

Oklahoma

UNIFORM APPLICATION

FY 2026 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028
(generated on 01/07/2026 3.26.18 PM)

Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID X5K6JYC467J7

I. State Agency to be the Grantee for the Block Grant

Agency Name Oklahoma Department of Mental Health and Substance Abuse Services

Organizational Unit Treatment and Recovery Services

Mailing Address 2000 N. Classen Blvd. Suite 600

City Oklahoma City

Zip Code 73106

II. Contact Person for the Grantee of the Block Grant

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2024

To 6/30/2025

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2025 5:01:10 PM

Revision Date 12/1/2025 5:01:32 PM

V. Contact Person Responsible for Report Submission

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

Footnotes:

B. Implementation Report

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

Priority #: 1

Priority Area: Overall Health Promotion

Priority Type: SUT, MHS

Population(s): SMI, SED, PWID, Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Plan Matrix that is attached.

Strategies to attain the goal:

There will be multiple strategies supporting the objectives and goals in this priority area. This is detailed on the Plan Matrix that is attached.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Follow-up by physician after hospitalization for Mental Illness – 7 days after discharge

Baseline measurement (Initial data collected prior to the first-year target/outcome): 50%

"First-year target/outcome measurement (Progress – end of SFY 2024): 55%

Second-year target/outcome measurement (Final – end of SFY 2025): 58%

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

Data Source:
ODMHSAS CCBHC Quality Measure Reports

New Data Source(if needed):

Description of Data:
reported by CCBHCs to ODMHSAS

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:
None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved *(if not achieved, explain why)*

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

The percentage reached was 41%. This measure is being addressed, with providers, on a quarterly basis, to encourage consumers to visit the physician for a follow up, within this stated time period.

How first year target was achieved (optional):

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

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

For FY25, the percentage reached was still 41%. This measure is contingent on people coming into treatment in a timely manner after being hospitalized. This measure is continuing to be addressed, with providers, on a quarterly basis, to encourage consumers to visit the physician for a follow up, within this stated time period.

How second year target was achieved:☐**Indicator #:**

2

Indicator:

Presence of a fasting lipid profile within past 12 months for patients with diabetes

Baseline measurement (Initial data collected prior to the first-year target/outcome):

38%

"First-year target/outcome measurement (Progress – end of SFY 2024):

46%

Second-year target/outcome measurement (Final – end of SFY 2025):

51%

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

Relias Reports

New Data Source(if needed):**Description of Data:**

reported by CCBHCs to ODMHSAS

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

Not Achieved (if not achieved,explain why)

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

The percentage reached was 42%. The number of consumers in this data set continues to grow as the number of CCBHC providers has increased. This measure will continue to be prioritized as an integrated care initiative with continued monitoring and the provision of technical assistance.

How first year target was achieved (optional):

Second Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How second year target was achieved:**

For FY25, the percentage reached was 57%.

Indicator #:

3

Indicator:

Body Mass Index assessment for children/adolescents

Baseline measurement (Initial data collected prior to the first-year target/outcome):

20%

"First-year target/outcome measurement (Progress – end of SFY 2024):

50%

Second-year target/outcome measurement (Final – end of SFY 2025):

58%

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

Data Source:

ODMHSAS CCBHC Quality Measure Reports

New Data Source(if needed):**Description of Data:**

reported by CCBHCs to ODMHSAS

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:**

The percentage reached was 2%. It is felt that because this number is so low, it is an indicator that the data is not getting put into the system ODMHSAS will be moving to a new system in January and so we will not have this data moving forward. This measure will be deleted as soon as possible.

How first year target was achieved (optional):Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:**

This measure was deleted. Please see footnote.

How second year target was achieved:☐**Indicator #:**

4

Indicator:

Number of persons served who inject drugs and high risk persons with substance use disorders

Baseline measurement (Initial data collected prior to the first-year target/outcome):

5,600

"First-year target/outcome measurement (Progress – end of SFY 2024):

6,000

Second-year target/outcome measurement (Final end of SFY 2025):

6,100

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

Medicaid Management Information System (MMIS)

New Data Source(if needed):**Description of Data:**

Data is compiled through claims database.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:**

How first year target was achieved (optional):

The number of persons served who inject drugs and high-risk persons with SUD was 24,950 for FY24.

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

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved:**

The number of persons served who inject drugs and high-risk persons with SUD was 45,872 for FY25.

Indicator #: 5

Indicator: Number of credentialed wellness coaches

Baseline measurement (Initial data collected prior to the first-year target/outcome): 1,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 1,000

Second-year target/outcome measurement (Final – end of SFY 2025): 1,000

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

Data Source:

ODMHSAS training records

New Data Source(if needed):

Description of Data:

ODMHSAS will keep a record of those completing training.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of wellness coaches credentialed, in FY24, were 1,054.

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

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

The number of wellness coaches credentialed, in FY25, were 722. Enrollment is down for the wellness coach training. Requirements have changed and individuals must be certified in another paraprofessional before they can sign up.

How second year target was achieved:

Indicator #: 6

Indicator: Number of wellness coaches trained in Wellness Coach Youth e-learning

Baseline measurement (Initial data collected prior to the first-year target/outcome): 100

"First-year target/outcome measurement (Progress – end of SFY 2024): 122

Second-year target/outcome measurement (Final – end of SFY 2025): 140

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

Data Source:

ODMHSAS Human Resources Development database

New Data Source(if needed):

Description of Data:

The ODMHSAS designated staff will report on training development and the ODMHSAS HRD maintains a database of individuals who complete training.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

The number of wellness coaches trained in Wellness Coach Youth e-learning, for FY24, was 491.

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

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

How second year target was achieved:

The number of wellness coaches trained in Wellness Coach Youth e-learning, for FY25, was 296.

Indicator #: 7

Indicator: Number of behavioral health organizations that adopt and/or adapt Wellness Policies

Baseline measurement (Initial data collected prior to the first-year target/outcome): 4

"First-year target/outcome measurement (Progress – end of SFY 2024): 5

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Wellness Division Data Set

New Data Source(if needed):

Description of Data:

Smartsheet in partnership with TSET

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

In FY24, there were no contracted behavioral health organizations that adopted/adapted new Wellness Policies. Providers have been

working on this priority measure for several years and now there is difficulty finding new organizations that do not already have written wellness policies. This has been discovered as there have been many outreach opportunities with providers during which creating wellness policies was discussed.

How first year target was achieved (optional):

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

☐

Indicator #: 8

Indicator: Number of online referrals submitted from behavioral health providers to the OK Tobacco Helpline

Baseline measurement (Initial data collected prior to the first-year target/outcome): 7,500

"First-year target/outcome measurement (Progress – end of SFY 2024): 7,500

Second-year target/outcome measurement (Final end of SFY 2025): 10,100

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

Data Source:

OK Tobacco Helpline database

New Data Source(if needed):

Description of Data:

The OK Tobacco Helpline keeps a database of where each online referral comes from (by agency) and provides monthly reports.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

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

During FY24, there were 5,109 online referrals submitted from behavioral health providers to the OK Tobacco Helpline. Previously, the ODMHSAS Partnership Team had been providing oversight of TSET. This is no longer being done and that is why the goal was not met.

How first year target was achieved (optional):

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

☐

Priority #: 2

Priority Area: Improved Access and Reduced Disparities

Priority Type: SUP, SUT, SUR, MHS

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

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Plan Matrix that is attached.

Strategies to attain the goal:

There will be multiple strategies supporting the objectives and goals in this priority area. This is detailed on the Plan Matrix that is attached.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of services provided by Wellness Coaches

Baseline measurement (Initial data collected prior to the first-year target/outcome): 120,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 150,000

Second-year target/outcome measurement (Final end of SFY 2025): 160,000

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

Data Source:
Medicaid Management Information System (MMIS)

New Data Source(if needed):

Description of Data:
Data is compiled through claims database and matched with staff IDs who are Wellness Coaches.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:
None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved *(if not achieved,explain why)*

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

CMS had previously not been reimbursing for this for providers that became CCBHC's under the State Plan Amendment. As of October 2023, these providers had been given permission to move under the Demo and so, because of that, the number of services has increased even though the target was not met. For FY24, there were 57,388 services provided by Wellness Coaches.

How first year target was achieved (optional):

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

☐

Indicator #: 2
Indicator: Number of American Indian children and youth who received Systems of Care services

Baseline measurement (Initial data collected prior to the first-year target/outcome): 300

"First-year target/outcome measurement 1,500

(Progress – end of SFY 2024):

Second-year target/outcome measurement (Final
end of SFY 2025):

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

Data Source:

Medicaid Management Information System (MMIS) & Youth Information System (YIS)

New Data Source(if needed):

Description of Data:

Data is compiled through the claims database for outreach services and matched to the eligibility file containing race.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

For FY24, there were 3,314 American Indian children and youth who received Systems of Care services.

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

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

How second year target was achieved:

For FY25, there were 2,974 American Indian children and youth who received Systems of Care services.

Indicator #: 3

Indicator: Number of American Indians who received substance use disorder services

Baseline measurement (Initial data collected
prior to the first-year target/outcome): 4,000

"First-year target/outcome measurement
(Progress – end of SFY 2024): 4,000

Second-year target/outcome measurement (Final
end of SFY 2025):

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

Description of Data:

Data are compiled through the claims database for outreach services and matched to the eligibility file containing race.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

For FY24, there were 4,999 American Indian who received SUD services.

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

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

For FY25, there were 4,152 American Indian who received SUD services. This target was almost achieved. Continued work is being done with the tribes to make them aware of treatment services.

How second year target was achieved:

Indicator #: 4

Indicator: Number of collaborative events conducted together between state agency, contracted agencies and tribes

Baseline measurement (Initial data collected prior to the first-year target/outcome): 2

"First-year target/outcome measurement (Progress – end of SFY 2024): 4

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS staff coordinating the events

New Data Source(if needed):

Description of Data:

The ODMHSAS staff coordinating the events will provide the number of events held during the reporting period.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

For FY24, there were 24 meetings conducted with Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal Behavioral Health meeting for ODMHSAS Partners and Oklahoma Tribal Nations. In addition, there is another specific meeting for ODMHSAS Tribal Nations 988 programs, ODMHSAS and ODMHSAS Providers monthly as well.

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

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

How second year target was achieved:

For FY25, there were 76 meetings conducted with Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal Behavioral Health meeting for ODMHSAS Partners and Oklahoma Tribal Nations. In addition, there is another specific meeting for ODMHSAS Tribal Nations 988 programs, ODMHSAS and ODMHSAS Providers monthly as well.

Indicator #: 5

Indicator: Number of veterans certified through Veteran specific PRSS training

Baseline measurement (Initial data collected prior to the first-year target/outcome): 12

"First-year target/outcome measurement (Progress – end of SFY 2024): 25

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(if needed):

Description of Data:

The number of veterans who acquire their ODMHSAS certification as a PRSS will be pulled from the ODMHSAS PRSS Certification database.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

For FY24, there were 22 veterans certified through Veteran specific PRSS training. These trainings were provided by a contractor and the contractor did not show for one of the scheduled trainings.

How first year target was achieved (optional):

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

☐

Indicator #: 6

Indicator: Number of individuals currently and previously active in the military served in CCBHCs

Baseline measurement (Initial data collected prior to the first-year target/outcome): 2,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 2,050

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

Description of Data:

Data are compiled through the claims database for services provided by CCBHCs, and matched to the eligibility file containing military status information.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

For FY24, there were 3,015 individuals served in CCBHC's, who were either currently active or were previously active in the military.

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

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

For FY25, there were 1,738 individuals served in CCBHC's, who were either currently active or were previously active in the military. Multiple factors may have added to this decrease including more veterans seeing services at the VA as well as the difficulty some CCBHCs are facing with getting panelled by TriCare.

How second year target was achieved:

☐

Indicator #:

7

Indicator:

Number of children with SED and/or co-occurring substance use disorders admitted to Systems of Care programs

Baseline measurement (Initial data collected prior to the first-year target/outcome): 12,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 17,000

Second-year target/outcome measurement (Final end of SFY 2025): 17,000

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

Data Source:

Statewide Behavioral Health Reporting System (PICIS)

New Data Source(if needed):

Description of Data:

Data will be compiled through the Statewide Behavioral Health Reporting System (PICIS).

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

For FY24, there were 17,864 children with SED and/or co-occurring substance use disorders admitted to Systems of Care programs.

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

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

☐

How second year target was achieved:

Indicator #: 8

Indicator: Number of people completing age-informed trainings that are developed and/or delivered by ODMHSAS via in-person, web-based, and/or hybrid modalities

Baseline measurement (Initial data collected prior to the first-year target/outcome): 5

"First-year target/outcome measurement (Progress – end of SFY 2024): 275

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

The ODMHSAS Clinical Support Manager and the ODMHSAS Human Resources Development (HRD) database

New Data Source(if needed):

Description of Data:

The ODMHSAS designated staff will report on training development and the ODMHSAS HRD maintains a database of individuals who complete training.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

For FY24, there were 334 people completing age-informed trainings that were developed and/or delivered by ODMHSAS via in-person, web-based, and/or hybrid modalities.

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

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

For FY25, there were 286 attendees. The reason for not meeting the target was because there was lower than expected attendance during two of the Aging 101 sessions. Outreach and messaging about the trainings continue.

How second year target was achieved:

☐

Indicator #: 9

Indicator: Number of targeted outreach engagements via events, publications, or other method

Baseline measurement (Initial data collected prior to the first-year target/outcome): 0

"First-year target/outcome measurement (Progress – end of SFY 2024): 4

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS Clinical Support Manager

New Data Source(if needed):

Description of Data:

ODMHSAS designated staff will coordinate with the Communications Team to report on targeted outreach engagements.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

For FY24, there were 12 targeted outreach engagements via events, publications, or other method.

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

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

How second year target was achieved:

For FY25, there were 14 targeted outreach engagements via events, publications, or other method.

Indicator #: 10

Indicator: Number of older adults engaging within the CCBHC system compared to previous year

Baseline measurement (Initial data collected prior to the first-year target/outcome): 21,874

"First-year target/outcome measurement (Progress – end of SFY 2024): Increase of 100 over the previous year

Second-year target/outcome measurement (Final increase of 100 over the previous year end of SFY 2025):

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

Data Source:

ODMHSAS Clinical Support Manager and ODMHSAS Division of Support Services (DSS) database

New Data Source(if needed):

Description of Data:

The ODMHSAS designated staff will coordinate with DSS to compare the number of older adults served at any point within the CCBHC system to determine if an increase has occurred over the previous year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

The baseline was entered incorrectly last year. For our CCBHC's, 6,273 should have been entered for the baseline for FY23. For FY24, there were 6,567 older adults engaging within the CCBHC system compared to the previous year.

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

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

The baseline had been incorrectly entered in FY24. On 2/25/25, the baseline was corrected to 6,273. For FY25, the target fell short by 93, with 6,574 older adults engaging within the CCBHC system, compared to FY24's rate of 6,567. The reason for this decrease is unknown; however, outreach has increased to make more older adults aware of services.

How second year target was achieved:☐**Indicator #:** 11**Indicator:** Number of persons who become certified PRSS for older persons**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 25**"First-year target/outcome measurement (Progress – end of SFY 2024):** 25**Second-year target/outcome measurement (Final – end of SFY 2025):****New Second-year target/outcome measurement(if needed):****Data Source:**

ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(if needed):**Description of Data:**

The number of persons who acquire their ODMHSAS certification as a PRSS for older persons will be pulled from the ODMHSAS PRSS Certification database.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

For FY24, there were 30 persons who became certified PRSS for older persons.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:**☐**How second year target was achieved:**

For FY25, there were 55 persons who became certified PRSS for older persons.

Indicator #: 12**Indicator:** Number of participants in Strengthening Families and Celebrating Families programs**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 700**"First-year target/outcome measurement (Progress – end of SFY 2024):** 1,300**Second-year target/outcome measurement (Final – end of SFY 2025):** 1,400**New Second-year target/outcome measurement(if needed):**

Data Source:

Provider reports

New Data Source(if needed):**Description of Data:**

Field Services Coordinator for Strengthening and Celebrating Families! Programming will poll providers, and maintain responses.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

For FY24, there were 844 participants in Strengthening Families and Celebrating Families programs. Staff turnover for the CFP/SFP site coordinators occurred at approximately 1/3 of the contracted outpatient agencies. ODMHSAS program staff has been working with these new staff members to provide them program information, contract and reporting requirements, etc., to ensure they are up to speed for the FY25 period. For all the site coordinators state-wide, our CFP/SFP team is monitoring their two required cycle dates and reporting requirements to ensure that everyone is adequately prepared to try to reach next year's goal.

How first year target was achieved (optional):

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

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

For FY25, there were 787 completions. Historically, Celebrating Families and Strengthening Families was provided by both our Substance Use Disorder contracted facilities and our faith-based Prevention providers. Due to budgetary cuts, for FY25, the Prevention division was not able to offer the Celebrating Families training. This, combined with continuing difficulties in provider workforce and also problems encountered by trainees, in areas of scheduling conflicts, family commitments, health and wellness issues, personal circumstances, logistical barriers, and housing and custody issues, are all factors which played into not reaching the target.

How second year target was achieved:☐

Indicator #: 13

Indicator: Number of EBP trainings provided for residential SUD treatment providers for pregnant women, and women with children

Baseline measurement (Initial data collected prior to the first-year target/outcome): 3

"First-year target/outcome measurement (Progress – end of SFY 2024): 5

Second-year target/outcome measurement (Final – end of SFY 2025):

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

ODMHSAS staff coordinating the trainings

New Data Source(if needed):**Description of Data:**

The ODMHSAS staff coordinating the trainings will provide the number of EBP trainings held during the reporting period.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

For FY24, there were 34 EBP trainings provided for residential SUD treatment providers for pregnant women and women with children.

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

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

For FY25, there were 4 EBP trainings provided for residential SUD treatment providers for pregnant women and women with children. Necessary budgetary cuts were made in FY25 which resulted in fewer trainings.

How second year target was achieved:

☐

Indicator #: 14

Indicator: Number of individuals receiving opioid treatment and support services, including MAT services

Baseline measurement (Initial data collected prior to the first-year target/outcome): 4,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 5,500

Second-year target/outcome measurement (Final end of SFY 2025): 5,500

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

Data Source:

Agency surveys and billing

New Data Source(if needed):

Description of Data:

Providers are required to report monthly on individuals receiving FDA approved MAT medications. ODMHSAS creates a quarterly report.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Only if providers are not accurately documenting or submitting required information.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

For FY24, there were 10,090 individuals receiving opioid treatment and support services, including MAT services.

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

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

☐

How second year target was achieved:

For FY25, there were 9,397 individuals receiving opioid treatment and support services, including MAT services.

Indicator #: 15

Indicator: Number of jail sites offering MAT

Baseline measurement (Initial data collected prior to the first-year target/outcome): 23

"First-year target/outcome measurement (Progress – end of SFY 2024): 26

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Medication provider database

New Data Source(if needed):

Description of Data:

ODMHSAS will receive regular reports from medication provider contractor.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

For FY24, there were 32 jail sites offering MAT.

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

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

How second year target was achieved:

For FY25, there were 39 jail sites offering MAT.

Indicator #: 16

Indicator: Number of specialized SUD services to the LGBT population

Baseline measurement (Initial data collected prior to the first-year target/outcome): 40

"First-year target/outcome measurement (Progress – end of SFY 2024): 75

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Provider reporting to ODMHSAS staff

New Data Source(if needed):

Description of Data:

Provider of specialized LGBT SUD treatment services submits regular reporting that include the number of individuals receiving these services.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 1,110 specialized SUD services rendered to the LGBT population.

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

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

How second year target was achieved:

In FY25, there were 580 specialized SUD services rendered to the LGBT population. This had been a performance indicator for SFY24 and also SFY25; however, following Executive Order Guidance, this performance indicator was not included for the FFY26-27 application.

Indicator #: 17

Indicator: Number of partnerships developed in targeted communities

Baseline measurement (Initial data collected prior to the first-year target/outcome): 1

"First-year target/outcome measurement (Progress – end of SFY 2024): 2

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

OU Evaluation Team (E-Team)

New Data Source(if needed):

Description of Data:

Provider reports

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 18 partnerships developed in targeted communities.

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

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

How second year target was achieved:

In FY25, there were 16 partnerships developed in targeted communities.

Indicator #: 18

Indicator: Number of African Americans served in targeted communities

Baseline measurement (Initial data collected prior to the first-year target/outcome): 1,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 2,000

Second-year target/outcome measurement (Final – end of SFY 2025): 2,000

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

Data Source:

OU Evaluation Team (E-Team)

New Data Source(if needed):

Description of Data:

Provider report

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, 2,405 African Americans were served in targeted communities.

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

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

How second year target was achieved:

In FY25, 3,160 African Americans were served in targeted communities.

Indicator #: 19

Indicator: Number of persons who become certified PRSS for Latinx persons

Baseline measurement (Initial data collected prior to the first-year target/outcome): 5

"First-year target/outcome measurement (Progress – end of SFY 2024): 20

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(if needed):

Description of Data:

The number of persons who acquire their ODMHSAS certification as a PRSS for Latinx persons will be pulled from the ODMHSAS PRSS Certification database.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 26 people who became certified PRSS for Latinx persons.

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

Indicator #: 20

Indicator: Number of attendees for IMH specific training annually

Baseline measurement (Initial data collected prior to the first-year target/outcome): 50

"First-year target/outcome measurement (Progress – end of SFY 2024): 100

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS Human Resources Development (HRD) database

New Data Source(if needed):

Description of Data:

ODMHSAS HRD maintains a database of individuals who complete training.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

For FY24, there were 673 attendees for IMH specific training.

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

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

How second year target was achieved:

For FY25, there were 737 attendees for IMH specific training.

Indicator #: 21

Indicator: Number of people completing CBT trainings that focus on early interventions to address eSMI, such as CBT, CT-R and CBT-p

Baseline measurement (Initial data collected prior to the first-year target/outcome): 175

"First-year target/outcome measurement (Progress – end of SFY 2024): 230

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Attendance logs for trainings stored in ODMHSAS database

New Data Source(if needed):

Description of Data:

Completed attendance of trainings

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there were 239 people completing CBT trainings that focus on early interventions to address eSMI, such as CBT, CT-R, and CBT-p.

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

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

How second year target was achieved:

In FY25, there were 299 people completing CBT trainings that focus on early interventions to address eSMI, such as CBT, CT-R, and CBT-p.

Indicator #: 22

Indicator: Number of youth and young adults with early Serious Mental Illness who are identified through eSMI Outreach and are connected with behavioral health EBP treatment services, such as CBT (including CT-R), RA1SE NAVIGATE, SOC, or IPS

Baseline measurement (Initial data collected prior to the first-year target/outcome): 20

"First-year target/outcome measurement (Progress – end of SFY 2024): 40

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

Description of Data:

Data is compiled through the claims database.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved *(if not achieved, explain why)*

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

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

In FY24, there were 28,554 youth and young adults with early Serious Mental Illness who were identified through eSMI outreach and were connected with behavioral health EBP treatment services, such as CBT (including CT-R), RA1SE NAVIGATE, SOC or IPS.

Second Year Target:



Achieved



Not Achieved *(if not achieved, explain why)*

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

How second year target was achieved:

In FY25, there were 28,888 youth and young adults with early Serious Mental Illness who were identified through eSMI outreach and were connected with behavioral health EBP treatment services, such as CBT (including CT-R), RA1SE NAVIGATE, SOC or IPS.

Priority #:

3

Priority Area:

Enhance Service Quality and Accountability

Priority Type:

SUT, SUR, MHS

Population(s):

SMI, SED, ESMI, BHCS, PWWDC, PWID, EIS/HIV, Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Plan Matrix that is attached.

Strategies to attain the goal:

There will be multiple strategies supporting the objectives and goals in this priority area. This is detailed on the Plan Matrix that is attached.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of PRSSs certified

Baseline measurement (Initial data collected prior to the first-year target/outcome):

200

"First-year target/outcome measurement (Progress – end of SFY 2024):

275

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

PRSS Certification Database

New Data Source *(if needed)*:

Description of Data:

ODMHSAS maintains a database of all certified PRSSs.

New Description of Data *(if needed)*:

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 991 PRSSs certified.

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

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

How second year target was achieved:

In FY25, there were 894 PRSSs certified.

Indicator #: 2

Indicator: Number of services provided by PRSSs

Baseline measurement (Initial data collected prior to the first-year target/outcome): 170,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 210,000

Second-year target/outcome measurement (Final end of SFY 2025): 210,000

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

Description of Data:

Data are compiled through claims database and matched with staff IDs who are PRSSs.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 265,793 services provided by PRSSs.

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

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

How second year target was achieved:

In FY24, there were 303,524 services provided by PRSSs.

Indicator #: 3

Indicator: Number of persons who complete the PRSS Supervisory training

Baseline measurement (Initial data collected prior to the first-year target/outcome): 25

"First-year target/outcome measurement (Progress – end of SFY 2024): 100

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

PRSS database

New Data Source(if needed):

Description of Data:

Number of persons completing this training will be pulled from the PRSS database.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, 208 people completed the PRSS Supervisory training.

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

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

In FY25, 104 people completed the PRSS Supervisory training. We hit just below the target for Year 2 (125) on this one. This training is not required via contract or regulation for PRSS supervisors.

How second year target was achieved:

Indicator #: 4

Indicator: Number of Certified PRSS trained in Crisis Specific PRSS Trainings

Baseline measurement (Initial data collected prior to the first-year target/outcome): 10

"First-year target/outcome measurement (Progress – end of SFY 2024): 20

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(if needed):

Description of Data:

The number of persons who complete the PRSS Crisis Training will be pulled from the ODMHSAS PRSS Certification database.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 213 certified PRSS who were trained in crisis specific PRSS trainings.

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

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

How second year target was achieved:

In FY25, there were 138 certified PRSS who were trained in crisis specific PRSS trainings.

Indicator #: 5

Indicator: Number of Case Managers Certified and renewing certification

Baseline measurement (Initial data collected prior to the first-year target/outcome): 500

"First-year target/outcome measurement (Progress – end of SFY 2024): 1,000

Second-year target/outcome measurement (Final end of SFY 2025): 1,000

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

Data Source:

Case Management (CM) Database

New Data Source(if needed):

Description of Data:

Data is collected using the application process and also using the CM system in ODMHSAS Access Control.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 3,384 case managers certified and renewing certification.

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

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

How second year target was achieved:

In FY25, there were 3,985 case managers certified and renewing certification.

Indicator #: 6

Indicator: Number of youth receiving children and adolescent trauma screening, for example CATS screening

Baseline measurement (Initial data collected prior to the first-year target/outcome): 10,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 13,000

Second-year target/outcome measurement (Final end of SFY 2025): 14,000

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

Data Source:

ODMHSAS evaluation database

New Data Source(if needed):

Description of Data:

The ODMHSAS conducts evaluation of the above practices. The outcome and utilization data will be used to report on this measure.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there were 34,552 youth that received child and adolescent trauma screening, for example CATS screening.

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

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

How second year target was achieved:

In FY25, there were 23,103 youth that received child and adolescent trauma screening, for example CATS screening.

Indicator #: 7

Indicator: Number of Peer-run drop-in services provided

Baseline measurement (Initial data collected prior to the first-year target/outcome): 20,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 25,000

Second-year target/outcome measurement (Final end of SFY 2025): 25,000

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

Data Source:

Contractor invoices

New Data Source(if needed):

Description of Data:

Contractors submit monthly invoices with the number of individuals served that month.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 34,243 peer-run drop-in services provided.

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

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

How second year target was achieved:

In FY25, there were 38,954 peer-run drop-in services provided.

Indicator #: 8

Indicator: Number of persons who have completed the web based Person-centered Planning training

Baseline measurement (Initial data collected prior to the first-year target/outcome): 100

"First-year target/outcome measurement (Progress – end of SFY 2024): 150

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHAS Human Resources Development (HRD) database

New Data Source(if needed):

Description of Data:

ODMHAS HRD maintains a database of individuals who complete training.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 187 people who completed the web based Person-centered Planning training.

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

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

In FY25, there were 162 people who completed the web based Person-centered Planning training. We hit just below the target of 170 for this measure. CCBHCs have been reminded that this should be a focus for their clinicians and that, since it is presented as an e-learning, it can easily be viewed for orientation purposes or for refreshers.

How second year target was achieved:

Indicator #: 9

Indicator: Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas

Baseline measurement (Initial data collected prior to the first-year target/outcome): 30,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 100,000

Second-year target/outcome measurement (Final end of SFY 2025): 100,000

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

Description of Data:

Data are compiled through the claims database. Telehealth services are identified in the claims system with a unique code modifier.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there were 1,724,968 telehealth services provided for persons with SMI, SED, or SUD living in rural areas.

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

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

How second year target was achieved:

In FY25, there were 243,623 telehealth services provided for persons with SMI, SED, or SUD living in rural areas.

Indicator #: 10

Indicator: Percent of time agencies meet the benchmark for the incentive payment

Baseline measurement (Initial data collected prior to the first-year target/outcome): 89%

"First-year target/outcome measurement (Progress – end of SFY 2024): 90%

Second-year target/outcome measurement (Final end of SFY 2025): 90%

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

Data Source:

Medicaid Management Information System (MMIS) and other administrative databases

New Data Source(if needed):

Description of Data:

Data are compiled through the MMIS database, ODMHSAS PICIS database and telephone calls.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

For FY24, agencies met the benchmark for their incentive payment 90.22% of the time.

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

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

For FY25, agencies met the benchmark for their incentive payment 88.46% of the time. Two of the items that were measured were lower in the first 2 quarters of FY25 but they had risen by the end of FY25.

How second year target was achieved:

Indicator #: 11

Indicator: Number of individuals trained in IPS 101

Baseline measurement (Initial data collected prior to the first-year target/outcome): 30

"First-year target/outcome measurement (Progress – end of SFY 2024): 80

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

The ODMHSAS Human Resources Development (HRD) databases

New Data Source(if needed):

Description of Data:

The ODMHSAS HRD maintains a database of individuals who complete training.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 131 individuals trained in IPS 101.

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

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

How second year target was achieved:

In FY25, there were 129 individuals trained in IPS 101.

Indicator #: 12

Indicator: Reduce unemployment to all those in care

Baseline measurement (Initial data collected prior to the first-year target/outcome): 0%

"First-year target/outcome measurement (Progress – end of SFY 2024): 30%

Second-year target/outcome measurement (Final – end of SFY 2025): 40%

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

Data Source:

ODMHSAS database

New Data Source(if needed):

Description of Data:

Number of people who are becoming employed

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

In FY24, there was a decrease of 11% in reduction of employment to all those in care. Not achieving the target can be attributed to many factors. Two of which are people losing jobs and new people entering services that are unemployed. The Department is working with SAMHSA via a policy academy to get assistance with expanding supported employment services as a continuum to help address issues of people either not going into IPS either because there is a wait list or the client feels that they do not need as intensive a level of support in finding and getting a job. Once the policy academy is completed, the Department will then meet with the CCBHC's to move forward in the planning phase.

How first year target was achieved (optional):

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

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

In FY25, there was a decrease of 14.6% in reduction of employment to all those in care. Not achieving the target can be attributed to many factors. Two of which are people losing jobs and new people entering services that are unemployed.

How second year target was achieved:

☐

Indicator #: 13

Indicator: Percentage of individuals with SMI and SUD who are competitively employed through IPS

Baseline measurement (Initial data collected prior to the first-year target/outcome): 40%

"First-year target/outcome measurement (Progress – end of SFY 2024): 49%

Second-year target/outcome measurement (Final – end of SFY 2025): 50%

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

Data Source:

Provider report to ODMHSAS IPS staff

New Data Source(if needed):

Description of Data:

IPS launched teams submit a quarterly data report that includes the number of individuals served through IPS and the percentage of those individuals that competitively employed.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

In FY24, 43% of individuals with SMI and SUD were competitively employed through IPS. Certified IPS staff turnover rates may have impacted how many individuals can be served and served to the highest standard. The IPS division, at ODMHSAS, is working with agencies on retention strategies of certified staff as well as on the certification process.

How first year target was achieved (optional):

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

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

In FY25, 35% of individuals with SMI and SUD were competitively employed through IPS. Certified IPS staff turnover rates may have impacted how many individuals can be served and served to the highest standard. The IPS division, at ODMHSAS, is working with agencies on retention strategies of certified staff as well as on the certification process.

How second year target was achieved:

☐

Indicator #: 14

Indicator: Expand use of master lease agreements within CCBHCs in Oklahoma and Tulsa Counties to support housing for most in need clients

Baseline measurement (Initial data collected prior to the first-year target/outcome): 0

"First-year target/outcome measurement (Progress – end of SFY 2024): 2

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS database

New Data Source(if needed):

Description of Data:

Number of master lease agreements

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

Although this measure has been given a lot of discussion between ODMHSAS and our providers, there have not been any master lease agreements developed. Most of the providers are concerned about the potential liability to their agency; however, there are two CCBHC's that are now actively exploring ways to make this goal happen.

How first year target was achieved (optional):

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

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

For FY25, although this measure has been given a lot of discussion between ODMHSAS and our providers, there have not been any master lease agreements developed. ODMHSAS does have 2-3 RFPs coming out that include/require it and so we may have traction on this, in the future.

How second year target was achieved:

☐

Indicator #: 15

Indicator: Expand Recovery Housing (Oxford House and other OKARR certified housing)

Baseline measurement (Initial data collected prior to the first-year target/outcome): 17

"First-year target/outcome measurement (Progress – end of SFY 2024): Increase from 17 counties to 23 counties

Second-year target/outcome measurement (Final end of SFY 2025): Increase from 17 counties to 23 counties

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

Data Source:

OKARR certification and Oxford House reports

New Data Source(if needed):

Description of Data:

The ODMHSAS will review the OKARR certification list and Oxford House reports.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, Recovery Housing (Oxford House and other OKARR certified housing) expanded to 30 counties.

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

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

☐

How second year target was achieved:

In FY25, Recovery Housing (Oxford House and other OKARR certified housing) expanded to 33 counties.

Priority #: 4

Priority Area: Reduced Criminal Justice Involvement

Priority Type: SUT, MHS

Population(s): SMI, SED, ESMI, BHCS, PWID, Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Plan Matrix that is attached.

Strategies to attain the goal:

There will be multiple strategies supporting the objectives and goals in this priority area. This is detailed on the Plan Matrix that is attached.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of police officers trained in CIT

Baseline measurement (Initial data collected prior to the first-year target/outcome): 400

"First-year target/outcome measurement (Progress – end of SFY 2024): 750

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Data maintained by ODMHSAS CIT trainer

New Data Source(if needed):

Description of Data:

ODMHSAS staff maintain a roster of all individuals who complete the CIT course.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved *(if not achieved,explain why)*

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

For FY24, there were 520 police officers trained in CIT. This measure was not met due to manpower issues. Many agencies are struggling to have officers in the field and this training is a week long commitment.

How first year target was achieved (optional):

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

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

For FY25, there were 496 police officers trained in CIT. This measure was not met due to a few reasons-three trainings were cancelled due to low enrollment and COVID. Many agencies are struggling to have officers in the field and this training is a week-long commitment.

How second year target was achieved:☐

Indicator #: 2

Indicator: Percentage of number of services through law enforcement officers' iPads

Baseline measurement (Initial data collected prior to the first-year target/outcome): 0%

"First-year target/outcome measurement (Progress – end of SFY 2024): 10%

Second-year target/outcome measurement (Final end of SFY 2025):

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

Data Source:

ODMHSAS database

New Data Source(if needed):

Description of Data:

ODMHSAS maintains database in partnership with iPad vendor.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

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

In FY25, 4% of services calls were made through law enforcement officers iPads. This project was begun in FY22 and from FY22 to FY23, we saw a 197.5% increase. However, now we are seeing a leveling off as we also began expanding our URC access and 988 started statewide in July 2023, which also assists law enforcement's access to mental health experts when on a call.

How first year target was achieved (optional):

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

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

In FY25, 9.4% of services calls were made through law enforcement officers iPads. This project was begun in FY22 and from FY22 to FY23, we saw a 197.5% increase. However, now we are seeing a leveling off as we also began expanding our URC access and 988 started statewide in July 2023, which also assists law enforcement's access to mental health experts when on a call.

How second year target was achieved:

☐

Priority #: 5
Priority Area: Prevention of Mental Illness and Substance Use Disorders
Priority Type: SUP, SUT, MHS
Population(s): SMI, SED, BHCS, PWWDC, PP, PWID, EIS/HIV, Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Plan Matrix that is attached.

Strategies to attain the goal:

There will be multiple strategies supporting the objectives and goals in this priority area. This is detailed on the Plan Matrix that is attached.

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Collect data on number of text messages received and who is utilizing the services and why
Baseline measurement (Initial data collected prior to the first-year target/outcome): 0

"First-year target/outcome measurement (Progress – end of SFY 2024): Launch local texting features and track metrics, receive 12,000 text messages

Second-year target/outcome measurement (Final end of SFY 2025): Reach younger groups and advertise texting services and receive at least 13,000 text messages

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

Data Source:
ODMHAS contract

New Data Source(if needed):

Description of Data:
ODMHAS contract

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:
None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there was 15,409 text messages received by the 988 Call Center.

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

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

How second year target was achieved:

In FY25, there was 21,413 text messages received by the 988 Call Center.

Indicator #: 2

Indicator: Place information on their website, social media or co-host events

Baseline measurement (Initial data collected prior to the first-year target/outcome): 0

"First-year target/outcome measurement (Progress – end of SFY 2024): Place content in OPERS newsletter by end of FY24

Second-year target/outcome measurement (Final end of SFY 2025): Place 988 information on OSDH or OHCA websites by end of FY25

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

Data Source:
Information available on site

New Data Source(if needed):

Description of Data:
Information available on site

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:
None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, 988 information was placed in OPERS newsletter.

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

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

☐

How second year target was achieved:

By FY25, 988 information was placed in OPERS newsletter and 988 information was placed on OSDH and OHCA websites.

Indicator #: 3

Indicator: Number of people trained in suicide prevention

Baseline measurement (Initial data collected prior to the first-year target/outcome): 7,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 13,000

Second-year target/outcome measurement (Final end of SFY 2025): 13,000

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

Data Source:

DMH Training Logs, Kognito online system data

New Data Source(if needed):

Description of Data:

Count of people who have completed training

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

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

In FY24, there were 8,957 people trained in suicide prevention. Training was previously required statutorily to be completed every other year, but now, it's changed to a formula that amounts to essentially being required once every five years. There are other forms of trainings that are approved that ODMHSAS doesn't have a way to track. ODMHSAS has a staff shortage, resulting in fewer trainers.

How first year target was achieved (optional):

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

☐

Indicator #: 4

Indicator: Number of people trained in Mental Health First Aid

Baseline measurement (Initial data collected prior to the first-year target/outcome): 1,700

"First-year target/outcome measurement 3,000

(Progress – end of SFY 2024):

Second-year target/outcome measurement (Final
end of SFY 2025):

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

Data Source:

Prevention division database

New Data Source(if needed):

Description of Data:

Prevention division staff maintain a database of all who have received the training.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

In FY24, there were 1,854 people trained in Mental Health First Aid (MHFA). Mental Health First Aid saw a significant increase in fixed costs per person to deliver the training this year. As a result, ODMHSAS amended the MHFA provider's contract to lower the minimum number trained from 3,000 to 1,750 for SFY2024. Based on the new contracted numbers, they did meet their contractual requirement.

How first year target was achieved (optional):

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

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

In FY25, there were 2,161 people trained in Mental Health First Aid (MHFA). Mental Health First Aid saw a significant increase in fixed costs per person to deliver the training.

How second year target was achieved:

☐

Indicator #: 5

Indicator: Number of Business Sectors who have developed policies and practices regarding training in MHFA

Baseline measurement (Initial data collected prior to the first-year target/outcome): 0

"First-year target/outcome measurement (Progress – end of SFY 2024): Increase by 4

Second-year target/outcome measurement (Final
end of SFY 2025): Increase by 4

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

Data Source:

ODMHSAS Database

New Data Source(if needed):

Description of Data:

ODMHSAS Database

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 7 Business Sectors who developed policies and practices regarding training in MHFA.

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

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

How second year target was achieved:

In FY25, there was an increase by 5 for a total of 13 Business Sectors who developed policies and practices regarding training in MHFA.

Indicator #: 6

Indicator: Increase number of medical practice sites that are using SBIRT

Baseline measurement (Initial data collected prior to the first-year target/outcome): 20

"First-year target/outcome measurement (Progress – end of SFY 2024): 40 additional medical practice sites

Second-year target/outcome measurement (Final – end of SFY 2025): 40 additional medical practice sites

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

Data Source:

ODMHSAS Access Control

New Data Source(if needed):

Description of Data:

The screening tool/assessment is housed in Access Control. DSS collects and summarizes the data.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 40 additional medical practice sites that were using SBIRT.

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

Indicator #: 7

Indicator: Number of faith-based partnerships

Baseline measurement (Initial data collected prior to the first-year target/outcome): 1

"First-year target/outcome measurement (Progress – end of SFY 2024): 5

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS database

New Data Source(if needed):

Description of Data:

ODMHSAS database

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there were 13 faith-based partnerships.

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

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

How second year target was achieved:

In FY25, there were 5 faith-based partnerships, only one of which rendered treatment. The others participated in prevention work.

Indicator #: 8

Indicator: Number of substance abuse prevention practices implemented through contracted community/campus coalitions

Baseline measurement (Initial data collected prior to the first-year target/outcome): 25

"First-year target/outcome measurement (Progress – end of SFY 2024): additional 50% with a goal of 2,952

Second-year target/outcome measurement (Final – end of SFY 2025): additional 50% with a goal of 2,952

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

Data Source:

Oklahoma Prevention Reporting System (PRS)

New Data Source(if needed):

Description of Data:

EBPs used in delivering community level/campus strategies are reported by subrecipients in the PRS and compiled by project evaluators.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 8,306 substance abuse prevention practices implemented through contracted community/campus coalitions.

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

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

How second year target was achieved:

In FY25, there were 11,521 substance abuse prevention practices implemented through contracted community/campus coalitions.

Indicator #: 9

Indicator: Number of districts utilizing MTSS approach

Baseline measurement (Initial data collected prior to the first-year target/outcome): 28

"First-year target/outcome measurement (Progress – end of SFY 2024): Additional 4 school districts

Second-year target/outcome measurement (Final end of SFY 2025): Additional 4 school districts

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

Data Source:

ODMHSAS database

New Data Source(if needed):

Description of Data:

ODMHSAS database

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

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

In FY24, there was one additional school district that began utilizing the MTSS approach. This year, there was limited funding to recruit new districts.

How first year target was achieved (optional):

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

Indicator #: 10

Indicator: Number of school sites utilizing Botvin LifeSkills Training, 3rd Millennium Classrooms, PAX Good Behavior Game, ASPIRE

Baseline measurement (Initial data collected prior to the first-year target/outcome): 130

"First-year target/outcome measurement (Progress – end of SFY 2024): additional 25% school sites

Second-year target/outcome measurement (Final end of SFY 2025): additional 25% school sites

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

Data Source:

ODMHSAS database

New Data Source(if needed):

Description of Data:

ODMHSAS database

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, 133 new school sites (a 102% increase) began utilizing Botvin LifeSkills Training, 3rd Millenium Classrooms, PAX Good Behavior Games, and ASPIRE.

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

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

☐

How second year target was achieved:

In FY25, 180 new school sites (a 106.5% increase) began utilizing Botvin LifeSkills Training, 3rd Millenium Classrooms, PAX Good Behavior Games, and ASPIRE.

Indicator #: 11

Indicator: Number trained in Responsible Beverage Sales and Service training

Baseline measurement (Initial data collected prior to the first-year target/outcome): 1,500

"First-year target/outcome measurement (Progress – end of SFY 2024): 2,000

Second-year target/outcome measurement (Final end of SFY 2025): 2,100

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

Data Source:

Prevention division database

New Data Source(if needed):

Description of Data:

Prevention division staff maintain a database of all who have received the training.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 5,171 people trained in Responsible Beverage Sales and Service training.

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

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

How second year target was achieved:

In FY25, there were 13,009 people trained in Responsible Beverage Sales and Service training.

Indicator #: 12

Indicator: Number of medical professionals who receive the practices

Baseline measurement (Initial data collected prior to the first-year target/outcome): 40

"First-year target/outcome measurement (Progress – end of SFY 2024): 500

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Prevention division database

New Data Source(if needed):

Description of Data:

Prevention division staff track and maintain this information.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 568 medical professionals who received the Do No Harm (DNH) Pain Management and Safe Opioid Prescribing Practices.

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

Indicator #: 13

Indicator: Number of law enforcement agencies who have MOU's (new or renewed) to administer overdose reversal medication

Baseline measurement (Initial data collected prior to the first-year target/outcome): 60

"First-year target/outcome measurement (Progress – end of SFY 2024): 60

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

ODMHSAS logs

New Data Source(if needed):

Description of Data:

Count of MOU's

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there were 124 law enforcement agencies with MOU's (new or renewed) to administer overdose reversal medication.

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

☐

Indicator #: 14

Indicator: Number of harm reduction vending machines

Baseline measurement (Initial data collected prior to the first-year target/outcome): 1

"First-year target/outcome measurement (Progress – end of SFY 2024): 40

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

Placement records

New Data Source(if needed):

Description of Data:

Records of placements of vending machines

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

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

In FY24, there were 25 harm reduction vending machines. Due to vending machines not being used as much as was thought, issues with keeping them stocked and also the machines breaking, they have since all been removed. The Oklahoma Department of Mental Health and Substance Abuse Services is actively working with SAMHSA on the appropriate next steps to take regarding the vending machines.

How first year target was achieved (optional):

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

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

This measure was deleted. Please see footnote.

How second year target was achieved:

☐

Indicator #: 15

Indicator: Number of overdose reversal medications distributed

Baseline measurement (Initial data collected prior to the first-year target/outcome): 22,000

"First-year target/outcome measurement (Progress – end of SFY 2024): 40,000

Second-year target/outcome measurement (Final end of SFY 2025): 40,000

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

Data Source:
Prevention division database

New Data Source(if needed):

Description of Data:
Prevention division staff track and maintain this information.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Relies on submission of report back forms from law enforcement or members of the public getting refills

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were 85,000 overdose reversal medications distributed.

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

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

In FY25, there were 71,292 overdose reversal medications ordered and, of that, 38,763 were distributed. From FY24-FY25, the focus changed somewhat. During FY24, the focus was aggressive advertisement (billboards, bus wraps), the use of vending machines to increase distribution and the message was to get it out to the communities. In FY25, the focus shifted, to becoming more fiscally responsible and became less about pure numbers and more about trying to use data to ensure that those most in need received these supplies. Vending machines, which were one way of obtaining overdose reversal medications, were pulled back and partnerships focused on serving individuals most at-risk.

How second year target was achieved:

☐

Indicator #:

16

Indicator:

Number of Fentanyl test strips distributed

Baseline measurement (Initial data collected prior to the first-year target/outcome):

35,000

"First-year target/outcome measurement (Progress – end of SFY 2024):

100,000

Second-year target/outcome measurement (Final end of SFY 2025):

114,000

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

Data Source:

Prevention division database

New Data Source(if needed):

Description of Data:

Prevention division staff track and maintain this information.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

Relies on submission of report back forms from law enforcement or members of the public getting refills

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there were 120,000 Fentanyl test strips distributed.

Second Year Target:

☐

Achieved

☒

Not Achieved (if not achieved,explain why)

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

In FY25, there were 114,000 Fentanyl test strips ordered and, of that, 67,671 were distributed. From FY24-FY25, the focus changed somewhat. During FY24, the focus was aggressive advertisement (billboards, bus wraps), the use of vending machines to increase distribution and the message was to get it out to the communities. In FY25, the focus shifted, to becoming more fiscally responsible and became less about pure numbers and more about trying to use data to ensure that those most in need received these supplies. Vending machines, which were one way of obtaining the Fentanyl test strips, were pulled back and partnerships focused on serving individuals most at-risk.

How second year target was achieved:

☐

Indicator #:

17

Indicator:

Number of medication lockboxes distributed

Baseline measurement (Initial data collected prior to the first-year target/outcome):

618

"First-year target/outcome measurement (Progress – end of SFY 2024):

2,000

Second-year target/outcome measurement (Final end of SFY 2025):

2,100

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

Data Source:

New Data Source(if needed):

Description of Data:

Lockboxes used in delivering community level/campus strategies are reported by subrecipients in the PRS and compiled by project evaluators.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there were 7,819 medication lockboxes distributed.

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

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

How second year target was achieved:

In FY25, there were 9,532 medication lockboxes distributed.

Indicator #: 18

Indicator: Number of medication disposal bags distributed

Baseline measurement (Initial data collected prior to the first-year target/outcome): 900

"First-year target/outcome measurement (Progress – end of SFY 2024): 6,000

Second-year target/outcome measurement (Final end of SFY 2025): 6,100

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

Data Source:

Oklahoma Prevention Reporting System (OPERS)

New Data Source(if needed):

Description of Data:

Medication disposal bags used in delivering community level/campus strategies are reported by subrecipients in the PRS and compiled by project evaluators.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

In FY24, there were 8,703 medication disposal bags distributed.

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

How second year target was achieved:

In FY25, there were 11,954 medication disposal bags distributed.

Priority #:

6

Priority Area:

Public Awareness

Priority Type:

SUP, SUT, MHS

Population(s):

SMI, SED, BHCS, PWWDC, PWID, EIS/HIV, Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Plan Matrix that is attached.

Strategies to attain the goal:

There will be multiple strategies supporting the objectives and goals in this priority area. This is detailed on the Plan Matrix that is attached.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Percentage of Oklahomans reached with the Harm Reduction Campaign

Baseline measurement (Initial data collected prior to the first-year target/outcome):

0

"First-year target/outcome measurement (Progress – end of SFY 2024):

5,500,000 impressions through all media channels

Second-year target/outcome measurement (Final end of SFY 2025):

11,000,000 impressions through all media channels

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

Data Source:

ODMHSAS Prevention and Communications division

New Data Source(if needed):

Description of Data:

Counters are used to record the number of hits.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

User preference and available social media platforms are difficult to predict.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FY24, there were over 22,000,000 impressions, through all media channels, for the Harm Reduction Program. Oklahoma has a population of 4,088,380 and so the percentage reached would be 538%.

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

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

How second year target was achieved:

In FY25, there were 164,206,213 impressions, through all media channels, for the Harm Reduction Program.

Indicator #: 2

Indicator: Percentage of Oklahomans reached with 988 and call data into the center

Baseline measurement (Initial data collected prior to the first-year target/outcome): 0

"First-year target/outcome measurement (Progress – end of SFY 2024): Maintain awareness campaigns and garner 4,500,000 impressions by reaching new groups across Oklahoma including: faith-based and minority

Second-year target/outcome measurement (Final end of SFY 2025): Maintain awareness campaigns and garner 4,500,000 impressions by reaching new groups across Oklahoma including: faith-based and minority

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

Data Source:

ODMHAS contract

New Data Source(if needed):

Description of Data:

ODMHAS contract

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

In FFY24, there were 129,919,801 impressions for 988. Oklahoma has a population of 4,088,380 and so the percentage reached would be 3177%.

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

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

How second year target was achieved:

In FY25, there were 173,046,573 impressions for 988. Oklahoma has a population of 4,088,380 and so this percentage is well over 100%.

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

Footnotes:

There were some measures deleted and a few revised on 2/25/25 in WebBGAS in the FFY24-25 Block Grant Application. A revised plan matrix was also submitted with these changes. For some reason, these changes WERE carried over into the FY26 SUPTRS BG Report but were not carried over into the FY26 MHGB report, despite being made in the combined application. The revised plan matrix is attached to this report, in WebBGAS, as proof of the changes as is the email string from WebBGAS, when changes were made. (Data is no longer being gathered on the measures that have been deleted.)

Revised Plan Matrix for FFY25

Priority 1 Measures

Priority Type is SUT, MHS

Populations: SMI, SED, PWID, Other

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
1. Overall Health Promotion	Continue to integrate primary health care with behavioral health care	Improve health outcomes within CCBHCs	For adults with SMI and children with SED	Follow-up by physician after hospitalization for Mental Illness – 7 days after discharge	Year 1: Baseline: 50% Target- 55% Year 2: Target- 58% Data Source: ODMHSAS CCBHC Quality Measure Reports Description of Data: reported by CCBHCs to ODMHSAS Data issues/caveats that affect outcome measures: None
				Presence of a fasting lipid profile within past 12 months for patients with diabetes	Year 1: Baseline: 38% Target- 46% Year 2: Target- 50% Data Source: Relias Reports Description of Data: reported by CCBHCs to ODMHSAS Data issues/caveats that affect outcome measures: None

Priority 1 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
1. Overall Health Promotion (cont.)	Improve the health status of behavioral health consumers with complex health needs	Increase the number served of persons who inject drugs and high-risk persons with substance use disorders	Outreach and engagement for persons who inject drugs	Number of persons served who inject drugs and high risk persons with substance use disorders	Year 1: Baseline: 5,600 Target- 6,000 Year 2: Target- 6,200 Data Source: Medicaid Management Information System (MMIS) Description of Data: Data is compiled through claims database. Data issues/caveats that affect outcome measures: None
	Increase a culture of wellness in behavioral health organizations	Increase the number of credentialed Wellness Coaches	Provide wellness coach training	Number of credentialed wellness coaches	Year 1: Baseline: 1,000 Target- 1,000 (FY24 number reached was 1,054.) Year 2: Target- 1,200 Data Source: ODMHSAS training records Description of Data: ODMHSAS will keep a record of those completing training. Data issues/caveats that affect outcome measures: None

Priority 1 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Target
1. Overall Health Promotion (cont.)	Increase a culture of wellness in behavioral health organizations (cont.)	Increase the number of credentialed Wellness Coaches trained in Youth Focused competencies	Train Wellness Coaches in Youth Focused competencies in behavioral health settings	Number of wellness coaches trained in Wellness Coach Youth e-learning	<p>Year 1: Baseline: 100 Target- 122</p> <p>Year 2: Target- 140</p> <p>Data Source: ODMHSAS Human Resources Development database</p> <p>Description of Data: The ODMHSAS designated staff will report on training development and the ODMHSAS HRD maintains a database of individuals who complete training.</p> <p>Data issues/caveats that affect outcome measures: None</p>

Priority 2 Measures

Priority Type: SUP, SUT, SUR, MHS, ESMI; Population: SMI, SED, ESMI, PWWDC, PP, PWID, EIS/HIV, Other

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities	Expand services for American Indians	Increase access to Systems of Care services for American Indian children and youth	Promotion of Systems of Care services for American Indian children and youth	Number of American Indian children and youth who received Systems of Care services	Year 1: Baseline: 300 Target- 1,500 Year 2: Target- 1,550 Data Source: Medicaid Management Information System (MMIS) & Youth Information System (YIS) Description of Data: Data is compiled through the claims database for outreach services and matched to the eligibility file containing race. Data issues/caveats that affect outcome measures: None
		Continued access to substance use disorder treatment for American Indian	Outreach activities done through contracted providers	Number of American Indians who received substance use disorder services	Year 1: Baseline: 4,000 Target- 4,000 (For FY24, 4,999.) Year 2: Target- 4,500 Data Source: Medicaid Management Information System (MMIS) Description of Data: Data are compiled through the claims database for outreach services and matched to the eligibility file containing race. Data issues/caveats that affect outcome measures: None

Priority 2 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities (cont.)	Increase collaborative efforts with Tribes on mental health and substance use issues	Increase collaborative efforts between state agency, contracted agencies and tribes.	Conduct events together to educate the community or cross systems about mental health or substance use issues.	Number of collaborative events conducted together between state agency, contracted agencies and tribes on mental health and substance use issues	Year 1: Baseline: 2 Target- 4 Year 2: Target- 6 Data Source: ODMHSAS staff coordinating the events Description of Data: The ODMHSAS staff coordinating the events will provide the number of events held during the reporting period. Data issues/caveats that affect outcome measures: None
	Expand services for individuals currently and previously active in the military	Increase the number of individuals currently and previously active in the military served in CCBHCs	Promotion of CCBHCs to meet the service needs of individuals currently and previously active in the military	Number of individuals currently and previously active in the military served in CCBHCs	Year 1: Baseline: 2,000 Target- 2,050 Year 2: Target- 2,100 Data Source: Medicaid Management Information System (MMIS) Description of Data: Data are compiled through the claims database for services provided by CCBHCs and matched to the eligibility file containing military status information. Data issues/caveats that affect outcome measures: None

Priority 2 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities (cont.)	Expand services for children with SED	Maintain the number of children with SED and/or co-occurring substance use disorders admitted to Systems of Care programs	Local systems of care and Wraparound sites	Number of children with SED and/or co-occurring substance use disorders admitted to Systems of Care programs	Year 1: Baseline: 12,000 Target- 17,000 Year 2: Target- 18,000 Data Source: Statewide Behavioral Health Reporting System (PICIS) Description of Data: Data will be compiled through the Statewide Behavioral Health Reporting System (PICIS). Data issues/caveats that affect outcome measures: None
	Improved services for older adults	Increase number of people completing ODMHSAS age-informed trainings each year	Develop and/or deliver age-informed trainings	Number of people completing age-informed trainings that are developed and/or delivered by ODMHSAS via in-person, web-based, and/or hybrid modalities	Year 1: Baseline: 5 Target- 275 Year 2: Target- 300 Data Source: The ODMHSAS Clinical Support Manager and the ODMHSAS Human Resources Development (HRD) database Description of Data: The ODMHSAS designated staff will report on training development and the ODMHSAS HRD maintains a database of individuals who complete training. Data issues/caveats that affect outcome measures: None

Priority 2 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities (cont.)	Improved services for older adults (cont.)	Increase awareness among older adults about the 988 Crisis Care Continuum	Targeted 988 awareness outreach with older adult providers and/or audiences	Number of targeted outreach engagements via events, publications, or other method	Year 1: Baseline: 0 Target- 4 Year 2: Target- 4 Data Source: ODMHSAS Clinical Support Manager Description of Data: ODMHSAS designated staff will coordinate with the Communications Team to report on targeted outreach engagements. Data issues/caveats that affect outcome measures: None
		Increase number of older adults who receive behavioral health care through Comprehensive Community Behavioral Health Centers (CCBHCs)	Work with CCBHCs to strengthen age-inclusive and age-informed outreach and engagements	Number of older adults engaging within the CCBHC system compared to previous year	Year 1: Baseline: 6,273 Target- Increase of 100 over the previous year Year 2: Target- Increase of 100 over the previous year Data Source: ODMHSAS Clinical Support Manager and ODMHSAS Division of Support Services (DSS) database Description of Data: The ODMHSAS designated staff will coordinate with DSS to compare the number of older adults served at any point within the CCBHC system to determine if an increase has occurred over the previous year.

					Data issues/caveats that affect outcome measures: None
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Priority 2 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities (cont.)	Improved services for older adults (cont.)	Implement Peer Recovery Support Specialist (PRSS) training specific to older persons	Promotion of older person's peer specific trainings	Number of persons who become certified PRSS for older persons	Year 1: Baseline: 25 Target- 25 Year 2: Target- 30 Data Source: ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database Description of Data: The number of persons who acquire their ODMHSAS certification as a PRSS for older persons will be pulled from the ODMHSAS PRSS Certification database. Data issues/caveats that affect outcome measures: None
	Improve access to treatment for parents in substance use disorder treatment programs and their families	Increase the number of participants in Strengthening Families and Celebrating Families programs	Strengthening Families and Celebrating Families – EBP family group counseling – for parents (and their children) in substance use disorder treatment programs and faith-based organizations	Number of participants in Strengthening Families and Celebrating Families programs	Year 1: Baseline: 700 Target- 1,300 Year 2: Target- 1,400 Data Source: Provider reports Description of Data: Field Services Coordinator for Strengthening and Celebrating Families! Programming will poll providers and maintain responses. Data issues/caveats that affect outcome measures: None

Priority 2 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities (cont.)	Improve access to EBPs within residential substance use disorder (SUD) treatment for pregnant women, women and children	Provide and maintain EBPs within residential SUD treatment for pregnant women, women and children	Train residential SUD treatment providers for pregnant women, women and children in EBPs including Celebrating Families, Community Reinforcement Approach, Seeking Safety, and ABC infant model	Number of EBP trainings provided for residential SUD treatment providers for pregnant women, and women with children	Year 1: Baseline: 3 Target- 5 Year 2: Target- 6 Data Source: ODMHSAS staff coordinating the trainings Description of Data: The ODMHSAS staff coordinating the trainings will provide the number of EBP trainings held during the reporting period. Data issues/caveats that affect outcome measures: None
	Increase access to an array of treatments for individuals with or at risk for OUDs, including those who are uninsured and underinsured, with emphasis on veterans, pregnant women, tribal, those coming out of jail and prisons.	Increase the number of individuals receiving opioid treatment and support services, including MAT.	Expand access to opioid treatment and support services	Number of individuals receiving opioid treatment and support services, including MAT services	Year 1: Baseline: 4,000 Target- 5,500 Year 2: Target- 5,500 Data Source: Agency surveys and billing Description of Data: Providers are required to report monthly on individuals receiving FDA approved MAT medications. ODMHSAS creates a quarterly report. Data issues/caveats that affect outcome measures: Only if providers are not accurately documenting or submitting required information.

Priority 2 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities (cont.)	Increase access to an array of treatments for individuals with or at risk for OUDs, including those who are uninsured and underinsured, with emphasis on veterans, pregnant women, tribal, those coming out of jail and prisons. (cont.)	Increase access to MAT for individuals in county jails	Expand access to MAT in county jails in collaboration with jail medical providers and partner pharmacy	Number of jail sites offering MAT	Year 1: Baseline: 23 Target- 26 Year 2: Target- 33 Data Source: Medication provider database Description of Data: ODMHSAS will receive regular reports from medication provider contractor. Data issues/caveats that affect outcome measures: None
	Improve access to treatment for the LGBT population	Increase the number of substance use disorder (SUD) services to LGBT population	Provide specialized LGBT substance use disorder treatment and support services	Number of specialized SUD services to the LGBT population	Year 1: Baseline: 40 Target- 75 Year 2: Target- 100 Data Source: Provider reporting to ODMHSAS staff Description of Data: Provider of specialized LGBT SUD treatment services submits regular reporting that include the number of individuals receiving these services. Data issues/caveats that affect outcome measures: None

Priority 2 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities (cont.)	Improve access to treatment for the African American population	Increase the number of African Americans served in urban communities with a high percentage of African American population	Development and implementation of community/school partnership model for outreach, treatment and support	Number of partnerships developed in targeted communities	Year 1: Baseline: 1 Target- 2 Year 2: Target- 6 Data Source: OU Evaluation Team (E-Team) Description of Data: Provider reports Data issues/caveats that affect outcome measures: None
				Number of African Americans served in targeted communities	Year 1: Baseline: 1,000 Target- 2,000 Year 2: Target- 2,500 Data Source: OU Evaluation Team (E-Team) Description of Data: Provider report Data issues/caveats that affect outcome measures: None
	Expand access to specialized treatment services for children 0-5 and their families across Oklahoma, especially in rural	Increase number of clinicians trained in EBP's appropriate for treatment of children 0-5, especially in rural and frontier counties.	Continue to offer training in assessment, diagnosis, and treatment of children 0-5 to include EBP's such	Number of attendees for IMH specific training annually	Year 1: Baseline: 50 Target - 100 Year 2: Target- 150 Data source: ODMHSAS Human Resources Development (HRD) database Description of Data: ODMHSAS HRD maintains a database of individuals who complete training.

	and frontier counties.		as COS, CPP, and ABC.		Data issues/caveats that affect outcome measures: None
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Priority 2 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
2. Improved Access and Reduced Disparities (cont.)	Improve access to evidenced based	Increase the number of people completing trainings in Evidence-Based Practices to address early intervention for Serious Mental Illness	Implement the Evidence-Based Practice of Cognitive Behavioral Therapy (CBT), Recovery Oriented Cognitive Therapy (CT-R) and Cognitive Behavioral Therapy for Psychosis (CBT-p) to treat youth and young adults with Serious Mental Illness	Number of people completing CBT trainings that focus on early interventions to address eSMI, such as CBT, CT-R and CBT-p	Year 1: Baseline: 175 Target- 230 Year 2: Target- 250 Data Source: Attendance logs for trainings stored in ODMHSAS database Description of Data: Completed attendance of trainings Data issues/caveats that affect outcome measures: None

	practices for early interventions to address Early Serious Mental Illness (SMI)	Implement process for early identification and engagement of youth and young adults experiencing early SMI	Implement statewide eSMI Outreach to build collaborative relationships with local Higher Education and hospital to assist with early identification, engagement and intervention for youth and young adults experiencing early SMI	Number of youth and young adults with early Serious Mental Illness who are identified through eSMI Outreach and are connected with behavioral health EBP treatment services, such as CBT (including CT-R), RA1SE NAVIGATE, SOC, or IPS	Year 1: Baseline: 20 Target- 40 Year 2: Target- 50 Data Source: Medicaid Management Information System (MMIS) Description of Data: Data is compiled through the claims database. Data issues/caveats that affect outcome measures: None
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Priority 3 Measures

Priority Type: SUT, SUR, MHS, ESMI, BHCS; **Population:** SMI, SED, ESMI, BHCS, PWWDC, PWID, EIS/HIV, Other

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
3. Enhance Service Quality and Accountability	Expand use of recovery support services	Increase the number of PRSSs certified	Certification program for Peer Recovery Support Specialists (PRSS)	Number of PRSSs certified	Year 1: Baseline: 200 Target- 275 Year 2: Target- 300 Data Source: PRSS Certification Database Description of Data: ODMHSAS maintains a database of all certified PRSSs. Data issues/caveats that affect outcome measures: None
			Expand use of PRSSs in substance	Number of services provided by PRSSs	Year 1: Baseline: 170,000 Target- 210,000 Year 2: Target- 210,000 Data Source:

		Increase the number of services provided by PRSSs	abuse and mental health settings		Medicaid Management Information System (MMIS) Description of Data: Data are compiled through claims database and matched with staff IDs who are PRSSs. Data issues/caveats that affect outcome measures: None
		Increase the number of PRSS Supervisors	Promote PRSS Supervisory training	Number of persons who complete the PRSS Supervisory training	Year 1: Baseline: 25 Target- 100 Year 2: Target- 125 Data Source: PRSS database Description of Data: Number of persons completing this training will be pulled from the PRSS database. Data issues/caveats that affect outcome measures: None

Priority 3 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
3. Enhance Service Quality and	Improve Crisis Education and Skills of PRSS Workforce	Implement Crisis Specific PRSS Trainings	Promote Crisis Specific PRSS Trainings	Number of Certified PRSS trained in Crisis Specific PRSS Trainings	Year 1: Baseline: 10 Target- 20 Year 2: Target- 25 Data Source: ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database Description of Data: The number of persons who complete the PRSS Crisis Training will be pulled from the ODMHSAS PRSS Certification database. Data issues/caveats that affect outcome measures: None

Accountability (cont.)	Expand use of behavioral health case management services	Increase the number of case managers who are certified and renewing certification	Certification for Behavioral Health Case Managers	Number of Case Managers Certified and renewing certification	Year 1: Baseline: 500 Target- 1,000 Year 2: Target- 1,200 Data Source: Case Management (CM) Database Data Base Description of Data: Data is collected using the application process and also using the CM system in ODMHSAS Access Control. Data issues/caveats that affect outcome measures: None
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Priority 3 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
3. Enhance Service Quality and	Utilize evidence-based practices for individuals impacted by trauma	Maintain the number of youth receiving trauma screening, for example, Children and Adolescent Trauma Screening (CATS)	Require use of trauma screening for youth, for example CATS screening	Number of youth receiving children and adolescent trauma screening, for example CATS screening	Year 1: Baseline: 10,000 Target- 13,000 Year 2: Target- 14,000 Data Source: ODMHSAS evaluation database Description of Data: The ODMHSAS conducts evaluation of the above practices. The outcome and utilization data will be used to report on this measure. Data issues/caveats that affect outcome measures: None

Accountability (cont.)	Increase options for self-directed care	Increase the number of individuals receiving drop-in center services	Peer-run, drop-in centers as option for services and supports	Number of Peer-run drop-in services provided	Year 1: Baseline: 20,000 Target- 25,000 Year 2: Target- 25,000 Data Source: Contractor invoices Description of Data: Contractors submit monthly invoices with the number of individuals served that month. Data issues/caveats that affect outcome measures: None
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Priority 3 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
3. Enhance Service Quality and	Increase access to training on Person-centered Planning	Increase the number of behavioral health providers trained on Person-centered Planning	Web-based training on Person centered Planning	Number of persons who have completed the web based Person-centered Planning training	Year 1: Baseline: 100 Target- 150 Year 2: Target- 170 Data Source: ODMHSAS Human Resources Development (HRD) database Description of Data: ODMHSAS HRD maintains a database of individuals who complete training. Data issues/caveats that affect outcome measures: None
					Year 1: Baseline: 30,000

Accountability (cont.)	Leverage technology to improve access and quality of care for persons with SMI, SED or SUD living in rural areas	Increase the number of services provided through telehealth	Telehealth services for both substance use disorder (SUD) treatment and mental health services	Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas	Target- 100,000 Year 2: Target- 110,000 Data Source: Medicaid Management Information System (MMIS) Description of Data: Data are compiled through the claims database. Telehealth services are identified in the claims system with a unique code modifier. Data issues/caveats that affect outcome measures: None
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Priority 3 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
	Incentivize for more efficient use of resources and improved service outcomes	Maintain the percentage of time agencies meet the benchmark for the incentive payment as a result of indicators of improved care	Use of the Enhanced Tiered Payment System (ETPS)	Percent of time agencies meet the benchmark for the incentive payment	Year 1: Baseline: 89% Target- 90% Year 2: Target- 90% Data Source: Medicaid Management Information System (MMIS) and other administrative databases Description of Data: Data are compiled through the MMIS database, ODMHSAS PICIS database and telephone calls.

3. Enhance Service Quality and Accountability (cont.)					Data issues/caveats that affect outcome measures: None
	Improve access to supported employment and education for individuals with SMI and SUD	Increase the number of individuals trained in the EBP- Individual Placement and Supports (IPS)	Provide IPS training for providers and community stakeholders	Number of individuals trained in IPS 101	Year 1: Baseline: 30 Target- 80 Year 2: Target- 90 Data Source: The ODMHSAS Human Resources Development (HRD) databases Description of Data: The ODMHSAS HRD maintains a database of individuals who complete training. Data issues/caveats that affect outcome measures: None

Priority 3 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
		Reduce unemployment to all those that are being treated within the ODMHSAs system	Treatment providers within the ODMHSAS system will work with consumers on assisting with employment needs	Reduce unemployment to all those in care	Year 1: Baseline: 0% Target- 30% Year 2: Target- 30% Data Source: ODMHSAS database Description of Data: Number of people who are becoming employed

3. Enhance Service Quality and Accountability (cont.)	Improve access to supported employment and education for individuals with SMI and SUD (cont.)				Data issues/caveats that affect outcome measures: None
		Increase the number of individuals with SMI and SUD that are competitively employed	Provide technical assistance to providers regarding successful implementation of the EBP Individual Placement and Supports (IPS)	Percentage of individuals with SMI and SUD who are competitively employed through IPS	Year 1: Baseline: 40% Target- 49% Year 2: Target- 49% Data Source: Provider report to ODMHSAS IPS staff Description of Data: IPS launched teams submit a quarterly data report that includes the number of individuals served through IPS and the percentage of those individuals that competitively employed. Data issues/caveats that affect outcome measures: None

Priority 3 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
		Increase access to housing	Increase access to housing by expanding use of master lease agreements	Expand use of master lease agreements within CCBHCs to support housing for most in need clients	Year 1: Baseline: 0 Target- 2 Year 2: Target- 4 Data Source: ODMHSAS database Description of Data:

3. Enhance Service Quality and Accountability (cont.)	Increase evidence-based housing programming availability				Number of master lease agreements Data issues/caveats that affect outcome measures: None
		Increase the number of evidence based and certified recovery residences	Provide financial support for housing to become certified through the Oklahoma Association of Recovery Residences (OKARR) and for more Oxford Houses to be opened across the state	Expand Recovery Housing (Oxford House and other OKARR certified housing)	Year 1: Baseline: 17 Target: Increase from 17 counties to 23 counties Year 2: Target: Increase from 17 counties to 23 counties Data Source: OKARR certification and Oxford House reports Description of Data: The ODMHSAS will review the OKARR certification list and Oxford House reports. Data issues/caveats that affect outcome measures: None

Priority 4 Measures

Priority Type: SUT, MHS, BHCS

Population: SMI, SED, ESMI, BHCS, PWID, Other

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
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4. Reduced Criminal Justice Involvement	Improve workforce capacity and skills in response to individuals with criminal justice/public safety involvement	Increase the number of police officers trained in CIT	Law enforcement training – Memphis Model Crisis Intervention Training (CIT)	Number of police officers trained in CIT	Year 1: Baseline: 400 Target- 750 Year 2: Target- 750 Data Source: Data maintained by ODMHSAS CIT trainer Description of Data: ODMHSAS staff maintain a roster of all individuals who complete the CIT course. Data issues/caveats that affect outcome measures: None
		Increase law enforcement access to mental health experts	Increase number of services through law enforcement officers' iPads	Percentage of number of services (calls) through law enforcement officers' iPads	Year 1: Baseline: 0% Target- 10% Year 2: Target- 15% Data Source: ODMHSAS database Description of Data: ODMHSAS maintains database in partnership with iPad vendor. Data issues/caveats that affect outcome measures: None

Priority 5 Measures

Priority Type: SUP, SUT, MHS, BHCS; Population: SMI, SED, BHCS, PP, PWID, EIS/HIV, Other

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
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5. Prevention of Mental Illness and Substance Use Disorders	Reduce rates of suicide	Further develop 988 Call Center functionality and service	Further develop 988 Call Center capacity. Implement local texting features while also advertising to those who need help with substance use and addiction.	Collect data on number of text messages received and who is utilizing the services and why	Year 1: Baseline: 0 Target- Launch local texting features and track metrics, receive 12,000 text messages Year 2: Target- Reach younger groups and advertise texting services and receive at least 13,000 text messages Data Source: ODMHSAS contract Description of Data: ODMHSAS contract Data issues/caveats that affect outcome measures: None
		Continue to increase suicide prevention among Oklahoma adults by collaborating with other state agencies for focused populations	Work with OPERS and OSDH and/or OHCA on 988 resources for their consumers, increasing visibility for Medicare and older adult populations Outreach/education to those receiving services from the Employment Security Commission and those reaching SMVF (service members, vets and families) populations, and employers.	Place information on their website, social media or co-host events	Year 1: Baseline: 0 Target- Place content in OPERS newsletter by end of FY24 Year 2: Target- Place 988 information on OSDH or OHCA websites by end of FY25 Data Source: Information available on site Description of Data: Information available on site Data issues/caveats that affect outcome measures: None

Priority 5 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
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5. Prevention of Mental Illness and Substance Use Disorders (cont.)	Early identification and intervention of substance use problems	Increase Mental Health First Aid (MHFA) training to an increased number of people on how to identify, understand and respond to signs and symptoms of mental health and substance use challenges	Increase the number of people completing MHFA Trainings	Number of people trained in Mental Health First Aid	Year 1: Baseline: 1,700 Target: 3,000 Year 2: Target: 1,700 Data Source: Prevention division database Description of Data: Prevention division staff maintain a database of all who have received the training. Data issues/caveats that affect outcome measures: None
		Increase the number of Business Sectors developing policies and practices to train managers/supervisors in MHFA so they can assist employees experiencing a mental health or substance use crisis in the workplace	Increase the number of Business Sectors developing policies and practices regarding training in MHFA	Number of Business Sectors who have developed policies and practices regarding training in MHFA	Year 1: Baseline: 0 Target: Increase by 4 Year 2: Target: Increase by 4 Data Source: ODMHSAS Database Description of Data: ODMHSAS Database Data issues/caveats that affect outcome measures: None

Priority 5 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
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5. Prevention of Mental Illness and Substance Use Disorders (cont.)	Reduce substance use	Increase faith-based partnerships to participate in prevention outreach efforts with Faith-based Prevention Services by increasing faith-based partnerships	Increase faith-based partnerships	Number of faith-based partnerships	Year 1: Baseline: 1 Target- 5 Year 2: Target- 5 Data Source: ODMHSAS database Description of Data: ODMHSAS database Data issues/caveats that affect outcome measures: None
		Increase the number of prevention practices implemented through contracted community/campus coalitions	Community level/campus strategies for substance abuse prevention	Number of substance abuse prevention practices implemented through contracted community/campus coalitions	Year 1: Baseline: 25 Target: additional 50% with a goal of 2,952 Year 2: Target- additional 25% with a goal of 3,690 Data Source: Oklahoma Prevention Reporting System (PRS) Description of Data: EBPs used in delivering community level/campus strategies are reported by subrecipients in the PRS and compiled by project evaluators. Data issues/caveats that affect outcome measures: None

Priority 5 Measures

Priority	Goals	Objectives	Strategies	Performance	Targets
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Area				Indicators	
5. Prevention of Mental Illness and Substance Use Disorders (cont.)	Reduce substance use (cont.)	Increase school-based primary and secondary substance use prevention services (Botvin LifeSkills Training, 3 rd Millennium Classrooms, PAX Good Behavior Game, ASPIRE)	Botvin LifeSkills Training, AlcoholEdu, 3 rd Millennium Classrooms, ASPIRE, PAX Good Behavior Games	Number of school sites utilizing Botvin LifeSkills Training, 3 rd Millennium Classrooms, PAX Good Behavior Game, ASPIRE	Year 1: Baseline: 130 Target: additional 25% school sites Year 2: Target: additional 25% school sites Data Source: ODMHSAS database Description of Data: ODMHSAS database Data issues/caveats that affect outcome measures: None
	Reduce underage drinking	Increase the number of Retailers and Servers accessing ODMHSAS Responsible Beverage Sales & Service (RBSS) on-demand educational training	Consistent and highly visible enforcement of state and local laws related to underage and high-risk drinking	Number trained in Responsible Beverage Sales and Service training	Year 1: Baseline: 1,500 Target- 2,000 Year 2: Target- 2,000 Data Source: Prevention division database Description of Data: Prevention division staff maintain a database of all who have received the training. Data issues/caveats that affect outcome measures: None

Priority 5 Measures

Priority	Goals	Objectives	Strategies	Performance	Targets
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Area				Indicators	
5. Prevention of Mental Illness and Substance Use Disorders (cont.)	Reduce misuse of prescription drugs	Distribute overdose reversal medications, prioritizing locations by using Google search data	Increase opioid overdose prevention training and access to Naloxone (cont.)	Number of overdose reversal medications distributed	Year 1: Baseline: 22,000 Target- 40,000 Year 2: Target- 40,000 Data Source: Prevention division database Description of Data: Prevention division staff track and maintain this information. Data issues/caveats that affect outcome measures: Relies on submission of report back forms from law enforcement or members of the public getting refills
		Distribute 100,000 fentanyl test strips, prioritizing locations by using Google search data	Harm reduction strategy	Number of Fentanyl test strips distributed	Year 1: Baseline: 35,000 Target- 100,000 Year 2: Target- 100,000 Data Source: Prevention division database Description of Data: Prevention division staff track and maintain this information. Data issues/caveats that affect outcome measures: Relies on submission of report back forms from law enforcement or members of the public getting refills

Priority 5 Measures

Priority Area	Goals	Objectives	Strategies	Performance Indicators	Targets
5. Prevention of Mental Illness and Substance Use Disorders (cont.)	Reduce misuse of prescription drugs (cont.)	Decrease overdose deaths by distributing medication lockboxes	Harm reduction strategy (cont.)	Number of medication lockboxes distributed	Year 1: Baseline: 618 Target: 2,000 (For FY24, 7,819.) Year 2: Target- 2,000 Data Source: Oklahoma Prevention Reporting System (OPERS) Description of Data: Lockboxes used in delivering community level/campus strategies are reported by subrecipients in the PRS and compiled by project evaluators. Data issues/caveats that affect outcome measures: None
		Decrease overdose deaths by distributing medication disposal bags		Number of medication disposal bags distributed	Year 1: Baseline: 900 Target- 6,000 Year 2: Target- 6,000 Data Source: Oklahoma Prevention Reporting System (OPERS) Description of Data: Medication disposal bags used in delivering community level/campus strategies are reported by subrecipients in the PRS and compiled by project evaluators. Data issues/caveats that affect outcome measures: None

Priority 6 Measures

Priority Type: SUP, SUT, MHS, BHCS; Population: SMI, SED, BHCS, PWWDC, PWID, PP, EIS/HIV, Other

Priority	Goals	Objectives	Strategies	Performance	Targets
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Area				Indicators	
6. Public Awareness	Utilize social media to provide awareness around behavioral health issues such as stigma and access to care	Increase public reach of treatment and prevention information	Optimize OK I'm Ready substance use service offerings by creating an interactive map of treatment and pull analytics related to site traffic	Percentage of Oklahomans reached with the Harm Reduction Campaign	Year 1: Baseline: 0 Target- 5,500,000 impressions through all media channels Year 2: Target- 5,500,000 impressions through all media channels Data Source: ODMHSAS Prevention and Communications division Description of Data: Counters are used to record the number of hits. Data issues/caveats that affect outcome measures: User preference and available social media platforms are difficult to predict.
			Increase traffic to 988 so that all Oklahomans realize it's power to connect people to care	Percentage of Oklahomans reached with 988 and call data into the center	Year 1: Baseline: 0 Target- Maintain awareness campaigns and garner 4,500,000 impressions by reaching new groups across Oklahoma including: faith-based and minority groups Year 2: Target- Maintain awareness campaigns and garner 4,500,000 impressions by reaching new groups across Oklahoma including: faith-based and minority groups Data Source: ODMHSAS contract Description of Data: ODMHSAS contract Data issues/caveats that affect outcome measures: None

FY25 Priority Measure Revision

-----Original Message-----

From: BGAS.HelpDesk@feisystems.com <BGAS.HelpDesk@feisystems.com>

Sent: Thursday, January 23, 2025 2:32 PM

To: Damaris.Richardson@samhsa.hhs.gov; Lisa.Creatura@samhsa.hhs.gov; Leeper, Tracy <Tracy.Leeper@odmhsas.org>; kameisha.bennett@samhsa.hhs.gov; Clark.hagen@samhsa.hhs.gov; Sharleen.Kaur@feisystems.com; BGAS.HelpDesk@feisystems.com; Smoke.Tester@aaa.bbb; abhi.rana@feisystems.com; Crystal.Pender@feisystems.com; Cara.Alexander@samhsa.hhs.gov; Torrance.Brown@samhsa.hhs.gov; Fred.Volpe@SAMHSA.hhs.gov; Jerry.Campbell@samhsa.hhs.gov; Onuorah, Young <YOnuorah@odmhsas.org>; Gay, Stephanie <SGay@odmhsas.org>; Gonterman, Sandy <sgonterman@odmhsas.org>; Wilson, Nisha <NWilson@odmhsas.org>; Lauren.Thompson@samhsa.hhs.gov; Smith, Kadedra <Kadedra.Smith@odmhsas.org>; bethaney.myers@samhsa.hhs.gov; clarence.whitley@feisystems.com; Michelle.Taylor@samhsa.hhs.gov
Subject: [EXTERNAL] Revision Request has been sent for FY 2024-2025 Combined MHBG/SUPTRS BG Application/Behavioral Health Assessment and Plan for Oklahoma

Dear WebBGAS user,

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If technical assistance is needed, please contact the WebBGAS Help Desk Team at (888)301-2427 or by e-mail at BGAS.HelpDesk@feisystems.com.

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This email has been automatically sent to inform you that Bethaney Myers has requested that Oklahoma make revisions to their FY 2024-2025 Combined MHBG/SUPTRS BG Application/Behavioral Health Assessment and Plan:

Form:

Table 1 Priority Areas and Annual Performance Indicators

REVISION REQUEST DETAIL:

State requested GPO to open RR: Bethaney, please open up a revision request so that I can update our performance indicators in Table 1.

*****NEW INSTRUCTIONS FOR FFY 2024-2025 Block Grant Application *****

INSTRUCTIONS: When the state is ready to complete their revisions, they must first sign into WebBGAS, open the application, select "REVISION REQUEST" from the left menu, and click the button labeled "BEGIN REVISION". This action will unlock the appropriate forms related to the revision requests, to allow for the modification of the requested items. When the modifications are completed, the state must CLICK the button labeled "COMPLETE REVISION" next to each revision item on their main screen. Please contact the Help Desk at 1-888-301-BGAS(2427) if you have any concerns.

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From: BGAS.HelpDesk@feisystems.com <BGAS.HelpDesk@feisystems.com>
Sent: Tuesday, February 25, 2025 4:20 PM
To: Gay, Stephanie <SGay@odmhsas.org>; bethaney.myers@samhsa.hhs.gov
Subject: [EXTERNAL] Revision Request has started for FY 2024-2025 Combined MHBG/SUPTRS BG Application/Behavioral Health Assessment and Plan Oklahoma

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Form:

Table 1 Priority Areas and Annual Performance Indicators

REVISION REQUEST DETAIL:

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From: BGAS.HelpDesk@feisystems.com <BGAS.HelpDesk@feisystems.com>
Sent: Tuesday, February 25, 2025 4:53 PM
To: Anna.dejong@samhsa.hhs.gov; Damaris.Richardson@samhsa.hhs.gov;
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Subject: [EXTERNAL] Revision Request has been completed for the FY 2024-2025 Combined
MHBG/SUPTRS BG Application/Behavioral Health Assessment and Plan for Oklahoma

Dear WebBGAS user,

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For policy concerns, please contact your Program Officer or Project officer directly.

This email has been automatically sent to inform you that Oklahoma has completed a revision to their FY 2024-2025 Combined MHBG/SUPTRS BG Application/Behavioral Health Assessment and Plan Block Grant Application.

The revision details are as follows:

Form:

Table 1 Priority Areas and Annual Performance Indicators

REVISION REQUEST DETAIL:

State requested GPO to open RR: Bethaney, please open up a revision request so that I can update our performance indicators in Table 1.

The application has been locked as there are no longer any outstanding revision items.

NOTE: A new version of the FY 2024-2025 Combined MHBG/SUPTRS BG Application/Behavioral Health Assessment and Plan has been uploaded!

Please contact the Help Desk at 1-888-301-BGAS(2427) if you have any concerns.

BGAS Helpdesk

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C. State Agency Expenditure Report

MHBG Table 3 - Set-aside for Children’s Mental Health Services

This table collects information on the statewide expenditures for children’s mental health services during the last completed SFY. States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2024	C Estimated/Actual SFY 2025	Please specify if expenditure amount reported in Column C is actual or estimated
\$3,261,133	\$107,027,966	\$107,109,517	<div><div></div><div></div></div> <div>Actual Estimated</div>

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted: _____
States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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

Footnotes:

C. State Agency Expenditure Report

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

This table collects information on expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

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

A Period	B Expenditures	C <u>B1 (2023) + B2 (2024)</u> 2
SFY 2023 (1)	\$304,331,968	
SFY 2024 (2)	\$342,094,494.84	\$323,213,231
SFY 2025 (3)	\$341,162,783	

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

SFY 2023	Yes	X	No
SFY 2024	Yes	X	No
SFY 2025	Yes	X	No

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

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

Footnotes: