

# Oklahoma

## UNIFORM APPLICATION

FY 2024 SUPTRS Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025  
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Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Oklahoma Department of Mental Health and Substance Abuse Services

Organizational Unit Treatment and Recovery Services

Mailing Address 2000 N. Classen Blvd. Suite 600

City Oklahoma City

Zip Code 73106

### II. Contact Person for the Block Grant

First Name Carrie

Last Name Slatton-Hodges

Agency Name Oklahoma Department of Mental Health and Substance Abuse Services

Mailing Address 2000 N. Classen Blvd. Suite 600

City Oklahoma City

Zip Code 73106

Telephone 405-248-9201

Fax

Email Address CHodges@odmhsas.org

### III. Expenditure Period

#### State Expenditure Period

From 7/1/2022

To 6/30/2023

#### Block Grant Expenditure Period

From 10/1/2020

To 9/30/2022

### IV. Date Submitted

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### V. Contact Person Responsible for Report Submission

First Name Stephanie

Last Name Gay

Telephone 4053088088

Fax

Email Address sgay@odmhsas.org

### VI. Contact Person Responsible for Substance Use Disorder Data

First Name Stephanie

Last Name Gay

Telephone 4053088088

Email Address sgay@odmhsas.org

**Footnotes:**

## II: Annual Update

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

**Priority #:** 1

**Priority Area:** Overall Health Promotion

**Priority Type:** SAT, MHS

**Population(s):** SMI, SED, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

**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 (optional):**

**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 (optional):**

**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 (optional):**

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 (optional):**

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 (optional):**

**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 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 (optional):**

**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 (optional):**

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 (optional):**

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 (optional):**

**Priority #:** 2  
**Priority Area:** Improved Access and Reduced Disparities  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, EIS/HIV, Other (Underserved Racial and Ethnic Minorities)

**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 (optional):**

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 (optional):**

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 (optional):**

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:**

ODMHAS 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 (optional):**

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 (optional):**

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 (optional):**

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 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 (optional):

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 (optional):

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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):

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 (optional):



**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 (optional):**

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 (optional):**

<b>Indicator #:</b>	18
<b>Indicator:</b>	Number of persons who become certified PRSS for LGBTQIA+ persons
<b>Baseline Measurement:</b>	20
<b>First-year target/outcome measurement:</b>	20
<b>Second-year target/outcome measurement:</b>	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 (optional):**

**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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):**

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:

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 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 (optional):

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, 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

**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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):**

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**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 (optional):**

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 (optional):**

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:**

ata 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 met the benchmark for the incentive payment 89.26% of the time. 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 (optional):**

**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 (optional):**

A total of 166 individuals were trained in IPS.

<b>Indicator #:</b>	11
<b>Indicator:</b>	Number of locations providing IPS services
<b>Baseline Measurement:</b>	60%
<b>First-year target/outcome measurement:</b>	60%
<b>Second-year target/outcome measurement:</b>	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 (optional):**

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 (optional):**

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 (optional):

A total of 84 recovery houses were certified.

Priority #: 4

Priority Area: Reduced Criminal Justice Involvement

Priority Type: SAT, MHS

Population(s): Other (Criminal/Juvenile Justice)

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 (optional):**

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 (optional):**

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, 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 (optional):**

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 (optional):

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 (optional):**

**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 (optional):**

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 (optional):**

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 (optional):**

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 (optional):**

**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 (optional):**

**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 (optional):**

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

<b>Indicator #:</b>	10
<b>Indicator:</b>	Number of individuals 26 and older reporting past year prescription pain reliever misuse
<b>Baseline Measurement:</b>	87,000
<b>First-year target/outcome measurement:</b>	87,000
<b>Second-year target/outcome measurement:</b>	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 (optional):**

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 (optional):

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 (optional):

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 (optional):**

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 our 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 (optional):**

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 (optional):**

There has been a total of 927,000 informational materials disseminated.

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**Footnotes:**

### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

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

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

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 <sup>1</sup>	I. ARP <sup>2</sup>
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery <sup>3</sup>	\$15,277,410.00		\$34,031,932.00	\$19,990,186.00	\$60,955,744.00	\$0.00	\$0.00	\$6,548,139.00	\$2,314,158.00
a. Pregnant Women and Women with Dependent Children	\$1,579,136.00		\$0.00	\$226,108.00	\$475,179.00	\$0.00	\$0.00	\$0.00	\$1,940,452.00
b. Recovery Support Services	\$315,330.00		\$0.00	\$0.00	\$479,629.00	\$0.00	\$0.00	\$24,167.00	\$113,496.00
c. All Other	\$13,382,944.00		\$34,031,932.00	\$19,764,078.00	\$60,000,936.00	\$0.00	\$0.00	\$6,523,972.00	\$260,210.00
2. Substance Use Disorder Primary Prevention	\$4,652,133.00		\$0.00	\$8,217,223.00	\$4,373,169.00	\$0.00	\$0.00	\$2,125,889.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$533,035.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200,956.00	\$307,176.00
<b>11. Total</b>	<b>\$20,462,578.00</b>	<b>\$0.00</b>	<b>\$34,031,932.00</b>	<b>\$28,207,409.00</b>	<b>\$65,328,913.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$8,874,984.00</b>	<b>\$2,621,334.00</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

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

<sup>3</sup>Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual  Estimated

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**Footnotes:**

### III: Expenditure Reports

**Table 3a – Syringe Services Program (SSP)**

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

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

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

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

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**Footnotes:**

### III: Expenditure Reports

**Table 3b - Syringe Services Program**

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

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



<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

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

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**Footnotes:**

### III: Expenditure Reports

**Table 3c – Harm Reduction Activities**

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

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

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 - March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

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

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**Footnotes:**

### III: Expenditure Reports

**Table 4 - State Agency SUPTRS BG Expenditure Compliance Report**

This table provides a description of SUPTRS BG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in WebBGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

Expenditure Category	FY 2021 SA Block Grant Award
1. Substance Use Prevention <sup>1</sup> , Treatment, and Recovery	\$13,026,236.00
2. Substance Use Primary Prevention	\$3,430,194.00
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>2</sup>	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$857,549.00
<b>Total</b>	<b>\$17,313,979.00</b>

<sup>1</sup>Prevention other than Primary Prevention

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

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**Footnotes:**

The TA amount of \$163,008 is not included in the Primary Prevention and Administration. However, because WebBGAS totals everything on Table 4, the TA amount was added into the Substance Abuse Prevention and Treatment category, after Primary Prevention and Administration's figures had been calculated. The TA amount was utilized within the Substance Abuse Prevention and Treatment category.

### III: Expenditure Reports

#### SUPTRS BG Table 5a - Primary Prevention Expenditures

The state or jurisdiction must complete SUPTRS BG Table 5a. There are six primary prevention strategies typically funded by principal agencies administering the SUPTRS BG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state plans to use strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other" in Table 5a.

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal	\$885,357.00				
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$885,357.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective					
Education	Indicated					
Education	Universal	\$326,837.00				
Education	Unspecified					
<b>Education</b>	<b>Total</b>	<b>\$326,837.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal	\$19,611.00				
Alternatives	Unspecified					
<b>Alternatives</b>	<b>Total</b>	<b>\$19,611.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective					
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal					
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal	\$817,094.00				
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$817,094.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$1,290,295.00				
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$1,290,295.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal	\$91,000.00				
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$91,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Universal Direct					
Other	Universal Indirect					
Other	Selective					
Other	Indicated					
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$3,430,194.00</b>				

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

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

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**Footnotes:**

### III: Expenditure Reports

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

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2021 SUPTRS BG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

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

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

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**Footnotes:**

### III: Expenditure Reports

**Table 6 - Non Direct Services/System Development**

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

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

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

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**Footnotes:**  
There are no changes to this table.



### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

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

Expenditure Period Start Date: 10/01/2020 Expenditure Period End Date: 9/30/2022

Source of Funds Substance Use Block Grant																	
Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G. Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)	
100737580A	OK100422		99	12 and 12 Inc	6333 East Skelly Drive	Tulsa	OK	74135	\$172,575.00	\$172,575.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X		Oklahoma County	Another Chance Counseling Agency	7401 NE 23rd Street	Midwest City	OK	73141	\$146,965.00	\$146,965.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X		99	Camara Phyllis Jones	826 Oakdale Road NE	Atlanta	OK	30307	\$10,000.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
100688910A	OK500035		Central	Central Oklahoma	909 East Alameda Street	Norman	OK	73071	\$16,668.00	\$16,668.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
100688950B	OK101346		Central	Childrens Recovery Center of Oklahoma	320 12th Avenue NE	Norman	OK	73071	\$549,293.00	\$549,293.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
100742400B	OK101255		Central	Cope Inc	2701 North Oklahoma Avenue	Oklahoma City	OK	73105	\$587,500.00	\$587,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X		99	CORT Consultng	P.O. Box 125	Hygiene	OK	80533	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
OK100466	OK100466		Pottawatomie County	County of Pottawatomie	326 North Union	Shawnee	OK	74801	\$187,500.00	\$0.00	\$0.00	\$187,500.00	\$0.00	\$0.00	\$0.00	\$0.00	
100732710	X		99	Domestic Violence Intervention Services	3124 East Apache Street	Tulsa	OK	74110	\$5,321.00	\$5,321.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
x	x		Durant	Durant Public Schools	1323 Waco Street	Durant	OK	74701	\$145,833.00	\$0.00	\$0.00	\$145,833.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X		99	Education Development Center	43 Foundry Avenue	Waltham	OK	02453	\$1,500.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	
x	x		99	Emergent Devices Inc.	401 Plymouth Road, Suite 400	Plymouth Meeting	OK	19462	\$228,946.00	\$0.00	\$0.00	\$228,946.00	\$0.00	\$0.00	\$0.00	\$0.00	
x	x		Central	Forest Grove School	1941 Forest Grove Road	Garvin	OK	74736	\$93,056.00	\$0.00	\$0.00	\$93,056.00	\$0.00	\$0.00	\$0.00	\$0.00	
100736990A	OK100299		Southeast	Gateway to Prevention and Recovery	P.O. Box 3848	Shawnee	OK	74802-3848	\$83,333.00	\$0.00	\$0.00	\$83,333.00	\$0.00	\$0.00	\$0.00	\$0.00	
x	x		99	Ghost	929 A North Broadway Avenue	Oklahoma City	OK	73102	\$217,320.00	\$0.00	\$0.00	\$217,320.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X		Southeast	Hollis Public School	415 Main Street	Hollis	OK	73550	\$5,000.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X		99	Jason R Kilmer	2008 Kempton Street SE	Olympia	OK	98501	\$1,500.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X		99	Kevin Pesch Haggerty	14221 442nd Avenue SE	North Bend	OK	98045	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	
100736920C	OK101105		99	Monarch Inc	P.O. Box 1267	Muskogee	OK	74401	\$65,188.00	\$65,188.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
OK102110	OK102110		Central	National Assn For Black Veterans	3667 North Lottie Avenue	Oklahoma City	OK	73162	\$45,645.00	\$45,645.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
OK102111	OK102111		East Central	Neighbors Building Neighborhoods	207 North Second Street	Muskogee	OK	74401	\$75,000.00	\$0.00	\$0.00	\$75,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
				North	2617												

100735340C	OK100378	✓	Central	Oklahoma County MH Center Inc	General Pershing Boulevard	Oklahoma City	OK	73107	\$1,718.00	\$1,718.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B233995638	OK101113	✗	Central	OCARTA	2701 NW 39th Expressway	Oklahoma City	OK	73112	\$188,527.00	\$188,527.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OK102112	OK102112	✓	99	Oklahoma Department of	2000 North Classen Boulevard Suite E-600	Oklahoma City	OK	73106	\$901,779.00	\$265,167.00	\$0.00	\$636,612.00	\$0.00	\$0.00	\$0.00	\$0.00
OK102116	OK102116	✓	Oklahoma County	Oklahoma Healthcare Authority	4345 Lincoln Boulevard	Oklahoma City	OK	73105	\$9,183,219.00	\$9,183,219.00	\$2,064,207.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	✗	Central	Oklahoma State Department of Health	1000 NE 10th Street	Oklahoma City	OK	73117	\$28,656.00	\$0.00	\$0.00	\$28,656.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	✗	Northeast	Oklahoma State University	306 North Western	Stillwater	OK	74078	\$492,741.00	\$0.00	\$0.00	\$492,741.00	\$0.00	\$0.00	\$0.00	\$0.00
825	OK101156	✗	Northeast	Oklahoma State University Health Sciences Center	1111 West 17th Street	Tulsa	OK	74107	\$53,136.00	\$0.00	\$0.00	\$53,136.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	✗	Osage County	Osage County Interlocal Coop	207 East Main Street	Hominy	OK	74035	\$156,776.00	\$0.00	\$0.00	\$156,776.00	\$0.00	\$0.00	\$0.00	\$0.00
OK100472	OK100472	✓	Central	OU Department of Psychiatry	P. O. Box 26901	Oklahoma City	OK	73190-3048	\$16,667.00	\$0.00	\$0.00	\$16,667.00	\$0.00	\$0.00	\$0.00	\$0.00
OK102126	OK102126	✓	Oklahoma County	OUHSC OU Medicine	1100 NE 13th Street	Oklahoma City	OK	73117	\$217,836.00	\$101,169.00	\$85,846.00	\$116,667.00	\$0.00	\$0.00	\$0.00	\$0.00
100	x	✗	Oklahoma County	Oxford House International, Inc.	1010 Wayne Avenue, Suite 300	Silver Springs	OK	20910	\$540,003.00	\$540,003.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
100735150B	OK100438	✓	Tulsa County	Palmer Continuum of Care Inc	222 West 8th Street	Tulsa	OK	74119	\$966,266.00	\$966,266.00	\$966,266.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	✗	Central	Parents Helping Parents	P.O. Box 720472	Norman	OK	73070	\$103,462.00	\$103,462.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OK100311	OK100311	✓	Northeast	ROCMND Area Youth Services Inc	P.O. Box 912	Vinita	OK	74301	\$208,237.00	\$0.00	\$0.00	\$208,237.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	✗	99	Rosalee K Hamill	2000 N Classen E600	Oklahoma City	OK	73106	\$8,824.00	\$0.00	\$0.00	\$8,824.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	✗	Oklahoma County	Santa Fe South High School	301 Southeast 38th Street	Oklahoma City	OK	73129	\$4,150.00	\$4,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	✗	Southwest	Southwestern Oklahoma Development Authority	420 Sooner Drive	Burns Flat	OK	73624	\$124,918.00	\$0.00	\$0.00	\$124,918.00	\$0.00	\$0.00	\$0.00	\$0.00
OK100363	OK100363	✓	Northwest	Substance Abuse Services Inc	4717 B South Memorial Drive	Tulsa	OK	74145	\$83,400.00	\$83,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OK102123	OK102123	✓	Tulsa County	Tulsa City-County Health Department	5051 South 129th East Avenue	Tulsa	OK	74134	\$55,556.00	\$0.00	\$0.00	\$55,556.00	\$0.00	\$0.00	\$0.00	\$0.00
822	OK101081	✓	Southwest	Wichita Mountains Prevention Network	1318 SW Lee Boulevard	Lawton	OK	73501	\$479,166.00	\$0.00	\$0.00	\$479,166.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	✗	99	ZAJONC Corp	2112 Chippendale Street	College Station	OK	77845	\$750.00	\$0.00	\$0.00	\$750.00	\$0.00	\$0.00	\$0.00	\$0.00
Total									\$16,456,430.00	\$13,026,236.00	\$3,116,319.00	\$3,430,194.00	\$0.00	\$0.00	\$0.00	\$0.00

\* Indicates the imported record has an error.

Note: <sup>1</sup>42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only  
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Footnotes:

### III: Expenditure Reports

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

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Dates given are for the FFY 2024 SUPTRS BG Report. For the FFY 2025 SUPTRS BG report, please increase each year by one. For detailed instructions, see those in BGAS.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 6/30/2023

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2021) + B2(2022)</u> 2 (C)
SFY 2021 (1)	\$63,088,050.00	
SFY 2022 (2)	\$64,752,031.00	\$63,920,040.50
SFY 2023 (3)	\$65,328,913.00	

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

SFY 2021	Yes	X	No
SFY 2022	Yes	X	No
SFY 2023	Yes	X	No

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

Yes X No

If yes, specify the amount and the State fiscal year: \$1,545,964.00

If yes, SFY: 2023

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

Yes No X

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

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

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

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

**Footnotes:**

### III: Expenditure Reports

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

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

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

#### Base

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

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2021		\$ 10,405,162.00	
SFY 2022		\$ 6,199,764.00	
SFY 2023		\$ 4,220,875.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2024 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$ 7,732,168.00;

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). Using our account coding structure, we isolate all expenditures for Pregnant Women and Women with Dependent Children departments 2004049 and 2004059. Expenditures reported are from SABG funds and state appropriated funds. Data comes from State of Oklahoma expenditure report (Oracle Peoplesoft). We run the report for departments 2003049 and 2004059. These are the expenditures reported on Table 8b.

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**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

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

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

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

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**Footnotes:**

## IV: Population and Services Reports

**Table 10a – Treatment Utilization Matrix**

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

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

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served <sup>1</sup>		ARP Number of Admissions > Number of Persons Served <sup>2</sup>		SUPTRS BG Service Costs			COVID-19 Costs <sup>1</sup>			ARP Costs <sup>2</sup>		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
<b>DETOXIFICATION (24-HOUR CARE)</b>															
1. Hospital Inpatient	0	0	0	0	0	0									
2. Free-Standing Residential	3,124	2,735	0	0	0	0	1,969.77	1,980.00	1,041.36						
<b>REHABILITATION/RESIDENTIAL</b>															
3. Hospital Inpatient	0	0	0	0	0	0									
4. Short-term (up to 30 days)	2,828	2,518	0	0	0	0	2,729.84	2,560.00	1,800.12						
5. Long-term (over 30 days)	2,475	2,315	0	0	0	0	7,466.00	7,687.78	4,173.25						
<b>AMBULATORY (OUTPATIENT)</b>															
6. Outpatient	11,872	11,358	0	0	0	0	2,544.93	1,400.96	2,979.50						
7. Intensive Outpatient	19	19	0	0	0	0	583.52	441.16	488.93						
8. Detoxification	211	208	0	0	0	0	1,627.58	1,191.90	1,468.66						
<b>OPIOD MEDICATION ASSISTED TREATMENT</b>															
9. MOUD Medication-Assisted Detoxification	0	0	0	0	0	0									
10. MOUD Medication-Assisted Treatment Outpatient	1,492	1,463	0	0	0	0	3,897.34	2,747.18	3,398.12						

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

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

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

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

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**Footnotes:**



## IV: Population and Services Reports

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

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity.

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

	Age 0-5 <sup>1</sup>							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	18	57	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

<sup>1</sup>Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	1,549	818	0	0	0	0	0	5,639	3,270	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	10,509	7,275	0	0	0	0	0	69,038	59,233	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	44,907	36,157	0	0	0	0	0	6,043	3,952	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	905	419	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	138,608	111,181	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0

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

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**Footnotes:**

## IV: Population and Services Reports

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

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

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

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

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

	Total							American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	472	540	0	0	0	0	0	1,012	34	18	0	0	0	0	0
13-17 years	1,594	2,006	0	0	0	0	0	3,600	72	71	0	0	0	0	0
18-20 years	1,082	1,424	0	0	0	0	0	2,506	49	51	0	0	0	0	0
21-24 years	3,008	3,126	0	0	0	0	0	6,134	145	111	0	0	0	0	0
25-44 years	29,504	31,600	0	0	0	0	0	61,104	1,391	1,322	0	0	0	0	0
45-64 years	8,342	12,932	0	0	0	0	0	21,274	252	361	0	0	0	0	0
65-74 years	482	814	0	0	0	0	0	1,296	8	5	0	0	0	0	0
75+ years	54	46	0	0	0	0	0	100	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>44,538</b>	<b>52,488</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97,026</b>	<b>1,951</b>	<b>1,939</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>504</b>								29						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	3912														
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	0														

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

Yes  No

Comments on Data (Race)	Your Totals Columns above count not only race and more than one race but also Hispanic/Latino and Not Hispanic or Latino. Because of this your total columns are incorrectly doubled. Please see columns underneath the individual racial categories, as well as other categories for an accurate count.
Comments on Data (Gender)	The only gender that is captured in our data collection is male or female. Additionally, we will be transitioning to managed care in FY25 and so we will not be able to change our data collection during that transition year. As the above data is for the past fiscal period, it is impossible to go back and retroactively obtain this data as people do not always stay in treatment.
Comments on Data (Overall)	(see above)

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

6-12 years	0	1	0	0	0	0	0	36	49	0	0	0	0	0
13-17 years	3	4	0	0	0	0	0	94	113	0	0	0	0	0
18-20 years	1	4	0	0	0	0	0	62	106	0	0	0	0	0
21-24 years	0	8	0	0	0	0	0	136	208	0	0	0	0	0
25-44 years	31	47	0	0	0	0	0	1,290	1,695	0	0	0	0	0
45-64 years	9	29	0	0	0	0	0	404	873	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	21	71	0	0	0	0	0
75+ years	2	0	0	0	0	0	0	5	8	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>46</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,048</b>	<b>3,123</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>1</b>							<b>31</b>						

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Native Hawaiian or Other Pacific Islander							White							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	1	0	0	0	0	0	123	154	0	0	0	0	0	0
13-17 years	4	2	0	0	0	0	0	516	658	0	0	0	0	0	0
18-20 years	2	0	0	0	0	0	0	320	433	0	0	0	0	0	0
21-24 years	1	0	0	0	0	0	0	959	1,001	0	0	0	0	0	0
25-44 years	20	24	0	0	0	0	0	10,217	11,382	0	0	0	0	0	0
45-64 years	3	16	0	0	0	0	0	3,224	4,852	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	204	319	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	20	14	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>30</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15,583</b>	<b>18,813</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>4</b>							<b>163</b>							

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Some Other Race							More than One Race Reported							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	43	47	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	108	155	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	107	118	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	263	235	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	1,803	1,330	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	279	335	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	8	12	0	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,611</b>	<b>2,233</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							24						

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	201	231	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	671	834	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	479	619	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	1,383	1,376	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	13,871	14,719	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	3,986	6,168	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	233	392	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	27	23	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20,851</b>	<b>24,362</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							226						

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	35	39	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	126	169	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	62	93	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	121	187	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	881	1,081	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	185	298	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	8	15	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,418</b>	<b>1,882</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	26							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use<sup>1</sup>

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

<b>Total</b>	<b>American Indian or Alaska Native</b>
--------------	---

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>2</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0								0						

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

<sup>2</sup>Age category 0-5 years is not applicable.

Comments on Data (Race)	
Comments on Data (Gender)	
Comments on Data (Overall)	Unlike the previous year, we did not have any COVID-19 persons served.

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

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

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



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

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

**Footnotes:**

We do not capture sexual orientation. As the above data is for the past fiscal period, it is impossible to go back and retroactively obtain this data as people do not always stay in treatment. Additionally, we will be transitioning to managed care in FY25 and so we will not be able to change our data collection during that transition year.

## IV: Population and Services Reports

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

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

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide: _____	Rural: _____
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services: Oklahoma is not an HIV designated State.		

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

**Footnotes:**

## IV: Population and Services Reports

### Table 13 - Charitable Choice – Required

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

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

#### Notice to Program Beneficiaries - Check all that apply:

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

#### Referrals to Alternative Services - Check all that apply:

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

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

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

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

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#### Footnotes:

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	123	114
Total number of clients with non-missing values on employment/student status [denominator]	769	769
Percent of clients employed or student (full-time and part-time)	16.0 %	14.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		842
Number of CY 2022 discharges submitted:		770
Number of CY 2022 discharges linked to an admission:		770
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		769
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		769

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	327	319
Total number of clients with non-missing values on employment/student status [denominator]	3,385	3,385
Percent of clients employed or student (full-time and part-time)	9.7 %	9.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		3,012
Number of CY 2022 discharges submitted:		3,394
Number of CY 2022 discharges linked to an admission:		3,388
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,385

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,385
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

**Outpatient (OP)**

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	2,156	2,628
Total number of clients with non-missing values on employment/student status [denominator]	4,982	4,982
Percent of clients employed or student (full-time and part-time)	43.3 %	52.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		6,173
Number of CY 2022 discharges submitted:		5,815
Number of CY 2022 discharges linked to an admission:		5,223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,982
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		4,982

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

**Intensive Outpatient (IO)**

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		0
Number of CY 2022 discharges submitted:		0
Number of CY 2022 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

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**Footnotes:**

The State is opting to use pre-populated data.

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	649	701
Total number of clients with non-missing values on living arrangements [denominator]	769	769
Percent of clients in stable living situation	84.4 %	91.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		842
Number of CY 2022 discharges submitted:		770
Number of CY 2022 discharges linked to an admission:		770
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		769
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		769

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,619	2,737
Total number of clients with non-missing values on living arrangements [denominator]	3,385	3,385
Percent of clients in stable living situation	77.4 %	80.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		3,012
Number of CY 2022 discharges submitted:		3,394
Number of CY 2022 discharges linked to an admission:		3,388
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,385
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		3,385



**Outpatient (OP)**

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	4,677	4,730
Total number of clients with non-missing values on living arrangements [denominator]	4,982	4,982
Percent of clients in stable living situation	93.9 %	94.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		6,173
Number of CY 2022 discharges submitted:		5,815
Number of CY 2022 discharges linked to an admission:		5,223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,982
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		4,982

**Intensive Outpatient (IO)**

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		0
Number of CY 2022 discharges submitted:		0
Number of CY 2022 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		0

**Footnotes:**

The State is opting to use pre-populated data.

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	648	746
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	770	770
Percent of clients without arrests	84.2 %	96.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		842
Number of CY 2022 discharges submitted:		770
Number of CY 2022 discharges linked to an admission:		770
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		770
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		770

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,932	3,108
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,387	3,387
Percent of clients without arrests	86.6 %	91.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		3,012
Number of CY 2022 discharges submitted:		3,394
Number of CY 2022 discharges linked to an admission:		3,388
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,387

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,387
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,959	4,979
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	5,160	5,160
Percent of clients without arrests	96.1 %	96.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		6,173
Number of CY 2022 discharges submitted:		5,815
Number of CY 2022 discharges linked to an admission:		5,223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,165
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		5,160

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		0
Number of CY 2022 discharges submitted:		0
Number of CY 2022 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

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**Footnotes:**

The State is opting to use pre-populated data.

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	566	618
All clients with non-missing values on at least one substance/frequency of use [denominator]	769	769
Percent of clients abstinent from alcohol	73.6 %	80.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		92
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	203	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		45.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		526
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	566	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.9 %

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	842
Number of CY 2022 discharges submitted:	770
Number of CY 2022 discharges linked to an admission:	770
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	770
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	769

**Long-term Residential(LR)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,973	2,584
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,311	3,311
Percent of clients abstinent from alcohol	59.6 %	78.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		653
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,338	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		48.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,931
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,973	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.9 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	3,012
Number of CY 2022 discharges submitted:	3,394
Number of CY 2022 discharges linked to an admission:	3,388
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,387
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,311

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	4,026	4,032
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,162	5,162
Percent of clients abstinent from alcohol	78.0 %	78.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		356
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,136	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		31.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,676
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,026	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.3 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	6,173
Number of CY 2022 discharges submitted:	5,815
Number of CY 2022 discharges linked to an admission:	5,223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,165
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	5,162

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

**Intensive Outpatient (IO)**

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

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



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

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

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

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

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

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

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

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	0
Number of CY 2022 discharges submitted:	0
Number of CY 2022 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file [Records received through 5/1/2023]

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

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	195	470
All clients with non-missing values on at least one substance/frequency of use [denominator]	769	769
Percent of clients abstinent from drugs	25.4 %	61.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		329
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	574	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		57.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		141
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	195	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		72.3 %

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	842
Number of CY 2022 discharges submitted:	770
Number of CY 2022 discharges linked to an admission:	770
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	770
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	769

**Long-term Residential(LR)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	611	1,683
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,311	3,311
Percent of clients abstinent from drugs	18.5 %	50.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,124
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,700	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		41.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		559
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	611	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		91.5 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	3,012
Number of CY 2022 discharges submitted:	3,394
Number of CY 2022 discharges linked to an admission:	3,388
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,387
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,311

**Outpatient (OP)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,837	2,912
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,162	5,162
Percent of clients abstinent from drugs	55.0 %	56.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		614
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,325	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		26.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,298
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,837	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		81.0 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	6,173
Number of CY 2022 discharges submitted:	5,815
Number of CY 2022 discharges linked to an admission:	5,223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,165
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	5,162

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

**Intensive Outpatient (IO)**

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

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

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

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

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

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

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

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

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

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	0
Number of CY 2022 discharges submitted:	0
Number of CY 2022 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

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**Footnotes:**

The State is opting to use pre-populated data.

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	73	567
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	770	770
Percent of clients participating in self-help groups	9.5 %	73.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	64.2 %	
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		842
Number of CY 2022 discharges submitted:		770
Number of CY 2022 discharges linked to an admission:		770
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		770
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		770

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	733	2,278
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,387	3,387
Percent of clients participating in self-help groups	21.6 %	67.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	45.6 %	
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		3,012
Number of CY 2022 discharges submitted:		3,394

Number of CY 2022 discharges linked to an admission:	3,388
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,387
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,387

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	993	1,147
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	5,160	5,160
Percent of clients participating in self-help groups	19.2 %	22.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	3.0 %	

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	6,173
Number of CY 2022 discharges submitted:	5,815
Number of CY 2022 discharges linked to an admission:	5,223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,165
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	5,160

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Intensive Outpatient (IO)

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

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

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	0
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Number of CY 2022 discharges submitted:	0
Number of CY 2022 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

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**Footnotes:**

The State is opting to use pre-populated data.



## V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	10	3	6	6
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	33	12	30	48
5. Long-term (over 30 days)	33	10	28	46
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	215	64	149	320
7. Intensive Outpatient	0	0	0	0
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	274	122	186	366

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	1964	1963
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	770	770

5. Long-term (over 30 days)	3394	3388
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	5815	5204
7. Intensive Outpatient	0	0
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>		0
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>		19

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

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

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

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**Footnotes:**

The State is opting to use pre-populated data.

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2020 - 2021		14.1
	Age 21+ - CY 2020 - 2021		
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2020 - 2021		2.2
	Age 18+ - CY 2020 - 2021		20.9
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item: NSDUH Questionnaire:</b> "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. 30-day Use of Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2020 - 2021		9.7
	Age 18+ - CY 2020 - 2021		17.4
5. 30-day Use of Illicit Drugs Other Than Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]?<sup>[2]</sup>"</p> <p><b>Outcome Reported:</b> Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2020 - 2021		1.9

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

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

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**Footnotes:**

Data are from SAMHSA's 2021 NSDUH State Estimates Tables. Blank cells indicate the data are not included in the SAMHSA tables.

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		82.2
	Age 18+ - CY 2020 - 2021		
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		57.2
	Age 18+ - CY 2020 - 2021		

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**Footnotes:**

SAMHSA's 2021 NSDUH State Estimates Table only has data for percent reporting great risk, and not data for those reporting moderate OR great risk. Supplemental data are from the school year 2021-22 Oklahoma Prevention Needs Assessment Survey of 6th, 8th, 10th, and 12th graders. The perception of risk of marijuana use question is slightly different: How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once or twice a week? (This includes: smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.) Supplemental data are not available for the 12-20, 18 and older, and 21 and older age groups. We anticipate pre-populated data being provided for the next report.

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Age at First Use of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2020 - 2021		12.6
	Age 18+ - CY 2020 - 2021		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]<sup>[1]</sup>?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. Age at First Use of Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2020 - 2021		13.3
	Age 18+ - CY 2020 - 2021		
5. Age at First Use Heroin	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]<sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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

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

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**Footnotes:**

Supplemental data for ages 12-17 for items 2 and 4 are from the 2021-22 Oklahoma Prevention Needs Assessment Survey of 6th, 8th, 10th, and 12th graders. The questions are worded slightly differently. Age of initiation of smoking cigarettes and using marijuana is based on the questions: How old were you when you first (even if only one time) smoked cigarettes? and used marijuana? (This includes smoking marijuana, using electronic vaping products for marijuana only (a dab pen), or eating or consuming marijuana through infused foods such as candy, cookies, etc.) We do not have any supplemental data to add for the other measures. We anticipate pre-populated data to be included in the next report.

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2020 - 2021		
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2020 - 2021		

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**Footnotes:**

Supplemental data are not available for these measures. We anticipate pre-populated data being provided in the next report.



## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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**Footnotes:**

We do not have any supplemental data to add. We anticipate that the tables will be pre-populated in the next report.

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2020		92.4

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**Footnotes:**

The instructions attached to this table say to use School Year 2021 for Table 26, even though the table above is asking for School Year 2020. For purposes of this table, ODMHSAS followed the instructions and has given 2021 data to the best of our ability. The NCES site does not have 2021 data yet, so attendance data from the Oklahoma State Department of Education (OSDE) were used for the numerator and denominator.

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2021		31.0

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**Footnotes:**

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2021		27.7

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**Footnotes:**

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No]</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2020 - 2021		45.3
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" <sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2020 - 2021		

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

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### Footnotes:

Supplemental data are from the 2021-22 Oklahoma Prevention Needs Assessment Survey of 6th, 8th, 10th, and 12th graders. The question is worded slightly differently: In the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol or other drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians-whether or not they live with you. (Mark all that apply.) We do not have any supplemental data to add for item 2. We anticipate the pre-populated data to be included in the next report.

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2020 - 2021		79.7

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context  
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**Footnotes:**

Supplemental data are from the 2021-2022 Oklahoma Prevention Needs Assessment survey of 6th, 8th, 10th, and 12th graders. The question is worded slightly differently: During the past 12 months, how often do you recall hearing, reading, or watching an advertisement about the prevention of substance use? The percentage includes those who reported a few times in the past year, once a month, once a week or more, or almost everyday.

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
2. Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
3. Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2021	12/31/2021
4. Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2021	12/31/2021
5. Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2020	9/30/2022

#### General Questions Regarding Prevention NOMS Reporting

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

Regional Prevention Providers enter data into an SQL database via a web application.

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

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

When the Regional Prevention Providers enter the number served into the web application, they are able to list the number served of each race, including more than one race.

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**Footnotes:**

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

Category	Total
<b>A. Age</b>	<b>38,374</b>
0-5	0
6-12	299
13-17	278
18-20	376
21-24	309
25-44	923
45-64	778
65-74	121
75 and Over	0
Age Not Known	35,290
<b>B. Gender</b>	<b>38,374</b>
Male	18,340
Female	19,594
Trans man	
Trans woman	
Gender non-conforming	
Other	440
<b>C. Race</b>	<b>38,374</b>
White	554
Black or African American	42
Native Hawaiian/Other Pacific Islander	1



Asian	7
American Indian/Alaska Native	105
More Than One Race (not OMB required)	6
Race Not Known or Other (not OMB required)	37,659
<b>D. Ethnicity</b>	<b>38,374</b>
Hispanic or Latino	9
Not Hispanic or Latino	1,711
Ethnicity Unknown	36,654

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**Footnotes:**

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

Category	Total
<b>A. Age</b>	<b>2194564</b>
0-5	0
6-12	12646
13-17	27695
18-20	17106
21-24	1880282
25-44	19625
45-64	19409
65-74	17935
75 and Over	0
Age Not Known	199866
<b>B. Gender</b>	<b>2194564</b>
Male	946700
Female	1048466
Trans man	
Trans woman	
Gender non-conforming	
Other	199398
<b>C. Race</b>	<b>2194564</b>
White	1516698
Black or African American	274219
Native Hawaiian/Other Pacific Islander	1536

Asian	65294
American Indian/Alaska Native	135824
More Than One Race (not OMB required)	1093
Race Not Known or Other (not OMB required)	199900
<b>D. Ethnicity</b>	<b>2194564</b>
Hispanic or Latino	372818
Not Hispanic or Latino	1811182
Ethnicity Unknown	10564

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**Footnotes:**

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	38,374	N/A
2. Universal Indirect	N/A	\$2,194,564.00
3. Selective	0	N/A
4. Indicated	0	N/A
<b>5. Total</b>	<b>38,374</b>	<b>\$2,194,564.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>38,374</b>	<b>2,194,564</b>

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**Footnotes:**

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

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

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

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

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

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

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

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

	<b>A.</b> <b>Universal</b> <b>Direct</b>	<b>B.</b> <b>Universal</b> <b>Indirect</b>	<b>C.</b> <b>Universal</b> <b>Total</b>	<b>D.</b> <b>Selective</b>	<b>E.</b> <b>Indicated</b>	<b>F.</b> <b>Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	375	556	931	0	0	931
2. Total number of Programs and Strategies Funded	456	613	1069	0	0	1069
3. Percent of Evidence-Based Programs and Strategies	82.24 %	90.70 %	87.09 %			87.09 %

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**Footnotes:**

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

	<b>Total Number of Evidence-Based Programs/Strategies for IOM Category Below</b>	<b>Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies</b>
Universal Direct	Total # 931	\$1,199,069.12
Universal Indirect	Total # 1,069	\$2,231,124.88
Selective	Total # 0	\$0.00
Indicated	Total # 0	\$0.00
Unspecified	Total # 0	\$0.00
	Total EBPs: 2,000	Total Dollars Spent: \$3,430,194.00

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**Footnotes:**

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### Prevention Attachments

#### Submission Uploads

FFY 2024 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category D:		
File	Version	Date Added

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**Footnotes:**

No attachments.