Oklahoma

UNIFORM APPLICATION FY 2025 Mental Health Block Grant Report COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025 (generated on 12/12/2024 8.39.27 AM)

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

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID X5K6JYC467J7

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

Agency Name Oklahoma Department of Mental Health and Substance Abuse Services

Organizational Unit Treatment and Recovery Services

Mailing Address 2000 N. Classen Blvd. Suite 600

City Oklahoma City

Zip Code 73106

II. Contact Person for the Grantee of the Block Grant

First Name Nisha

Last Name Wilson

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

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

From 7/1/2023

To 6/30/2024

IV. Date Submitted

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

Submission Date 12/2/2024 7:00:11 PM

Revision Date 12/2/2024 7:00:27 PM

V. Contact Person Responsible for Report Submission

First Name Stephanie

Last Name Gay

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0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

B. Implementation Report

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

Duiauitus #s		1		
Priority #:				
Priority Are		Overall Health Promotion		
Priority Typ		MHS		
Population		SMI, SED, PWID, Other		
	priority area			
This priori	ty will have	multiple goals supported by ob	ejectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.	
Objective:				
There will	be multiple	objectives supporting the goal	s in this priority area. This is detailed on the Plan Matrix that is attached.	
Strategies t	to attain the	goal:		
There will	be multiple	strategies supporting the obje	ctives and goals in this priority area. This is detailed on the Plan Matrix that is attached.	
Edit Strateg (if needed)	-	the objective here:		
Annua	al Performa	ance Indicators to measur	e goal success	
Ind	licator #:		1	
Ind	icator:		Follow-up by physician after hospitalization for Mental Illness – 7 days after discharge	
Bas	seline Measu	rement:	50%	
Firs	st-year targe	t/outcome measurement:	55%	
Sec	ond-year ta	rget/outcome measurement:	58%	
	w Second-ye	ear target/outcome measureme	ent(if needed):	
OI	DMHSAS CCI	BHC Quality Measure Reports		
	w Data Sour	ce(if needed): Data:		
re	ported by CO	CBHCs to ODMHSAS		
Nev	New Description of Data:(if needed)			
Dat	ta issues/cav	eats that affect outcome meas	ures:	
No	one			
		s/caveats that affect outcome		
	•	Progress Toward Goa		
Fire	st Year Tar	get: Achieve	ed Not Achieved (if not achieved,explain why)	

How first year target was achieved (optional):	
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 measurem	ent(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 meas	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
First Year Target:	_
Reason why target was not achieved, and cha	anges proposed to meet target:
The percentage reached was 42%. The numb	per of consumers in this data set continues to grow as the number of CCBHC providers has prioritized as an integrated care initiative with continued monitoring and the provision of
How first year target was achieved (optional):	:
Indicator #:	3
Indicator:	Body Mass Index assessment for children/adolescents
Baseline Measurement:	20%
First-year target/outcome measurement:	50%
Second-year target/outcome measurement:	50%
New Second-year target/outcome measurem	ent(if needed):
New Second-year target/outcome measurem Data Source:	ent(if needed):

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reported by CCBHCs to ODMHSAS	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None	
New Data issues/caveats that affect outcome	e measures:
— Report of Progress Toward Go	nal Attainment
First Year Target:	
_	
Reason why target was not achieved, and ch	nat because this number is so low, it is an indicator that the data is not getting put into the
_	system in January and so we will not have this data moving forward. This measure will be
How first year target was achieved (optional)):
Indicator #:	4
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 measurem	nent(if needed):
Data Source:	
Medicaid Management Information System ((MMIS)
New Data Source(if needed):	
Description of Data:	
Description of Data: Data is compiled through claims database.	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None	
None New Data issues/caveats that affect outcome	e measures:

Indicator #:	5
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 measuren Data Source:	nent(if needed):
ODMHSAS training records	
New Data Source(if needed):	
Description of Data:	
ODMHSAS will keep a record of those comp	oleting training.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achie	al Attainment
First real rarget.	ved Not Achieved (if not deficeved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional,):
The number of wellness coaches credentials	ed, in FY24, were 1,054.
Indicator #:	6
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 measuren	nent(if needed):
Data Source:	
ODMHSAS Human Resources Development	database
New Data Source(if needed):	
New Data Source(if needed):	

The ODMHSAS designated staff will report on training development and the ODMHSAS HRD maintains a database of individuals who Printed: 12/12/2024 8:39 AM - Oklahoma - 0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Data issues/caveats that affect outcome mea	asures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	_
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional,):
The number of wellness coaches trained in	Wellness Coach Youth e-learning, for FY24, was 491.
Indicator #:	7
Indicator:	Number of behavioral health organizations that adopt and/or adapt Wellness Policies
Baseline Measurement:	4
First-year target/outcome measurement:	5
Second-year target/outcome measurement:	10
New Second-year target/outcome measuren	nant(if needed):
	ientty necucuj.
Data Source: Wellness Division Data Set	ientty necucuj.
Data Source: Wellness Division Data Set	ientty necucuj.
Data Source: Wellness Division Data Set	icinity recucus.
Data Source: Wellness Division Data Set New Data Source(if needed):	icinity needed).
Data Source: Wellness Division Data Set New Data Source(if needed): Description of Data:	icinity necucul.
Data Source: Wellness Division Data Set New Data Source(if needed): Description of Data: Smartsheet in partnership with TSET	
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Data Source: Wellness Division Data Set New Data Source(if needed): Description of Data: Smartsheet in partnership with TSET New Description of Data:(if needed) Data issues/caveats that affect outcome meaning the state of the state o	
Data Source: Wellness Division Data Set New Data Source(if needed): Description of Data: Smartsheet in partnership with TSET New Description of Data:(if needed)	
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Data Source: Wellness Division Data Set New Data Source(if needed): Description of Data: Smartsheet in partnership with TSET New Description of Data:(if needed) Data issues/caveats that affect outcome means	asures:
Data Source: Wellness Division Data Set New Data Source(if needed): Description of Data: Smartsheet in partnership with TSET New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome	asures: e measures:
Data Source: Wellness Division Data Set New Data Source(if needed): Description of Data: Smartsheet in partnership with TSET New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Mew Data issues/caveats	asures: e measures: val Attainment
Data Source: Wellness Division Data Set New Data Source(if needed): Description of Data: Smartsheet in partnership with TSET New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome mean None Report of Progress Toward Googless Toward Goo	asures: e measures: val Attainment ved Not Achieved (if not achieved,explain why)

Indicator #:		8		
Indicator:		Number of online referrals submitted from behavioral health providers to the OK Tobacco Helpline		
Baseline Mea	surement:	7,500		
First-year targ	get/outcome measurement:	7,500		
Second-year	target/outcome measurement:	8,000		
New Second- Data Source:	year target/outcome measurem	ent(if needed):		
OK Tobacco	Helpline database			
	urce(if needed):			
Description o				
The OK Toba	acco Helpline keeps a database c	of where each online referral comes from (by agency) and provides monthly reports.		
New Descript	ion of Data:(<i>if needed)</i>			
Data issues/c	aveats that affect outcome meas	sures:		
None				
New Data issues/caveats that affect outcome measures:		measures:		
Report of	eport of Progress Toward Goal Attainment			
First Year Ta	arget: Achiev	ved Not Achieved (if not achieved,explain why)		
Reason why t	arget was not achieved, and cha	anges proposed to meet target:		
_		ls submitted from behavioral health providers to the OK Tobacco Helpline. Previously, the riding oversight of TSET. This is no longer being done and that is why the goal was not met.		
How first yea	r target was achieved (optional):	:		
Priority #:	2			
Priority Area:	Improved Access and Reduced	l Disparities		
Priority Type:	MHS			
Population(s):	SMI, SED, ESMI, PWWDC, PP, P	WID, EIS/HIV, Other		
Goal of the priority a	rea:			
This priority will hav	e multiple goals supported by o	bjectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.		
Objective:				
There will be multipl	e objectives supporting the goa	als in this priority area. This is detailed on the Plan Matrix that is attached.		
Strategies to attain th	ne goal:			
There will be multip	e strategies supporting the obje	ectives and goals in this priority area. This is detailed on the Plan Matrix that is attached.		
Edit Strategies to atta	in the objective here:			

	1
Indicator:	Number of services provided by Wellness Coaches
Baseline Measurement:	120,000
First-year target/outcome measurement:	150,000
Second-year target/outcome measurement:	160,000
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
Medicaid Management Information System (MMIS)
New Data Source(<i>if needed</i>):	
Description of Data:	
Data is compiled through claims database a	nd matched with staff IDs who are Wellness Coaches.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
First Year Target: Achiev	ved Not Achieved (if not achieved,explain why)
First Year Target: Reason why target was not achieved, and ch CMS had previously not been reimbursing for 2023, these providers had been given permi	ved Not Achieved (if not achieved,explain why)
First Year Target: Achieved, and checked Achieved A	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ission to move under the Demo and so, because of that, the number of services has net. For FY24, there were 57,388 services provided by Wellness Coaches.
First Year Target: Achieved, and checked a	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ission to move under the Demo and so, because of that, the number of services has net. For FY24, there were 57,388 services provided by Wellness Coaches.
First Year Target: Achieved, and checked a	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October assion to move under the Demo and so, because of that, the number of services has let. For FY24, there were 57,388 services provided by Wellness Coaches.
First Year Target: Achieved, and checked a	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ssion to move under the Demo and so, because of that, the number of services has let. For FY24, there were 57,388 services provided by Wellness Coaches.
Reason why target was not achieved, and check CMS had previously not been reimbursing for 2023, these providers had been given permit increased even though the target was not method first year target was achieved (optional). Indicator #: Indicator: Baseline Measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ssion to move under the Demo and so, because of that, the number of services has let. For FY24, there were 57,388 services provided by Wellness Coaches. 1: 2 Number of American Indian children and youth who received Systems of Care services
Reason why target was not achieved, and check CMS had previously not been reimbursing for 2023, these providers had been given permit increased even though the target was not method first year target was achieved (optional). Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October sision to move under the Demo and so, because of that, the number of services has leet. For FY24, there were 57,388 services provided by Wellness Coaches. 1: 2 Number of American Indian children and youth who received Systems of Care services 300 1,500
Reason why target was not achieved, and check CMS had previously not been reimbursing for 2023, these providers had been given permit increased even though the target was not method first year target was achieved (optional). Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ssion to move under the Demo and so, because of that, the number of services has leet. For FY24, there were 57,388 services provided by Wellness Coaches. 2 Number of American Indian children and youth who received Systems of Care services 300 1,500 1,550
Reason why target was not achieved, and check CMS had previously not been reimbursing for 2023, these providers had been given permit increased even though the target was not method first year target was achieved (optional). Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ssion to move under the Demo and so, because of that, the number of services has leet. For FY24, there were 57,388 services provided by Wellness Coaches. 2 Number of American Indian children and youth who received Systems of Care services 300 1,500 1,550
Reason why target was not achieved, and check CMS had previously not been reimbursing for 2023, these providers had been given permit increased even though the target was not method first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ssion to move under the Demo and so, because of that, the number of services has let. For FY24, there were 57,388 services provided by Wellness Coaches. 2 Number of American Indian children and youth who received Systems of Care services 300 1,500 1,550 nent(if needed):
Reason why target was not achieved, and check CMS had previously not been reimbursing for 2023, these providers had been given permit increased even though the target was not method first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ssion to move under the Demo and so, because of that, the number of services has let. For FY24, there were 57,388 services provided by Wellness Coaches. 2 Number of American Indian children and youth who received Systems of Care services 300 1,500 1,550 nent(if needed):
Reason why target was not achieved, and check CMS had previously not been reimbursing for 2023, these providers had been given permit increased even though the target was not method first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Medicaid Management Information System (Not Achieved (if not achieved,explain why) anges proposed to meet target: or this for providers that became CCBHC's under the State Plan Amendment. As of October ssion to move under the Demo and so, because of that, the number of services has let. For FY24, there were 57,388 services provided by Wellness Coaches. 2 Number of American Indian children and youth who received Systems of Care services 300 1,500 1,550 nent(if needed):

New Description of Data:(if needed)		
Data issues/caveats that affect outcome measures: None		
Report of Progress Toward G	ioal Attainment	
First Year Target:	nieved Not Achieved (if not achieved,explain why)	
Reason why target was not achieved, and	changes proposed to meet target:	
How first year target was achieved (option		
For FY24, there were 3,314 American India	an children and youth who received Systems of Care services.	
Indicator #:	3 Number of American Indians who received substance use disorder services	
Indicator: Baseline Measurement:		
	4,000	
First-year target/outcome measurement:	4,000	
Second-year target/outcome measuremen		
New Second-year target/outcome measur Data Source:	ement(i/ needed):	
Medicaid Management Information Syster	n (MMIS)	
	· ·	
New Data Source(if needed):		
Description of Data:		
•	tabase for outreach services and matched to the eligibility file containing race.	
	abase for outreach services and matched to the enginnity me containing race.	
New Description of Data:(if needed)		
Data in the state of the state		
Data issues/caveats that affect outcome m	easures:	
None		
New Data issues/caveats that affect outco	me measures:	
Report of Progress Toward G	ioal Attainment	
First Year Target:	Not Achieved (if not achieved,explain why)	
Reason why target was not achieved, and	changes proposed to meet target:	
How first year target was achieved (option For FY24, there were 4,999 American India		
101 1124, choic were 4,555 American mula		
Indicator #:	4	
Indicator #:		
muicatur.	Number of collaborative events conducted together between state agency, contracted agencies and tribes	

Data issues/caveats that affect outcome measures None Report of Progress Toward Goal A First Year Target: Achieved Reason why target was not achieved, and change How first year target was achieved (optional): For FY24, there were 24 meetings conducted with	provide the number of events held during the reporting period. s: asures: Attainment Not Achieved (if not achieved,explain why)
lew Second-year target/outcome measurement/it Data Source: ODMHSAS staff coordinating the events Description of Data: The ODMHSAS staff coordinating the events will Lew Description of Data: Description of Data: The ODMHSAS staff coordinating the events will Lew Description of Data: Description of Data: Lew Data issues/caveats that affect outcome measures None Lew Data issues/caveats that affect outcome measures Report of Progress Toward Goal A Tirst Year Target: Leason why target was not achieved, and change Low first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	provide the number of events held during the reporting period. s: Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: th Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Data Source: ODMHSAS staff coordinating the events Description of Data: The ODMHSAS staff coordinating the events will Description of Data: The ODMHSAS staff coordinating the events will Description of Data: Descr	provide the number of events held during the reporting period. s: Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: h Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
ODMHSAS staff coordinating the events New Data Source(if needed): Description of Data: The ODMHSAS staff coordinating the events will New Description of Data:(if needed) Data issues/caveats that affect outcome measures None None Report of Progress Toward Goal A Tirst Year Target: Achieved Reason why target was not achieved, and change Now first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	asures: Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: In Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Description of Data: The ODMHSAS staff coordinating the events will lew Description of Data: (if needed) Data issues/caveats that affect outcome measures None Report of Progress Toward Goal A First Year Target: Achieved Reason why target was not achieved, and change How first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	asures: Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: In Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Description of Data: The ODMHSAS staff coordinating the events will lew Description of Data: (if needed) Data issues/caveats that affect outcome measures None Report of Progress Toward Goal A First Year Target: Achieved Reason why target was not achieved, and change How first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	asures: Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: In Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
The ODMHSAS staff coordinating the events will lew Description of Data:(if needed) Pata issues/caveats that affect outcome measures None Report of Progress Toward Goal Ariest Year Target: Achieved Leason why target was not achieved, and changes How first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	asures: Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: In Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Data issues/caveats that affect outcome measures None Report of Progress Toward Goal A iirst Year Target: Achieved Reason why target was not achieved, and change How first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	asures: Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: In Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Pata issues/caveats that affect outcome measures None Report of Progress Toward Goal A First Year Target: Achieved Reason why target was not achieved, and change Row first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: h Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Report of Progress Toward Goal A chieved Reson why target was not achieved, and change low first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: h Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Report of Progress Toward Goal Achieved First Year Target: Achieved Reason why target was not achieved, and change How first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: h Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Report of Progress Toward Goal Achieved First Year Target: Achieved Reason why target was not achieved, and change How first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	Attainment Not Achieved (if not achieved,explain why) es proposed to meet target: h Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Achieved Reason why target was not achieved, and change How first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	Not Achieved (if not achieved,explain why) es proposed to meet target: h Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
Reason why target was not achieved, and change was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	es proposed to meet target: Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
low first year target was achieved (optional): For FY24, there were 24 meetings conducted with Behavioral Health meeting for ODMHSAS Partner	h Tribal Nations and ODMHSAS Contracted Providers. Monthly there is a Tribal
ndicator #: 5	
ndicator: Nu	mber of veterans certified through Veteran specific PRSS training
Saseline Measurement: 12	
irst-year target/outcome measurement: 25	
econd-year target/outcome measurement: 30	
lew Second-year target/outcome measurement(i	(if needed):
ODMHSAS Peer Recovery Support Specialist (PRS:	S) Certification database
lew Data Source(if needed):	
Description of Data:	
The number of veterans who acquire their ODMH database.	HSAS certification as a PRSS will be pulled from the ODMHSAS PRSS Certification
lew Description of Data:(if needed)	

None	
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	oal Attainment
First Year Target:	_
Reason why target was not achieved, and c	hanges proposed to meet target:
	chrough Veteran specific PRSS training. These trainings were provided by a contractor and the
How first year target was achieved (optiona	D:
Indicator #:	6
ndicator:	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:	
New Second-year target/outcome measure Data Source:	тепц(у песава):
Medicaid Management Information System	(MMIS)
status information.	base for services provided by CCBHCs, and matched to the eligibility file containing military
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	oscilies.
None	asures.
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	_
First Year Target:	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	hanges proposed to meet target:
How first year target was achieved (optiona	
For FY24, there were 3,015 individuals serve	ed in CCBHC's, who were either currently active or were previously active in the military.
Indicator #:	7
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 measuren	nent(if needed):
Data Source:	
Statewide Behavioral Health Reporting Syste	em (PICIS)
New Data Source(if needed):	
Description of Data:	
Data will be compiled through the Statewid	e Behavioral Health Reporting System (PICIS).
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target:	_
Reason why target was not achieved, and ch	nanges proposed to meet target:
	g pg
— łow first year target was achieved <i>(optional</i> ,):
For FY24, there were 17,864 children with St	ED and/or co-occurring substance use disorders admitted to Systems of Care programs.
ndicator #:	8
ndicator:	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
irst-year target/outcome measurement:	275
econd-year target/outcome measurement:	300
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
The ODMHSAS Clinical Support Manager ar	nd the ODMHSAS Human Resources Development (HRD) database
New Data Source(if needed):	
Description of Data:	
The ODMHSAS designated staff will report complete training.	on training development and the ODMHSAS HRD maintains a database of individuals who
New Description of Data:(if needed)	
— Data issues/caveats that affect outcome mea	asures:
None	
INOTIC	

New Data issues/caveats that affect outcome measures:

_	
Report of Progress Toward Go	
First Year Target:	Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved <i>(optional</i>	
For FY24, there were 334 people completing web-based, and/or hybrid modalities.	g age-informed trainings that were developed and/or delivered by ODMHSAS via in-person,
Indicator #:	9
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 measuren	nent(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)	
New Description of Data.(if needed)	
Data issues/caveats that affect outcome mea	activec.
None	
New Data issues/caveats that affect outcom	e measures:
Ш	
Report of Progress Toward Go	pal Attainment
First Year Target: Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional	
For FY24, there were 12 targeted outreach 6	engagements via events, publications, or other method.
Indicator #:	10
Indicator:	Number of older adults engaging within the CCBHC system compared to previous year
Baseline Measurement:	21,874
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 measuren	ment(if needed):
Data Source:	

New Data Source(if needed):	
Description of Data:	
The ODMHSAS designated staff will coordin system to determine if an increase has occur	ate with DSS to compare the number of older adults served at any point within the CCBHC red over the previous year.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
	r. For our CCBHC's, 6,273 should have been entered for the baseline for FY23. For FY24, in the CCBHC system compared to the previous year.
Indicator #:	11
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 measurem	nent(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 Ol Certification database.	DMHSAS 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 mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:

Printed: 12/12/2024 8:39 AM - Oklahoma - 0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

ear Target: Achieve	d Not Achieved (if not achieved,explain why)
n why target was not achieved, and char	nges proposed to meet target:
rst year target was achieved (optional):	
/24, there were 30 persons who became	certified PRSS for older persons.
or #:	12
or:	Number of participants in Strengthening Families and Celebrating Families programs
ne Measurement:	700
ear target/outcome measurement:	1,300
I-year target/outcome measurement:	1,400
econd-year target/outcome measureme	nt(if needed):
ource:	
der reports	
ata Source(if needed):	
otion of Data:	
Services Coordinator for Strengthening	and Celebrating Families! Programming will poll providers, and maintain responses.
sues/caveats that affect outcome measu	ires:
ata issues/caveats that affect outcome r	neasures:
ort of Progress Toward Goa	l Attainment
ear Target:	
n why target was not achieved, and char	nges proposed to meet target:
inators occurred at approximately 1/3 o new staff members to provide them pro for the FY25 period. For all the site coo	gthening Families and Celebrating Families programs. Staff turnover for the CFP/SFP site of the contracted outpatient agencies. ODMHSAS program staff has been working with ogram information, contract and reporting requirements, etc., to ensure they are up to rdinators state-wide, our CFP/SFP team is monitoring their two required cycle dates and ne is adequately prepared to try to reach next year's goal.
rst year target was achieved (optional):	
	13
	Number of EBP trainings provided for residential SUD treatment providers for pregnant women, and women with children
ne Measurement:	3
ear target/outcome measurement:	5
I-year target/outcome measurement:	6
econd-year target/outcome measureme	nt(if needed):
econd-year target/outcome measureme	nt(if needed):

ODMHSAS staff coordinating the trainings	
New Data Source(if needed):	
Description of Data:	
The ODMHSAS staff coordinating the traini	ngs will provide the number of EBP trainings held during the reporting period.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional,):
For FY24, there were 34 EBP trainings provide	ded for residential SUD treatment providers for pregnant women and women with children.
Indicator #:	14
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 measuren	nent(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 mea	asures:
Only if providers are not accurately docume	enting or submitting required information.
New Data issues/caveats that affect outcome	e measures:
	- · · · · · · · · · · · · · · · · · · ·
Donort of Durance Tourist Co	al Assairana ans
Report of Progress Toward Go	_
First Year Target: Achie	Not Achieved (if not achieved,explain why)

aseline Measurement: 23 irst-year target/outcome measurement: 26 econd-year target/outcome measurement: 33 lew Second-year target/outcome measurement (if needed): stats Source: Medication provider database lew Data Source(if needed): escription of Data: ODMHSAS will receive regular reports from medication provider contractor. lew Description of Data: ODMHSAS will receive regular reports from medication provider contractor. lew Description of Data: ODMHSAS will receive regular reports from medication provider contractor. lew Description of Data: OND Data issues/caveats that affect outcome measures: None lew Data issues/caveats that affect outcome measures: Leport of Progress Toward Goal Attainment lirst Year Target: Achieved Not Achieved (if not ochieved exploin why) eason why target was not achieved, and changes proposed to meet target: ow first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 16 Indicator: Number of specialized SUD services to the LGBT population aseline Measurement: 40 irst-year target/outcome measurement: 75 econd-year target/outcome measurement: 100 lew Second-year target/outcome measurement: 100	For FY24, there were 10,090 individuals recei	ving opioid treatment and support services, including MAT services.
adicator: Number of jall stess offering MAT asseline Measurement: 23 asseline Measurement: 26 accord-year target/outcome measurement: 33 New Second-year target/outcome measurement (if needed): abata Source: Medication provider database New Data Source(if needed): Description of Data: DOMHSAS will receive regular reports from medication provider contractor. New Description of Data: All assues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: None Not Achieved (if not achieved explain why) achieved first year Target: Achieved is not achieved explain why) achieved first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 16 Indicator #: 17 Indicator #: 17 Indicator #: 18 I		
Baseline Measurement: 23 First-year target/outcome measurement: 26 Second-year target/outcome measurement: 33 New Second-year target/outcome measurement:	Indicator #:	15
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: ODMHSAS will receive regular reports from medication provider contractor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target:	Indicator:	Number of jail sites offering MAT
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: ODMHSAS will receive regular reports from medication provider contractor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not ochieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 16 Indicator #: 16 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	Baseline Measurement:	23
New Second-year target/outcome measurement(if needed): Data Source: Medication provider database New Data Source(if needed): Description of Data: ODMHSAS will receive regular reports from medication provider contractor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: A chieved Not Achieved (if not achieved,explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. 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: Provider reporting to ODMHSAS staff	First-year target/outcome measurement:	26
Medication provider database New Data Source(if needed): Description of Data: ODMHSAS will receive regular reports from medication provider contractor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved.explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 16 Indicator: Number of specialized SUD services to the LGBT population Baseline Measurement: 100 New Second-year target/outcome measurement: 100 New Second-year target/outcome measurement: (if needed): Data Source: Provider reporting to ODMHSAS staff	Second-year target/outcome measurement:	33
Description of Data: ODMHSAS will receive regular reports from medication provider contractor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: Indicator: Number of specialized SUD services to the LGBT population Baseline Measurement: 40 First-year target/outcome measurement: 75 Second-year target/outcome measurement (if needed): Data Source:	New Second-year target/outcome measurem	ent(if needed):
New Data Source(if needed): Description of Data: ODMHSAS will receive regular reports from medication provider contractor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 16 Indicator: Number of specialized SUD services to the LGBT population Baseline Measurement: 100 New Second-year target/outcome measurement: 100 New Second-year target/outcome measurement: (if needed): Data Source: Provider reporting to ODMHSAS staff	Data Source:	
Description of Data: ODMHSAS will receive regular reports from medication provider contractor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: Indicator #: 16 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	Medication provider database	
ODMHSAS will receive regular reports from medication provider contractor. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 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):	
ODMHSAS will receive regular reports from medication provider contractor. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 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 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 Achieved Not Achieved (if not achieved,explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 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	Description of Data:	
Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 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	ODMHSAS will receive regular reports from r	nedication provider contractor.
Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 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 Description of Data:(if needed)	
None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 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: Data Source: Provider reporting to ODMHSAS staff		
New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: Indicator: Number of specialized SUD services to the LGBT population Baseline Measurement: 40 First-year target/outcome measurement: 75 Second-year target/outcome measurement (if needed): Data Source: Provider reporting to ODMHSAS staff	Data issues/caveats that affect outcome mea	sures:
New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: Indicator: Number of specialized SUD services to the LGBT population Baseline Measurement: 40 First-year target/outcome measurement: 75 Second-year target/outcome measurement (if needed): Data Source: Provider reporting to ODMHSAS staff	None	
Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 16 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	Report of Progress Toward Go	al Attainment
How first year target was achieved (optional): For FY24, there were 32 jail sites offering MAT. Indicator #: 16 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	First Year Target: Achiev	ed Not Achieved (if not achieved,explain why)
Indicator #: 16 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	Reason why target was not achieved, and cha	anges proposed to meet target:
Indicator #: 16 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	How first year target was achieved (ontional)	
Indicator #: 16 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		
Indicator: Number of specialized SUD services to the LGBT population 40 First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement(if needed): Data Source: Provider reporting to ODMHSAS staff		
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	Indicator #:	16
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	Indicator:	Number of specialized SUD services to the LGBT population
Second-year target/outcome measurement: 100 New Second-year target/outcome measurement(if needed): Data Source: Provider reporting to ODMHSAS staff	Baseline Measurement:	
New Second-year target/outcome measurement(if needed): Data Source: Provider reporting to ODMHSAS staff	First-year target/outcome measurement:	75
Provider reporting to ODMHSAS staff	Second-year target/outcome measurement:	100
Provider reporting to ODMHSAS staff	New Second-year target/outcome measurem	ent(if needed):
	Data Source:	
New Data Source(if needed):	Provider reporting to ODMHSAS staff	
	New Data Source(if needed):	
	Description of Data:	

Provider of specialized LGBT SUD treatment services.	services submits regular reporting that include the number of individuals receiving these
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)) .
In FY24, there were 1,110 specialized SUD se	ervices rendered to the LGBT population.
Indicator #:	17
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 measurem	nent(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)	
, and the second second	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	
In FY24, there were 18 partnerships develop	ed in targeted communities.

ndicator: Saseline Measurement: Sirst-year target/outcome measurement: Second-year target/outcome measurement: Second-year target/outcome measurement: Second-year target/outcome measurement: Out Second-year target/outcome measurement: Out Evaluation Team (E-Team) Sew Data Source(if needed): Description of Data: Provider report	
irst-year target/outcome measurement: econd-year target/outcome measurement: lew Second-year target/outcome measurement Data Source: OU Evaluation Team (E-Team) lew Data Source(if needed): Description of Data:	2,000
econd-year target/outcome measurement: New Second-year target/outcome measurement Outcome m	2,500
lew Second-year target/outcome measurement Data Source: OU Evaluation Team (E-Team) lew Data Source(if needed): Description of Data:	
Oata Source: OU Evaluation Team (E-Team) New Data Source(if needed): Description of Data:	ent(if needed):
OU Evaluation Team (E-Team) New Data Source(if needed): Description of Data:	
lew Data Source(if needed): Description of Data:	
Description of Data:	
-	
-	
Provider report	
Trovider report	
lew Description of Data:(if needed)	
Data issues/caveats that affect outcome meas	ures:
None	
lew Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
irst Year Target:	
Reason why target was not achieved, and cha	
low first year target was achieved (optional):	
In FY24, 2,405 African Americans were served	in targeted communities.
ndicator #:	19
ndicator:	Number of persons who become certified PRSS for Latinx persons
aseline Measurement:	5
irst-year target/outcome measurement:	20
econd-year target/outcome measurement:	25
lew Second-year target/outcome measureme	ent(if needed):
Data Source:	
ODMHSAS Peer Recovery Support Specialist (I	PRSS) Certification database
lew Data Source(if needed):	
Description of Data:	

	asures.
None	
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target: Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cl	nanges proposed to meet target:
How first year target was achieved (optional	
In FY24, there were 26 people who became	certified PRSS for Latinx persons.
Indicator #:	20
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 measurer	ment(if needed):
Data Source:	
ODMHSAS Human Resources Development	(HRD) database
New Data Source(if needed):	
Description of Data:	
ODMHSAS HRD maintains a database of in	dividuals who complete training.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	asures:
None	
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cl	nanges proposed to meet target:
How first year target was achieved (optional	D:
For FY24, there were 673 attendees for IMH	specific training.
	24
Indicator #:	
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

New Second-year target/outcome measurement	ent(if needed):
Data Source:	
Attendance logs for trainings stored in ODM	IHSAS 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 meas	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Goa	al Attainment
First Year Target:	
institution ranget.	
Reason why target was not achieved, and cha	anges proposed to meet target:
— How first year target was achieved <i>(optional)</i> :	:
In FY24, there were 239 people completing C	BT trainings that focus on early interventions to address eSMI, such as CBT, CT-R, and CBT-
p.	
Indicator #:	22
	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
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,
Indicator: Baseline Measurement:	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
Indicator: Baseline Measurement: First-year target/outcome measurement:	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
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	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 20 40 50
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measureme	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 20 40 50
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measureme	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 20 40 50 ent(if needed):
Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: Medicaid Management Information System (N	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 20 40 50 ent(if needed):
Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: Medicaid Management Information System (N	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 20 40 50 ent(if needed):
Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: Medicaid Management Information System (Notes) New Data Source(if needed):	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 20 40 50 ent(if needed):
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: Medicaid Management Information System (Notes) New Data Source(if needed): Description of Data: Data is compiled through the claims database	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 20 40 50 ent(if needed):
Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: Medicaid Management Information System (Notes) New Data Source(if needed): Description of Data: Data is compiled through the claims database	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 20 40 50 ent(if needed):
Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: Medicaid Management Information System (Now Data Source(if needed): Description of Data:	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 20 40 50 ent(if needed):
Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: Medicaid Management Information System (Notes) New Data Source(if needed): Description of Data: Data is compiled through the claims database	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 20 40 50 ent(if needed):

New Data issues/caveats that affect outcome measures:

	Report of	Progress Tow	vard Goa	l Attainment				
	First Year Tai	rget:	Achieve	d		Not Achieved (if I	not achieved,explain why)	
	Reason why ta	rget was not achiev	ed, and cha	nges proposed to meet to	arget	t:		
	_	target was achieved	-	adults with early Serious I	Ment	tal Illness who were	e identified through eSMI o	utreach and
							A1SE NAVIGATE, SOC or IPS	
Priority	#:	3						
Priority	Area:	Enhance Service Qu	uality and Ac	countability				
Priority	Туре:	MHS						
Populat	ion(s):	SMI, SED, ESMI, BH	ICS, PWWDC,	PWID, EIS/HIV, Other				
Goal of	the priority are	ea:						
This pr	iority will have	multiple goals supp	ported by ob	jectives, strategies, and in	ndica	tors. This is detaile	ed on the Plan Matrix that is	attached.
Objectiv	/e:							
There	will be multiple	objectives support	ing the goals	s in this priority area. This	s is de	etailed on the Plan	Matrix that is attached.	
Strategi	es to attain the	e goal:						
			ing the objec	tives and goals in this pr	riority	/ area. This is detai	led on the Plan Matrix that i	s attached.
Edit Stra		n the objective here	: :					
—Anı	nual Perform	nance Indicators	to measure	e goal success				
	Indicator #:			1				
	Indicator:			Number of PRSSs certifie	ed			
	Baseline Meas	urement:		200				
	First-year targ	et/outcome measur	ement:	275				
	Second-year to	arget/outcome mea	surement:	300				
	New Second-y	ear target/outcome	e measureme	nt(if needed):				
	Data Source:							
	PRSS Certifica	ation Database						
	New Data Sou	rce(if needed):						
	Description of	Data:						
	ODMHSAS m	aintains a database	of all certifie	d PRSSs.				
	New Description	on of Data:(if neede	ed)					
	Data issues/ca	veats that affect ou	tcome meas	ures:				
	None							

Report of Progress Toward Go	al Attainment	
First Year Target:	/ed	□ Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet	target:
How first year target was achieved (optional)	:	
In FY24, there were 991 PRSSs certified.		
Indicator #:	2	
Indicator:	Number of services prov	rided 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 measurem	nent(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 IE	Os who are PRSSs.
New Description of Data:(if needed)		
Data issues/caveats that affect outcome mea	sures:	
None		
New Data issues/caveats that affect outcome	moscikos.	
New Data issues/ caveats that affect outcome	: illeasures.	
	al Arrata and	
Report of Progress Toward Go		
Flist feat raiget.		□ Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet t	target:
How first year target was achieved (optional)	l :	
In FY24, there were 265,793 services provided		
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 measurem	nent(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 mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	_
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	
In FY24, 208 people completed the PRSS Sup	pervisory training.
Indicator #:	4
Indicator: Baseline Measurement:	Number of Certified PRSS trained in Crisis Specific PRSS Trainings 10
First-year target/outcome measurement:	20
Second-year target/outcome measurement:	25
New Second-year target/outcome measurem	
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 P	RSS Crisis Training will be pulled from the ODMHSAS PRSS Certification database.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
— Report of Progress Toward Go	al Attainment
	_
First Year Target:	rea Not Achievea (If not achievea.exhiain whv)

	vere 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 measurem	nent(if needed):
Data Source:	
Case Management (CM) Database	
New Data Source(if needed):	
Description of Data:	
Data is collected using the application proce	ess and also using the CM system in ODMHSAS Access Control.
	<u> </u>
New Description of Data:(if needed)	
Data issues/sourcets that offeet outcome man	
•	sures:
Data issues/caveats that affect outcome mean	sures:
•	
None	
None	e measures:
None New Data issues/caveats that affect outcome	e measures: al Attainment
None New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achiev	e measures: al Attainment ved
None New Data issues/caveats that affect outcome Report of Progress Toward God	e measures: al Attainment ved
None New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achiev	e measures: al Attainment red
New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Reason why target was not achieved, and characters	e measures: al Attainment red
None New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Reason why target was not achieved, and cha	e measures: al Attainment red
New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Reason why target was not achieved, and cha	e measures: al Attainment red
New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achiev Reason why target was not achieved, and characteristics How first year target was achieved (optional) In FY24, there were 3,384 case managers cer	e measures: al Attainment red
New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achiev Reason why target was not achieved, and characterist year target was achieved (optional) In FY24, there were 3,384 case managers ceruladicator: Indicator:	e measures: al Attainment red
New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achiev Reason why target was not achieved, and characterist year target was achieved (optional) In FY24, there were 3,384 case managers ceruladicator #:	e measures: al Attainment red Not Achieved (if not achieved,explain why) anges proposed to meet target: : tified and renewing certification. 6 Number of youth receiving children and adolescent trauma screening, for example CATS screening
New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Achiev Reason why target was not achieved, and characterist year target was achieved (optional) In FY24, there were 3,384 case managers cer Indicator #: Indicator: Baseline Measurement:	e measures: al Attainment red
New Data issues/caveats that affect outcome Report of Progress Toward Good First Year Target: Achieve Reason why target was not achieved, and characterist year target was achieved (optional) In FY24, there were 3,384 case managers cer Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	e measures: al Attainment red Not Achieved (if not achieved,explain why) anges proposed to meet target: : tified and renewing certification. 6 Number of youth receiving children and adolescent trauma screening, for example CATS screening 10,000 13,000 14,000
New Data issues/caveats that affect outcome Report of Progress Toward Good First Year Target: Reason why target was not achieved, and characterist year target was achieved (optional) In FY24, there were 3,384 case managers cer Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	e measures: al Attainment red Not Achieved (if not achieved,explain why) anges proposed to meet target: : tified and renewing certification. 6 Number of youth receiving children and adolescent trauma screening, for example CATS screening 10,000 13,000 14,000

New Description of Data:(<i>if needed</i>)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	red Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional)	: ed child and adolescent trauma screening, for example CATS screening.
mr Fr24, there were 54,552 youth that receive	ed Child and adolescent tradina 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:	
New Second-year target/outcome measurem	
Data Source:	entity needed).
Data Source.	
Contractor invoices	
Contractor invoices	
Contractor invoices New Data Source(if needed):	
Contractor invoices New Data Source(if needed): Description of Data:	e number of individuals served that month.
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the	e number of individuals served that month.
Contractor invoices New Data Source(if needed): Description of Data:	e number of individuals served that month.
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed)	
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed) Data issues/caveats that affect outcome mea	
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed) Data issues/caveats that affect outcome mean None	sures:
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed) Data issues/caveats that affect outcome mea	sures:
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome	sures: measures:
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Good	sures: • measures: al Attainment
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome	sures: • measures: al Attainment
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome Report of Progress Toward Good	sures: e measures: al Attainment red
Contractor invoices New Data Source(if needed): Description of Data: Contractors submit monthly invoices with the New Description of Data:(if needed) Data issues/caveats that affect outcome mean None New Data issues/caveats that affect outcome mean None Report of Progress Toward Gooffirst Year Target: Achieven	sures: e measures: al Attainment red

Indicator #:

rst-year target/outcome measurement: econd-year target/outcome measurement:	100
cond-year target/outcome measurement:	150
	170
ew Second-year target/outcome measuren	nent(if needed):
ata Source:	
DDMHSAS Human Resources Development	(HRD) database
ew Data Source(if needed):	
escription of Data:	
DDMHSAS HRD maintains a database of inc	lividuals who complete training.
ew Description of Data:(if needed)	
ata issues/caveats that affect outcome mea	isures:
None	
ew Data issues/caveats that affect outcome	e measures:
]	
, (D T LC	
eport of Progress Toward Go	
rst Year Target:	ved Not Achieved (if not achieved,explain why)
eason why target was not achieved, and ch	anges proposed to meet target:
ow first year target was achieved (optional)):
n FY24, there were 187 people who comple	to dithing well beared Develop contained Dispution training
	ted the web based Person-Centered Planning training.
dicator #:	9
dicator #:	9
dicator #:	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in
dicator #: dicator:	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas
dicator #: dicator: aseline Measurement:	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas 30,000
dicator #: dicator: aseline Measurement: rst-year target/outcome measurement:	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas 30,000 100,000 110,000
dicator #: dicator: aseline Measurement: rst-year target/outcome measurement: econd-year target/outcome measurement:	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas 30,000 100,000 110,000
dicator #: dicator: aseline Measurement: rst-year target/outcome measurement: econd-year target/outcome measurement: ew Second-year target/outcome measurem	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas 30,000 100,000 110,000 nent(if needed):
dicator #: dicator: seeline Measurement: rst-year target/outcome measurement: econd-year target/outcome measurement: ew Second-year target/outcome measurement	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas 30,000 100,000 110,000 nent(if needed):
dicator #: dicator: dicat	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas 30,000 100,000 110,000 nent(if needed):
dicator #: dicator: dicat	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas 30,000 100,000 110,000 nent(if needed):
dicator #: dicator: dicat	9 Number of services provided through telehealth for persons with SMI, SED or SUD living in rural areas 30,000 100,000 110,000 nent(if needed):

None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)): vices provided for persons with SMI, SED, or SUD living in rural areas.
III F124, there were 1,724,500 telehealth serv	vices provided for persons with SiMi, 3ED, or 30D 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 measurem	nent(if needed):
Data Source: Medicaid Management Information System	(MMIS) and other administrative databases
	(
New Data Source(if needed):	
Description of Date:	
Description of Data:	ace ODMUSAS DICIS database and talanhara calls
-	ase, ODMHSAS PICIS database and telephone calls.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)):
For FY24, agencies met the benchmark for th	
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

The ODMHSAS Human Resources Developm	nent (HRD) databases
New Data Source(if needed):	
Description of Data:	
The ODMHSAS HRD maintains a database of	of individuals who complete training.
Now Description of Data (if wooded)	·
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	
	isures:
None	
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional	
In FY24, there were 131 individuals trained i	n 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 measuren	nent(if needed):
Data Source:	
ODMHSAS database	
New Data Source(if needed):	
Description of Data:	
Number of people who are becoming employed	oyed
New Description of Data:(if needed)	
Tem Description of Data.(4 Heeded)	
Data issues/caveats that affect outcome mea	TO THE STATE OF TH
	13011753.
None	
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	oal Attainment
First Year Target:	_

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): Indicator #: 13 Indicator: Percentage of individuals with SMI and SUD who are competitively employed through IPS **Baseline Measurement:** 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 Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: In FY24, 43% of individuals with SMI and SUD were competitively employed through IPS. Certified IPS staff turnover rates may have impacted how many individuals can be served and served to the highest standard. The IPS division, at ODMHSAS, is working with agencies on retention strategies of certified staff as well as on the certification process. How first year target was achieved (optional): 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: Second-year target/outcome measurement: 4

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

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

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 mea	sures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	
Reason why target was not achieved, and cha	anges proposed to meet target.
_	of discussion between ODMHSAS and our providers, there have not been any master lease
CCBHC's that are now actively exploring way How first year target was achieved (optional)	
CCBHC's that are now actively exploring way How first year target was achieved (optional)	s to make this goal happen.
CCBHC's that are now actively exploring way How first year target was achieved (optional) Indicator #:	s to make this goal happen. : 15
CCBHC's that are now actively exploring way How first year target was achieved (optional) Indicator #: Indicator:	s to make this goal happen.
CCBHC's that are now actively exploring way How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement:	ts to make this goal happen. 15 Expand Recovery Housing (Oxford House and other OKARR certified housing)
CCBHC's that are now actively exploring way How first year target was achieved (optional)	ts to make this goal happen. 15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties
CCBHC's that are now actively exploring way How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties
CCBHC's that are now actively exploring way How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties
CCBHC's that are now actively exploring way How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties
CCBHC's that are now actively exploring way How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties
How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: OKARR certification and Oxford House report	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties
How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: OKARR certification and Oxford House report New Data Source(if needed):	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties
How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: OKARR certification and Oxford House report New Data Source(if needed):	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties
How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: OKARR certification and Oxford House report New Data Source(if needed): Description of Data:	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties
How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: OKARR certification and Oxford House report New Data Source(if needed): Description of Data: The ODMHSAS will review the OKARR certification	15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties
How first year target was achieved (optional) Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: OKARR certification and Oxford House report New Data Source(if needed): Description of Data: The ODMHSAS will review the OKARR certification	ts to make this goal happen. 15 Expand Recovery Housing (Oxford House and other OKARR certified housing) 17 Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties Increase from 17 counties to 23 counties Increase from 18 counties Increase from 19 counties to 23 counties Increase from 19 counties to 25 counties to 25 counties Increas

Fine# W	t of Progress Toward Go ar Target:	eved Not Achieved (if not achieved,explain why)
	ar rarget.	Not Achieved (4 not denieved, explain wry)
Reason w	why target was not achieved, and ch	hanges proposed to meet target:
How first	year target was achieved (optional	0:
In FY24,	Recovery Housing (Oxford House a	and other OKARR certified housing) expanded to 30 counties.
iority #:	4	
riority Area:	Reduced Criminal Justice Invo	plyement
riority Type:	MHS	
opulation(s):	SMI, SED, ESMI, BHCS, PWID,	Other
bis priority will		objectives, strategies, and indicators. This is detailed on the Plan Matrix that is attached.
	Trave multiple goals supported by C	objectives, strategies, and indicators. This is detailed on the Fran Matrix that is attached.
bjective:		
There will be mu	ultiple objectives supporting the go	pals in this priority area. This is detailed on the Plan Matrix that is attached.
rategies to atta	in the goal:	
No. 200.		
dit Strategies to f needed)	attain the objective here:	jectives and goals in this priority area. This is detailed on the Plan Matrix that is attached. ure goal success
dit Strategies to f needed)	attain the objective here: formance Indicators to measu	
dit Strategies to f needed) —Annual Per	attain the objective here: formance Indicators to measu #:	ure goal success
dit Strategies to f needed) —Annual Per Indicator	attain the objective here: formance Indicators to measu #:	ure goal success
lit Strategies to f needed) —Annual Per- Indicator Indicator:	attain the objective here: formance Indicators to measu #:	ure goal success 1 Number of police officers trained in CIT
dit Strategies to fineeded) —Annual Perindicator Indicator: Baseline I	attain the objective here: formance Indicators to measu #: : Measurement:	ure goal success 1 Number of police officers trained in CIT 400 750
lit Strategies to f needed) —Annual Per- Indicator: Indicator: Baseline I First-year Second-y New Seco	formance Indicators to measu #: : Measurement: r target/outcome measurement: rear target/outcome measurement:	ure goal success 1 Number of police officers trained in CIT 400 750
lit Strategies to fineeded) —Annual Period Indicator: Baseline Infirst-year Second-y New Secondata Sour	#: Measurement: r target/outcome measurement: rear target/outcome measurement: ond-year target/outcome measurement:	ure goal success 1 Number of police officers trained in CIT 400 750
dit Strategies to f needed) —Annual Per Indicator: Baseline I First-year Second-y New Seco	formance Indicators to measu #: : Measurement: r target/outcome measurement: rear target/outcome measurement:	ure goal success 1 Number of police officers trained in CIT 400 750
lit Strategies to f needed) —Annual Per- Indicator: Indicator: Baseline I First-year Second-y New Seco	#: Measurement: r target/outcome measurement: rear target/outcome measurement: ond-year target/outcome measurement:	ure goal success 1 Number of police officers trained in CIT 400 750
Indicator: Indicator: Baseline Infirst-year Second-y New Seco	formance Indicators to measure: #: Measurement: rear target/outcome measurement: rear target/outcome measurement: ond-year target/outcome measurement: rece: sintained by ODMHSAS CIT trainer a Source(if needed):	ure goal success 1 Number of police officers trained in CIT 400 750
Indicator: Indicator: Baseline I First-year Second-y New Seco Data Sour	formance Indicators to measure: #: Measurement: r target/outcome measurement: rear target/outcome measurement: ond-year target/outcome measurement: rice: sintained by ODMHSAS CIT trainer a Source(if needed): on of Data:	ure goal success 1 Number of police officers trained in CIT 400 750 750 ment(if needed):
dit Strategies to f needed) —Annual Perindicator: Indicator: Baseline Indicator: Second-y New Second-y New Second-y Data ma	formance Indicators to measure: #: Measurement: r target/outcome measurement: rear target/outcome measurement: ond-year target/outcome measurement: rice: sintained by ODMHSAS CIT trainer a Source(if needed): on of Data:	ure goal success 1 Number of police officers trained in CIT 400 750
dit Strategies to f needed) —Annual Perindicator: Indicator: Baseline Indicator: Second-y New Second-y New Second-y Data manual New Data Description	formance Indicators to measure: #: Measurement: r target/outcome measurement: rear target/outcome measurement: ond-year target/outcome measurement: rice: sintained by ODMHSAS CIT trainer a Source(if needed): on of Data:	ure goal success 1 Number of police officers trained in CIT 400 750 750 ment(if needed):
dit Strategies to f needed) —Annual Perindicator: Indicator: Baseline I First-year Second-y New Secondata Sour	formance Indicators to measure: #: : Measurement: r target/outcome measurement: rear target/outcome measurement: ond-year target/outcome measurement: a Source(if needed): on of Data: AS staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators and the staff maintain a roster of all indicators are staff maintain a roster of all indicators and the staff maintain and the staff maintain are staff maintain and the staff maintain and the staff maintain are staff maintain ar	ure goal success 1 Number of police officers trained in CIT 400 750 750 ment(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	d Not Achieved (if not achieved,explain why)	
to have officers in the field and this training is a week long commitment. How first year target was achieved (optional): Indicator #: 2 Indicator: Percentage of number of services through law enforcement officers' iPads Baseline Measurement: 0% First-year target/outcome measurement: 15% New 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	nges proposed to meet target:	
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		ies a
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: 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		
Baseline Measurement: 0% First-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	2	
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	Percentage of number of services through law enforcement officers' iPads	S
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	0%	
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	10%	
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:	15%	
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	nt(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		
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		
ODMHSAS maintains databased in partnership with iPad vendor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None		
ODMHSAS maintains databased in partnership with iPad vendor. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None		
Data issues/caveats that affect outcome measures: None	p with iPad vendor.	
Data issues/caveats that affect outcome measures: None		
None	ures:	
New Data issues/caveats that affect outcome measures:		
	measures:	
Report of Progress Toward Goal Attainment	I Attainment	
First Year Target: Achieved Not Achieved (if not achieved, explain why)		
· · · · · · · · · · · · · · · · · · ·		
Reason why target was not achieved, and changes proposed to meet target: In FY25, 4% of services calls were made through law enforcement officers Ipads. This project was begun in FY22 and from FY22 to F 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.	gh law enforcement officers Ipads. This project was begun in FY22 and from FY22 to FY2 are seeing a leveling off as we also began expanding our URC access and 988 started	

Priority #: 5

Priority Area: Prevention of Mental Illness and Substance Use Disorders

Priority Type: MHS

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:

(if	ne	ed	ed	

Indicator #:	1	
Indicator:	Collect data on number of text messages received and who is utilizing the services and wh	
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 measuremental Source:	ent(<i>if needed</i>):	
ODMHSAS contract		
New Data Source(if needed):		
Description of Data:		
ODMHSAS contract		
New Description of Data:(if needed)		
Data issues/caveats that affect outcome meas	sures.	
	suites.	
None		
None		
	measures:	
New Data issues/caveats that affect outcome		
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target: Achieve	al Attainment	
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target: Achieve	al Attainment ed Not Achieved (if not achieved,explain why)	
New Data issues/caveats that affect outcome Report of Progress Toward God First Year Target: Reason why target was not achieved, and cha	al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target:	
New Data issues/caveats that affect outcome Report of Progress Toward God	al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target:	
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target: Achieve Reason why target was not achieved, and cha	al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target:	
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target: Achieve Reason why target was not achieved, and cha How first year target was achieved (optional): In FY24, there was 15,409 text messages received.	al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target:	
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target: Achieve Reason why target was not achieved, and cha	al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: eived by the 988 Call Center.	
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target: Achieve Reason why target was not achieved, and cha How first year target was achieved (optional): In FY24, there was 15,409 text messages received. Indicator #: Indicator:	al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: ived by the 988 Call Center.	
New Data issues/caveats that affect outcome Report of Progress Toward Goa First Year Target: Achieve Reason why target was not achieved, and cha How first year target was achieved (optional): In FY24, there was 15,409 text messages received.	Al Attainment ed Not Achieved (if not achieved,explain why) anges proposed to meet target: ived by the 988 Call Center. 2 Place information on their website, social media or co-host events	

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 mea	asures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target:	
Reason why target was not achieved, and chemostrate was achieved (optional) In FY24, 988 information was placed in OPE) :
Indicator #:	3
Indicator:	Number of people trained in suicide prevention
Baseline Measurement:	7,000
First-year target/outcome measurement:	13,000
Second-year target/outcome measurement:	13,000
New Second-year target/outcome measuren	nent(if needed):
Data Source:	
DMH Training Logs, Kognito online system	data
New Data Source(if needed):	
Description of Data:	
Count of people who have completed train	ing
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None	
New Data issues/caveats that affect outcome	e measures:
Papart of Progress Toward Co	al Attainment
Report of Progress Toward Go	
First Year Target:	ved Not Achieved (if not achieved,explain why)

-	t amounts to essentially being required once every five years. There are other forms of doesn't have a way to track. ODMHSAS has a staff shortage, resulting in fewer trainers.		
How first year target was achieved (optional)	:		
Indicator #:	4		
Indicator:	Number of people trained in Mental Health First Aid		
Baseline Measurement:	1,700		
First-year target/outcome measurement:	year target/outcome measurement: 3,000		
Second-year target/outcome measurement:			
New Second-year target/outcome measurem	nent(if needed):		
Data Source:			
Prevention division database			
New Data Source(if needed):			
Description of Data:			
Prevention division staff maintain a databas	e of all who have received the training.		
Data issues/caveats that affect outcome mea	sures:		
New Data issues/caveats that affect outcome	measures:		
Report of Progress Toward Go	al Attainment		
First Year Target:	ved Not Achieved (if not achieved,explain why)		
Reason why target was not achieved, and ch	anges proposed to meet target:		
costs per person to deliver the training this	Mental Health First Aid (MHFA). Mental Health First Aid saw a significant increase in fixed year. As a result, ODMHSAS amended the MHFA provider's contract to lower the minimum 1024. Based on the new contracted numbers, they did meet their contractual requirement.		
How first year target was achieved (optional)	:		
Indicator #:	5		
ndicator:	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 measurem	ent(if needed):		
Data Source:			
ODMHSAS Database			

Description of Data:	
ODMHSAS Database	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)):
In FY24, there were 7 Business Sectors who	developed policies and practices regarding training in MHFA.
Indicator #:	6
Indicator:	Increase number of medical practice sites that are using SBIRT
Baseline Measurement:	20
First-year target/outcome measurement:	40 additional medical practice sites
Second-year target/outcome measurement:	
New Second-year target/outcome measuren Data Source:	nent(if needed):
ODMHSAS Access Control	
New Data Source(if needed):	
Description of Data:	
	Access Control. DSS collects and summarizes the data.
	Access Control. D35 Collects and Summarizes the data.
New Description of Data:(if needed)	
Data include (sayonte that offert automate)	
Data issues/caveats that affect outcome mea	isures:
None	
New Data issues/caveats that affect outcome	e measures:
□ Report of Progress Toward Go	al Attainment

ndicator #:	7		
ndicator:	Number of faith-based partnerships		
reline Measurement: 1			
st-year target/outcome measurement: 5			
cond-year target/outcome measurement: 5			
lew Second-year target/outcome measurem	nent(if needed):		
Pata 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 mea	sures:		
None			
Report of Progress Toward Go	_		
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Reason why target was not achieved, and ch	Not Achieved (if not achieved,explain why) anges proposed to meet target:		
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch	Not Achieved (if not achieved,explain why) anges proposed to meet target:		
Report of Progress Toward Go. First Year Target: Reason why target was not achieved, and ch. How first year target was achieved (optional)	Not Achieved (if not achieved,explain why) anges proposed to meet target:		
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and che How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: nips.		
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and che How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh ndicator #: ndicator:	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: nips. 8 Number of substance abuse prevention practices implemented through contracted		
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and che How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh Indicator #: Indicator: Baseline Measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: nips. 8 Number of substance abuse prevention practices implemented through contracted community/campus coalitions		
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: nips. 8 Number of substance abuse prevention practices implemented through contracted community/campus coalitions 25		
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and che How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: Number of substance abuse prevention practices implemented through contracted community/campus coalitions 25 additional 50% with a goal of 2,952 additional 50% with a goal of 2,952		
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and che How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target: b: Number of substance abuse prevention practices implemented through contracted community/campus coalitions 25 additional 50% with a goal of 2,952 additional 50% with a goal of 2,952		
Report of Progress Toward Go. First Year Target: Achieve Reason why target was not achieved, and ch. How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Not Achieved (if not achieved,explain why) anges proposed to meet target:		
Report of Progress Toward Go First Year Target: Reason why target was not achieved, and che How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	Not Achieved (if not achieved,explain why) anges proposed to meet target:		
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and che How first year target was achieved (optional) In FY24, there were 13 faith-based partnersh Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Oklahoma Prevention Reporting System (PRS)	Not Achieved (if not achieved,explain why) anges proposed to meet target:		

None	
New Data issues/caveats that affect outcome	e measures:
Depart of Duagues Toward Co	al Attainment
Report of Progress Toward Go First Year Target: Achiev	_
First Year Target.	Not Actileved (y not actileved,explain why)
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	ı:
In FY24, there were 8,306 substance abuse p	revention practices implemented through contracted community/campus coalitions.
Indicator #:	9
Indicator:	Number of districts utilizing MTSS approach
Baseline Measurement:	28
First-year target/outcome measurement:	Additional 4 school districts
Second-year target/outcome measurement:	Additional 4 school districts
New Second-year target/outcome measurem	nent(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 mea	sures:
None	
None	
	e measures:
	e measures:
New Data issues/caveats that affect outcome	
New Data issues/caveats that affect outcome Report of Progress Toward Go	al Attainment
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev	al Attainment ved
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch	al Attainment ved Not Achieved (if not achieved,explain why) anges proposed to meet target:
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch In FY24, there was one additional school dis new districts.	al Attainment ved Not Achieved (if not achieved,explain why) anges proposed to meet target: strict that began utilizing the MTSS approach. This year, there was limited funding to recruit
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch	al Attainment ved Not Achieved (if not achieved,explain why) anges proposed to meet target: strict that began utilizing the MTSS approach. This year, there was limited funding to recruit
New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and ch In FY24, there was one additional school dis new districts.	al Attainment ved Not Achieved (if not achieved,explain why) anges proposed to meet target: strict that began utilizing the MTSS approach. This year, there was limited funding to recruit

Good Behavior Game, ASPIRE **Baseline Measurement:** 130 additional 25% school sites First-year target/outcome measurement: Second-year target/outcome measurement: additional 25% school sites New Second-year target/outcome measurement(if needed): **Data Source: ODMHSAS** database New Data Source(if needed): **Description of Data: ODMHSAS** database New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Achieved First Year Target: Not Achieved (if not achieved, explain why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): In FY24, 133 new school sites (a 102% increase) began utilizing Botvin LifeSkills Training, 3rd Millenium Classrooms, PAX Good Behavior Games, and ASPIRE. Indicator #: 11 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 outcom	ne measures:	
Report of Progress Toward Go	oal Attainment	
First Year Target:	eved Not Achieved (if not achieved,explain why)	
Reason why target was not achieved, and c	hanges proposed to meet target:	
How first year target was achieved (optiona		
In FY24, there were 5,171 people trained in	Responsible Beverage Sales and Service training.	
Indicator #:	12	
Indicator:	Number of medical professionals who receive the practices	
Baseline Measurement:	40	
First-year target/outcome measurement:	500	
Second-year target/outcome measurement	: 500	
New Second-year target/outcome measure	ment(if needed):	
Data Source:		
Prevention division database		
New Data Source(if needed):		
Description of Data:		
Prevention division staff track and maintai	n this information.	
New Description of Data:(if needed)		
Data issues/caveats that affect outcome me	easures:	
None		
New Data issues/caveats that affect outcom	ne measures:	
Report of Progress Toward Go	oal Attainment	
First Year Target:		
Reason why target was not achieved, and c	hanges proposed to meet target:	
How first year target was achieved (optional	0 :	
In FY24, there were 568 medical profession Practices.	als who received the Do No Harm (DNH) Pain Management and Safe Opioid Prescribing	
Indicator #:	13	
Indicator:	Number of law enforcement agencies who have MOU's (new or renewed) to administer overdose reversal medication	
Baseline Measurement:	60	
First-year target/outcome measurement:	60	

New Second-year target/outcome measuren	
Data Source:	
ODMHSAS logs	
New Data Source(if needed):	
Description of Data:	
Count of MOU's	
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	asures:
None	
New Data issues/caveats that affect outcom	e measures:
— Report of Progress Toward Go	pal Attainment
First Year Target:	_
That real ranget. Achie	Not Achieved (4 not denieved,explain why)
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ding machines not being used as much as was thought, issues e since all been removed. The Oklahoma Department of Mental A on the appropriate next steps to take regarding the vending
e since all been removed. The Oklahoma Department of Mental A on the appropriate next steps to take regarding the vending
ersal medications distributed
embers of the public getting refills
E
Not Achieved (if not achieved,explain why)
target:
strips distributed
. strips distributed
t

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 mea	isures:
Relies on submission of report back forms for	rom law enforcement or members of the public getting refills
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	
Reason why target was not achieved, and ch	anges proposed to meet target:
How first year target was achieved (optional)	
In FY24, there were 120,000 Fentanyl test str	ips distributed.
Indicator #:	17
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 measuren Data Source:	ient(if needed):
Oklahoma Prevention Reporting System (OP	ERS)
	· ·
New Data Source(if needed):	
Description of Data:	
-	rel/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 mea	isures:
None	
New Data issues/caveats that affect outcome	e measures:
Report of Progress Toward Go	al Attainment
First Year Target:	_
This real ranget.	Hot removed by not demorally may

In FY24, there were 7,819 medication lockboxes distributed.				
Indicator #:		18		
Indicator:	licator: Number of medication disposal bags distributed			
Baseline Measurement	ne Measurement: 900			
First-year target/outco	ar target/outcome measurement: 6,000			
econd-year target/outcome measurement: 6,000				
New Second-year target/outcome measurement(if needed):				
Data Source:				
Oklahoma Prevention	Reporting System (OPE	RS)		
New Data Source(<i>if ne</i> Description of Data:	eded):			
	ags used in delivering c	community level/campus strategies are reported by subrecipients in the PRS and compiled		
		ures:		
		ures:		
Data issues/caveats that	t affect outcome meas			
Data issues/caveats that None New Data issues/cavea	it affect outcome meas	measures:		
Data issues/caveats that None New Data issues/caveats Report of Progr	it affect outcome meas	measures:		
Data issues/caveats that None New Data issues/cavea Report of Progr First Year Target:	ts that affect outcome ess Toward Goa	measures:		
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Pric

Pric

Priority Type:

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

Indicator: 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: User preference and available social media platforms are difficult to predict. New 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: How first year target: Achieved Not Achieved (if not achieved exploin why) Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): In FY24, there were over 22,000,000 impressions, through all media channels, for the Harm Reduction Program. Oklahoma has a population of 4,088,380 and so the percentage reached would be 538%. Indicator #: 2 Indicator #: 2 Indicator: Percentage of Oklahomans reached with 988 and call data into the center Baseline Measurement: 0		1	
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 was not achieved, and changes proposed to meet target: How first year target was achieved (optional): In FY24, there were over 22,000,000 impressions, through all media channels, for the Harm Reduction Program, Oklahoma has a population of 4,088,380 and so the percentage reached would be 538%. Indicator #: 2 Indicator: Percentage of Oklahomans reached with 988 and call data into the center	Indicator:	Percentage of Oklahomans reached with the Harm Reduction Campaign	
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First-year target/outcome measurement: Maintain awareness campaigns and garner 4,500,000 impressions by reaching new grou across Oklahoma including: faith-based and minority	New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achie Reason why target was not achieved, and co How first year target was achieved (optional In FY24, there were over 22,000,000 impress population of 4,088,380 and so the percentage Indicator: Indicator:	platforms are difficult to predict. The measures: Dal Attainment Eved Not Achieved (if not achieved,explain why) Thanges proposed to meet target: U: Sions, through all media channels, for the Harm Reduction Program. Oklahoma has a tage reached would be 538%. 2 Percentage of Oklahomans reached with 988 and call data into the center	
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New Data Source(if needed):

Edit Strategies to attain the objective here:

(if needed)

ODMHSAS contract		
New Description of Data:(if needed)	
Data issues/caveats that a	ffect outcome measures:	
None		
□ Report of Progres	s Toward Goal Attainm	
First Year Target:	Achieved	□ Not Achieved (if not achieved,explain why)
Reason why target was no How first year target was a	t achieved, and changes proposed	d to meet target:
		homa has a population of 4,088,380 and so the percentage reached would be

COVID Testing and Mitigation Program Report for the Community Services Mental Health Block Grant (MHBG) for Federal Fiscal Year Ending September 30, 2024 Due Date: December 31st, 2024

For the Federal Fiscal Year ending September 30, 2024, please upload a Word or PDF document in Table 1 of the FY25 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 31, 2024.

List the items and activities of expenditures completed from October 1, 2023, thru September 30, 2024 (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for STATE			
Item/Activity	Amount of Expenditure		
Not Applicable.			

C. State Agency Expenditure Report

MHBG Table 3 - Set-aside for Children's Mental Health Services

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

A	B	C	Please specify if expenditure amount reported in Column C is actual or estimated
Actual SFY 1994	Actual SFY 2023	Estimated/Actual SFY 2024	
\$3,261,133	\$102,415,874	\$107,027,966	Actual Estimated

			Actual Estimated
If <u>estimated</u> expenditures are provided	, please indicate when <u>actual</u> expendit	ure data will be submitted to SAMHSA	:
States and jurisdictions are required no	ot to spend less than the amount expe	nded in FY 1994.	
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025			
Footnotes:			

C. State Agency Expenditure Report

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start

Reporting Period End

Date:

07/01/2023

Date:

06/30/2024

A Period	B Expenditures	C <u>B1 (2022) + B2 (2023)</u> 2
SFY 2022 (1)	\$294,940,770	
SFY 2023 (2)	\$304,331,968	\$299,636,369
SFY 2024 (3)	\$342,094,495	

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

SFY 2022	Yes	Χ	No
SFY 2023	Yes	Χ	No
SFY 2024	Yes	Χ	No

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

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:		

F. State General Data Notes

State General Data Notes

MHBG Table Number	General Data Note
No Data Ava	ailable
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025	
Footnotes:	