

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
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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

Telephone 405-397-4595

Fax

Email Address GrantNotifications@odmhsas.org

III. State Expenditure Period (Most recent State expenditure 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

Telephone 405-308-8088

Fax

Email Address sgay@odmhsas.org

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

Priority #: 1

Priority Area: Overall Health Promotion

Priority Type: MHS

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 50%

First-year target/outcome measurement: 55%

Second-year target/outcome measurement: 58%

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

Data Source:

ODMHSAS CCBHC Quality Measure Reports

New Data Source(if needed):

☐

Description of Data:

reported by CCBHCs to ODMHSAS

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):☐**Indicator #:**

2

Indicator:

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

Baseline Measurement:

38%

First-year target/outcome measurement:

46%

Second-year target/outcome measurement:

50%

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

Relias Reports

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

reported by CCBHCs to ODMHSAS

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

Not Achieved (if not achieved,explain why)

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

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

How first year target was achieved (optional):☐**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 measurement(if needed):**Data Source:**

ODMHSAS CCBHC Quality Measure Reports

New Data Source(if needed):

☐**Description of Data:**

reported by CCBHCs to ODMHSAS

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):☐

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 measurement(if needed):

Data Source:

Medicaid Management Information System (MMIS)

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

Data is compiled through claims database.

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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 measurement(if needed):

Data Source:

ODMHSAS training records

New Data Source(if needed):

☐

Description of Data:

ODMHSAS will keep a record of those completing training.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

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

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 measurement(if needed):

Data Source:

ODMHSAS Human Resources Development database

New Data Source(if needed):

☐

Description of Data:

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

complete training.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

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 measurement(if needed):

Data Source:

Wellness Division Data Set

New Data Source(if needed):

☐

Description of Data:

Smartsheet in partnership with TSET

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

In FY24, there were no contracted behavioral health organizations that adopted/adapted new Wellness Policies. Providers have been working on this priority measure for several years and now there is difficulty finding new organizations that do not already have written wellness policies. This has been discovered as there have been many outreach opportunities with providers during which creating wellness policies was discussed.

How first year target was achieved (optional):

☐

Indicator #: 8

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

Baseline Measurement: 7,500

First-year target/outcome measurement: 7,500

Second-year target/outcome measurement: 8,000

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

Data Source:

OK Tobacco Helpline database

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

☐

Priority #: 2

Priority Area: Improved Access and Reduced Disparities

Priority Type: MHS

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of services provided by Wellness Coaches

Baseline Measurement: 120,000

First-year target/outcome measurement: 150,000

Second-year target/outcome measurement: 160,000

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

☐

Indicator #: 2

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

Baseline Measurement: 300

First-year target/outcome measurement: 1,500

Second-year target/outcome measurement: 1,550

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

Data Source:

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

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

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

☐

How first year target was achieved (optional):

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

Indicator #:

3

Indicator:

Number of American Indians who received substance use disorder services

Baseline Measurement:

4,000

First-year target/outcome measurement:

4,000

Second-year target/outcome measurement:

4,500

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

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

☐

How first year target was achieved (optional):

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

Indicator #:

4

Indicator:

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

Baseline Measurement: 2

First-year target/outcome measurement: 4

Second-year target/outcome measurement: 6

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

Data Source:

ODMHSAS staff coordinating the events

New Data Source(*if needed*):

☐

Description of Data:

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

New Description of Data:(*if needed*)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

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

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

Indicator #: 5

Indicator: Number of veterans certified through Veteran specific PRSS training

Baseline Measurement: 12

First-year target/outcome measurement: 25

Second-year target/outcome measurement: 30

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

Data Source:

ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(*if needed*):

☐

Description of Data:

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

New Description of Data:(*if needed*)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

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

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

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

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

☐

Indicator #:

6

Indicator:

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

Baseline Measurement:

2,000

First-year target/outcome measurement:

2,050

Second-year target/outcome measurement:

2,100

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source *(if needed)*:

☐

Description of Data:

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

New Description of Data *(if needed)*:

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

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

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

☐

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

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

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 measurement(if needed):

Data Source:

Statewide Behavioral Health Reporting System (PICIS)

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 8

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

Baseline Measurement: 5

First-year target/outcome measurement: 275

Second-year target/outcome measurement: 300

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

Data Source:

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

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target:



Achieved



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

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



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

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

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 measurement *(if needed)*:

Data Source:

ODMHSAS Clinical Support Manager

New Data Source *(if needed)*:



Description of Data:

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

New Description of Data *(if needed)*:



Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target:



Achieved



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

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



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

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

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 measurement *(if needed)*:

Data Source:

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

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 measurement(if needed):

Data Source:

ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒ Achieved

☐ Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

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

Indicator #:

12

Indicator:

Number of participants in Strengthening Families and Celebrating Families programs

Baseline Measurement:

700

First-year target/outcome measurement:

1,300

Second-year target/outcome measurement:

1,400

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

Data Source:

Provider reports

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☐ Achieved

☒ Not Achieved (if not achieved, explain why)

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

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

How first year target was achieved (optional):

Indicator #:

13

Indicator:

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

Baseline Measurement:

3

First-year target/outcome measurement:

5

Second-year target/outcome measurement:

6

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

Data Source:

ODMHSAS staff coordinating the trainings

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

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 measurement(if needed):

Data Source:

Agency surveys and billing

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

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

Indicator #: 15

Indicator: Number of jail sites offering MAT

Baseline Measurement: 23

First-year target/outcome measurement: 26

Second-year target/outcome measurement: 33

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

Medication provider database

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

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: 40

First-year target/outcome measurement: 75

Second-year target/outcome measurement: 100

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

Provider reporting to ODMHSAS staff

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

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

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 measurement(if needed):

Data Source:

OU Evaluation Team (E-Team)

New Data Source(if needed):

☐

Description of Data:

Provider reports

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 18

Indicator: Number of African Americans served in targeted communities

Baseline Measurement: 1,000

First-year target/outcome measurement: 2,000

Second-year target/outcome measurement: 2,500

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

Data Source:

OU Evaluation Team (E-Team)

New Data Source(if needed):

☐

Description of Data:

Provider report

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 19

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

Baseline Measurement: 5

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 25

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

Data Source:

ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

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 measurement(if needed):

Data Source:

ODMHSAS Human Resources Development (HRD) database

New Data Source(if needed):

☐

Description of Data:

ODMHSAS HRD maintains a database of individuals who complete training.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 21

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

Baseline Measurement: 175

First-year target/outcome measurement: 230

Second-year target/outcome measurement: 250

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

Data Source:

Attendance logs for trainings stored in ODMHSAS database

New Data Source(if needed):

Description of Data:

Completed attendance of trainings

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

Indicator #: 22

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

Baseline Measurement: 20

First-year target/outcome measurement: 40

Second-year target/outcome measurement: 50

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

Description of Data:

Data is compiled through the claims database.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target:



Achieved



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

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



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

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

Priority #:

3

Priority Area:

Enhance Service Quality and Accountability

Priority Type:

MHS

Population(s):

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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



Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of PRSSs certified

Baseline Measurement:

200

First-year target/outcome measurement:

275

Second-year target/outcome measurement:

300

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

Data Source:

PRSS Certification Database

New Data Source *(if needed)*:



Description of Data:

ODMHSAS maintains a database of all certified PRSSs.

New Description of Data *(if needed)*:



Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

In FY24, there were 991 PRSSs certified.

Indicator #: 2

Indicator: Number of services provided by PRSSs

Baseline Measurement: 170,000

First-year target/outcome measurement: 210,000

Second-year target/outcome measurement: 210,000

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 3

Indicator: Number of persons who complete the PRSS Supervisory training

Baseline Measurement: 25

First-year target/outcome measurement: 100

Second-year target/outcome measurement: 125

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

Data Source:

PRSS database

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

In FY24, 208 people completed the PRSS Supervisory training.

Indicator #:

4

Indicator:

Number of Certified PRSS trained in Crisis Specific PRSS Trainings

Baseline Measurement:

10

First-year target/outcome measurement:

20

Second-year target/outcome measurement:

25

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

Data Source:

ODMHSAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

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

Indicator #: 5

Indicator: Number of Case Managers Certified and renewing certification

Baseline Measurement: 500

First-year target/outcome measurement: 1,000

Second-year target/outcome measurement: 1,200

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

Data Source:

Case Management (CM) Database

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 6

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

Baseline Measurement: 10,000

First-year target/outcome measurement: 13,000

Second-year target/outcome measurement: 14,000

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

Data Source:

ODMHSAS evaluation database

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 7

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

Baseline Measurement: 20,000

First-year target/outcome measurement: 25,000

Second-year target/outcome measurement: 25,000

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

Data Source:

Contractor invoices

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 8

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

Baseline Measurement: 100

First-year target/outcome measurement: 150

Second-year target/outcome measurement: 170

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

Data Source:

ODMHSAS Human Resources Development (HRD) database

New Data Source(if needed):

☐

Description of Data:

ODMHSAS HRD maintains a database of individuals who complete training.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 9

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

Baseline Measurement: 30,000

First-year target/outcome measurement: 100,000

Second-year target/outcome measurement: 110,000

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

Data Source:

Medicaid Management Information System (MMIS)

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

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

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

☐

How first year target was achieved (optional):

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

Indicator #:

10

Indicator:

Percent of time agencies meet the benchmark for the incentive payment

Baseline Measurement:

89%

First-year target/outcome measurement:

90%

Second-year target/outcome measurement:

90%

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

Data Source:

Medicaid Management Information System (MMIS) and other administrative databases

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

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

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

☐

How first year target was achieved (optional):

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

Indicator #:

11

Indicator:

Number of individuals trained in IPS 101

Baseline Measurement:

30

First-year target/outcome measurement:

80

Second-year target/outcome measurement:

90

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

The ODMHSAS Human Resources Development (HRD) databases

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

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

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

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

Indicator #: 12

Indicator: Reduce unemployment to all those in care

Baseline Measurement: 0%

First-year target/outcome measurement: 30%

Second-year target/outcome measurement: 30%

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

ODMHSAS database

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

Number of people who are becoming employed

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):☐**Indicator #:** 13**Indicator:** Percentage of individuals with SMI and SUD who are competitively employed through IPS**Baseline Measurement:** 40%**First-year target/outcome measurement:** 49%**Second-year target/outcome measurement:** 49%**New Second-year target/outcome measurement(if needed):****Data Source:**

Provider report to ODMHSAS IPS staff

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

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

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

Reason why target 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:** 2**Second-year target/outcome measurement:** 4

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

ODMHSAS database

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

Number of master lease agreements

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):☐

Indicator #: 15
Indicator: Expand Recovery Housing (Oxford House and other OKARR certified housing)
Baseline Measurement: 17
First-year target/outcome measurement: Increase from 17 counties to 23 counties
Second-year target/outcome measurement: Increase from 17 counties to 23 counties

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

OKARR certification and Oxford House reports

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

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

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

Priority #: 4

Priority Area: Reduced Criminal Justice Involvement

Priority Type: MHS

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of police officers trained in CIT

Baseline Measurement: 400

First-year target/outcome measurement: 750

Second-year target/outcome measurement: 750

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

Data Source:

Data maintained by ODMHSAS CIT trainer

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

☐

Indicator #: 2

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

Baseline Measurement: 0%

First-year target/outcome measurement: 10%

Second-year target/outcome measurement: 15%

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

Data Source:

ODMHSAS database

New Data Source(if needed):

☐

Description of Data:

ODMHSAS maintains databased in partnership with iPad vendor.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

☐

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 needed)

☐**Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: Collect data on number of text messages received and who is utilizing the services and why

Baseline Measurement: 0

First-year target/outcome measurement: Launch local texting features and track metrics, receive 12,000 text messages

Second-year target/outcome measurement: Reach younger groups and advertise texting services and receive at least 13,000 text messages

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

Data Source:

ODMHSAS contract

New Data Source(if needed):

☐

Description of Data:

ODMHSAS contract

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐**Report of Progress Toward Goal Attainment**

First Year Target:

☒

Achieved

☐

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 2

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

Baseline Measurement: 0

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

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

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

Data Source:

Information available on site

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

Information available on site

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

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

In FY24, 988 information was placed in OPERS newsletter.

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 measurement(if needed):**Data Source:**

DMH Training Logs, Kognito online system data

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

Count of people who have completed training

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

Not Achieved (if not achieved,explain why)

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

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

How first year target was achieved (optional):☐**Indicator #:** 4**Indicator:** Number of people trained in Mental Health First Aid**Baseline Measurement:** 1,700**First-year target/outcome measurement:** 3,000**Second-year target/outcome measurement:** 3,000**New Second-year target/outcome measurement(if needed):****Data Source:**

Prevention division database

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

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

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):☐**Indicator #:** 5**Indicator:** Number of Business Sectors who have developed policies and practices regarding training in MHFA**Baseline Measurement:** 0**First-year target/outcome measurement:** Increase by 4**Second-year target/outcome measurement:** Increase by 4**New Second-year target/outcome measurement(if needed):****Data Source:**

ODMHSAS Database

New Data Source(if needed):

☐

Description of Data:

ODMHSAS Database

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

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:

40 additional medical practice sites

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

Data Source:

ODMHSAS Access Control

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 7
Indicator: Number of faith-based partnerships
Baseline Measurement: 1
First-year target/outcome measurement: 5
Second-year target/outcome measurement: 5

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

Data Source:

ODMHSAS database

New Data Source(if needed):

☐

Description of Data:

ODMHSAS database

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

In FY24, there were 13 faith-based partnerships.

Indicator #: 8
Indicator: Number of substance abuse prevention practices implemented through contracted community/campus coalitions
Baseline Measurement: 25
First-year target/outcome measurement: additional 50% with a goal of 2,952
Second-year target/outcome measurement: additional 50% with a goal of 2,952
New Second-year target/outcome measurement(if needed):

Data Source:

Oklahoma Prevention Reporting System (PRS)

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

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 measurement(if needed):

Data Source:

ODMHSAS database

New Data Source(if needed):

☐

Description of Data:

ODMHSAS database

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

☐

Indicator #: 10

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

Baseline Measurement: 130

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

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

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

Data Source:

ODMHSAS database

New Data Source(if needed):

☐

Description of Data:

ODMHSAS database

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

In FY24, 133 new school sites (a 102% increase) began utilizing Botvin LifeSkills Training, 3rd Millennium 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 outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

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

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

☐

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

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

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 measurement *(if needed)*:

Data Source:

Prevention division database

New Data Source *(if needed)*:

☐

Description of Data:

Prevention division staff track and maintain this information.

New Description of Data *(if needed)*:

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

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

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

☐

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

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

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

Second-year target/outcome measurement: 60

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

Data Source:

ODMHSAS logs

New Data Source(if needed):

☐

Description of Data:

Count of MOU's

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

Indicator #: 14

Indicator: Number of harm reduction vending machines

Baseline Measurement: 1

First-year target/outcome measurement: 40

Second-year target/outcome measurement: 40

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

Data Source:

Placement records

New Data Source(if needed):

☐

Description of Data:

Records of placements of vending machines

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

Indicator #: 15

Indicator: Number of overdose reversal medications distributed

Baseline Measurement: 22,000

First-year target/outcome measurement: 40,000

Second-year target/outcome measurement: 40,000

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

Data Source:

Prevention division database

New Data Source(if needed):

Description of Data:

Prevention division staff track and maintain this information.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

Indicator #: 16

Indicator: Number of Fentanyl test strips distributed

Baseline Measurement: 35,000

First-year target/outcome measurement: 100,000

Second-year target/outcome measurement: 100,000

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

Data Source:

Prevention division database

New Data Source(if needed):

☐

Description of Data:

Prevention division staff track and maintain this information.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

☐

How first year target was achieved (optional):

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

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 measurement(if needed):

Data Source:

Oklahoma Prevention Reporting System (OPERS)

New Data Source(if needed):

☐

Description of Data:

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

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

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

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

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

Indicator #: 18

Indicator: Number of medication disposal bags distributed

Baseline Measurement: 900

First-year target/outcome measurement: 6,000

Second-year target/outcome measurement: 6,000

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

Oklahoma Prevention Reporting System (OPERS)

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

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

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 6

Priority Area: Public Awareness

Priority Type: MHS

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of Oklahomans reached with the Harm Reduction Campaign

Baseline Measurement: 0

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

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

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

Data Source:

ODMHSAS Prevention and Communications division

New Data Source(if needed):

☐

Description of Data:

Counters are used to record the number of hits.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

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

Reason why target 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

Baseline Measurement: 0

First-year target/outcome measurement: Maintain awareness campaigns and garner 4,500,000 impressions by reaching new groups across Oklahoma including: faith-based and minority

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

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

Data Source:

ODMHSAS contract

New Data Source(if needed):

☐**Description of Data:**

ODMHSAS contract

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

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

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

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

In FYY24, there were 129,919,801 impressions for 988. Oklahoma has a population of 4,088,380 and so the percentage reached would be 3177%.

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Footnotes:

**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

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2023	C Estimated/Actual SFY 2024	Please specify if expenditure amount reported in Column C is actual or estimated
\$3,261,133	\$102,415,874	\$107,027,966	<div><div></div><div></div></div> <div>Actual Estimated</div>

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____
States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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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
Date: 07/01/2023

Reporting Period End
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	X	No
SFY 2023	Yes	X	No
SFY 2024	Yes	X	No

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

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Footnotes:

F. State General Data Notes

State General Data Notes

MHBG Table Number	General Data Note
No Data Available	

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

Footnotes: