

Oklahoma

UNIFORM APPLICATION

FY 2026 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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

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

A: State Information

State Information

I. State Agency 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 Block Grant

First Name Gregory

Last Name Slavonic

Agency Name Oklahoma Department of Mental Health and Substance Abuse Services

Mailing Address 2000 N. Classen Blvd. Suite 600

City Oklahoma City

Zip Code 73106

Telephone (405) 248-9201

Fax

Email Address GrantNotifications@odmhsas.ok.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2024

To 6/30/2025

Block Grant Expenditure Period

From 10/1/2022

To 9/30/2024

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

First Name Stephanie

Last Name Gay

Telephone (405) 801-7824

Fax

Email Address sgay@odmhsas.org

VI. Contact Person Responsible for Substance Use Disorder Data

First Name Stephanie

Last Name Gay

Telephone (405) 801-7824

Email Address sgay@odmhsas.org

Footnotes:

B: Annual Update

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 Revised Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Revised 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 Revised 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: 50%

First-year target/outcome measurement: 55%

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 38%

First-year target/outcome measurement: 46%

Second-year target/outcome measurement: 50%

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

For FY25, the percentage reached was 57%.

Indicator #: 3

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

Baseline Measurement: 5,600

First-year target/outcome measurement: 6,000

Second-year target/outcome measurement: 6,200

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 4

Indicator: Number of credentialed wellness coaches

Baseline Measurement: 1,000

First-year target/outcome measurement: 1,000

Second-year target/outcome measurement: 2,000

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 5

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

Baseline Measurement: 100

First-year target/outcome measurement: 122

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**How second year target was achieved:**

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

Priority #: 2

Priority Area: Improved Access and Reduced Disparities

Priority Type: SUP, SUT, SUR, MHS, ESMI

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 Revised Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Revised 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 Revised 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 American Indian children and youth who received Systems of Care services

Baseline Measurement: 300

First-year target/outcome measurement: 1,500

Second-year target/outcome measurement: 1,550

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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**How second year target was achieved:**

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

Indicator #: 2

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

Baseline Measurement: 4,000

First-year target/outcome measurement: 4,000

Second-year target/outcome measurement: 4,500

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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 3

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

Baseline Measurement: 2

First-year target/outcome measurement: 4

Second-year target/outcome measurement: 6

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 4

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

Baseline Measurement: 2,000

First-year target/outcome measurement: 2,050

Second-year target/outcome measurement: 2,100

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

Description of Data:

Data 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 5

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

Baseline Measurement: 12,000

First-year target/outcome measurement: 17,000

Second-year target/outcome measurement: 18,000

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

For FY25, data showed 25,106 children with SED and/or co-occurring substance use disorders admitted to Systems of Care programs.

Indicator #: 6

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: 5

First-year target/outcome measurement: 275

Second-year target/outcome measurement: 300

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 7

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

Baseline Measurement: 0

First-year target/outcome measurement: 4

Second-year target/outcome measurement: 4

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

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

Indicator #:

8

Indicator:

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

Baseline Measurement:

6,273

First-year target/outcome measurement:

Increase of 100 over the previous year

Second-year target/outcome measurement:

Increase of 100 over the previous year

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #:

9

Indicator:

Number of persons who become certified PRSS for older persons

Baseline Measurement:

25

First-year target/outcome measurement:

25

Second-year target/outcome measurement:

30

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

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

Indicator #:	10
Indicator:	Number of participants in Strengthening Families and Celebrating Families programs
Baseline Measurement:	700
First-year target/outcome measurement:	1,300
Second-year target/outcome measurement:	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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 11

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

Baseline Measurement: 3

First-year target/outcome measurement: 5

Second-year target/outcome measurement: 6

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 12

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

Baseline Measurement: 4,000

First-year target/outcome measurement: 5,500

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

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

Indicator #: 13

Indicator: Number of jail sites offering MAT

Baseline Measurement: 23

First-year target/outcome measurement: 26

Second-year target/outcome measurement: 33

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

Data Source:

Medication provider database

New Data Source(if needed):

Description of Data:

ODMHAS 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

For FY25, there were 39 jail sites offering MAT.

Indicator #: 14

Indicator: Number of specialized SUD services to the LGBT population

Baseline Measurement: 40

First-year target/outcome measurement: 75

Second-year target/outcome measurement: 100

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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**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 #: 15

Indicator: Number of partnerships developed in targeted communities

Baseline Measurement: 1

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 6

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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

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

Indicator #: 16

Indicator: Number of African Americans served in targeted communities

Baseline Measurement: 1,000

First-year target/outcome measurement: 2,000

Second-year target/outcome measurement: 2,500

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

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

Indicator #: 17

Indicator: Number of attendees for IMH specific training annually

Baseline Measurement: 50

First-year target/outcome measurement: 100

Second-year target/outcome measurement: 150

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

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

Indicator #: 18

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: 175

First-year target/outcome measurement: 230

Second-year target/outcome measurement: 250

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 19

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: 20

First-year target/outcome measurement: 40

Second-year target/outcome measurement: 50

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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**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, ESMI, BHCS

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 Revised Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Revised 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 Revised 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: 200

First-year target/outcome measurement: 275

Second-year target/outcome measurement: 300

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

Data Source:

PRSS Certification Database

New Data Source(if needed):

Description of Data:

ODMHAS 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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**How second year target was achieved:**

In FY25, there were 894 PRSSs certified.

Indicator #: 2
Indicator: Number of services provided by PRSSs
Baseline Measurement: 170,000
First-year target/outcome measurement: 210,000
Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**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: 25

First-year target/outcome measurement: 100

Second-year target/outcome measurement: 125

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 10

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 25

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:**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: 500

First-year target/outcome measurement: 1,000

Second-year target/outcome measurement: 1,200

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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**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: 10,000

First-year target/outcome measurement: 13,000

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 20,000

First-year target/outcome measurement: 25,000

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 100

First-year target/outcome measurement: 150

Second-year target/outcome measurement: 170

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 30,000

First-year target/outcome measurement: 100,000

Second-year target/outcome measurement: 110,000

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 89%

First-year target/outcome measurement: 90%

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 30

First-year target/outcome measurement: 80

Second-year target/outcome measurement: 90

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 0%

First-year target/outcome measurement: 30%

Second-year target/outcome measurement: 30%

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 40%

First-year target/outcome measurement: 49%

Second-year target/outcome measurement: 49%

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 0

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 4

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 17

First-year target/outcome measurement: Increase from 17 counties to 23 counties

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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, BHCS

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 Revised Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Revised 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 Revised 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: 400

First-year target/outcome measurement: 750

Second-year target/outcome measurement: 750

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 0%

First-year target/outcome measurement: 10%

Second-year target/outcome measurement: 15%

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

Data Source:

ODMHSAS database

New Data Source(if needed):

Description of Data:

ODMHSAS maintains databased 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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, BHCS

Population(s):

SMI, SED, BHCS, 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 Revised Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Revised 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 Revised 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:

0

First-year target/outcome measurement:

Launch local texting features and track metrics, receive 12,000 text messages

Second-year target/outcome measurement:

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:

ODMHSAS contract

New Data Source(if needed):

Description of Data:

ODMHSAS 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 0

First-year target/outcome measurement: Place content in OPERS newsletter by end of FY24

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 Mental Health First Aid

Baseline Measurement: 1,700

First-year target/outcome measurement: 3,000

Second-year target/outcome measurement: 3,000

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

Data Source:

Prevention division database

New Data Source(if needed):

Description of Data:

Prevention division staff 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 4

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

Baseline Measurement: 0

First-year target/outcome measurement: Increase by 4

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 5

Indicator: Number of faith-based partnerships

Baseline Measurement: 1

First-year target/outcome measurement: 5

Second-year target/outcome measurement: 5

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

Data Source:

ODMHAS database

New Data Source(if needed):

Description of Data:

ODMHAS 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 6

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

Baseline Measurement: 25

First-year target/outcome measurement: additional 50% with a goal of 2,952

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**How second year target was achieved:**

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

Indicator #: 7

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

Baseline Measurement: 130

First-year target/outcome measurement: additional 25% school sites

Second-year target/outcome measurement: additional 25% school sites

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

ODMHAS database

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

ODMHAS 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/outcome was not achieved, and changes proposed to meet target/outcome:**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/outcome was not achieved, and changes proposed to meet target/outcome:**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

Indicator #: 8

Indicator: Number trained in Responsible Beverage Sales and Service training

Baseline Measurement: 1,500

First-year target/outcome measurement: 2,000

Second-year target/outcome measurement: 2,000

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

Data Source:
Prevention division database

New Data Source(if needed):

Description of Data:
Prevention division staff 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

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

Indicator #: 9

Indicator: Number of overdose reversal medications distributed

Baseline Measurement: 22,000

First-year target/outcome measurement: 40,000

Second-year target/outcome measurement: 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 10

Indicator: Number of Fentanyl test strips distributed

Baseline Measurement: 35,000

First-year target/outcome measurement: 100,000

Second-year target/outcome measurement: 100,000

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 #: 11

Indicator: Number of medication lockboxes distributed

Baseline Measurement: 618

First-year target/outcome measurement: 2,000

Second-year target/outcome measurement: 2,000

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

Data Source:

Oklahoma Prevention Reporting System (OPERS)

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How second year target was achieved:

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

Indicator #: 12

Indicator: Number of medication disposal bags distributed

Baseline Measurement: 900

First-year target/outcome measurement: 6,000

Second-year target/outcome measurement: 6,000

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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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, BHCS

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 Revised Plan Matrix that is attached.

Objective:

There will be multiple objectives supporting the goals in this priority area. This is detailed on the Revised 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 Revised 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: 0

First-year target/outcome measurement: 5,500,000 impressions through all media channels

Second-year target/outcome measurement: 5,500,000 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/outcome was not achieved, and changes proposed to meet target/outcome:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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: 0

First-year target/outcome measurement: 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: 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:

ODMHSAS contract

New Data Source(if needed):

Description of Data:

ODMHSAS 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/outcome was not achieved, and changes proposed to meet target/outcome:

How first year target was achieved (optional):

In FY24, 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/outcome was not achieved, and changes proposed to meet target/outcome:

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%.

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Footnotes:

C: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities for primary prevention of substance use, treatment of SUD, and recovery support services for individuals with SUD. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from the reporting period on SUPTRS BG Table 4. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

Activity	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF, TANF, CDC, Medicare etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 ^a	I. ARP ^b
1. Substance Use Disorder Prevention ^c & Treatment	\$12,285,052.00		\$12,942,496.00	\$14,925,708.00	\$66,878,927.00	\$0.00	\$0.00	\$0.00	\$515.00
a. Pregnant Women and Women with Dependent Children (PWWDCC) ^d	\$1,058,531.00		\$0.00	\$1,346,023.00	\$1,208,276.00	\$0.00	\$0.00	\$0.00	\$515.00
b. All Other	\$11,226,521.00		\$12,942,496.00	\$13,579,685.00	\$65,670,651.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Recovery Support Services ^e	\$410,410.00		\$0.00	\$0.00	\$666,041.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Substance Use Primary Prevention ^f	\$2,931,903.00		\$0.00	\$7,051,920.00	\$4,580,986.00	\$0.00	\$0.00	\$0.00	\$552,557.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ^g	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Other Capacity Building/Systems Development Activities	\$2,720,019.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. State Hospital									
8. Other 24 Hour Care									
9. Ambulatory/Community Non-24 Hour Care									
10. Mental Health Primary Prevention									
11. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
12. Administration ^h	\$956,690.00		\$0.00	\$0.00	\$4,140,038.00	\$0.00	\$0.00	\$0.00	\$165.00
13. Total	\$19,304,074.00	\$0.00	\$12,942,496.00	\$21,977,628.00	\$76,265,992.00	\$0.00	\$0.00	\$0.00	\$553,237.00

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

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

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

^c Prevention other than primary prevention.

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

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

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

⁹The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

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

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

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Footnotes:

Oklahoma is not an HIV state. In Oklahoma, the Tuberculosis services are provided through local Oklahoma State Department of Health Facilities or through other community health care programs, i.e. an FQHC. However, all of our substance use disorder service providers are contractually required to make tuberculosis services available to individuals receiving substance use disorder treatment and they do this via referral. The Primary Prevention setaside amount is \$3,826,760.00. Table 2, Row 3, Column A added to the Primary Prevention total on Table 6 equals this amount.

C: Expenditure Reports

Table 3a - Syringe Services Program (SSP) Expenditures by Program

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

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

Expenditure Start Date: 07/01/2024 Expenditure End Date: 06/30/2025

SSP Expenditures						
SSP Name	SSP Main Address	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	A. SUPTRS BG	B. COVID-19 ^a	C. ARP ^b
No Data Available						
Total						

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period.

Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025 (typically July 1, 2024–March 14, 2025) in the COVID-19 designated column of the FY2026 Report.

^bPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period.

Note: ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025.

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Footnotes:

This table is NA for Oklahoma. Oklahoma does not use any SUPTRS BG or supplemental funds on SSPs.

C: Expenditure Reports

Table 3b - Syringe Services Program (SSP) Number of Individuals Served

States which have requested and been approved for expending SUPTRS BG and its supplemental funds on the support of Syringe Services Programs (SSP) must report the number of individuals served by service and activity type below. Grantees approved for expending SUPTRS BG on SSPs are prohibited from using appropriated funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug as outlined in the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118-47), March 23, 2024. In addition, states must note that no federal funding may be used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug.

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

Expenditure Start Date: 07/01/2024 Expenditure End Date: 06/30/2025

SUPTRS BG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Enter total number of individuals served)	Treatment for Substance Use Conditions (Enter total number of individuals served)	Treatment for Physical Health (Enter total number of individuals served)	STD Testing (Enter total number of individuals served)	Hep C (Enter total number of individuals served)
NA	0	ONSITE ^c	0	0	0	0	0
		REFERRAL OUT ^d	0	0	0	0	0
Total	0		0	0	0	0	0

COVID-19 ^a							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Enter total number of individuals served)	Treatment for Substance Use Conditions (Enter total number of individuals served)	Treatment for Physical Health (Enter total number of individuals served)	STD Testing (Enter total number of individuals served)	Hep C (Enter total number of individuals served)
NA	0	ONSITE ^c	0	0	0	0	0
		REFERRAL OUT ^d	0	0	0	0	0
Total	0		0	0	0	0	0

ARP ^b							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Enter total number of individuals served)	Treatment for Substance Use Conditions (Enter total number of individuals served)	Treatment for Physical Health (Enter total number of individuals served)	STD Testing (Enter total number of individuals served)	Hep C (Enter total number of individuals served)

			served)	(Enter total number of individuals served)	number of individuals served)	served)	
NA	0	ONSITE ^c	0	0	0	0	0
		REFERRAL OUT ^d	0	0	0	0	0
Total	0		0	0	0	0	0

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

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

^cOnsite services are those conducted on premise of the SSP and are reimbursed through SUPTRS BG.

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

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Footnotes:
This table is NA for Oklahoma. Oklahoma does not use any SUPTRS BG or supplemental funds on SSPs.

C: Expenditure Reports

Table 3c - Risk Reduction Activities & Expenditures

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

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

Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118-47), March 23, 2024. In addition, states must note that no federal funding maybe used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

Risk Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Opioid Overdose Reversal Kits ^a Purchased	Number of Opioid Overdose Reversal Kits Distributed	Number of Overdose Reversals	Number of Drug Checking Technologies ^b Purchased	Number of Drug Checking Technologies Distributed	A. SUPTRS BG	B. COVID-19 ^c	C. ARP ^d
No Data Available										

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

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

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

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

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Footnotes:
Oklahoma does NOT use any SUPTRS BG and/or supplemental funds on Risk Reduction activities.

C: Expenditure Reports

Table 4 - SUPTRS BG Expenditure Compliance Report

This table provides a description of SUPTRS BG expenditures for authorized activities to prevent and treat SUDs.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Expenditure Category	FFY SUPTRS BG Award
1. Substance Use Disorder Prevention ^a and Treatment	\$12,285,052.00
2. Recovery Support Services ^b	\$410,410.00
3. Primary Prevention of Substance Use ^c	\$2,931,903.00
4. Early Intervention Services for the Human Immunodeficiency Virus (EIS/HIV) ^d	\$0.00
5. Tuberculosis Services	\$0.00
6. Other Capacity Building/Systems Development ^e	\$2,720,019.00
7. Administration ^f	\$956,690.00
8. Total^g	\$19,304,074.00

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

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

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

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

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

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

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

Oklahoma is not an HIV state. In Oklahoma, the Tuberculosis services are provided through local Oklahoma State Department of Health Facilities or through other community health care programs, i.e. an FQHC. However, all of our substance use disorder service providers are contractually required to make tuberculosis services available to individuals receiving substance use disorder treatment and they do this via referral. The Primary Prevention setaside amount is \$3,826,760.00. Table 4, Row 3 added to the Primary Prevention total on Table 6 equals this amount.

C: Expenditure Reports

Table 5a - Primary Prevention Expenditures by Strategy and Institute of Medicine (IOM) Categories

This table is for the reporting of expenditures on primary prevention activities associated with the SUPTRS BG 2023 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Report Table 5a. Expenditures within each of the six strategies or by Institute of Medicine Model (IOM) classification should be directly associated with the cost of completing the activities or tasks. If a state used strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other." For detailed instructions, refer to those in the WebBGAS.

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Classification	A. SUPTRS BG ^a	B. Other Federal	C. State	D. Local	E. Other	F. COVID-19 ^b	G. ARP ^c
Information Dissemination	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Universal	\$85,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Total	\$85,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Universal	\$330,649.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Total	\$330,649.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Universal	\$20,292.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Total	\$20,292.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Problem Identification and Referral	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Universal	\$913,290.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Total	\$913,290.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Universal	\$1,448,529.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Total	\$1,448,529.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Universal	\$133,388.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Total	\$133,388.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Grand Total	\$2,931,903.00						

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

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

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

Footnotes:

The Primary Prevention setaside amount is \$3,826,760.00. This Table's total added to the Primary Prevention total on Table 6 equals this amount.

C: Expenditure Reports

Table 5b - Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SUPTRS Report Table 5b if it chooses to report primary prevention of substance use activities utilizing the Institute of Medicine Model (IOM) Model of Universal, Selective, and Indicated in SUPTRS Report Table 5a. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Strategy	A. SUPTRS BG Award	B. COVID-19 ^a	C. ARP ^b
Universal Direct	\$335,631	\$0	\$0
Universal Indirect	\$2,596,272	\$0	\$0
Selective	\$0	\$0	\$0
Indicated	\$0	\$0	\$0
Column Total	\$2,931,903	\$0	\$0
Total SUPTRS BG Award ^c	19304074.00		
Primary Prevention Expenditure Percentage ^d	15.19%		

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

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

^cTotal SUPTRS BG Award is populated from Report Table 4 SUPTRS BG Award Expenditure Compliance Report.

^dThe Primary Prevention Expenditure Percentage is the percentage amount the agency committed to for this reporting period.

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Footnotes:
The Primary Prevention setaside amount is \$3,826,760.00. This Table's total added to the Primary Prevention total on Table 6 equals this amount.

C: Expenditure Reports

Table 5c - Primary Prevention Priorities

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the SUPTRS BG 2023 Award during the two-year award period. The purpose of the bottom half of the table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Priority Substances	A. SUPTRS BG	B. COVID-19 ^a	C. ARP ^b
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco/Nicotine-Containing Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cannabis/Cannabinoids	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fentanyl or Other Synthetic Opioids	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priority Populations			
College Age Individuals (ages 18-26)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults (age 55 and above)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons Experiencing Homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Pacific Islander	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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Footnotes:

Substance priorities based on need include alcohol, tobacco, cannabis, prescription medications, methamphetamine, and fentanyl/other synthetic opioids. However, the remaining substances were marked because some of the funded school-based primary prevention programs prevent drug use in general.

C: Expenditure Reports

Table 6 - Other Capacity Building/Systems Development Activities

Expenditures in the following categories of SSA activities and subrecipient activities funded by the SSA through contracts, grants, or agreements with subrecipients. Expenditures should not duplicate any reporting of allocations to subrecipients that are listed in Table 7. Please utilize the following categories to describe the types of expenditures your state supports with Block Grant funds, and if the preponderance of the activity fits within a category. Other capacity building/systems development activities may not be used to meet set-aside requirements for EIS/HIV. For additional definitions and instructions on how to complete this table, please see the 'Instruction' tab above.

Expenditure Period Start Date: 10/01/2022 Expenditure Period End Date: 09/30/2024

Activity	A. SUPTRS BG Prevention ^a & Treatment	B. SUPTRS BG Recovery Support Services ^b	C. SUPTRS BG Primary Prevention ^c
1. Information Systems	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$188,718.00	\$0.00	\$768,386.00
a. Single State Agency (SSA)	\$71,579.00	\$0.00	\$768,386.00
b. All other subrecipient contracts	\$117,139.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$28,793.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$28,793.00
4. Planning Council Activities	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$995,861.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$995,861.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$2,454.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$2,454.00	\$0.00	\$0.00
7. Training and Education	\$638,129.00	\$0.00	\$97,678.00
a. Single State Agency (SSA)	\$601,379.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$36,750.00	\$0.00	\$97,678.00
8. Total^d	\$1,825,162.00	\$0.00	\$894,857.00

^aOther than primary prevention.

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

^cExpenditures for other capacity building/systems development activities related to primary prevention only.

^dThe sum of all three columns should be equal to the amount reported on Table 4, Row 6.

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Footnotes:

The Primary Prevention setaside amount is \$3,826,760.00. The Primary Prevention total on this table added to either Table 2, Row 3, Column A or Table 4, Row 3 equals this amount.


C: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SUPTRS BG funds including community and faith-based organizations which provided SUD prevention, treatment and recovery support services, as well as intermediaries/administrative service organizations. Table 7 excludes other capacity building/systems development expenditures found on Table 6.

This table provides a report of the sub-recipients of SUPTRS BG funds including community and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes system development/non-direct service expenditures.

Expenditure Period Start Date: 10/01/2022 Expenditure Period End Date: 09/30/2024

Source of Funds Substance Use Block Grant																	
	Entity Number	I-TF (formerly I-BHS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention ^a and Treatment Services	C. Pregnant Women and Women with Dependent Children ^b	D. Opioid Treatment Programs (OTPs) ^c	E. Office-based opioid treatment (OBOTs) ^d	F. Recovery Support Services ^e	G. Primary Prevention ^f	H. Early Intervention Services for HIV ^g
	OK102629	OK102629	✔	Oklahoma County	Another Chance Counseling Agency	7401 NE 23rd Street	Oklahoma City	OK	73141	\$309,450.00	\$309,450.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	84-834-8348	84-834-8348	✖	Central	Board of Regents of the Univ of OK HSC	201 Stephenson Parkway, Ste 3100	Norman	OK	73019	\$260,640.00	\$260,640.00	\$135,773.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	200081620A	OK100647	✔	Tulsa County	Center for Therapeutic Interventions	7477 East 46 Place	Tulsa	OK	74145	\$95,569.00	\$80,609.00	\$11,516.00	\$0.00	\$0.00	\$0.00	\$14,960.00	\$0.00
	100688910A	OK500035	✔	Central	Central Oklahoma	909 East Alameda Street	Norman	OK	73071	\$1,625.00	\$1,625.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	J62GNCAJKZX9	J62GNCAJKZX9	✖	99	Chess Mobile Health Inc.	333 W Commercial St., Ste 2500	East Rochester	NY	14445	\$319,100.00	\$319,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100688950B	OK101346	✔	Central	Childrens Recovery Center of Oklahoma	320 12th Avenue NE	Norman	OK	73071	\$600,803.00	\$600,803.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100742400B	OK101255	✔	Central	Cope Inc	2701 North Oklahoma Avenue	Oklahoma City	OK	73105	\$419,409.00	\$419,409.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100733450A	OK100257	✔	Tulsa County	Counseling and Recovery Services of OK	7010 South Yale Avenue Suite 215	Tulsa	OK	74136	\$41,530.00	\$41,530.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100734620A	OK901886	✔	Northeast	CREOKS Health Services	400 West 6th Street	Oklmulgee	OK	74447	\$62,797.00	\$62,797.00	\$7,482.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	M4TLCFAK5418	x	✖	Durant	Durant Public Schools	1323 Waco Street	Durant	OK	74701	\$115,215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$115,215.00	\$0.00
	100736990A	OK100299	✔	Southeast	Gateway to Prevention and Recovery	P.O. Box 3848	Shawnee	OK	74802-3848	\$114,583.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$114,583.00	\$0.00
	OK100220	OK100220	✔	Northeast	Grand Lake Mental Health Center	114 West Delaware Street	Nowata	OK	74048	\$797,975.00	\$797,975.00	\$5,758.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100734350B	OK102023	✔	Oklahoma County	HOPE Community Services Inc	6100 South Walker Avenue	Oklahoma City	OK	73139	\$24,652.00	\$24,652.00	\$24,652.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	B201052644	OK100359	✔	Northeast	House of Hope Inc	P.O. Box 451585	Grove	OK	74345-1585	\$3,556.00	\$3,556.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100736920A	OK901936	✔	99	Monarch Inc	P.O. Box 1267	Muskogee	OK	74402	\$17,433.00	\$17,433.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100730850A	OK750929	✔	East Central	Muskogee County	4009 Eufaula Avenue	Muskogee	OK	74403	\$6,215.00	\$6,215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102110	OK102110	✔	Central	National Assn For Black Veterans	3667 North Lottie Avenue	Oklahoma City	OK	73162	\$51,087.00	\$51,087.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102111	OK102111	✔	East Central	Neighbors Building Neighborhoods	207 North Second Street	Muskogee	OK	74401	\$125,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125,000.00	\$0.00
	R324W4JCMVJ4	X	✖	Central	Norman Public Schools	131 S. Flood Ave.	Norman	OK	73069	\$27,083.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,083.00	\$0.00
	B233995638	OK101113	✔	Central	OCARTA	2701 NW 39th Expressway	Oklahoma City	OK	73112	\$186,962.00	\$186,962.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102115	OK102115	✔	99	Oklahoma Alcoholic Beverage Laws	3812 North Santa Fe Avenue Suite 200	Oklahoma City	OK	73118	\$9,490.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,490.00	\$0.00

	GH4FSD7EK3M1	X	✗	99	Oklahoma Conference of Churches	111 Harrison Ave., Ste LL001, #8	Oklahoma City	OK	73104	\$130,382.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130,382.00	\$0.00
	OK102112	OK102112	✓	99	Oklahoma Department of	2000 North Classen Boulevard Suite E-600	Oklahoma City	OK	73106	\$91,299.00	\$91,299.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102116	OK102116	✓	Oklahoma County	Oklahoma Healthcare Authority	4345 Lincoln Boulevard	Oklahoma City	OK	73105	\$8,254,291.00	\$8,254,291.00	\$21,645.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	G8ZRG7PQB7A9	X	✗	99	Oklahoma State Department of Education	2500 N Lincoln Blvd., #112	Oklahoma City	OK	73105	\$105,808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105,808.00	\$0.00
	000825	OK101156	✓	Tulsa County	Oklahoma State University	1111 West 17th Street	Tulsa	OK	74107	\$109,189.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109,189.00	\$0.00
	60-61-92896	X	✗	Northeast	Oklahoma State University Center for Health Sciences	306 North Western	Stillwater	OK	74078	\$468,420.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$468,420.00	\$0.00
	QHTBDDMDNNV4	X	✗	Osage County	Osage County Interlocal Coop	207 East Main Street	Hominy	OK	74035	\$187,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$187,500.00	\$0.00
	OK102126	OK102126	✓	Oklahoma County	OUHSC OU Medicine	1100 NE 13th Street	Oklahoma City	OK	73117	\$173,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$173,750.00	\$0.00
	DBHEP9WKFD6	X	✗	99	Oxford House International, Inc.	1010 Wayne Avenue, Suite 300	Silverspring	MD	20910	\$166,655.00	\$166,655.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100735150B	OK100438	✓	Tulsa County	Palmer Continuum of Care Inc	222 West 8th Street	Tulsa	OK	74119	\$859,622.00	\$859,622.00	\$851,705.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MVXRMJSPKCC1	x	✗	Central	Parents Helping Parents	P.O. Box 720472	Norman	OK	73070	\$56,303.00	\$56,303.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK100466	OK100466	✓	Pottawatomie County	Pottawatomie County Drug Court	325 North Broadway	Shawnee	OK	74801	\$187,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$187,500.00	\$0.00
	OK100311	OK100311	✓	Northeast	ROCMND Area Youth Services Inc	P.O. Box 912	Vinita	OK	74301	\$295,833.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$295,833.00	\$0.00
	OK102122	OK102122	✓	Southeast	Southeastern Oklahoma	103 NE Avenue	Idabel	OK	74745	\$10,417.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,417.00	\$0.00
	OK102491	OK102491	✓	Southeast	Southern Oklahoma Treatment Servs I	1201 Arlington Street Suite G	Ada	OK	74820	\$5,622.00	\$5,622.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4001568	OK101769	✓	Central	Southwest Youth and Family Servs Inc	P.O. Box 829	Chickasha	OK	73023	\$22,581.00	\$22,581.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	L4SUJME1BDC1	X	✗	Southwest	Southwestern Oklahoma Development Authority	420 Sooner Drive	Burns Flat	OK	73624	\$108,333.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108,333.00	\$0.00
	OK102268	OK102268	✓	99	Stigler Health and Wellness Inc	P.O. Box 1404	McAlester	OK	74502	\$20,298.00	\$20,298.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	GP7KTASKFNS1	X	✗	Central	Stillwater Public Schools	314 S. Lewis Street	Stillwater	OK	74074	\$126,667.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126,667.00	\$0.00
	TVYWG7KY4XL8	X	✗	Central	University of Central Oklahoma	100 N. University Dr., Box 174	Edmond	OK	73034	\$27,083.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,083.00	\$0.00
	OK100288	OK100288	✓	Central	University of Oklahoma	555 Constitution Street	Norman	OK	73072	\$34,948.00	\$34,948.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TG8ERU5DC6V3	X	✗	Southeast	Valliant Public School District	604 East Lucas	Valliant	OK	74764	\$66,667.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$66,667.00	\$0.00
	822	OK101081	✓	Southwest	Wichita Mountains Prevention Network	1318 SW Lee Boulevard	Lawton	OK	73501	\$528,023.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$528,023.00	\$0.00
Total										\$15,627,365.00	\$12,695,462.00	\$1,058,531.00	\$0.00	\$0.00	\$0.00	\$2,931,903.00	\$0.00

* Indicates the imported record has an error.

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

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

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

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

^eThis expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of expenditures allowable under The 2023 guidance, "Allowable Recovery Support Services (RSS)

Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting entity level expenditures for RSS, previously reported under Column B, 'Prevention and Treatment Services', in the stand-alone Column F. States are encouraged to begin reporting these expenditures as early as their 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward. States should use the footnotes to explain any challenges that that contribute to their inability to report RSS expenditures separately. The total of this column should be equal to that report on Table 4, Row 2 and should not include expenditures made for other capacity building/systems development.

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

⁹The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG award to establish one or more projects to provide early intervention services for the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

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Footnotes:
Entities that are providing only Prevention services that do not have an I-TF number have an X in the I-TF column. The Primary Prevention setaside amount is \$3,826,760.00. The total for Table 7's Column G added to the Primary Prevention total on Table 6 equals this amount.

C: Expenditure Reports

Table 8a - Maintenance of Effort (MOE) for State Expenditures for Substance Use Disorder Prevention, Treatment, and Recovery Support Services

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period	SSA State Expenditures (A)	<u>A1(2023) + A2(2024)</u> 2 (C)
SFY 2023	\$65,328,913.00	
SFY 2024	\$73,538,753.00	\$69,433,833
SFY 2025	\$76,265,992.00	

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

SFY 2023	Yes	X	No
SFY 2024	Yes	X	No
SFY 2025	Yes	X	No

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

Yes X No

If yes, specify the amount and the State fiscal year: \$1,158,013.00

If yes, SFY: 2024

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

Yes No X

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

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
Expenditure data comes from State of Oklahoma Peoplesoft expenditure reports · Using our account coding structure as well as direction from program staff, we isolate all substance abuse expenditures from this report. · Substance abuse expenditures from state funding sources (state appropriations and state general fund) are the only expenditures included in the computation. · Any expenditures that are reimbursed by other

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Footnotes:

C: Expenditure Reports

Table 8b – Base on Maintenance of Effort (MOE) for Expenditures for Services to Pregnant Women and Women with Dependent Children

This table provides a report of all state and SUPTRS BG funds expended on specialized SUD treatment and related services which meet the SUPTRS BG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the FFY for which the state is applying for funds. Dates given are for the FY 2026 SUPTRS BG Report. For the FY 2027 SUPTRS BG Report, increase each year (other than the base year) by one.

Expenditure Period Start Date:

07/01/2024

Expenditure Period End Date:

06/30/2025

Base	
Period	Total Women's Base (A)
SFY 1994	\$ 2,763,748.00

Maintenance			
Period	A. Total Women's Base	B. Total Expenditures	Expense Type
SFY 2023		\$ 4,220,875.00	Actual
SFY 2024		\$ 7,050,562.00	Actual
SFY 2025		\$ 2,798,375.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated
Enter the amount the State plans to expend in SFY 2026 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 2,798,375.00;			

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

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

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). All expenditure data comes from the State of Oklahoma Peoplesoft expenditure reports. Using our account coding structure, we pull all women's expenditures(state and federal) for oper unit A1810.03 as well as discussion with women's program staff.

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Footnotes:

D: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Risks	A. Strategies	B. Providers
Other, Specified- Statewide Oklahoma Population	1. Information Dissemination	
	1. Clearinghouse/information resources centers	27
	3. Media campaigns	27
	4. Brochures	28
	5. Radio and TV public service announcements	27
	6. Speaking engagements	27
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	28
	8. Information lines/Hot lines	1
	2. Education	
	4. Education programs for youth groups	28
	3. Alternatives	
	2. Youth/adult leadership activities	28
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	27
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	28
	2. Systematic planning	27
	3. Multi-agency coordination and collaboration/coalition	28
	4. Community team-building	27
	5. Accessing services and funding	27
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	27
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other	27

	drugs	
	3. Modifying alcohol and tobacco advertising practices	27

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Footnotes:

D: Population and Services Reports

Table 10a - Treatment Utilization Matrix for Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorder in the Preceding 12-months by Level of Care
Table 10a is based on the required SSA reporting of data on SUD client treatment admissions and subsequent admissions to an episode of care that occur during the most recently completed SFY. Grantees must report data for SUD client treatment admissions and subsequent admissions to an episode of care during the period that were funded, in full or in part, with SUPTRS BG funding. Grantees are encouraged to use TEDS data when completing this table. If the SSA is unable to report SUD client treatment admissions that are limited to SUPTRS BG, COVID-19, or ARP funds, please briefly explain in Footnote below.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 ^a Number of Admissions > Number of Persons Served		ARP ^b Number of Admissions > Number of Persons Served		SUPTRS BG Service Costs			COVID-19 Costs ^a			ARP Costs ^b		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
Withdrawal Management (24-HOUR CARE) ^c															
1. Hospital Inpatient															
2. Free-Standing Residential	2,184	1,926					1,726.92	1,824.03	852.11						
REHABILITATION/RESIDENTIAL ^c															
3. Hospital Inpatient															
4. Short-term (up to 30 days)	3,319	2,829					2,650.96	2,340.00	1,894.58						
5. Long-term (over 30 days)	1,867	1,813					5,951.18	6,160.00	3,294.00						
AMBULATORY (OUTPATIENT) ^c															
6. Outpatient	15,873	14,815					3,566.94	2,169.44	3,793.78						
7. Intensive Outpatient															
8. Withdrawal Management															
Medication for Opioid Use Disorder (MOUD) Treatment ^c															
9. Withdrawal Management with Opioid Agonist Medications															
10. Continuous MOUD and Other Services in Outpatient Settings	293	293					593.15	329.34	717.09						

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

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

^cIn FY2020 modifications were made to "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication for Opioid Use Disorder" respectively. In prior SUPTRS BG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is "MOUD & Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "MOUD Withdrawal Management," Row 9 and "MOUD Treatment Outpatient," Row 10. MOUD Withdrawal Management includes hospital withdrawal management, residential withdrawal management, or ambulatory withdrawal management services/settings AND Medications for Opioid Use Disorder Treatment. MOUD Treatment Outpatient includes outpatient services/settings AND MOUD Treatment. The change was made to better align with language that reflects that medications for opioid use disorder is a category of medications that are often provided in conjunction with other services in outpatient settings and more importantly convey those medications do not substitute one drug for another

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG and COVID-19 Number of Persons Served)
Column A is not less than Column B.

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Footnotes:

D: Population and Services Reports

Table 10b - Number of Persons Served (Unduplicated Count) Who Received Recovery Support Services for Substance Use Disorder by Age and Sex

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and sex. Grantees are requested to include data on Table 10b for individuals with SUD who received recovery support services that were funded, in full or in part, with SUPTRS BG funding. If data reported also includes data on SUD persons served in recovery support services that are funded with other sources of funding, please briefly explain in footnote below.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

	Age 0-5 ^a			Age 6-12		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	0	0	0	24	46	0
2. Peer-Led Support Group	0	0	0	0	0	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity ^c	0	0	0	0	0	0
Total	0	0	0	24	46	0

^aAge category 0-5 years is not applicable.

	Age 13-17			Age 18-20		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	339	209	0	1275	751	0
2. Peer-Led Support Group	0	0	0	0	0	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity ^c	0	0	0	0	0	0
Total	339	209	0	1,275	751	0

	Age 21-24			Age 25-44		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	2057	1421	0	11184	9729	0
2. Peer-Led Support Group	0	0	0	0	0	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0

5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity ^c	0	0	0	0	0	0
Total	2,057	1,421	0	11,184	9,729	0

	Age 45-64			Age 65-74		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	6957	5778	0	937	662	0
2. Peer-Led Support Group	0	0	0	0	0	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity ^c	0	0	0	0	0	0
Total	6,957	5,778	0	937	662	0

	Age 75+			Age Not Available		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	170	79	0	0	0	0
2. Peer-Led Support Group	0	0	0	0	0	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0
9. Other Approved Recovery Support Event or Activity ^c	0	0	0	0	0	0
Total	170	79	0	0	0	0

	Total		
	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	22,943	18,675	0
2. Peer-Led Support Group	0	0	0
3. Peer-Led Training or Peer Certification Activity	0	0	0

4. Recovery Housing	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0
6. Recovery Support Service Transportation	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0
9. Other Approved Recovery Support Event or Activity ^c	0	0	0
Total	22,943	18,675	0
Comments on Data (Age):			
Comments on Data (Sex):			
Comments on Data (Overall):			

^aAge category 0-5 years is not applicable. *(Continued below).*

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or the data is not available.

^c'Other' includes:

- Recovery Health and Wellness Educational Event or Activity
- Peer-Led Recovery Educational Workshop or Event
- Culturally Based Recovery Practice or Creative and Expressive Arts Recovery Activity
- Peer-Led Recovery Educational Workshop or Event; Recovery Friendly Workplace (RFW) Initiative, Activity, or Supportive Employment Service;
- Recovery Friendly Workplace (RFW) Initiative, Activity, or Supportive Employment Service;
- Recovery Community Organization (RCO) or Recovery Community Center (RCC) Service or Activity; as well as all
- Other approved SUD RSS Events or Activities through consultation with respective state SUPTRS BG Project Officer.

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

Footnotes:

D: Population and Services Reports

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

Table 11a is based on the required SSA reporting of data on SUD client treatment admissions and subsequent admissions to an episode of care during the period that occur during the most recently completed SFY. In Table 11a, each client admitted to treatment during the immediately prior completed SFY is to be reported. Grantees are requested to include data on Table 11a for those SUD client treatment admissions that were funded, in full or in part, with SUPTRS BG funds. If Table 11a includes additional data reporting on SUD client treatment admissions which are funded with other sources of funding, please briefly explain in the footnote below.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

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

	Total of Race				American Indian or Alaska Native		
	Female	Male	Not Available ^b	Total	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0	0
6-12 years	37	40	0	77	6	3	0
13-17 years	136	214	0	350	24	26	0
18-20 years	185	236	0	421	34	33	0
21-24 years	509	652	0	1,161	75	81	0
25-44 years	4,771	6,423	0	11,194	724	777	0
45-64 years	2,015	2,782	0	4,797	180	230	0
65-74 years	170	207	0	377	5	11	0
75+ years	11	9	0	20	1	0	0
Not Available	0	0	0	0	0	0	0
Total	7,834	10,563	0	18,397	1,049	1,161	0
Pregnant Women	205				28		
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period							4908
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10							0

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

☒ Yes ☐ No

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

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

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

	Asian			Black or African American		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	0	0	0	6	9	0
13-17 years	0	0	0	10	24	0
18-20 years	0	0	0	15	37	0
21-24 years	1	0	0	57	100	0
25-44 years	3	4	0	504	771	0
45-64 years	16	26	0	161	407	0

65-74 years	4	18	0	3	44	0
75+ years	0	0	0	1	2	0
Not Available	0	0	0	0	0	0
Total	24	48	0	757	1,394	0
Pregnant Women	0			29		

^aAge category 0-5 years is not applicable.

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

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

	Native Hawaiian or Other Pacific Islander			White		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	0	0	0	20	23	0
13-17 years	0	1	0	99	136	0
18-20 years	2	1	0	107	146	0
21-24 years	1	4	0	358	409	0
25-44 years	2	44	0	3,468	4,420	0
45-64 years	43	16	0	1,206	1,974	0
65-74 years	5	0	0	80	127	0
75+ years	2	0	0	4	7	0
Not Available	0	0	0	0	0	0
Total	55	66	0	5,342	7,242	0
Pregnant Women	1			129		

^aAge category 0-5 years is not applicable.

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

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

	Some Other Race			More than One Race Reported		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	0	0	0	5	5	0
13-17 years	0	0	0	3	27	0
18-20 years	0	0	0	27	19	0
21-24 years	0	0	0	17	58	0
25-44 years	0	0	0	70	407	0
45-64 years	0	0	0	409	129	0
65-74 years	0	0	0	73	7	0
75+ years	0	0	0	3	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	607	652	0
Pregnant Women	0			18		

^aAge category 0-5 years is not applicable.

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

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

	Race Not Available			Not Hispanic or Latino		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	0	0	0	33	37	0
13-17 years	0	0	0	142	184	0
18-20 years	0	0	0	160	196	0
21-24 years	0	0	0	512	578	0
25-44 years	0	0	0	4,839	5,907	0
45-64 years	0	0	0	1,570	2,645	0
65-74 years	0	0	0	89	179	0
75+ years	0	0	0	6	9	0
Not Available	0	0	0	0	0	0
Total	0	0	0	7,351	9,735	0
Pregnant Women	0			197		

^aAge category 0-5 years is not applicable.

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

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

	Hispanic or Latino			Hispanic or Latino Origin Not Available		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	3	3	1	0	0	0
13-17 years	2	30	0	0	0	0
18-20 years	20	40	0	0	0	0
21-24 years	15	78	0	0	0	0
25-44 years	53	538	0	0	0	0
45-64 years	325	129	0	0	0	0
65-74 years	59	10	1	0	0	0
75+ years	4	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	481	828	2	0	0	0
Pregnant Women	8			0		

^aAge category 0-5 years is not applicable.

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

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

Total of Ethnicity			
	Female	Male	Not Available ^b

0-5 years ^a	0	0	0	0
6-12 years	36	40	1	77
13-17 years	144	214	0	358
18-20 years	180	236	0	416
21-24 years	527	656	0	1,183
25-44 years	4,892	6,445	0	11,337
45-64 years	1,895	2,774	0	4,669
65-74 years	148	189	1	338
75+ years	10	9	0	19
Not Available	0	0	0	0
Total	7,832	10,563	2	18,397
Pregnant Women	205			

^aAge category 0-5 years is not applicable.

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

Footnotes:

D: Population and Services Reports

Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a</sup>
Supplemental Funding

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

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

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

	Total of Race				American Indian or Alaska Native		
	Female	Male	Not Available ^c	Total	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0
Pregnant Women	0				0		

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

☒ Yes ☐ No

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

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

^bAge category 0-5 years is not applicable.

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

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

	Asian			Black or African American		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0

Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

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

^bAge category 0-5 years is not applicable.

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

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

	Native Hawaiian or Other Pacific Islander			White		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

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

^bAge category 0-5 years is not applicable.

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

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

	Some Other Race			More than One Race Reported		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

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

^bAge category 0-5 years is not applicable.

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

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

	Race Not Available			Not Hispanic or Latino		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

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

^bAge category 0-5 years is not applicable.

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

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

	Hispanic or Latino			Hispanic or Latino Origin Not Available		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states

expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

^bAge category 0-5 years is not applicable.

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

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

	Total of Ethnicity			
	Female	Male	Not Available ^c	Total
0-5 years ^b	0	0	0	0
6-12 years	0	0	0	0
13-17 years	0	0	0	0
18-20 years	0	0	0	0
21-24 years	0	0	0	0
25-44 years	0	0	0	0
45-64 years	0	0	0	0
65-74 years	0	0	0	0
75+ years	0	0	0	0
Not Available	0	0	0	0
Total	0	0	0	0
Pregnant Women	0			

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

^bAge category 0-5 years is not applicable.

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

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Footnotes:
Oklahoma did not seek a second NCE for COVID-19. Our COVID award ended on 3/14/24.

D: Population and Services Reports

Table 12 - Early Intervention Services for the Human Immunodeficiency Virus (EIS/HIV) in Designated States

This table requires designated states, as defined in section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)), to provide information on Early Intervention Services for HIV including pre-test counseling, testing, post-test counseling, and the provision of therapeutic measures to diagnose the extent of deficiency in the immune system, to prevent and treat the deterioration of immune system, and to prevent and treat conditions arising from HIV/AIDS funded with SUPTRS BG funds.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

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

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Footnotes:

Oklahoma is not an HIV designated state.

D: Population and Services Reports

Table 13 - Charitable Choice – Required

Under Charitable Choice Provisions; Final Rule ([42 CFR Part 54](#)), states, local governments, and religious organizations must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance use disorder provider (“alternative provider”) to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

Notice to Program Beneficiaries - Check all that apply:

- ☒ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☐ Federal Behavioral Health Treatment Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.

0 Enter the total number of referrals to other substance use disorder providers (“alternative providers”) necessitated by religious objection, as defined above, made during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

The charitable choice requirements are addressed with all contracted faith-based providers during the annual training where contracts are reviewed.

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Footnotes:

E: Performance Data and Outcomes

Table 14 - Treatment Performance Measure: Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	32	29
Total number of clients with non-missing values on employment/student status [denominator]	752	752
Percent of clients employed or student (full-time and part-time)	4.3%	3.9%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		834
Number of CY 2024 discharges submitted:		752
Number of CY 2024 discharges linked to an admission:		752
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		752
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		752

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

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	309	281
Total number of clients with non-missing values on employment/student status [denominator]	3,926	3,926
Percent of clients employed or student (full-time and part-time)	7.9%	7.2%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		3,369
Number of CY 2024 discharges submitted:		3,931
Number of CY 2024 discharges linked to an admission:		3,929

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,926
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,926

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

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	2,633	3,144
Total number of clients with non-missing values on employment/student status [denominator]	5,915	5,915
Percent of clients employed or student (full-time and part-time)	44.5%	53.2%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		7,110
Number of CY 2024 discharges submitted:		6,399
Number of CY 2024 discharges linked to an admission:		6,175
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		5,915
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		5,915

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

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		0
Number of CY 2024 discharges submitted:		0
Number of CY 2024 discharges linked to an admission:		0

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

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

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Footnotes:
The State is opting to use pre-populated data.

E: Performance Data and Outcomes

Table 15 - Treatment Performance Measure: Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	663	715
Total number of clients with non-missing values on living arrangements [denominator]	752	752
Percent of clients in stable living situation	88.2%	95.1%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		834
Number of CY 2024 discharges submitted:		752
Number of CY 2024 discharges linked to an admission:		752
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		752
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		752

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

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,492	3,099
Total number of clients with non-missing values on living arrangements [denominator]	3,926	3,926
Percent of clients in stable living situation	63.5%	78.9%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		3,369
Number of CY 2024 discharges submitted:		3,931
Number of CY 2024 discharges linked to an admission:		3,929
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		3,926

Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,926
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Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	5,444	5,508
Total number of clients with non-missing values on living arrangements [denominator]	5,915	5,915
Percent of clients in stable living situation	92.0%	93.1%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		7,110
Number of CY 2024 discharges submitted:		6,399
Number of CY 2024 discharges linked to an admission:		6,175
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		5,915
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		5,915

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

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		0
Number of CY 2024 discharges submitted:		0
Number of CY 2024 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		0

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Footnotes:

The State is opting to use pre-populated data.

E: Performance Data and Outcomes

Table 16 - Treatment Performance Measure: Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	710	744
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	752	752
Percent of clients without arrests	94.4%	98.9%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		834
Number of CY 2024 discharges submitted:		752
Number of CY 2024 discharges linked to an admission:		752
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		752
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		752

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

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,294	3,750
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,929	3,929
Percent of clients without arrests	83.8%	95.4%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		3,369
Number of CY 2024 discharges submitted:		3,931
Number of CY 2024 discharges linked to an admission:		3,929

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,929
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,929

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

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	5,866	5,909
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	6,120	6,120
Percent of clients without arrests	95.8%	96.6%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		7,110
Number of CY 2024 discharges submitted:		6,399
Number of CY 2024 discharges linked to an admission:		6,175
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		6,125
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		6,120

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

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		0
Number of CY 2024 discharges submitted:		0
Number of CY 2024 discharges linked to an admission:		0

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

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

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Footnotes:
The State is opting to use pre-populated data.

E: Performance Data and Outcomes

Table 17 - Treatment Performance Measure: Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	573	685
All clients with non-missing values on at least one substance/frequency of use [denominator]	743	743
Percent of clients abstinent from alcohol	77.1%	92.2%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		129
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	170	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		75.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		556
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	573	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.0%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	834
Number of CY 2024 discharges submitted:	752
Number of CY 2024 discharges linked to an admission:	752
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	752
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	743

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,023	2,887
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,555	3,555
Percent of clients abstinent from alcohol	56.9%	81.2%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		932
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,532	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		60.8%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,955
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,023	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.6%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	3,369
Number of CY 2024 discharges submitted:	3,931
Number of CY 2024 discharges linked to an admission:	3,929
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,929
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,555

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	4,711	4,658
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,928	5,928
Percent of clients abstinent from alcohol	79.5%	78.6%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		390
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,217	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		32.0%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		4,268
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,711	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		90.6%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	7,110
Number of CY 2024 discharges submitted:	6,399
Number of CY 2024 discharges linked to an admission:	6,175
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	6,125
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	5,928

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

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0%	0.0%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		0
Number of CY 2024 discharges submitted:		0
Number of CY 2024 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		0

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

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<p>Footnotes:</p> <p>The State is opting to use pre-populated data.</p>
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E: Performance Data and Outcomes

Table 18 - Treatment Performance Measure: Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	225	573
All clients with non-missing values on at least one substance/frequency of use [denominator]	743	743
Percent of clients abstinent from drugs	30.3%	77.1%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		361
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	518	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		69.7%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		212
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	225	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		94.2%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		834
Number of CY 2024 discharges submitted:		752
Number of CY 2024 discharges linked to an admission:		752
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		752
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		743

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	895	2,092
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,555	3,555
Percent of clients abstinent from drugs	25.2%	58.8%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,287
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,660	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		48.4%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		805
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	895	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		89.9%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		3,369
Number of CY 2024 discharges submitted:		3,931
Number of CY 2024 discharges linked to an admission:		3,929
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		3,929
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		3,555

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	3,656	3,653
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,928	5,928
Percent of clients abstinent from drugs	61.7%	61.6%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		688
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,272	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		30.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,965
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,656	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		81.1%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	7,110
Number of CY 2024 discharges submitted:	6,399
Number of CY 2024 discharges linked to an admission:	6,175
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	6,125
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	5,928

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2024 linked discharge file
[Records received through 9/25/2025]**Intensive Outpatient (IO)****A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0%	0.0%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	0
Number of CY 2024 discharges submitted:	0
Number of CY 2024 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

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

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Footnotes:

The State is opting to use pre-populated data.

E: Performance Data and Outcomes

Table 19 – State Description of Social Support of Recovery Data Collection

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	27	682
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	752	752
Percent of clients participating in self-help groups	3.6%	90.7%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	87.1%	
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		834
Number of CY 2024 discharges submitted:		752
Number of CY 2024 discharges linked to an admission:		752
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		752
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		752

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

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	499	2,244
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,929	3,929
Percent of clients participating in self-help groups	12.7%	57.1%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	44.4%	
Notes (for this level of care):		
Number of CY 2024 admissions submitted:	3,369	
Number of CY 2024 discharges submitted:	3,931	

Number of CY 2024 discharges linked to an admission:	3,929
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	3,929
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	3,929

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

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,568	1,581
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	6,119	6,119
Percent of clients participating in self-help groups	25.6%	25.8%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.2%	
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		7,110
Number of CY 2024 discharges submitted:		6,399
Number of CY 2024 discharges linked to an admission:		6,175
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		6,125
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		6,119

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

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0%	0.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0%	
Notes (for this level of care):		
Number of CY 2024 admissions submitted:	0	

Number of CY 2024 discharges submitted:	0
Number of CY 2024 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

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

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Footnotes:

The State is opting to use pre-populated data.

E: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
Withdrawal Management (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	16	3	6	6
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	34	15	29	53
5. Long-term (over 30 days)	31	10	27	35
AMBULATORY (OUTPATIENT)				
6. Outpatient	266	70	163	367
7. Intensive Outpatient	0	0	0	0
8. Withdrawal Management	0	0	0	0
Medication for Opioid Use Disorder (MOUD) Treatment				
9. Withdrawal Management with Opioid Agonist Medications	0	0	0	0
10. Continuous MOUD and Other Services in Outpatient Settings	0	0	0	0

Level of Care	2024 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
Withdrawal Management (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	2327	2326
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	752	752

5. Long-term (over 30 days)	3931	3929
AMBULATORY (OUTPATIENT)		
6. Outpatient	6399	6175
7. Intensive Outpatient	0	0
8. Withdrawal Management	0	0
Medication for Opioid Use Disorder (MOUD) Treatment		
9. Withdrawal Management with Opioid Agonist Medications	0	0
10. Continuous MOUD and Other Services in Outpatient Settings	0	0

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

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Footnotes:

The State is opting to use pre-populated data.

E: Performance Data and Outcomes

Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Drug Use/Alcohol Use Measure: 30-Day Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<p>Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2023		11.5
	Age 21+ - CY 2023		
2. 30-day Cigarette Use	<p>Source Survey Item: NSDUH Questionnaire. "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2023		1.6
	Age 18+ - CY 2023		21.1
3. 30-day Use of Other Tobacco Products	<p>Survey Item: NSDUH Questionnaire. "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]^[a]?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
4. 30-day Use of Marijuana	<p>Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2023		6.2
	Age 18+ - CY 2023		21.6
5. 30-day Use of Illicit Drugs Other Than Marijuana	<p>Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]^[b]?"</p> <p>Outcome Reported: Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2023		1.3

	Age 18+ - CY 2023		3.2
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[a]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[b]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

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Footnotes:

The State elects to use pre-populated data but supplemental data, that is available, has also been provided. Supplemental data is not available for all measures and age groups. Supplemental data are from the 2022-2023 NSDUH model-based prevalence estimates.

E: Performance Data and Outcomes

Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2023		
	Age 21+ - CY 2023		
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2023		80.2
	Age 18+ - CY 2023		
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2023		63.1
	Age 18+ - CY 2023		

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Footnotes:

The State elects to use pre-populated data but supplemental data, that is available, has also been provided. Supplemental data are from the 2023-24 Oklahoma Prevention Needs Assessment

Survey of 6th, 8th, 10th, and 12th graders. The perception of risk of marijuana use question is slightly different: How much do you think people risk harming themselves (physically or in other ways) if the use marijuana once or twice a week? (This includes smoking marijuana, using electronic vaping projects for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.) Supplemental data are not available for the 12-20, 18 and older, and 21 and older age groups.

E: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]" Outcome Reported: Average age at first use of alcohol.		
	Age 12 - 20 - CY 2023		
	Age 21+ - CY 2023		
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2023		12.7
	Age 18+ - CY 2023		
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[a] ?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2023		13.6
	Age 18+ - CY 2023		
5. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] ^[b] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]" Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		

[a]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[b]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

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Footnotes:

The State elects to use pre-populated data but supplemental data, that is available, has also been provided. Supplemental data for ages 12-17 for items 2 and 4 are from the 2023-24 Oklahoma Prevention Needs Assessment Survey of 6th, 8th, 10th, and 12th graders. The questions are worded slightly differently. Age of initiation of smoking cigarettes and using marijuana is based on the questions: How old were you when you first (even if only one time) smoked cigarettes? and used marijuana? (This includes smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.). We do not have supplemental data to add for the other measures.

E: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2023		
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2023		
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2023		
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2023		
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2023		

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Footnotes:

The State elects to use prepopulated data for this table.

E: Performance Data and Outcomes

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

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

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Footnotes:

The State elects to use prepopulated data for this table.

E: Performance Data and Outcomes

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

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

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Footnotes:
The State elects to use prepopulated data for this table.

E: Performance Data and Outcomes

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

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

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Footnotes:
The State elects to use pre-populated data for this table.

E: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	Source: Federal Bureau of Investigation National Incident-Based Reporting System Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2024		28.0

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Footnotes:

The State elects to use pre-populated data but supplemental data, that is available, has also been provided. Supplemental data are from the Federal Bureau of Investigation National Incident-Reporting System. Alcohol-related arrests were for liquor law violations, DUI, or drunkenness. Drug-related arrests included all drug abuse crimes.

E: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2023		52.6
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" ^[a] [Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2023		

[a]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.
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Footnotes:

The State elects to use pre-populated data but supplemental data, that is available, has also been provided. Supplemental data are from the 2023-24 Oklahoma Prevention Needs Assessment Survey of 6th, 8th, 10th, and 12th graders. The question is worded differently: In the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or other drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians - whether or not they live with you. (Mark all that apply.) We do not have any supplemental data to add for item 2.

E: Performance Data and Outcomes

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

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

[a]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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Footnotes:
The State elects to use prepopulated data for this table.

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

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

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

Tables		A. Reporting Period Start Date	B. Reporting Period End Date
1.	Table 31 – Substance Use Disorder Primary Prevention Individual- and Population-Based Programs and Strategies – Number of Persons Served by Age, Sex, Race, and Ethnicity	1/1/2023	12/31/2023
2.	Table 32 - Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2023	12/31/2023
3.	Table 33 - Number of Programs and Strategies by Type of Intervention	1/1/2023	12/31/2023
4.	Table 34 - Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2022	9/30/2024

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Community Based and School-Based Prevention Providers enter monthly data into the Prevention Reporting System via REDCap, a web-based application. Data from student survey data and internal administrative records are also used.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

When data on race can be reported, the Community Based Prevention Providers enter the number served for each race into the Prevention Reporting system via the web-based application, REDCap. All multiracial individuals are entered into the More Than One Race subcategory.

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Footnotes:

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

The reporting period for Tables 31 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand that some states have reported on the state fiscal year (SFY) or federal fiscal year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on the calendar year, please indicate in this footnote why you are unable to report on the calendar year and the steps the state intends to take to make calendar year reporting possible in future years.

	Individual-Based Programs and Strategies-Number of Persons Served	Population-Based Programs and Strategies- Number of Persons Reached
A. Age	4,688	2,735,863
0-5		
6-12		
13-17		
18-20		406
21-24		
25-44		
45-64		1,633
65-74		
75+		
Age Not Available ^a	4,688	2,733,824
B. Sex	4,688	2,735,863
Male		2,197
Female		3,958
Sex Not Available	4,688	2,729,708
C. Ethnicity	4,688	2,735,863
Hispanic or Latino		
Not Hispanic or Latino		
Ethnicity Not Available	4,688	2,735,863
D. Race	4,688	2,735,863
White		3,119
Black or African American		382
Native Hawaiian/Other Pacific Islander		8
Asian		14
American Indian/Alaska Native		617
More Than One Race		

Some other Race		
Race Not Available	4,688	2,731,723

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Footnotes:
Individuals listed as 'Sex Not Available' for their genders are actually participants where gender is not known. The numbers reported for the population reached may not be duplicated because multiple population-based strategies can reach the same individuals.

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

The reporting period for Tables 32 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand that some states have reported on the state fiscal year (SFY) or federal fiscal year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on the calendar year, please indicate in this footnote why you are unable to report on the calendar year and the steps the state intends to take to make calendar year reporting possible in future years.

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	4,688	N/A
2. Universal Indirect	N/A	\$2,735,863.00
3. Selective	0	N/A
4. Indicated	0	N/A
5. Total	4,688	\$2,735,863.00

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Footnotes:

The number reported for the population reached by universal indirect strategies may be duplicated because multiple population-based strategies can reach the same individuals.

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Table 33 - Number of Programs and Strategies by Type of Intervention

The reporting period for Tables 33 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand that some states have reported on the state fiscal year (SFY) or federal fiscal year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on the calendar year, please indicate in this footnote why you are unable to report on the calendar year and the steps the state intends to take to make calendar year reporting possible in future years.

Definition of Evidence-Based Programs and Strategies: Evidence-Based Prevention Programs (EBPs) are designed to prevent substance use and related negative outcomes. Most strategies are designed to be delivered in specific settings, to specific age groups, and to specific population. EBPs are prevention strategies that were reported as effective for your substance and population of focus. EBPs should be identified by one of three ways:

- 1. Inclusion in a formal registry of evidence-based interventions such as federal, state or foundation registries
- 2. Being Reported (with positive effects) in a peer-reviewed journal
- 3. Documentation of effectiveness based on one or more of the following guidelines:
 - Guideline 1:
The intervention is connected to a theory of change based upon a clear logic or conceptual model. The intervention should be informed by risk and protective factors research.
 - Guideline 2:
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
 - Guideline 3:
The intervention is supported by documentation that it has been effectively implemented multiple times with results that show a consistent pattern of credible and positive effects.
 - Guideline 4:
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that may include: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; or key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

The Director of Prevention Services at ODMHSAS stays up to date on the above guidelines, and ODMHSAS only funds evidence-based prevention strategies with its SAPT BG funds. Provider selected interventions are approved by the Oklahoma Evidence Based Practices Workgroup.

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

The source of the number of programs and strategies is information from the provider's monthly progress reports, PAX GBG provider, and internal administrative records.

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	81	4,229	4,310	0	0	4,310
2. Total number of Programs and Strategies Funded	81	4,229	4,310	0	0	4,310
3. Percent of Evidence-Based Programs and Strategies	100.00%	100.00%	100.00%			100.00%

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Footnotes:

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

The reporting period for table 34 is the 24-month expenditure period of the FFY 2023 SUPTRS BG award.

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 163	\$335,631.00
Universal Indirect	Total # 6,304	\$2,596,272.00
Selective	Total #	
Indicated	Total #	
Unspecified	Total #	
	Total EBPs: 6,467	Total Dollars Spent: \$2,931,903.00

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Prevention Attachments

Submission Uploads

FFY 2026 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2026 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2026 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2026 Prevention Attachment Category D:		
File	Version	Date Added

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Footnotes:
No attachments.