small nitrile gowns: 1,268</li> <li>Medium nitrile gowns: 1,903</li> <li>Large nitrile gowns: 2,852</li> <li>X-large nitrile gowns: 1,951</li> <li>Total number of individual PPE items distributed: 1,375,208</li> </ul> <ul style="list-style-type: none"> <li>Funding complete</li> </ul>
Funding Agency	Grant Name	Grant Start Date	Grant End Date	Award	Annual*	Grant Purpose	Number of Persons Served in FY25	Other Outcomes
Time-Limited Competitive Grants								
SAMHSA	Kentucky Partnerships for Success 2023	9/30/2023	9/29/2028	\$6,250,000	\$1,250,000	The Kentucky Partnerships for Success 2023 grant proposes to reduce alcohol, tobacco, and marijuana use/misuse and related consequences by increasing state infrastructure and improving coalition capacity to support the implementation of evidence-based prevention programs, practices, and policies. It will address	<p>In FY 25, 29,473 doses of prevention were delivered because of this funding.</p>	<p>In order to increase capacity to deliver evidence-based prevention programs, regional prevention centers met with more than 60 new partners.</p> <p>Approximately 70 prevention staff members at the local and state levels have completed three trainings on topics including the social determinants of health and “Incorporating Cultural Competence into Your</p>

						<p>needs across the lifespan with specific emphasis on Black and rural Kentuckians.</p> <p>Prevention services in Kentucky are delivered through its 14 regional prevention centers (RPCs), 84 coalitions, 81 Agency for Substance Abuse Policy (ASAP) boards, and 23 Drug-Free Communities grantees. Connecting these prevention providers with regional training and technical assistance (TA) creates a system with resources to achieve significant reductions in substance use rates and consequences.</p>		Comprehensive Prevention Plan”. That information will be used to train community coalitions and other interested partners.
Funding Agency	Grant Name	Grant Start Date	Grant End Date	Award	Annual*	Grant Purpose	Number of Persons Served in FY25	Other Outcomes
State and Agency Funds								
Kentucky Agency for Substance Abuse Policy (KY-ASAP)/Kentucky Office of Drug Control Policy	Substance Use Treatment and Recovery Services in Kentucky’s Community Mental Health Center Network	7/1/2023	6/30/2025	\$5,493,937	\$2,872,220	<p>Pursuant to KRS 196.288, these funds are provided by the Kentucky Agency for Substance Abuse Policy (KY-ASAP) to community mental health centers for the purpose of offering additional drug use treatment resources through programs</p>	<ul style="list-style-type: none"> <li>In FY25, over 1,218 individuals received services by funded programs including: <ul style="list-style-type: none"> <li>Access to National Alliance for Recovery Residences (NARR) certified recovery housing</li> <li>Expansion of access to medications for opioid use disorder</li> <li>Contingency management</li> <li>Crisis services</li> <li>Intensive outpatient services</li> <li>Recovery community center services, such as harm reduction (HIV/Hepatitis C testing),</li> </ul> </li> </ul>	

						that employ evidence-based behavioral health treatment or medically assisted treatment. The Office of Drug Control Policy (ODCP) contracts with DBHDID to administer these funds.	mutual aid meetings, employment supports, legal aid, and expungement clinics	
Kentucky Agency for Substance Abuse Policy (KY-ASAP)/KY Office of Drug Control Policy	NAS (Neonatal Abstinence Syndrome) Funds	7/1/2024	6/30/2025	\$5,643,128	\$5,643,128	Pursuant to KRS 196.288, these funds are provided by the Kentucky Agency for Substance Abuse Policy (KY-ASAP) to be used to address neonatal abstinence syndrome by providing supplemental grant funding to community drug use treatment providers to offer residential treatment services to pregnant women through programs that employ evidence-based behavioral health treatment or medically assisted treatment. The Office of Drug Control Policy (ODCP) contracts with the DBHDID to administer these funds.	<ul style="list-style-type: none"> <li>In FY25, 936 women were served by funded programs, receiving residential treatment and transitional housing services, and a myriad of other supports included, but not limited to: evidence-based family therapy, case management services, peer support, parenting education and bonding activities, transportation to services, and linkage to basic needs such as state IDs and birth certificates.</li> <li>In FY25, 360 children, including infants, were served by funded programs receiving services including, but not limited to: housing, parent bonding activities, and family therapy.</li> </ul>	
Commonwealth of Kentucky	Tobacco Settlement Funds	7/1/2024	6/30/2025	\$5,940,052	\$5,940,052	Pursuant to House Bill 192 of the 2021 Regular Session of the General Assembly, these funds were	<ul style="list-style-type: none"> <li>146 individuals received KY-Moms MATR Prevention Education Curriculum.</li> <li>180 individuals received KY-Moms Case Management services.</li> </ul>	The Department of Behavioral Health, Developmental and Intellectual Disabilities collaborates with UK CDAR to collect and analyze data on birth outcomes of women receiving KY-Moms MATR case management



						used for drug use prevention and treatment services for pregnant women with a history of drug use. Funds supported the Kentucky-Moms MATR (Maternal Assistance Toward Recovery) program as well as residential programs for pregnant women with addiction issues. The primary focus of KY-Moms MATR case management is to engage high risk pregnant women in need of services such as addiction treatment, mental health counseling, and domestic violence services.		services. These data are collected from clients at prenatal intake and postnatal follow-up (about 6 months after the baby is born). Current reports listed below: <ul style="list-style-type: none"><li>• <a href="#">2025 KY Moms Maternal Assistance Towards Recovery Annual Report</a></li><li>• <a href="#">2025 KY Moms Maternal Assistance Towards Recovery Findings at a Glance</a></li><li>• <a href="#">2025 KY Moms Maternal Assistance Towards Recovery Baselines Fact Sheet</a></li><li>• <a href="#">2025 KY Moms Maternal Assistance Towards Recovery Outcomes Fact Sheet</a></li></ul>
KY Opioid Abatement Funds	Behavioral Health Conditional Dismissal Program (SB90) Trust Fund	1/1/2023	12/31/2027	\$19,239,715	\$3,172,600	Pursuant to KRS 533.270 to 533.290, the Behavioral Health Conditional Dismissal Program (BHCDP) is a pilot designed to provide eligible individuals with a behavioral health disorder (mental health and/or addiction issues) and qualifying low-level charges an alternative to incarceration and further penetration into the criminal justice system.	<ul style="list-style-type: none"><li>• In year 1 (January 2023 – December 2024), 272, clinical assessments were completed and there were 759 clinical assessments completed in year 2.</li><li>• In year 2, there were 535 individuals that participated in the program, 40% of those participants had cases successfully dismissed, 19% withdrew voluntarily or due to non-compliance, and the remainder maintained enrollment in community-based or residential treatment.</li><li>• Expansion of counties participating grew to 17 counties by the end of year 2.</li></ul>	The Administrative Office of the Courts is statutorily required to provide an annual report that outlines program progress. Current report listed below:

					<p>Successful completion of the program can result in the dismissal of eligible charges.</p> <p>The Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) administers the Behavioral Health Conditional Dismissal Program Trust fund, which totals \$10.5M each year for four years. DBHDID supports several facets of program implementation including pilot-wide clinical assessment processes that help determine eligibility of program participants, Administrative Office of the Courts (AOC) Case Navigators that support linkage from the courts to treatment services, data collection, management and reporting processes, and training and ongoing technical assistance for participating behavioral health providers. Direct participant supports include treatment provider</p>		<ul style="list-style-type: none"><li>• <a href="#">2024 BHCDP Annual Report</a></li></ul>
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						reimbursement for non-billable services or non-Medicaid eligible participants, supportive services that help program participants develop recovery capital that enhances treatment engagement and retention, such as housing assistance, transportation and childcare, and education and employment supports are made available in partnership with the Kentucky Office of Adult Education.		
County Court Clerks	DUI and Alcohol Intoxication (AI) Funds	7/1/2024	6/30/2025	\$2,732,791	\$1,269,000	The receipts from alcohol intoxication fines are received pursuant to KRS 431.100. Other statutes under which the program operates include KRS 189A (driving under the influence [DUI] assessment, education, and treatment) and KRS 218A.410 (drug forfeiture).	<ul style="list-style-type: none"><li>• In calendar year 2023, 13,224 DUI assessment records were submitted to the Department for Behavioral Health, Developmental and Intellectual Disabilities, Division of Program Integrity by approximately 109 licensed and certified DUI Programs.</li><li>• In 2024, 8,393 assessments were submitted by 104 DUI programs.</li></ul>	The Department of Behavioral Health, Developmental, and Intellectual Disabilities collaborates with UK CDAR to develop and disseminate research findings: <ul style="list-style-type: none"><li>• The DUI Project includes the design and development of computerized assessments and production of reports that detail activities of the DUI assessment program certified by the Division of Program Integrity. Current report listed below:<ul style="list-style-type: none"><li>◦ <a href="#">DUI 2022 Report</a></li></ul></li></ul>

\* Annual state allocation or currently allocated by SAMHSA.

*Note: Clients may be duplicated between the multiple service types and fund sources.*