

Oklahoma

UNIFORM APPLICATION

FY 2025 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
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Center for Substance Abuse Prevention
Division of Primary Prevention

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

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Oklahoma Department of Mental Health and Substance Abuse Services

Organizational Unit Treatment and Recovery Services

Mailing Address 2000 N. Classen Blvd. Suite 600

City Oklahoma City

Zip Code 73106

II. Contact Person for the Block Grant

First Name 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 Grants.Notifications@odmhsas.org

III. Expenditure Period

State Expenditure Period

From 7/1/2023

To 6/30/2024

Block Grant Expenditure Period

From 10/1/2021

To 9/30/2023

IV. Date Submitted

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V. Contact Person Responsible for Report Submission

First Name Stephanie

Last Name Gay

Telephone 405-308-8088

Fax

Email Address sgay@odmhsas.org

VI. Contact Person Responsible for Substance Use Disorder Data

First Name Stephanie

Last Name Gay

Telephone 405-308-8088

Email Address sgay@odmhsas.org

Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Overall Health Promotion

Priority Type: MHS, ESMI, BHCS

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, ESMI, BHCS

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, ESMI, BHCS

Population(s):

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

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the 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, ESMI, BHCS

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

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the 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, ESMI, BHCS

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, ESMI, BHCS

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

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies, and indicators. This is detailed on the 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 FY24, there were 129,919,801 impressions for 988. Oklahoma has a population of 4,088,380 and so the percentage reached would be 3177%.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Center for Substance Abuse Treatment

Division of State and Community Systems

State Systems Partnership Branch

**FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding:
FY 24 Annual Report**

**Substance Use Prevention, Treatment, and Recovery Services Block Grant
(SUPTRS BG)**

Report Expenditure Period: **October 1, 2023 - September 30, 2024**

Report Submission Due Date: **Tuesday, December 31, 2024**

Name of SUBG Grantee: Oklahoma
Name of State, DC, Territory, Associated State, or Tribe

Submitted By: Stephanie Gay, Sr. Project Manager
Name and Title of Individual Submitting Report

Date Submitted: 12/11/2024

**Total FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding
Amount Awarded to This Grantee in August, 2021:**

\$492,847.00

Instructions: For the FFY 2024, ending on 9/30/24, please complete this FY 24 Annual Report form for the FY 24 expenditures from the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding. Please upload as a Word or PDF document in Table 1 of the 2025 SUPTRS BG Report that was submitted on or before 12/2/24. Please report on the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding activities and expenditures by Tuesday, December 31, 2024. The period of performance for this report is October 1, 2023 through September 30, 2024. For further information, please feel free to contact your CSAT SPO.

Details for SUPTRS BG Grantees: After completing the table above, grantees are requested to upload this report document through a regular WebBGAS Revision Request that will be created by your CSAT SPO, as an Attachment to [Table 1 Priority Area and Annual Performance Indicators – Progress Report](#), of the 2025 SUPTRS BG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, December 31, 2024.

For the expenditure period of October 1, 2023 through September 30, 2024, please include a complete listing of the expenditure of FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete and upload this report document indicating "Not Applicable". Please feel free to address any questions or concerns to your CSAT SPO. Thank you.

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 24 Annual Report Table			
#	FY 24 Date of Expenditure	FY 24 Item/Activity Description for Expenditure Period of 10/01/23 through 09/30/24	FY 24 Amount of Expenditure
1	Not Applicable.	Not Applicable. No expenditures during this time period.	Not Applicable.
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total			

Background and Description of Funding: On August 10, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID Testing and Mitigation funds). The total overall expenditure period performance period for this funding is September 1, 2021 – September 30, 2025, though the expenditure period for the report above is for FY 24 only, from 10/1/23 through 9/30/24.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, US Territories, Freely Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the 2025 Substance Use Block Grant Report filed on or before 12/2/24. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

12/3/2024: SUBG Grantee WebBGAS Revision Request will be created by the CSAT SPO for the grantee upload of the FY 24 SABG ARP COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 24 expenditure period of October 1, 2023 through September 30, 2024. Using the FY 24 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2025 SUPTRS Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, December 31, 2024. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of expenditures, between October 1, 2023 and September 30, 2024. If no activities were completed, please complete and upload the report document indicating “Not Applicable”.

Summary of the August 10, 2021 Guidance Letter:

Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

“People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest \$100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities—some of the most impacted and highest risk communities across the country. These funds will provide resources

and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)). SAMHSA will supplement the ARP funding for state grantees. The performance period for this funding is September 1, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates \$50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states. States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

- Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.
- Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.
- Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.
- Behavioral health services for those in short-term housing for people who are at high risk for COVID-19.

- Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.
- Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.
- Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most underserved, under-resourced, and marginalized communities in need.
- Expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.
- Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.
- Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.
- Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.
- Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.
- Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.
- Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).
- Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).
- Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.

- Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:

- Discuss test result or diagnosis with consumers;
- Assess patient symptom history and health status;
- Provide instructions and support for self-isolation and symptom monitoring; and
- Identify people (contacts) who may have been exposed to COVID-19.

- Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:

- Provide information about the virus;
- Discuss their symptom history and other relevant health information; and
- Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

- Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
- Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
- Construction projects.
- Support of lobbying/advocacy efforts.
- Facility or land purchases.
- COVID-19 mitigation activities conducted prior to 9/1/2021.
- Financial assistance to an entity other than a public or nonprofit private entity.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 ¹	I. ARP ²
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery ³	\$16,091,709.00		\$36,855,327.00	\$33,699,642.00	\$69,251,308.00	\$0.00	\$0.00	\$1,386,774.00	\$5,009,232.00
a. Pregnant Women and Women with Dependent Children	\$2,727,782.00		\$0.00	\$159,236.00	\$3,549,759.00	\$0.00	\$0.00	\$0.00	\$613,785.00
b. Recovery Support Services	\$18,286.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. All Other	\$13,345,641.00		\$36,855,327.00	\$33,540,406.00	\$65,701,549.00	\$0.00	\$0.00	\$1,386,774.00	\$4,395,447.00
2. Substance Use Disorder Primary Prevention	\$4,124,099.00		\$0.00	\$8,094,665.00	\$4,287,446.00	\$0.00	\$0.00	\$50,000.00	\$1,230,662.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ⁴	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$1,005,768.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,824.00	\$197,269.00
11. Total	\$21,221,576.00	\$0.00	\$36,855,327.00	\$41,794,307.00	\$73,538,754.00	\$0.00	\$0.00	\$1,443,598.00	\$6,437,163.00

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

³Prevention other than primary prevention

⁴Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

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Footnotes:

As of 10/1/24, the expenditure period for Table 2, in WebBGAS, is for the FY22 BG Award period. then, as of 10/14/24, WebBGAS had the expenditure period as FY23. However, the instructions state: "The reporting period for Table 2 is the most recently completed State Fiscal Year (SFY); for many states this is July 1, 2023, through June 30, 2024. For this table, Oklahoma has used the most recently completed state fiscal year, which is FY24. In Oklahoma, the Tuberculosis services are provided through local Oklahoma State Department of Health Facilities or through other community health care programs, i.e. an FQHC. However, all of our substance use disorder service providers are contractually

required to make tuberculosis services available to individuals receiving substance use disorder treatment. They do this via referral to the above entities. The Row for 1a on Table 2 equals the MOE amount on Table 8b.

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

Expenditure Start Date: 10/01/2021 Expenditure End Date: 09/30/2023

SSP Expenditures						
SSP Agency Name	SSP Main Address	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds
No Data Available						

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

² The expenditure period for The ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 10/1/2021 Expenditure End Date: 9/30/2023

SUPTRS							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19 ¹							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP ²							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

² The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

III: Expenditure Reports

Table 3c – Harm Reduction Activities

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdose Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds
No Data Available										

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025, for most states.

²The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.

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Footnotes:

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

This table is for the reporting of expenditures by category for the SUPTRS BG FY 2022 Award. States should complete this table and demonstrate compliance with SUPTRS BG statute and regulations during the two-year expenditure period for which the state was awarded. These include a minimum expenditure of no less than 20 percent for primary prevention, a capitation of 5 percent in SSA administration of the SUPTRS BG, and a required 5 percent for EIS/HIV in designated states during the award period. For detailed instructions, refer to those in WebBGAS.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Expenditure Category	FY 2022 SA Block Grant Award
1. Substance Use Prevention ¹ , Treatment, and Recovery	\$13,052,144.00
2. Substance Use Primary Prevention	\$3,480,572.00
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$870,143.00
Total	\$17,402,859.00

¹Prevention other than Primary Prevention

²Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

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Footnotes:

In Oklahoma, the Tuberculosis services are provided through local Oklahoma State Department of Health Facilities or through other community health care programs, i.e. an FQHC. However, all of our substance use disorder service providers are contractually required to make tuberculosis services available to individuals receiving substance use disorder treatment. They do this via referral to the above entities. Oklahoma is not an HIV state.

III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

This table is for the reporting of expenditures on primary prevention activities and must demonstrate the state's compliance with the statutory minimum set-aside of no less than 20 percent of the SUPTRS BG 2022 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Table 5a. The total reported on this table should be equal to that found in Table 4, Row 2 unless the state also reports expenditures in Table 6, Column B. In which case, the sum of Table 5a + Table 6, Column B should be equal to that reported on Table 4, Row 2. Expenditures within the six strategies should be directly associated with the cost of completing the activity or task. If a state used strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other."

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal	\$890,545.00				
Information Dissemination	Unspecified					
Information Dissemination	Total	\$890,545.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Selective					
Education	Indicated					
Education	Universal	\$331,654.00				
Education	Unspecified					
Education	Total	\$331,654.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal	\$21,383.00				
Alternatives	Unspecified					
Alternatives	Total	\$21,383.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Selective					
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal					
Problem Identification and Referral	Unspecified					

Problem Identification and Referral	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal	\$818,434.00				
Community-Based Process	Unspecified					
Community-Based Process	Total	\$818,434.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$1,309,215.00				
Environmental	Unspecified					
Environmental	Total	\$1,309,215.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal	\$109,341.00				
Section 1926 (Synar)-Tobacco	Total	\$109,341.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal Direct					
Other	Universal Indirect					
Other	Selective					
Other	Indicated					
Other	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Grand Total	\$3,480,572.00				

Section 1926 (Synar)-Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130), a state may not use the SUPTRS BG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SUPTRS BG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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III: Expenditure Reports

Table 5b - SUPTRS BG Primary Prevention Targeted Priorities (Required)

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2022 SUPTRS BG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

SUPTRS BG Award	
Prioritized Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>
Prioritized Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input checked="" type="checkbox"/>
Asian	<input checked="" type="checkbox"/>

Rural	<input checked="" type="checkbox"/>
Other Underserved Racial and Ethnic Minorities	<input type="checkbox"/>

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Table 6 - Non Direct Services/System Development

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00
8. Total	\$0.00	\$0.00	\$0.00

¹Integrated refers to funds both treatment and prevention portions of the SUPTRS BG for overarching activities.

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Footnotes:






















There are no changes to this table.

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Table 7 - Statewide Entity Inventory

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

Expenditure Period Start Date: 10/01/2021 Expenditure Period End Date: 09/30/2023

Source of Funds Substance Use Block Grant																	
	Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G ¹ . Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
*	100	x		Oklahoma County	Oxford House International, Inc.	1010 Wayne Avenue, Suite 300	Silver Spring	MD	20910	(\$100,003.00)	(\$100,003.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*	x	x		99	Emergent Devices Inc.	401 Plymouth Road, Suite 400	Plymouth Meeting	PA	19462	(\$211,381.00)	\$0.00	\$0.00	(\$211,381.00)	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		Oklahoma County	Another Chance Counseling Agency	7401 NE 23rd Street	Midwest City	OK	73141	\$365,707.00	\$365,707.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100688910A	OK500035		Central	Central Oklahoma	909 East Alameda Street	Norman	OK	73071	\$340.00	\$340.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100688950B	OK101346		Central	Childrens Recovery Center of Oklahoma	320 12th Avenue NE	Norman	OK	73071	\$573,136.00	\$573,136.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		99	Complete Book and Media Supply	1200 Toro Grande Dr.	Cedar Park	TX	78613	\$19,925.00	\$19,925.00	\$19,925.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	100742400B	OK101255		Central	Cope Inc	2701 North Oklahoma Avenue	Oklahoma City	OK	73105	\$291,667.00	\$291,667.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK100466	OK100466		Pottawatomie County	County of Pottawatomie	325 North Broadway	Shawnee	OK	74801	\$187,500.00	\$0.00	\$0.00	\$187,500.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		99	DBH OK LLC	2 S. Mickey Mantle Dr.	Oklahoma City	OK	73104	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	x		Durant	Durant Public Schools	1323 Waco Street	Durant	OK	74701	\$208,333.00	\$0.00	\$0.00	\$208,333.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		99	Ellen B Kagen	922 Barracuda Cove Court	Annapolis	MD	21409	\$7,000.00	\$7,000.00	\$7,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	x		Central	Forest Grove School	1941 Forest Grove Road	Garvin	OK	74736	\$36,111.00	\$0.00	\$0.00	\$36,111.00	\$0.00	\$0.00	\$0.00	\$0.00
	100736990A	OK100299		Southeast	Gateway to Prevention and Recovery	P.O. Box 3848	Shawnee	OK	74802-3848	\$83,333.00	\$0.00	\$0.00	\$83,333.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	x		99	Ghost	929 A North Broadway Avenue	Oklahoma City	OK	73102	\$40,000.00	\$0.00	\$0.00	\$40,000.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK100220	OK100220		Northeast	Grand Lake Mental Health Center	114 West Delaware Street	Nowata	OK	74048	\$1,150,000.00	\$1,150,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		Southeast	Hollis Public School	415 Main Street	Hollis	OK	73550	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		Southeast	KiBois Community Action Foundation	200 SE A Street	Stigler	OK	74462	\$7,000.00	\$7,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		Southeast	McAlester Alcohol Council DBA The Oaks	P.O. Box 727	Stigler	OK	74462	\$9,000.00	\$9,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102110	OK102110		Central	National Assn For Black Veterans	3667 North Lottie Avenue	Oklahoma City	OK	73162	\$42,135.00	\$42,135.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102111	OK102111		East Central	Neighbors Building Neighborhoods	207 North Second Street	Muskogee	OK	74401	\$125,000.00	\$0.00	\$0.00	\$125,000.00	\$0.00	\$0.00	\$0.00	\$0.00

	X	X	✗	Central	Norman Public Schools	131 S. Flood Ave.	Norman	OK	73069	\$154,790.00	\$0.00	\$0.00	\$154,790.00	\$0.00	\$0.00	\$0.00	\$0.00
	B233995638	OK101113	✗	Central	OCARTA	2701 NW 39th Expressway	Oklahoma City	OK	73112	\$212,476.00	\$212,476.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	99	Oklahoma Alcoholic Beverage Laws Commission	3812 North Santa Fe, Suite 200	Oklahoma City	OK	73118	\$81,510.00	\$0.00	\$0.00	\$81,510.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102112	OK102112	✓	99	Oklahoma Department of	2000 North Classen Boulevard Suite E-600	Oklahoma City	OK	73106	\$815,668.00	\$64,140.00	\$0.00	\$751,528.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102116	OK102116	✓	Oklahoma County	Oklahoma Healthcare Authority	4345 Lincoln Boulevard	Oklahoma City	OK	73105	\$10,233,444.00	\$10,233,444.00	\$1,014,061.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	x	x	✗	Central	Oklahoma State Department of Health	1000 NE 10th Street	Oklahoma City	OK	73117	\$8,961.00	\$0.00	\$0.00	\$8,961.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	Northeast	Oklahoma State University	306 North Western	Stillwater	OK	74078	\$354,167.00	\$0.00	\$0.00	\$354,167.00	\$0.00	\$0.00	\$0.00	\$0.00
	825	OK101156	✗	Northeast	Oklahoma State University Health Sciences Center	1111 West 17th Street	Tulsa	OK	74107	\$152,561.00	\$0.00	\$0.00	\$152,561.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	99	Oklahoma University RPC	Bursars Room 105, 1000 Asp Ave.	Norman	OK	73019	\$145,834.00	\$0.00	\$0.00	\$145,834.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	Osage County	Osage County Interlocal Coop	207 East Main Street	Hominy	OK	74035	\$208,333.00	\$0.00	\$0.00	\$208,333.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102126	OK102126	✓	Oklahoma County	OUHSC OU Medicine	1100 NE 13th Street	Oklahoma City	OK	73117	\$181,454.00	\$101,454.00	\$101,454.00	\$80,000.00	\$0.00	\$0.00	\$0.00	\$0.00
	100735150B	OK100438	✓	Tulsa County	Palmer Continuum of Care Inc	222 West 8th Street	Tulsa	OK	74119	\$304,773.00	\$304,773.00	\$304,773.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	x	x	✗	Central	Parents Helping Parents	P.O. Box 720472	Norman	OK	73070	\$67,527.00	\$67,527.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	Northeast	Perry Public Schools	900 Fir St.	Perry	OK	73077	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	99	Prevention Science Press	711 Westchester Ave.	White Plains	NY	10604	\$1,744.00	\$0.00	\$0.00	\$1,744.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK100311	OK100311	✓	Northeast	ROCMND Area Youth Services Inc	P.O. Box 912	Vinita	OK	74301	\$257,500.00	\$0.00	\$0.00	\$257,500.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	99	Rosalee K Hamill	2000 N Classen E600	Oklahoma City	OK	73106	\$6,745.00	\$0.00	\$0.00	\$6,745.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	Southwest	Southwestern Oklahoma Development Authority	420 Sooner Drive	Burns Flat	OK	73624	\$187,582.00	\$0.00	\$0.00	\$187,582.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK100363	OK100363	✓	Northwest	Substance Abuse Services Inc	4717 B South Memorial Drive	Tulsa	OK	74145	\$83,400.00	\$83,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	OK102123	OK102123	✓	Tulsa County	Tulsa City-County Health Department	5051 South 129th East Avenue	Tulsa	OK	74134	\$36,111.00	\$0.00	\$0.00	\$36,111.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	Southeast	Valliant Public School District	604 East Lucas	Valliant	OK	74764	\$75,000.00	\$0.00	\$0.00	\$75,000.00	\$0.00	\$0.00	\$0.00	\$0.00
	822	OK101081	✓	Southwest	Wichita Mountains Prevention Network	1318 SW Lee Boulevard	Lawton	OK	73501	\$405,309.00	\$0.00	\$0.00	\$405,309.00	\$0.00	\$0.00	\$0.00	\$0.00
	X	X	✗	East	Women in Safe Home	P.O. Box 487	Muskogee	OK	74403	\$32,250.00	\$32,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total										\$16,945,942.00	\$13,465,371.00	\$1,447,213.00	\$3,480,571.00	\$0.00	\$0.00	\$0.00	\$0.00

* Indicates the imported record has an error.

Note: ¹42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only
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Footnotes:

Emergent Devices and Oxford House expenditures were coded to the block grant in error during FFY21. They were then corrected but this correction occurred in FFY22.

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention, Treatment, and Recovery

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

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2022) + B2(2023)</u> 2 (C)
SFY 2022 (1)	\$64,752,031.00	
SFY 2023 (2)	\$65,328,913.00	\$65,040,472.00
SFY 2024 (3)	\$73,538,753.00	

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

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

Yes X No

If yes, specify the amount and the State fiscal year: \$1,505,266.00

If yes, SFY: 2024

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

Yes No X

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

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.

Expenditure data comes from State of Oklahoma Peoplesoft expenditure reports · Using our account coding structure as well as direction from program staff, we isolate all substance abuse expenditures from this report. · Substance abuse expenditures from state funding sources (state appropriations and state general fund) are the only expenditures included in the computation. · Any expenditures that are reimbursed by other

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Footnotes:

III: Expenditure Reports

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Base

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

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2022		\$ 6,199,764.00	
SFY 2023		\$ 4,220,875.00	
SFY 2024		\$ 7,050,562.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated
Enter the amount the State plans to expend in SFY 2025 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$ 7,050,562.00;			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). All expenditure data comes from the State of Oklahoma Peoplesoft expenditure reports. Using our account coding structure, we pull all women's expenditures (dept 2004049 and 2004059 and oper unit A1810.03).

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Footnotes:

The row on 1a on Table 2 equals the MOE on Table 8b.

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

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

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Footnotes:

IV: Population and Services Reports

Table 10a – Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2022

Expenditure Period End Date: 6/30/2023

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served ¹		ARP Number of Admissions > Number of Persons Served ²		SUPTRS BG Service Costs			COVID-19 Costs ¹			ARP Costs ²		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
DETOXIFICATION (24-HOUR CARE)															
1. Hospital Inpatient	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Free-Standing Residential	3,197	2,819	0	0	0	0	1,972.02	2,057.72	1,007.13	0.00	0.00	0.00	0.00	0.00	0.00
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Short-term (up to 30 days)	3,744	3,234	0	0	0	0	2,920.39	2,928.62	1,923.95	0.00	0.00	0.00	0.00	0.00	0.00
5. Long-term (over 30 days)	2,260	2,153	0	0	0	0	6,996.07	7,020.00	4,121.42	0.00	0.00	0.00	0.00	0.00	0.00
AMBULATORY (OUTPATIENT)															
6. Outpatient	16,048	15,148	0	0	0	0	3,044.86	1,752.46	3,349.21	0.00	0.00	0.00	0.00	0.00	0.00
7. Intensive Outpatient	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Detoxification	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. MOUD Medication-Assisted Treatment Outpatient	9	9	0	0	0	0	5,523.03	5,154.12	1,698.21	0.00	0.00	0.00	0.00	0.00	0.00

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG and COVID-19 Number of Persons Served)

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

³In FY 2020 SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication-Assisted Treatment," respectively. In prior SUPTRS BG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is "MOUD & Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "MOUD Medication-Assisted Treatment Detoxification," Row 9 and "MOUD & Medication Assisted Treatment Outpatient," Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Footnotes:

The expenditure period on this table is for 7/1/2022-6/30/2023. However, the expenditure period for this table, per the instructions is for state fiscal year 2024, which is 7/1/2023-6/30/2024. The information on this table reflects state fiscal year 2024.

IV: Population and Services Reports

Table 10b – Number of Persons Served (Unduplicated Count) Who Received Recovery Supports

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity. For detailed instructions, see those in WebBGAS.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

	Age 0-5 ¹							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	24	46	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

¹Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	338	209	0	0	0	0	0	1,263	749	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	2,048	1,406	0	0	0	0	0	11,142	9,689	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	6,392	5,769	0	0	0	0	0	661	935	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	170	79	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Peer-to-Peer Support Individual	22,038	18,882	0	0	0	0	0	
Peer-Led Support Group	0	0	0	0	0	0	0	
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	
Recovery Housing	0	0	0	0	0	0	0	
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	
Recovery Support Service Transportation	0	0	0	0	0	0	0	
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0
Comments on Data (Age):							
Comments on Data (Gender):	The only gender that is captured in our data collection is male or female. Additionally, we will be transitioning to managed care in FY25 and so we will not be able to change our data collection during that transition year. As the above data is for the past fiscal period, it is impossible to go back and retroactively obtain this data as people do not always stay in treatment.						
Comments on Data (Overall):							

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Footnotes:
The instructions for this table ask for data from the last state fiscal year completed, which is SFY24 for most states. Because of this, although the expenditure period, on this table, is for SFY23, the data in this table is for SFY24.

IV: Population and Services Reports

Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

	Total								American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	36	37	0	0	0	0	0	73	7	2	0	0	0	0	0
13-17 years	172	222	0	0	0	0	0	394	23	18	0	0	0	0	0
18-20 years	214	254	0	0	0	0	0	468	31	34	0	0	0	0	0
21-24 years	650	692	0	0	0	0	0	1,342	90	80	0	0	0	0	0
25-44 years	5,557	6,697	0	0	0	0	0	12,254	692	747	0	0	0	0	0
45-64 years	1,738	2,754	0	0	0	0	0	4,492	162	211	0	0	0	0	0
65-74 years	80	172	0	0	0	0	0	252	5	14	0	0	0	0	0
75+ years	5	10	0	0	0	0	0	15	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	8,452	10,838	0	0	0	0	0	19,290	1,010	1,106	0	0	0	0	0
Pregnant Women	223								23						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	4833														
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	0														

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

☒ Yes ☐ No

Comments on Data (Race)	
Comments on Data (Gender)	The only gender that is captured in our data collection is male or female. Additionally, we will be transitioning to managed care in FY25 and so we will not be able to change our data collection during that transition year. As the above data is for the past fiscal period, it is impossible to go back and retroactively obtain this data as people do not always stay in treatment.
Comments on Data (Overall)	

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0

6-12 years	0	0	0	0	0	0	0	5	13	0	0	0	0	0
13-17 years	1	1	0	0	0	0	0	17	34	0	0	0	0	0
18-20 years	2	3	0	0	0	0	0	25	42	0	0	0	0	0
21-24 years	2	4	0	0	0	0	0	60	111	0	0	0	0	0
25-44 years	11	32	0	0	0	0	0	559	779	0	0	0	0	0
45-64 years	2	16	0	0	0	0	0	173	396	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	5	35	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	18	56	0	0	0	0	0	844	1,411	0	0	0	0	0
Pregnant Women	0							28						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	24	21	0	0	0	0	0
13-17 years	1	0	0	0	0	0	0	101	144	0	0	0	0	0
18-20 years	2	2	0	0	0	0	0	130	152	0	0	0	0	0
21-24 years	3	5	0	0	0	0	0	427	441	0	0	0	0	0
25-44 years	25	35	0	0	0	0	0	3,840	4,707	0	0	0	0	0
45-64 years	4	7	0	0	0	0	0	1,313	2,020	0	0	0	0	0
65-74 years	0	2	0	0	0	0	0	66	112	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	5	9	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	35	51	0	0	0	0	0	5,906	7,606	0	0	0	0	0
Pregnant Women	1							150						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	29	25	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	24	21	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	68	51	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	430	397	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	84	104	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	4	9	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	639	608	0	0	0	0	0
Pregnant Women	0							21						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	33	32	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	141	187	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	189	207	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	597	613	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	5,215	6,189	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	1,677	2,644	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	80	168	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	5	10	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	7,937	10,050	0	0	0	0	0
Pregnant Women	0							210						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	3	5	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	31	35	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	25	47	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	53	79	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	342	508	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	61	110	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	4	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	515	788	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	13							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use¹

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded under COVID-19 Relief Supplemental Funding.

Total	American Indian or Alaska Native
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	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ²	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0								0						

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²Age category 0-5 years is not applicable.

Comments on Data (Race)	
Comments on Data (Gender)	
Comments on Data (Overall)	We did not have any COVID-19 persons served for FY24.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs

Sexual Orientation									
A. Age	B. Straight or Heterosexual	C. Homosexual (Gay or Lesbian)	D. Bisexual	E. Queer	F. Pansexual	G. Questioning	H. Asexual	I. Other	J. Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0

TOTAL	0	0	0	0	0	0	0	0	0
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¹Age category 0-5 years is not applicable.
0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

The expenditure period for this table is 7/1/2022-6/30/2023. However, the instructions state to use state fiscal year 2024, which is 7/1/2023-6/30/2024. Because of this, the data on this table is from state fiscal year 2024. We do not capture sexual orientation. As the above data is for the past fiscal period, it is impossible to go back and retroactively obtain this data as people do not always stay in treatment. Additionally, we will be transitioning to managed care in FY25 and so we will not be able to change our data collection during that transition year.

IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2022

Expenditure Period End Date: 6/30/2023

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide:	Rural:
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

Oklahoma is not an HIV designated state.

IV: Population and Services Reports

Table 13 - Charitable Choice – Required

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

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

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

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

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	125	115
Total number of clients with non-missing values on employment/student status [denominator]	797	797
Percent of clients employed or student (full-time and part-time)	15.7%	14.4%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		849
Number of CY 2023 discharges submitted:		798
Number of CY 2023 discharges linked to an admission:		798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		797

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	357	336
Total number of clients with non-missing values on employment/student status [denominator]	3,481	3,481
Percent of clients employed or student (full-time and part-time)	10.3%	9.7%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,048
Number of CY 2023 discharges submitted:		3,489
Number of CY 2023 discharges linked to an admission:		3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,481
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	2,364	2,875
Total number of clients with non-missing values on employment/student status [denominator]	5,468	5,468
Percent of clients employed or student (full-time and part-time)	43.2%	52.6%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		6,688
Number of CY 2023 discharges submitted:		6,351
Number of CY 2023 discharges linked to an admission:		5,720
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		5,468

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		0
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	673	723
Total number of clients with non-missing values on living arrangements [denominator]	797	797
Percent of clients in stable living situation	84.4%	90.7%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		849
Number of CY 2023 discharges submitted:		798
Number of CY 2023 discharges linked to an admission:		798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		797

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,696	2,815
Total number of clients with non-missing values on living arrangements [denominator]	3,481	3,481
Percent of clients in stable living situation	77.4%	80.9%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,048
Number of CY 2023 discharges submitted:		3,489
Number of CY 2023 discharges linked to an admission:		3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		3,481

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	5,113	5,170
Total number of clients with non-missing values on living arrangements [denominator]	5,468	5,468
Percent of clients in stable living situation	93.5%	94.6%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		6,688
Number of CY 2023 discharges submitted:		6,351
Number of CY 2023 discharges linked to an admission:		5,720
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		5,468

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		0
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		0

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

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	676	774
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	798	798
Percent of clients without arrests	84.7%	97.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		849
Number of CY 2023 discharges submitted:		798
Number of CY 2023 discharges linked to an admission:		798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		798

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,022	3,201
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,483	3,483
Percent of clients without arrests	86.8%	91.9%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,048
Number of CY 2023 discharges submitted:		3,489
Number of CY 2023 discharges linked to an admission:		3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,483
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	5,435	5,462
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	5,657	5,657
Percent of clients without arrests	96.1%	96.6%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		6,688
Number of CY 2023 discharges submitted:		6,351
Number of CY 2023 discharges linked to an admission:		5,720
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		5,657

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		0
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	585	639
All clients with non-missing values on at least one substance/frequency of use [denominator]	797	797
Percent of clients abstinent from alcohol	73.4%	80.2%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		94
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	212	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		44.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		545
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	585	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.2%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	849
Number of CY 2023 discharges submitted:	798
Number of CY 2023 discharges linked to an admission:	798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	797

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,046	2,665
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,405	3,405
Percent of clients abstinent from alcohol	60.1%	78.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		665
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,359	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		48.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,000
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,046	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.8%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	3,048
Number of CY 2023 discharges submitted:	3,489
Number of CY 2023 discharges linked to an admission:	3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,405

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	4,430	4,440
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,660	5,660
Percent of clients abstinent from alcohol	78.3%	78.4%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		388
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,230	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		31.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		4,052
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,430	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.5%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	6,688
Number of CY 2023 discharges submitted:	6,351
Number of CY 2023 discharges linked to an admission:	5,720
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,660

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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

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

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

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

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

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

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

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

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

Notes (for this level of care):

Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

The State is opting to use pre-populated data.

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	197	493
All clients with non-missing values on at least one substance/frequency of use [denominator]	797	797
Percent of clients abstinent from drugs	24.7%	61.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		350
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	600	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		58.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		143
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	197	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		72.6%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	849
Number of CY 2023 discharges submitted:	798
Number of CY 2023 discharges linked to an admission:	798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	797

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	640	1,731
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,405	3,405
Percent of clients abstinent from drugs	18.8%	50.8%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,153
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,765	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		41.7%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		578
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	640	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.3%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	3,048
Number of CY 2023 discharges submitted:	3,489
Number of CY 2023 discharges linked to an admission:	3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,405

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	3,144	3,188
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,660	5,660
Percent of clients abstinent from drugs	55.5%	56.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		654
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,516	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		26.0%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,534
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,144	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		80.6%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	6,688
Number of CY 2023 discharges submitted:	6,351
Number of CY 2023 discharges linked to an admission:	5,720
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,660

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]**Intensive Outpatient (IO)****A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

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

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

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

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

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

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

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

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

Notes (for this level of care):

Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

The State is opting to use pre-populated data.

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	74	590
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	798	798
Percent of clients participating in self-help groups	9.3%	73.9%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	64.7%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	849	
Number of CY 2023 discharges submitted:	798	
Number of CY 2023 discharges linked to an admission:	798	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0	
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	798	

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	734	2,339
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,483	3,483
Percent of clients participating in self-help groups	21.1%	67.2%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	46.1%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	3,048	
Number of CY 2023 discharges submitted:	3,489	

Number of CY 2023 discharges linked to an admission:	3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,483

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,111	1,276
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	5,657	5,657
Percent of clients participating in self-help groups	19.6%	22.6%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.9%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	6,688	
Number of CY 2023 discharges submitted:	6,351	
Number of CY 2023 discharges linked to an admission:	5,720	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0	
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,657	

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0%	0.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	0	

Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

The State is opting to use pre-populated data.

V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	10	3	6	6
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	34	12	30	49
5. Long-term (over 30 days)	33	10	28	47
AMBULATORY (OUTPATIENT)				
6. Outpatient	215	62	147	321
7. Intensive Outpatient	0	0	0	0
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient ²	276	122	182	397

Level of Care	2023 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	1972	1971
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	798	798

5. Long-term (over 30 days)	3489	3483
AMBULATORY (OUTPATIENT)		
6. Outpatient	6351	5702
7. Intensive Outpatient	0	0
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹		0
10. OUD Medication-Assisted Treatment Outpatient ²		18

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

¹ OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

² OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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

V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<p>Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2021 - 2022		14.0
	Age 21+ - CY 2021 - 2022		
2. 30-day Cigarette Use	<p>Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2021 - 2022		1.8
	Age 18+ - CY 2021 - 2022		23.2
3. 30-day Use of Other Tobacco Products	<p>Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]^[1]?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		

4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]" Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2021 - 2022		9.2
	Age 18+ - CY 2021 - 2022		19.0
5. 30-day Use of Illicit Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]? ^[2] " Outcome Reported: Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2021 - 2022		1.8
	Age 18+ - CY 2021 - 2022		3.5

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

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

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Footnotes:

The WebBGAS instructions state that for Tables 21-30, data will be prepopulated into the data tables by CSAP. (See Table 21 WebBGAS instructions.) As of December 2 (SAMHSA's date for block grant report submission), the tables have not been pre-populated with data. Supplemental data are from the NSDUH 2021-2022 state estimates. Missing data indicates that data is not available.

V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2021 - 2022		<input type="text"/>
	Age 21+ - CY 2021 - 2022		<input type="text"/>
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2021 - 2022		82.2
	Age 18+ - CY 2021 - 2022		<input type="text"/>
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2021 - 2022		57.2
	Age 18+ - CY 2021 - 2022		<input type="text"/>

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Footnotes:

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V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]" Outcome Reported: Average age at first use of alcohol.		
	Age 12 - 20 - CY 2021 - 2022		<input type="text"/>
	Age 21+ - CY 2021 - 2022		<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2021 - 2022		12.6
	Age 18+ - CY 2021 - 2022		<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2021 - 2022		13.3
	Age 18+ - CY 2021 - 2022		
5. Age at First Use Heroin	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of heroin.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] ^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]" Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		
	Age 12 - 17 - CY 2021 - 2022		
	Age 18+ - CY 2021 - 2022		

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

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

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Footnotes:

The WebBGAS instructions state that for Tables 21-30, data will be prepopulated into the data tables by CSAP. (See Table 21 WebBGAS instructions.) As of December 2nd (SAMHSA's date for block grant report submission), the tables have not been pre-populated with data. Supplemental data for ages 12-17 for items 2 and 4 are from the Oklahoma Prevention Needs Assessment Survey of 6th, 8th, 10th, and 12th graders. The questions are worded slightly differently. Age of initiation of smoking cigarettes and using marijuana is based on the questions: How old were you when you first (even if only one time) smoked cigarettes? and used marijuana? (This includes smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.). We do not have supplemental data to add for the other measures.

V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"		

	Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2021 - 2022		<div></div>

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Footnotes:

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V: Performance Data and Outcomes

Table 25 – Substance Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use
Measure: Perception of Workplace Policy

A. Measure		B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]" Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.			
	Age 15 - 17 - CY 2021 - 2022			<input type="text"/>
	Age 18+ - CY 2021 - 2022			<input type="text"/>

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Footnotes:

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V: Performance Data and Outcomes

Table 26 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2021		<input type="text"/>

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Footnotes:

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V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2021		30.0

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Footnotes:

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V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2021		<input type="text"/>

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Footnotes:

The WebBGAS instructions state that for Tables 21-30, data will be prepopulated into the data tables by CSAP. (See Table 21 WebBGAS instructions.) As of December 2nd (SAMHSA's date for block grant report submission), the tables have not been pre-populated with data. There is no supplemental data for this table.

V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2021 - 2022		45.3
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" ^[1] [Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2021 - 2022		

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

The WebBGAS instructions state that for Tables 21-30, data will be prepopulated into the data tables by CSAP. (See Table 21 WebBGAS instructions.) As of December 2nd (SAMHSA's date for block grant report submission), the tables have not been pre-populated with data. Supplemental data are from the 2021-22 Oklahoma Prevention Needs Assessment Survey of 6th, 8th, 10th, and 12th graders. The question is worded differently: In the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or other drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians - whether or not they live with you. (Mark all that apply.) We do not have any supplemental data to add for item 2.

V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2021 - 2022		79.7

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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Footnotes:
The WebBGAS instructions state that for Tables 21-30, data will be prepopulated into the data tables by CSAP. (See Table 21 WebBGAS instructions.) As of December 2nd (SAMHSA's date for block grant report submission), the tables have not been pre-populated with data. Supplemental data are from the 2021-22 Oklahoma Prevention Needs Assessment Survey of 6th, 8th, 10th, and 12th graders. The question is worded slightly differently: During the past 12 months, how often do you recall hearing, reading, or watching an advertisement about the prevention of substances use? The percentage includes those who reported a few times in the past year, once a month, once a week or more, or almost everyday.

V: Performance Data and Outcomes

Reporting Period Start and End Dates for Information Reported on SUPTRS BG Tables 31, 32, 33, 34 and 35

Reporting Period Start and End Dates for Information Reported on Tables 31, 32, 33, 34 and 35

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

Tables		A. Reporting Period Start Date	B. Reporting Period End Date
1.	Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
2.	Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
3.	Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2022	12/31/2022
4.	Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2022	12/31/2022
5.	Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2021	9/30/2023

General Questions Regarding Prevention NOMS Reporting

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

Community Based Prevention Providers enter data into the Prevention Reporting System via REDCap, a web-based application.

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

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

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

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Footnotes:

V: Performance Data and Outcomes

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

The reporting period for Tables 31 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	1,216
0-5	0
6-12	0
13-17	0
18-20	0
21-24	0
25-44	0
45-64	0
65-74	0
75 and Over	0
Age Not Known	1,216
B. Gender	1,216
Male	0
Female	0
Trans man	0
Trans woman	0
Gender non-conforming	0
Other	1,216
C. Ethnicity	1,216
Hispanic or Latino	0
Not Hispanic or Latino	0
Ethnicity Unknown	1,216
D. Race	1,216
White	0
Black or African American	0
Native Hawaiian/Other Pacific Islander	0
Asian	0
American Indian/Alaska Native	0

More Than One Race (not OMB required)	0
Race Not Known or Other (not OMB required)	1,216

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Footnotes:

Participants are for school-based interventions, age is not known. Participants listed as "Other" for their genders are actually participants where gender is not known. Race and ethnicity are unknown as these participants are for school-based intervention.

V: Performance Data and Outcomes

Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

The reporting period for Tables 32 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	1596210
0-5	0
6-12	2270
13-17	1692
18-20	1202
21-24	1510
25-44	15343
45-64	11205
65-74	4149
75 and Over	0
Age Not Known	1558839
B. Gender	1596210
Male	4438
Female	21514
Trans man	
Trans woman	
Gender non-conforming	
Other	1570258
C. Race	1596210
White	967
Black or African American	59
Native Hawaiian/Other Pacific Islander	3
Asian	15
American Indian/Alaska Native	291
More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	1594875
D. Ethnicity	1596210
Hispanic or Latino	

Not Hispanic or Latino	
Ethnicity Unknown	1596210

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Footnotes:
Participants listed as 'Other' for their gender are actually those whose gender data is not available.

V: Performance Data and Outcomes

Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

The reporting period for Tables 33 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	1,216	N/A
2. Universal Indirect	N/A	\$1,596,210.00
3. Selective	0	N/A
4. Indicated	0	N/A
5. Total	1,216	\$1,596,210.00
Number of Persons Served ¹	1,216	1,596,210

¹Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

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Footnotes:

V: Performance Data and Outcomes

Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention

The reporting period for Tables 34 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
 - Guideline 1:
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
 - Guideline 2:
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
 - Guideline 3:
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
 - Guideline 4:
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

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

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

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

The source of the number of programs and strategies is information from the provider's community work plans and the required core service EBP's.

Table 34 - SUBSTANCE USE DISORDER PRIMARY PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	26	762	788	0	0	788
2. Total number of Programs and Strategies Funded	26	762	788	0	0	788
3. Percent of Evidence-Based Programs and Strategies	100.00%	100.00%	100.00%			100.00%

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Footnotes:

V: Performance Data and Outcomes

Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies

The reporting period for table 35 is the 24- month expenditure period of the FFY 2022 SUPTRS BG award.

Reporting Period Start Date: 10/01/2021 Reporting Period End Date: 09/30/2023

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 87	\$88,673.00
Universal Indirect	Total # 7,782	\$3,391,899.00
Selective	Total # 0	\$0.00
Indicated	Total # 0	\$0.00
Unspecified	Total # 0	\$0.00
	Total EBPs: 7,869	Total Dollars Spent: \$3,480,572.00

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Footnotes:

V: Performance Data and Outcomes

Prevention Attachments

Submission Uploads

FFY 2025 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category D:		
File	Version	Date Added

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Footnotes:
There are no attachments.