

Oklahoma

UNIFORM APPLICATION

FY 2024 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID X5K6JYC467J7

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

Agency Name Oklahoma Department of Mental Health and Substance Abuse Services

Organizational Unit Treatment and Recovery Services

Mailing Address 2000 N. Classen Blvd. Suite 600

City Oklahoma City

Zip Code 73106

II. Contact Person for the Grantee of the Block Grant

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

From 7/1/2022

To 6/30/2023

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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

Footnotes:

B. Implementation Report

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

Priority #: 1
Priority Area: Overall Health Promotion
Priority Type: SAT, MHS
Population(s): SMI, SED, PWID, Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies and indicators.

Objective:

This priority will have multiple objectives to address the goals. The objectives will have specific strategies and indicators.

Strategies to attain the goal:

This priority will have targeted strategies aligned with specific goals, objectives and indicators,; further explained in the Plan matrix that has been attached with the application that reflects the relationship between priority areas, goals, objectives strategies and performance indicators.

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: 55%
First-year target/outcome measurement: 55%
Second-year target/outcome measurement: 58%

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

Data Source:

Relias Population Health Management System

New Data Source(if needed):

Description of Data:

Compiled from claims data through the Relias Population Health Management System

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:

50% of individuals received a follow-up by physician after hospitalization for Mental Illness, seven days after discharge. The number of consumers in this data set has grown significantly due to increase in CCBHC providers. This measure will be discussed with providers quarterly to insure progress towards the goal.

How first year target was achieved (optional):

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

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

44% of individuals received a follow-up by physician after hospitalization for Mental Illness, seven days after discharge. As the number of CCBHC providers continues to grow, so do the number of consumers in this data set. 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 second year target was achieved:

Indicator #: 2

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

Baseline Measurement: 46%

First-year target/outcome measurement: 46%

Second-year target/outcome measurement: 50%

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

Data Source:

Relias Population Health Management System

New Data Source(if needed):

Description of Data:

Compiled from claims data through the Relias Population Health Management System

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:

38% of individuals with diabetes received a fasting lipid profile within the past 12 months. The number of consumers in this data set has grown significantly due to increase in CCBHC providers. This measure will be prioritized as an integrated care initiative. Prioritization will include targeted technical assistance and increase monitoring of this measure.

How first year target was achieved (optional):

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

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

48% of individuals with diabetes received a fasting lipid profile within the past 12 months. The number of consumers in this data set has continued to grow, as the number of CCBHC providers has increased. This measure has continued to be prioritized as an integrated care initiative. Increased monitoring of this measure and the provision of technical assistance resulted in a 10% percent increase over last year. This is expected to continue to increase.

How second year target was achieved:

Indicator #:

3

Indicator:

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

Baseline Measurement:

8,000

First-year target/outcome measurement:

8,000

Second-year target/outcome measurement:

8,500

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

Data Source:

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

New Data Source(if needed):

Description of Data:

Contractor submits a monthly invoice with the number of individuals served that month. Invoices are audited for accuracy and congruence with clinical documentation.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Contractor submits a monthly invoice with the number of individuals served that month. Invoices are audited for accuracy and congruence with clinical documentation.

New Data issues/caveats 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:

There have been 5,677 individuals who inject drugs and high risk persons with substance use disorders served through outreach contracts. Historically, ODMHSAS has exceeded the target numbers served for this priority measure. ODMHSAS is reviewing to ensure no barriers exist to outreach efforts as the impact of COVID continues to decrease.

How first year target was achieved (optional):

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

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

How second year target was achieved:

There have been 12,485 individuals who inject drugs and high risk persons with substance use disorders served.

Indicator #:

4

Indicator:

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

Baseline Measurement:

5

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:

There have been 4 behavioral health organizations that adopted/adapted wellness policies. There is some difficulty in getting organizations to pass wellness policies. ODMHSAS did make progress in this area by themselves passing an agency wide wellness policy which will affect 12 state owned facilities. However, since this was not passed until FY23, the effects of it will not be seen until subsequent reports.

How first year target was achieved (optional):

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

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

How second year target was achieved:

A total of 12 behavioral health organizations adopted/adapted wellness policies.

Indicator #:

5

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:

How first year target was achieved (optional):

There was a total of 7,656 online referrals submitted from behavioral health providers to the OK Tobacco Helpline.

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

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

There were 6,959 referrals. Midway through FY23, the referral platform and software changed. As this change occurred, many providers did not have access to the web portal to do any referring and once the helpline was launched, it was difficult to use and providers experienced technical issues and challenges navigating the system. This occurred for 2-3 months. Additionally, ODMHSAS did not receive reports for referral rates for multiple months due to this change and so our providers did not the referral reports, as they had in the past.

How second year target was achieved:

Indicator #:

6

Indicator:

Data collection tool

Baseline Measurement:

None

First-year target/outcome measurement:

Develop BMI tool

Second-year target/outcome measurement:

Implement BMI tool

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

Data Source:

Designated ODMHSAS staff

New Data Source(if needed):

Description of Data:

Completed tool, and then provider report of use

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:

A BMI tool was not developed. CCBHC's have an established protocol and monitor BMI's.

How first year target was achieved (optional):

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

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

A BMI tool will not be developed. The CCBHC's have an established protocol and monitor the BMI's. This has been changed for next year's application to monitor how regularly BMI is checked.

How second year target was achieved:

Indicator #: 7
Indicator: Number of wellness coaches trained in Wellness Coach Youth e-learning
Baseline Measurement: 122
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 (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):

There was a total of 180 wellness coaches trained in Wellness Coach Youth e-learning.

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

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

How second year target was achieved:

There were 212 wellness coaches trained in Wellness Coach Youth e-learning.

Indicator #: 8
Indicator: Number of credentialed wellness coaches
Baseline Measurement: 1,000

First-year target/outcome measurement: 1,000

Second-year target/outcome measurement: 1,200

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*):

There was a total of 1,157 wellness coaches credentialed.

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

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

How second year target was achieved:

There were 1,831 wellness coaches credentialed.

Indicator #: 9

Indicator: Number of services provided by Wellness Coaches

Baseline Measurement: 150,000

First-year target/outcome measurement: 150,000

Second-year target/outcome measurement: 200,000

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 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:

There were 112,599 services provided by Wellness Coaches. ODMHSAS is currently reviewing billing practices to ensure wellness services are appropriately captured.

How first year target was achieved (optional):

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

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

There were 112,641 services provided by Wellness Coaches. There were fewer wellness services being provided because a large majority of treatment providers were not getting paid for this as CMS would not reimburse for it for providers that became CCBHC's under the State Plan Amendment. As of October 2023, these providers have been given permission to move under the Demo and so, because of this, we expect the number of services to increase.

How second year target was achieved:

Priority #: 2
Priority Area: Improved Access and Reduced Disparities
Priority Type: SAT, MHS
Population(s): SMI, SED, ESMI, PWWDC, PWID, EIS/HIV, Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies and indicators.
Regarding eSMI specifically: Improve access to evidence-based practices for early interventions to address Early Serious Mental Illness (SMI)

Objective:

This priority will have multiple objectives to address the goals. The objectives will have specific strategies and indicators. Regarding eSMI specifically: Objective (1): Implement an EBP to address early intervention for Serious Mental Illness; Objective (2): Implement process for early identification and engagement of youth and young adults experiencing early SMI

Strategies to attain the goal:

This priority will have targeted strategies aligned with specific goals, objectives and indicators,; further explained in the Plan matrix for Table 1 that has been attached with the application that reflects the relationship between priority areas, goals, objectives strategies and performance indicators. Regarding eSMI specifically: Strategy (1) Implement the Evidence-Based Practice of Cognitive Behavioral Therapy (CBT) to treat youth and young adults with Serious Mental Illness; Strategy (2): Implement statewide eSMI Outreach to build collaborative relationships with local Higher Education and hospital to assist with early identification, engagement and intervention for youth and young adults experiencing early SMI

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of AI children and youth who received wraparound services
Baseline Measurement:	1,500
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 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:

There were a total of 520 AI children and youth who received wraparound services. ODMHSAS has contracted with one agency to specifically serve the AI population; however, they do not serve a large population of children. Oklahoma is home to many tribal nations who have also been expanding access to care and AI families have choice on where to seek services.

How first year target was achieved (optional):

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

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

How second year target was achieved:

There was a total of 7,084 AI children who received wraparound services.

Indicator #:

2

Indicator:

Number of AI children and youth who received wraparound 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):

The priority measure is incorrect above. It should read "Number of AI who received substance use disorder services". There was a total of 7,674 American Indians who received substance use disorder services.

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

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

How second year target was achieved:

The priority measure is incorrect above. It should read "Number of AI who received substance use disorder services". There was a total of 4,708 American Indians who received substance use disorder services.

Indicator #: 3

Indicator: Number of collaborative events conducted together between state agency, contracted agencies and tribes regarding AI Opioid use and treatment

Baseline Measurement: 2

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 2

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):

There were 2 collaborative events were conducted.

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

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

How second year target was achieved:

There were 2 collaborative events conducted.

Indicator #:

4

Indicator:

Number of veterans certified through Veteran specific PRSS training

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 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:

How first year target was achieved (optional):

A total of 70 veterans were certified through Veteran specific PRSS training.

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

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

How second year target was achieved:

A total of 46 veterans were certified through Veteran specific PRSS training.

Indicator #:

5

Indicator:

Number of individuals currently and previously active in the military served in CMHCs and BHCs

Baseline Measurement:

1,400

First-year target/outcome measurement:

1,400

Second-year target/outcome measurement:

1,500

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 services provided by CMHCs, 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):

A total of 1,958 were served.

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

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

How second year target was achieved:

A total of 3,055 individuals were served.

Indicator #:

6

Indicator:

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

Baseline Measurement:

2,800

First-year target/outcome measurement:

2,800

Second-year target/outcome measurement:

2,800

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):

A total of 17,157 children with SED and/or co-occurring AOD disorders were admitted to Systems of Care programs.

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

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

How second year target was achieved:

A total of 14,349 children with SED and/or co-occurring AOD disorders were admitted to Systems of Care programs.

Indicator #:

7

Indicator:

Number of individuals who have completed the web-based training on serving older adults.

Baseline Measurement:

None

First-year target/outcome measurement:

Web-based training developed

Second-year target/outcome measurement:

50

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):

A web-based training on serving older adults has been developed and rendered to providers.

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

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

How second year target was achieved:

A total of 267 individuals completed web-based training on serving older adults.

Indicator #: 8**Indicator:** Number of older adults in CCBHCs who receive Cognitive Behavioral Therapy (CBT)**Baseline Measurement:** 15**First-year target/outcome measurement:** 15**Second-year target/outcome measurement:** 20**New Second-year target/outcome measurement(if needed):****Data Source:**

Provider report to ODMHSAS Clinical Support Manager & Manager of Integrated Care

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

Designated CCBHCs will submit a monthly report reflecting the number of older adults served through the provision of CBT

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):**

A total of 418 older adults in Health Homes or CCBHC's have received Cognitive Behavioral Therapy.

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

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

A total of 1,000 older adults in CCBHC's received CBT.

Indicator #: 9**Indicator:** Number of older adults being treated for a Substance Use Disorder who receive Cognitive Behavioral Therapy (CBT)**Baseline Measurement:** 15**First-year target/outcome measurement:** 15**Second-year target/outcome measurement:** 20**New Second-year target/outcome measurement(if needed):****Data Source:**

Provider report to ODMHSAS Clinical Support Manager

New Data Source(if needed):

Description of Data:

Designated Substance Use Disorder treatment sites will submit a monthly report reflecting the number of older adults treated for SUD through the provision of CBT

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):

A total of 139 older adults being treated for a Substance Use Disorder received Cognitive Behavioral Therapy.

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

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

How second year target was achieved:

A total of 480 older adults being treated for a Substance Use Disorder received CBT.

Indicator #: 10

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):

A total of 79 people became certified as a PRSS for older persons.

Second Year Target:

Achieved

Not Achieved (if not achieved, explain why)

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

How second year target was achieved:

A total of 133 people became certified as a PRSS for older persons.

Indicator #:

11

Indicator:

Number of participants in Strengthening Families and Celebrating Families programs

Baseline Measurement:

1,000

First-year target/outcome measurement:

1,000

Second-year target/outcome measurement:

1,200

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

Data Source:

Provider Reports

New Data Source(if needed):

Description of Data:

The Manager of Adolescent and Family Co-occurring Services 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:

How first year target was achieved (optional):

There was a total of 1,465 participants.

Second Year Target:

Achieved

Not Achieved (if not achieved, explain why)

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

How second year target was achieved:

There was a total of 1,412 participants.

Indicator #: 12
Indicator: Average number of days pregnant women were on a waiting list before they were admitted to residential treatment
Baseline Measurement: 15
First-year target/outcome measurement: 15
Second-year target/outcome measurement: 15

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

Data Source:

Online waiting list maintained by ODMHSAS

New Data Source(if needed):

Description of Data:

Providers are required to report into database those clients needing residential services, and indicate if they are pregnant.

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):

This target was met. Due to state funding and CMS IMD Waiver, residential treatment beds are available to all who meet admission criteria.

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

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

How second year target was achieved:

This target was met. Due to state funding and the CMS IMD Waiver, residential treatment beds are available to all who meet admission criteria.

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: 3

Second-year target/outcome measurement: 4

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

Data Source:

DMHSAS 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):

A total of 19 EBP trainings were provided.

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

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

How second year target was achieved:

A total of 9 EBP trainings were provided.

Indicator #: 14

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

Baseline Measurement: 5,000

First-year target/outcome measurement: 5,000

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):

A total of 8,518 individuals received opioid treatment and support services, including MAT service.

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

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

How second year target was achieved:

A total of 9,860 individuals received opioid treatment and support services, including MAT services.

Indicator #: 15

Indicator: Number of DATA 2000 waiver trainings provided

Baseline Measurement: 4

First-year target/outcome measurement: 4

Second-year target/outcome measurement: 6

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

Data Source:

Trainings completed

New Data Source(if needed):

Description of Data:

ODMHSAS will document number of trainings completed

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:

There were no DATA 2000 waiver trainings provided this year. ODMHSAS contracts with MAT providers. A stipulation of the contract is that all providers be DATA 2000 waived. Because of this, there were no trainings offered this year. However, in order to increase access to the training, trainings will be offered this next year.

How first year target was achieved (optional):

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

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

Three DATA 2000 waiver trainings were provided before the federal guidelines changed, stipulating that DATA 2000 trainings are no longer required.

How second year target was achieved:

Indicator #: 16
Indicator: Number of jail sites offering MAT
Baseline Measurement: 23
First-year target/outcome measurement: 23
Second-year target/outcome measurement: 30

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:

A total of 20 jail sites began offering MAT services this year. ODMHSAS is continuing to expand these services into jails.

How first year target was achieved (optional):

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

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

How second year target was achieved:

A total of 32 jail sites offered MAT services this past year.

Indicator #: 17
Indicator: Number of individuals receiving specialized LGBT SUD services
Baseline Measurement: 75
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:

A total of 13 individuals received specialized LGBT SUD service. The range of individuals receiving specialized LGBT SUD treatment services has typically been 13-15. The target for this was likely set too high and will need to be revised in the next application. However, all treatment is required to be individually, gender and culturally conscious and address the needs of the individual.

How first year target was achieved (optional):

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

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

A total of 50 individuals received specialized LGBT SUD service. This measure has been modified in the new application to show a more accurate reflection of SUD services to this population. All treatment rendered by our contracted providers is required to be individually, gender and culturally conscious and address the needs of the individual.

How second year target was achieved:

Indicator #: 18
Indicator: Number of persons who become certified PRSS for LGBTQIA+ persons
Baseline Measurement: 20
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 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:

This training is still in the development stages with plans of being implemented in 2023.

How first year target was achieved (optional):

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

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

The training was not developed. This measure has been removed for the next application.

How second year target was achieved:

Indicator #: 19

Indicator: Number of partnerships developed in targeted communities

Baseline Measurement: 2

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):

A total of 18 partnerships were developed in targeted communities.

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

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

How second year target was achieved:

A total of 18 partnerships were developed in targeted communities.

Indicator #: 20

Indicator: Number of African Americans served in targeted communities

Baseline Measurement: 851

First-year target/outcome measurement: 894

Second-year target/outcome measurement: 939

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):

A total of 2,084 African Americans were served in targeted communities.

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

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

How second year target was achieved:

A total of 2,036 African Americans were served in targeted communities.

Indicator #: 21

Indicator: Number of attendees for IMH specific training annually

Baseline Measurement: 100

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

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):

There were 968 attendees for IMH specific training.

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

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

How second year target was achieved:

There were 777 attendees for IMH specific training.

Indicator #: 22

Indicator: Number of youth and young adults with early Serious Mental Illness who receive Cognitive Behavioral Therapy (CBT), including Recovery Oriented Cognitive Therapy (CT-R)

Baseline Measurement: 15

First-year target/outcome measurement: 15

Second-year target/outcome measurement: 25

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

Data Source:

Provider report to ODMHSAS Clinical Support Manager

New Data Source(if needed):

Description of Data:

Designated eSMI CBT treatment sites will submit a monthly report reflecting the number of youth and young adults with early SMI treated through the provision of CBT or CT-R

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):

A total of 763 youth and young adults with early Serious Mental Illness received Cognitive Behavioral Therapy, including Recovery Oriented Cognitive Therapy (CT-R).

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

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

How second year target was achieved:

A total of 2,546 youth and young adults with early Serious Mental Illness received Cognitive Behavioral Therapy, including Recovery Oriented Cognitive Therapy (CT-R).

Indicator #: 23

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

Baseline Measurement: 15

First-year target/outcome measurement: 15

Second-year target/outcome measurement: 25

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

Data Source:

Provider report to ODMHSAS Clinical Support Manager

New Data Source(if needed):

Description of Data:

Designated eSMI Outreach programs will submit a monthly report reflecting the number of youth and young adults with early SMI identified through eSMI Outreach and the behavioral health EBPs they are connected with

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):

A total of 16 youth and young adults with early Serious Mental Illness were identified through eSMI Outreach and connected with behavioral EBP treatment services.

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

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

How second year target was achieved:

A total of 50 youth and young adults with early Serious Mental Illness were identified through eSMI Outreach and connected with behavioral EBP treatment services.

Indicator #: 24

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

Baseline Measurement: 20

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 25

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

Data Source:

ODMHAS Peer Recovery Support Specialist (PRSS) Certification database

New Data Source(if needed):

Description of Data:

The number of persons who acquire their ODMHAS certification as a PRSS for older persons will be pulled from the ODMHAS 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):

A total of 71 persons became certified PRSS for Latinx persons.

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

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

How second year target was achieved:

A total of 70 individuals became certified as a PRSS for Latinx persons.

Priority #: 3

Priority Area:

Priority Type: SAT, MHS

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

Goal of the priority area:

Enhance Service Quality and Accountability

Objective:

This priority will have multiple objectives to address the goals. The objectives will have specific strategies and indicators.

Strategies to attain the goal:

This priority will have targeted strategies aligned with specific goals, objectives and indicators,; further explained in the Plan matrix that has been attached with the application that reflects the relationship between priority areas, goals, objectives strategies and performance indicators.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: (PRSS) Number of PRSSs certified

Baseline Measurement: 275

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):

A total of 673 PRSS's were certified.

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

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

How second year target was achieved:

A total of 812 PRSSs were certified.

Indicator #: 2

Indicator: Number of services provided by PRSSs

Baseline Measurement: 210,000

First-year target/outcome measurement: 210,000

Second-year target/outcome measurement: 225,000

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:

There were 209,905 PRSS services rendered. This target was almost achieved and ODMHSAS is seeing increases in these services as the impact of COVID decreases.

How first year target was achieved (optional):

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

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

How second year target was achieved:

There were 249,612 PRSS services rendered.

Indicator #: 3

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

Baseline Measurement: 20

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):

A total of 126 Certified PRSS's were trained in Crisis Specific PRSS trainings.

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

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

How second year target was achieved:

A total of 193 Certified PRSSs were trained in Crisis Specific PRSS trainings.

Indicator #: 4

Indicator: Number of Case Managers Certified

Baseline Measurement: 150

First-year target/outcome measurement: 150

Second-year target/outcome measurement: 175

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

Data Source:

Case Management Data Base

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):

A total of 2,500 case managers were certified.

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

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

How second year target was achieved:

A total of 3,209 case managers were certified.

Indicator #: 5

Indicator: Number of youth receiving CATS screening and follow-up with trauma-specific services

Baseline Measurement: 7,500

First-year target/outcome measurement: 7,500

Second-year target/outcome measurement: 7,500

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):

A total of 10,895 youth received a CATS screening and follow-up with trauma specific services.

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

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

How second year target was achieved:

A total of 20,302 youth received a CATS screening and follow-up with trauma specific services.

Indicator #: 6

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

Baseline Measurement: 32,000

First-year target/outcome measurement: 32,000

Second-year target/outcome measurement: 34,000

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:

A total of 23,491 peer-run drop-in services were provided. That number has increase by 5,000 from last submission. It continues to increase as agencies recover from the effects of the pandemic.

How first year target was achieved (optional):

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

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

A total of 28,689 peer-run drop-in services were provided. That number has increased over 5,000 since last year's report. It continues to increase as agencies recover from the effects of the pandemic.

How second year target was achieved:

Indicator #:

7

Indicator:

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

Baseline Measurement:

200

First-year target/outcome measurement:

200

Second-year target/outcome measurement:

1,250

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):

A total of 232 persons completed the web based Person centered planning training.

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

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

How second year target was achieved:

It is believed that the second year target was entered incorrectly as it does not seem reasonable for a training completion to expand from 200 to 1250 in one year. It is thought that this number was supposed to be 250. 355 people completed the web-based Person Centered Planning training.

Indicator #: 8

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: 30,000

Second-year target/outcome measurement: 32,000

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):

There were 383,920 services provided through telehealth for persons with SMI, SED or SUD living in rural areas.

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

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

How second year target was achieved:

There were 1,627,979 services provided through telehealth for persons with SMI, SED or SUD living in rural areas.

Indicator #: 9

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

Baseline Measurement: 92.5%

First-year target/outcome measurement: 92.5%

Second-year target/outcome measurement: 92.5%

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:

Agencies received the incentive payment 89.26% of the time. A benchmark that has been difficult to achieve has been for all consumers to not be readmitted to inpatient within 180 days of their discharge. It is believed that with the comprehensive crisis response continuum that ODMHSAS has built, that Oklahomans will have an increased ability to receive immediate access at the lowest level of care which will enhance access and improve outcomes.

How first year target was achieved (optional):

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

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

Agencies received the incentive payment 91.67% of the time. A benchmark that has been difficult to achieve has been for all consumers to not be readmitted to inpatient within 180 days of their discharge. It is believed that the comprehensive crisis response continuum that ODMHSAS has built has assisted with this number improving, as the result has increased since last year.

How second year target was achieved:

Indicator #: 10

Indicator: Number of individuals trained in IPS

Baseline Measurement: 50

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 75

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):

A total of 144 individuals were trained in IPS.

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

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

How second year target was achieved:

A total of 166 individuals were trained in IPS.

Indicator #: 11
Indicator: Number of locations providing IPS services
Baseline Measurement: 60%
First-year target/outcome measurement: 60%
Second-year target/outcome measurement: 65%

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

Data Source:

IPS database

New Data Source(if needed):

Description of Data:

The lead IPS Trainer maintains a database of credentialed individuals and their sites for the IPS Learning Community.

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):

There was a 74% increase in the number of locations providing IPS services.

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

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

How second year target was achieved:

There was a 65% increase in the number of locations providing IPS services.

Indicator #: 12

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

Baseline Measurement: 40%

First-year target/outcome measurement: 40%

Second-year target/outcome measurement: 45%

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:

How first year target was achieved (optional):

A total of 42% of individuals with SMI and SUD were competitively employed through IPS.

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

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

How second year target was achieved:

A total of 45% of individuals with SMI and SUD were competitively employed through IPS.

Indicator #: 13

Indicator: Additional number of certified recovery houses

Baseline Measurement: 50

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 65

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

Data Source:

OKARR certification

New Data Source(if needed):

Description of Data:

The ODMHSAS will review the OKARR certification list

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):

A total of 66 recovery houses were certified.

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

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

How second year target was achieved:

A total of 84 recovery houses were certified.

Priority #:

4

Priority Area:

Reduced Criminal Justice Involvement

Priority Type:

SAT, MHS

Population(s):

Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies and indicators.

Objective:

This priority will have multiple objectives to address the goals. The objectives will have specific strategies and indicators.

Strategies to attain the goal:

This priority will have targeted strategies aligned with specific goals, objectives and indicators,; further explained in the Plan matrix that has been attached with the application that reflects the relationship between priority areas, goals, objectives strategies and performance indicators.

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: 350

First-year target/outcome measurement: 350

Second-year target/outcome measurement: 400

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:

How first year target was achieved (optional):

A total of 567 police officers were trained in CIT.

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

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

How second year target was achieved:

A total of 576 police officers were trained in CIT.

Indicator #: 2

Indicator: Percentage of law enforcement officers with access to ipads to connect to mental health professionals

Baseline Measurement:

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

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:

How first year target was achieved (optional):

100% of law enforcement agencies received the ability to access ipads to connect to mental health professionals.

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

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

How second year target was achieved:

100% of law enforcement agencies received the ability to access iPADS to connect to mental health professionals.

Priority #: 5

Priority Area: Prevention of Mental Illness and Substance Abuse Disorders

Priority Type: SAP, SAT, MHS

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

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies and indicators.

Objective:

This priority will have multiple objectives to address the goals. The objectives will have specific strategies and indicators.

Strategies to attain the goal:

This priority will have targeted strategies aligned with specific goals, objectives and indicators,; further explained in the Plan matrix that has been attached with the application that reflects the relationship between priority areas, goals, objectives strategies and performance indicators.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Launch of 988 Call Center
Baseline Measurement:	None
First-year target/outcome measurement:	Capacity Developed
Second-year target/outcome measurement:	Launch of Call Center
New Second-year target/outcome measurement(if needed):	
Data Source:	

ODMHSAS designated staff

New Data Source(if needed):

Description of Data:

Identification that capacity has been developed and when Call Center goes online

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 988 Call Center was launched.

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

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

How second year target was achieved:

The 988 Call Center was launched.

Indicator #: 2

Indicator: Treatment and prevention information available on Employment Security Commission website and veterans' resources websites

Baseline Measurement: None

First-year target/outcome measurement: Information compiled

Second-year target/outcome measurement: Information launched on designated websites

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

Data Source:

ODMHSAS designated staff

New Data Source(if needed):

Description of Data:

Staff 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):

This target was met. Heightened efforts to address suicide prevention including a statewide conference, targeted earned media, partnership with schools and universities, and suicide prevention training efforts have expanded conversations and awareness. Engagement with state agencies and businesses, including the creation and distribution of online training videos and inclusion of information on agency websites has occurred. Initial engagement targets have been met. Activity is currently expanding.

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

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



How second year target was achieved:

Prevention and treatment information on Oklahoma Department of Veteran Affairs. OESC has not responded to DMH's attempts to provide training or communication. Department of Veterans Affairs was contacted and ODMHAS has put prevention and treatment information on their website. Since our last update, the Department of Rehabilitative Resources also shared 988.

Indicator #: 3

Indicator: Number of evidenced-based prevention strategies reported

Baseline Measurement: 32

First-year target/outcome measurement: 32

Second-year target/outcome measurement: 32

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

Data Source:

Oklahoma Prevention Reporting System (PRS)

New Data Source(if needed):



Description of Data:

The ODMHSAS Prevention division analyzes data reported on OKPROS and identifies the specific number of EBPs utilized in delivering community level strategies.

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):

There was a total of 36 evidenced-based prevention strategies reported.

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

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

ODMHSAS utilized a number of data strategies to identify target interventions which identified more consistent intervention needs than anticipated so that while the total different number of interventions (distinct interventions) was only 21, those strategies were implemented at least 6,049 times. The number of 6,0649 is figured with the rational in mind that practices are deduplicated within workplans but are not deduplicated across workplans. Because of this, the number of 6,049 is not the total number of instances (every instance) that these strategies were implemented; that number would be much higher.

How second year target was achieved:

Indicator #: 4
Indicator: Number of SBIRT interactions provided in health/hospital setting
Baseline Measurement: 350
First-year target/outcome measurement: 350
Second-year target/outcome measurement: 400

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

Data Source:

SBIRT Registry

New Data Source(if needed):

Description of Data:

The ODMHSAS SBIRT trainer maintains a database of individuals who complete the training. Numbers will be reflected as annual (not cumulative) counts.

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):

There was a total of 3,202 SBIRT interactions provided in health/hospital setting.

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

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

How second year target was achieved:

There was a total of 2,060 SBIRT interactions provided in health/hospital settings.

Indicator #: 5
Indicator: Number of school-based primary substance use prevention services and number of schools
Baseline Measurement: None
First-year target/outcome measurement: 25 & 25%
Second-year target/outcome measurement: 25 & 25%

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):

There were 28 Multi-Tiered System of Supports districts and 34% (or 145) of schools implementing EBP's.

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

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

How second year target was achieved:

There were 43 Multi-Tiered System of Supports districts and 65.4% of schools implementing EBP's.

Indicator #:

6

Indicator:

Percentage of individuals age 12-20 who used alcohol in the past month

Baseline Measurement:

First-year target/outcome measurement:

17.3%

Second-year target/outcome measurement:

16.9%

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

Data Source:

National Survey on Drug Use and Health

New Data Source(if needed):

Description of Data:

State level data are obtained through NSDUH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

NSDUH may run a few years behind on state-specific data, and data is often reflected as a rolling average.

New Data issues/caveats 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:

19.7% of individuals aged 12-20 used alcohol in the past month. There are several reasons which may contribute to the target not being met. First, due to the data lag, the most recent year available for reporting is 2019/20, and only data for Quarters 1 and 4 of 2020 are available. Second, effects of the COVID pandemic may have influenced underage drinking, especially among young adults. Finally, an Oklahoma state law went into effect in May 2020 allowing curbside sales or home deliveries of alcohol.

How first year target was achieved (optional):

Second Year Target:

Achieved

Not Achieved (if not achieved, explain why)

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

How second year target was achieved:

From NSDUH, Calendar Year 2021, the data shows 14.1%.

Indicator #:

7

Indicator:

Number trained in enforcement of youth access to alcohol laws

Baseline Measurement:

75

First-year target/outcome measurement:

75

Second-year target/outcome measurement:

80

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:

There was a total of 70 trained in enforcement of youth access to alcohol laws. The reason for not meeting the target is due to the pandemic related impacts to viable training opportunities.

How first year target was achieved (optional):

Second Year Target:

Achieved

Not Achieved (if not achieved, explain why)

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

The number trained was 41. The reason why this number is low is because the training curriculum needed to be updated due to law changes occurring after COVID. The curriculum has since been updated and training has resumed.

How second year target was achieved:

Indicator #: 8
Indicator: Number trained in Responsible Beverage Sales and Service training
Baseline Measurement: 1,500
First-year target/outcome measurement: 1,500
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):

There was a total of 1,907 that were trained in Responsible Beverage Sales and Service training.

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

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

There were 1748 people trained. RBSS instructor constraints and geographical challenges hindered ability to train the targeted number of participants. The challenges will not impact future outcomes due to development of RBSS on-demand training to increase capacity to accommodate statewide training requests.

How second year target was achieved:

Indicator #: 9
Indicator: Number of individuals 18-25 reporting past year prescription pain reliever misuse
Baseline Measurement: 2,800
First-year target/outcome measurement: 2,800
Second-year target/outcome measurement: 2,700
New Second-year target/outcome measurement(if needed):

Data Source:

National Survey on Drug Use and Health (NSDUH)

New Data Source(if needed):

Description of Data:

State level data are obtained through NSDUH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The NSDUH may lag in annual reporting of state-specific data, and often reflect rolling averages. The results for current efforts will not be known for several years.

New Data issues/caveats 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 and target are incorrect above. They should be 28,000. According to the 2019/2020 NSDUH, there were 23,000 individuals aged 18-25 who reported past year prescription pain reliever misuse. The NSDUH may lag in annual reporting of state-specific data, and often reflect rolling averages. The results for current efforts will not be known for several years. NSDUH’s estimates do not include 2020 Quarters 2 and 3.

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

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

How second year target was achieved:

From NSDUH, Calendar Year 2021, the data shows 16,000.

Indicator #:	10
Indicator:	Number of individuals 26 and older reporting past year prescription pain reliever misuse
Baseline Measurement:	87,000
First-year target/outcome measurement:	87,000
Second-year target/outcome measurement:	86,000

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

Data Source:

National Survey on Drug Use and Health (NSDUH)

New Data Source(if needed):

Description of Data:

The NSDUH may run a few years behind with state specific data, and may reflect rolling averages.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The NSDUH may run a few years behind with state specific data, and may reflect rolling averages.

New Data issues/caveats 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):

According to the 2019/2020 NSDUH, there were 86,000 individuals aged 26 and older who reported past year prescription pain reliever misuse. The NSDUH may run a few years behind with state specific data and may reflect rolling averages. NSDUH's estimates do not include 2020 Quarters 2 and 3.

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

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

How second year target was achieved:

From NSDUH, Calendar Year 2021, the data shows 81,000.

Indicator #: 11

Indicator: Number trained in Naloxone administration

Baseline Measurement: 2,400

First-year target/outcome measurement: 2,400

Second-year target/outcome measurement: 2,600

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 reflecting individuals 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):

There was a total of 11,808 individuals trained in Naloxone administration.

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

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

How second year target was achieved:

There was a total of 85,000 trained in Naloxone administration.

Indicator #: 12

Indicator: Number of Naloxone administrations

Baseline Measurement: 120

First-year target/outcome measurement: 120

Second-year target/outcome measurement: 140

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):

There was a total of 228 Naloxone administrations.

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

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

How second year target was achieved:

There was a total of 677 Naloxone administrations.

Indicator #: 13

Indicator: Number of Prevention Works community coalitions

Baseline Measurement: 30

First-year target/outcome measurement: 30

Second-year target/outcome measurement: 35

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):

There is a total of 38 Prevention Works community coalitions.

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

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

How second year target was achieved:

There is a total of 38 Prevention Works community coalitions.

Priority #: 6
Priority Area: Public Awareness
Priority Type: SAP, MHS
Population(s): PP, Other

Goal of the priority area:

This priority will have multiple goals supported by objectives, strategies and indicators.

Objective:

This priority will have multiple objectives to address the goals. The objectives will have specific strategies and indicators.

Strategies to attain the goal:

This priority will have multiple objectives to address the goals. The objectives will have specific strategies and indicators.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Percentage of Oklahomans reached
Baseline Measurement:	None

First-year target/outcome measurement: 50%

Second-year target/outcome measurement: 60%

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):

Messaging is reaching over 90% of ODMHSAS's intended audience.

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

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

How second year target was achieved:

There have been 3.2 billion impressions. This has far exceeded the target as the population of OK is 3.96 million.

Indicator #: 2

Indicator: Provide information outreach

Baseline Measurement: 50,000

First-year target/outcome measurement: 50,000

Second-year target/outcome measurement: 55,000

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

Data Source:

Prevention division database

New Data Source(if needed):

Description of Data:

Prevention division staff manage and track the dissemination of materials.

New Description of Data:(if needed)

OSU evaluators manage and track the dissemination of materials.

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

There is a new Prevention Reporting System (PRS) being utilized by both prevention providers entering data to our OSU evaluators pulling the data. Due to a new database the measures are pulled differently from previous years, making it hard to compare. Not to mention, this has also been a planning year strategically for our providers as the grant cycle progresses each year more outreach efforts will be utilized.

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 actual number met was 2,669. The reason this was not met for this year was due to a new reporting system and it also being a planning year. ODMHSAS to review rolling calendars to eliminate planning year lulls in the future.

How first year target was achieved (optional):

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

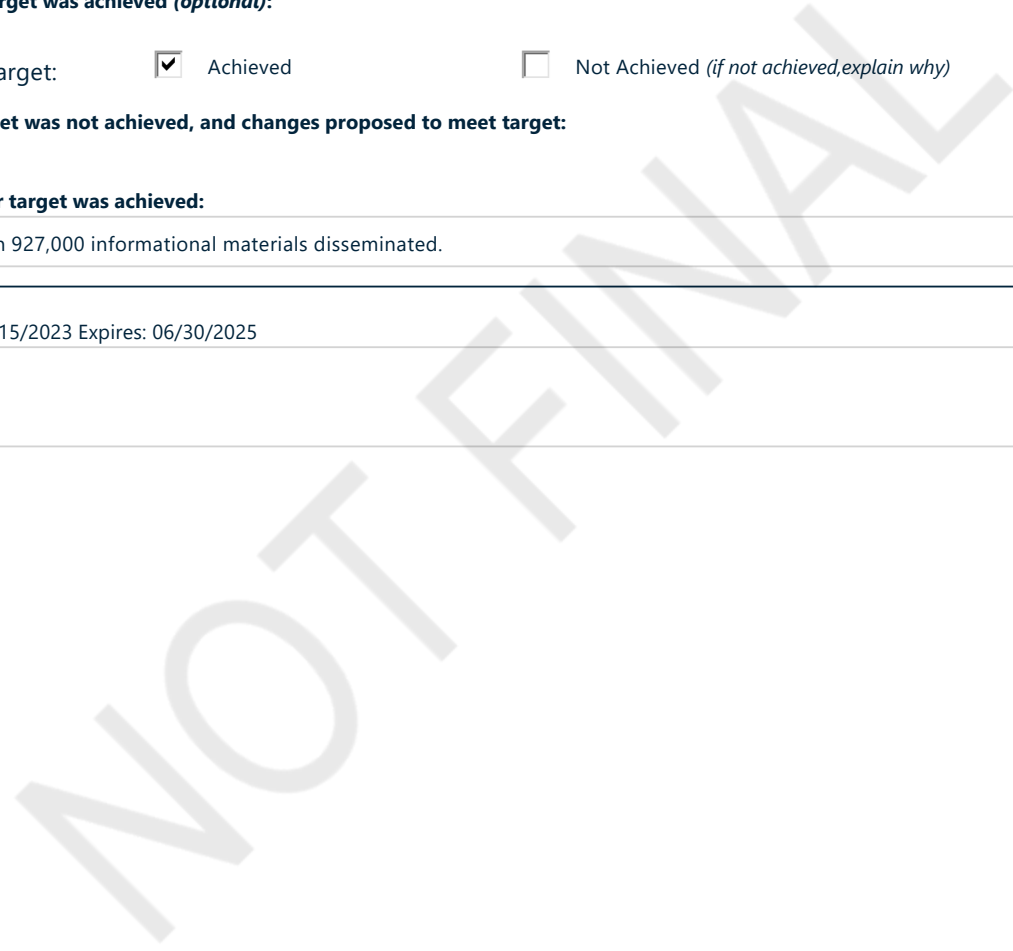
Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

There have been 927,000 informational materials disseminated.

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

Footnotes:



C. State Agency Expenditure Report

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

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

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

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2022	C Estimated/Actual SFY 2023	Please specify if expenditure amount reported in Column C is actual or estimated
\$3,261,133	\$55,615,703	\$26,848,464	<input checked="" type="radio"/> <input type="radio"/> Actual Estimated

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

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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

Footnotes:

NOT FINAL

C. State Agency Expenditure Report

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

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

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

A Period	B Expenditures	C <u>B1 (2021) + B2 (2022)</u> 2
SFY 2021 (1)	\$265,378,822	
SFY 2022 (2)	\$294,940,770	\$280,159,796
SFY 2023 (3)	\$304,331,968	

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

SFY 2021	Yes	<input checked="" type="checkbox"/>	No
SFY 2022	Yes	<input checked="" type="checkbox"/>	No
SFY 2023	Yes	<input checked="" type="checkbox"/>	No

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

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

Footnotes:

NOT FINAL