I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Idaho Department of Health and Welfare
Organizational Unit	Division of Behavioral Health
Mailing Address	450 West State Street
City	Boise
Zip Code	83720-0036

II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

From	7/1/2011
To	6/30/2012

Block Grant Expenditure Period

From	10/1/2009
To	9/30/2011

IV. Date Submitted

Submission Date	12/3/2012 11:27:19 PM
Revision Date	3/11/2013 11:49:06 AM

V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Report

Table 2 - State Priorities

Number	Title	Description
1	Priority Area - Mental Health - Adults:	Idaho's Division of Behavioral Health's (DBH) Adult Mental Health (AMH) program will provide a comprehensive, consumer-driven, client-centered, recovery-focused continuum of care for adults with a serious mental illness (SMI) or a SMI and a co-occurring substance use disorder (SUD).
2	Priority Area - Mental Health - Children	Idaho will provide a comprehensive, family-driven, recovery-focused, client-centered continuum of care for families and children and youth with a serious emotional disorder (SED) with or without a co-occurring substance use disorder diagnosis.
3	Priority Are - Substance Abuse Prevention	Idaho will provide evidence-based substance abuse primary prevention services to youth and adults.
4	Priority Area - Substance Abuse Treatment	Idaho will provide evidence-based substance abuse treatment services for youth and adults.
5	Priority Area - Behavioral Health System Issues	In the next two years, the State Mental Health Planning Council will be replaced by the State Behavioral Health Council, and the Regional Mental Health Advisory Boards and Regional Advisory Councils (SUD) will merge to become Regional Behavioral Health Community Development Boards. The Behavioral Health Transformation Work Group's proposed Array of Core Services (see Unmet Needs section) will be adopted and implemented for each region. As transformation progresses, Regions will be responsible to develop and implement approved Regional Transformation Plans that address unique needs and resources in each region.
6	Priority Area -Data and Quality Assurance	The State of Idaho will manage the public behavioral health system with a focus on quality assurance, service outcomes and development of a robust data infrastructure system capable of capturing and extracting data to help guide service system development and implementation
7	Priority Area - Substance Abuse Treatment	Idaho will provide substance abuse assessment and treatment services to eligible adults and children with substance use disorder diagnoses who are also intravenous drug users.
8	Priority Area - Substance Abuse Treatment - Tuberculosis	Idaho will provide substance abuse assessment and treatment to adults and children who are diagnosed with substance use disorders and who are also diagnosed with tuberculosis.

Footnotes:

II: Annual Report

Table 3 - Objectives, Strategies and Performance Indicators

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

1. Goal: Increase awareness of mental health issues for children and families; decrease stigma and increase early access to information, education and other prevention activities.

Strategies to attain the goal:

a.Strategy: The DBH Family Supports Contract requirements will include community outreach to youth groups to educate and create awareness of mental health issues.
i.Performance Indicator: The DBH Family Supports Contract requirements will include mental health awareness/anti-stigma activities that are advertised in various venues, including the schools and state agencies, throughout the state by June 30, 2013.
b.Strategy: The DBH Family Supports Contract requirements will include providing Idaho youth with emotional and behavioral disturbances with education and support groups throughout the state.
i.Performance Indicator: The DBH Family Supports Contract requirements will include holding a minimum of one (1) support group per region in the state, every other month, for youth ages 8 through 19 with emotional or behavioral disturbances beginning in SFY 2012 and throughout SFY 2013 by 6/30/13.
ii.Performance Indicator: The DBH Family Supports Contract requirements will include holding a minimum of one (1) education group per region in the state, every other month, for youth ages 8 through 19 with emotional or behavioral disturbances beginning in SFY 2012 and throughout SFY 2013 by 6/30/13.

Annual Performance Indicators to measure goal success

Indicator: See strategy above for performance indicators for outreach, education and support by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

See CCHH Final Goals in Section IV Dashboard Narrative Goals for specific detail.

The Division of Behavioral Health's Central Office will track the number of trainings, number of participants and locations of the contracted Family Supports providers' education and support groups to eligible Idaho youth through the providers' submitted monthly reports.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

2. Goal: The state will implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in three (3) of the seven (7) Department of Health and Welfare regions.

Strategies to attain the goal:

a. Strategy: The State and Community SOAR Leads will educate the regions about SOAR and provide a protocol for the regions to follow as they develop the SOAR process in their communities.

Annual Performance Indicators to measure goal success

Indicator: Performance Indicator: At least one (1) Region will have appointed a Regional SOAR Lead, collaborated with their local Social Security Administration (SSA) office, and trained at least 25 Case managers by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

ii.Performance Indicator: At least two (2) additional regions will have appointed a Regional SOAR Lead, collaborated with their local SSA office, and trained at least 25 case managers in their region by June 30, 2013.

As of December 12, 2011, there was an established SOAR lead in Regions 3, 4 and 5 with at least 25 case managers trained in each region. The target date for this performance indicator was June 30, 2013, but this goal has already been achieved.

For detailed report, please see the upload of CCHH Final Goals in Section IV, Dashboard, Narrative Goals.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

Consumers and family members will have input into the behavioral health service system planning and service implementation.

Strategies to attain the goal:

The DBH service centers will use Evidenced-Based Practices that promote consumer choice in all aspects of service delivery.

Annual Performance Indicators to measure goal success

Indicator: DBH will continue to support at least 18 state and/or contract-employed Certified Peer Specialists through state general and federal grant funds through PATH, ID-HOPE, and ACT by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Central Office Division of Behavioral Health will track the number of Certified Peer Specialists employed through regional ACT teams, PATH teams and on the Idaho Home Outreach Program for Empowerment's (ID-HOPE) Critical Time Intervention team through monthly reports from the Office of Consumer and Family Affairs and from the ID-HOPE project.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

Increase linkages for referral and collaboration between primary care providers and behavioral health care providers.

Strategies to attain the goal:

The DBH will meet with the Department of Public Health and primary care providers to identify collaborative opportunities to meet the needs of Idaho adults.

Annual Performance Indicators to measure goal success

Indicator: DBH will meet with the Idaho Primary Care Association at least two (2) times to identify needs of shared behavioral and primary health care adult clients and collaborative opportunities between programs by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health will track the number of meetings with the Idaho Primary Care Association and also maintain a dated participant sign-in sheet.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

The state will implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in three (3) of the seven (7) Department of Health and Welfare regions.

Strategies to attain the goal:

The State and Community SOAR Leads will educate the regions about SOAR and provide a protocol for the regions to follow as they develop the SOAR process in their communities.

Annual Performance Indicators to measure goal success

Indicator: At least one (1) Region will have appointed a Regional SOAR Lead, collaborated with their local Social Security Administration (SSA) office, and trained at least 25 Case managers by June 30, 2012

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health's Central Office will track and maintain a list of Regional SOAR leads and SOAR trainings. Participants in SOAR trainings will sign a dated sign-in sheet.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Children

Goal of the priority area:

Increase awareness of mental health issues for children and families; decrease stigma and increase early access to information, education and other prevention activities.

Strategies to attain the goal:

The DBH Family Supports Contract requirements will include providing Idaho youth with emotional and behavioral disturbances with education and support groups throughout the state.

Annual Performance Indicators to measure goal success

Indicator: The DBH Family Supports Contract requirements will include holding a minimum of one (1) support group and (1) education group per region in the state, every other month, for youth ages 8 through 19 with emotional or behavioral disturbances beginning in SF

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will track the number of trainings, number of participants and locations of the contracted Family Supports provider's education and support groups to eligible Idaho youth through the provider's submitted monthly reports.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Children

Goal of the priority area:

Increase linkages between primary care providers and behavioral health care providers

Strategies to attain the goal:

The DBH will meet with the Department of Public Health and primary care providers to identify collaborative opportunities to meet the needs of Idaho children and families.

Annual Performance Indicators to measure goal success

Indicator: DBH will meet with the Idaho Primary Care Association at least two (2) times to identify needs of shared behavioral and primary healthcare child and family clients and collaborative opportunities between programs by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will track the number of meetings held with the Idaho Primary Care Association through dated sign in sheets.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Children

Goal of the priority area:

The Department of Behavioral Health (DBH) will implement parent support services for children with emotional and behavioral disturbances and their parents and families.

Strategies to attain the goal:

Strategy: The DBH Family Supports Contract will help educate and prepare parents of children and adolescents with an emotional or behavioral disorder, including substance use, to become better advocates and representatives for themselves. This also includes educating and supporting children and adolescents with these disorders.

Annual Performance Indicators to measure goal success

Indicator: The DBH Family Supports Contract will require implementation of at least 15 parent education/self-advocacy groups throughout the state by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will track the number of trainings, number of participants and locations of the contracted Family Supports provider's parent education and support groups to eligible Idaho parents through the provider's submitted monthly reports.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Are - Substance Abuse Prevention

Goal of the priority area:

DBH will contract with a provider manager to recruit, train, and maintain a provider pool in order to reduce the substance abuse rate in Idaho through prevention services.

Strategies to attain the goal:

The DBH will contract with the substance abuse prevention provider who will be expected to fund community-based entities to deliver substance abuse prevention education to youth in general.

Annual Performance Indicators to measure goal success

Indicator: The DBH contract with the provider manager will require at least (1) evidence-based program in each of at least 30 Idaho elementary, middle schools, and high schools by July 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will monitor the programs and substance abuse prevention education opportunity through review of monthly reports submitted by the contractor (Benchmark) responsible to oversee these activities.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Are - Substance Abuse Prevention

Goal of the priority area:

The DBH contract with the prevention services manager will require that they recruit, train and maintain a community-based prevention provider pool to reduce the substance abuse rate in Idaho through the delivery of prevention services.

Strategies to attain the goal:

The DBH prevention services management contractor will be required to fund community-based prevention providers to deliver evidence-based parenting education to adults in Idaho.

Annual Performance Indicators to measure goal success

Indicator: The DBH contract with the prevention services manager will require at least 25 evidence-based parenting education programs be offered to adults throughout Idaho. A minimum of 2 parenting education programs will be offered per region

Description of Collecting and Measuring Changes in Performance Indicator:

All data will be collected on the www.preventionidaho.net website. The prevention services management contractor will be required by June 1, 2012 to submit a draft parenting education Regional Service Plan to DBH for approval prior to initiation of funding agreement and will be required to submit a final Regional Services Plan on programs funded by Sept.1, 2012. All funded parenting education programs will be evidence-based.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Assess appropriate substance abuse level of care, length of stay and access to treatment

Strategies to attain the goal:

The Management Services Contractor Business Psychology Associates (BPA)performs initial screenings for SA assessment by SUD providers. Screening and referral includes identifying which SAPT population the client meets (e.g., IVDU, pregnant women, PWWC, etc.); determining financial eligibility for state funded services; determining clinical eligiblity via the GAIN short screener; referring eligible clients to a DHW SUD provider for a full GAIN. GAIN results are submitted to BPA and they review and either voucher SA services at a clinically appropriate level of care or deny further treatment if the individual does not meet ASAM PPC-2R criteria.

Annual Performance Indicators to measure goal success

Indicator: Continue to monitor BPA assessment process via quarterly BPA contract monitoring.

Description of Collecting and Measuring Changes in Performance Indicator:

The Management Services Contractor Business Psychology Associates (BPA)performs initial screenings for SA assessment by SUD providers. Screening and referral includes identifying which SAPT population the client meets (e.g., IVDU, PWWC, etc.); determining financial eligibility for state funded services; determining clinical eligiblity via the GAIN short screener; referring eligible clients to a DHW SUD provider for a full GAIN. GAIN results are submitted to BPA and they review and either voucher SA services at a clinically appropriate level of care or deny further treatment if the individual does not meet ASAM PPC-2R criteria. The Division of Behavioral Health holds the contract with BPA and provides ongoing oversight and quality assurance to the assessment process.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Develop a comprehensive plan for Substance Use Disorder (SUD) services to clients whose services are funded through Substance Abuse Prevention and Treatment (SAPT) block grant funds.

Strategies to attain the goal:

Develop treatment criteria for determining Level of Care (LOC), Length of Stay (LOS), and access to treatment.

Annual Performance Indicators to measure goal success

Indicator: SUD will use the developed assessment tools to gather baseline data on the existing SUD provider network and on the existing SUD service population by June 30, 2013

Description of Collecting and Measuring Changes in Performance Indicator:

Once a written tool has been developed to assess level of care, length of stay and access to treatment, this tool will be used with existing SUD providers. Data will be gathered by the service contractor, Business Psychology Associates, and provided to DBH's Central Office.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Improve screening and identification of IVDU block grant clients.

Strategies to attain the goal:

Develop an improved process to provide services to priority population (block grant) IVDU clients that present with the most severity and need of services to ensure efficient utilization of block grant funds. The Division of Behavioral Health (DBH) and Business Psychology Associates (BPA) will collaborate to develop an improved screening process for potential IVDU clients. DBH's Substance Use Disorder (SUD) program will draft a more precise definition of IVDU eligibility criteria that BPA will use with clients during the intake process. SUD will train BPA clinical intake staff to use the new IVDU tool to effectively identify IVDU clients with severe need.

Annual Performance Indicators to measure goal success

Indicator: SUD will draft a precise definition of eligibility criteria for IVDU clients by 6/30/12. SUD will train BPA staff to use this by 6/30/12.

Description of Collecting and Measuring Changes in Performance Indicator:

Develop an improved process to provide services to priority population (block grant) IVDU clients that present with the most severity and need of services to ensure efficient utilization of block grant funds. The Division of Behavioral Health (DBH) and Business Psychology Associates (BPA) will collaborate to develop an improved screening process for potential IVDU clients. DBH's Substance Use Disorder (SUD) program will draft a more precise definition of IVDU eligibility criteria that BPA will use with clients during the intake process. SUD will train BPA clinical intake staff to use the new IVDU tool to effectively identify IVDU clients with severe need.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Improve screening and identification of tuberculosis (TB) clients with SA.

Strategies to attain the goal:

The Division of Behavioral Health will work with the Web Infrastructure Treatment Services (WITS) vendor, FEI, to develop WITS data system capability to track individuals with tuberculosis receiving services through the SSA.

Annual Performance Indicators to measure goal success

Indicator: All new SA client information, including whether the person had a TB test in the past & results of TB tests, will be data entered into WITS by 7/1/12. WITS will track TB status for clients with SA services by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health's Central Office will be responsible to negotiate WITS system development with the vendor, FEI, to include the capability to track substance use disorder client information that includes information on client TB testing and results. When the WITs system is implemented for this purpose, Central Office staff will be responsible to track TB data on individuals receiving substance use disorder services through the SSA.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Increase the PWWC provider network by at least one additional regional provider

Strategies to attain the goal:

The Divsion of Behavioral Health (DBH) and Business Psychology Associates (BPA) will collaborate in efforts to identify potential Region 2 PWWC providers. DBH and BPA will work with the identified Region 2 provider to develop a new pregnant women, women with children (PWWC) program in Region 2 in order to expand the existing Idaho PWWC provider network.

Annual Performance Indicators to measure goal success

Indicator: Identify a potential PWWC Region 2 provider by 6/30/12. Increase the PWWC provider network by at least one additional regional provider in Region 2 by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

The Divsion of Behavioral Health (DBH) and Business Psychology Associates (BPA) will collaborate in efforts to identify potential Region 2 PWWC providers. DBH and BPA will work with the identified Region 2 provider to develop a new pregnant women, women with children (PWWC) program in Region 2 in order to expand the existing Idaho PWWC provider network. DBH and BPA will monitor these efforts; once a

contract has been finalized, BPA will gather data and DBH will monitor and provide oversight to BPA.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Maintain available safe and sober housing resources for adults

Strategies to attain the goal:

The Division of Behavioral Health's (DBH) contract with Business Psychology Associates (BPA) to manage SA service providers includes oversight of 12 adult safe and sober housing (SSH) providers with 28 sites in Idaho. Region 6 has only one adult SSH program and Region 5 has no adult SSH program. The DBH will collaborate with BPA and regional resources to identify at least 2 potential providers by 6/30/2012 and approve at least 1 adult SSH provider by 6/30/13 in Region 5.

Annual Performance Indicators to measure goal success

Indicator: Identify at least 2 potential adult SSH providers (Region 5 or 6) by 6/30/12. Approve at least one adult SSH provider in R 5 by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health's (DBH) contract with Business Psychology Associates (BPA) to manage SA service providers includes oversight of 12 adult safe and sober housing (SSH) providers with 28 sites in Idaho. Region 6 has only one adult SSH program and Region 5 has no adult SSH program. The DBH will collaborate with BPA and regional resources to identify at least 2 potential providers by 6/30/2012 and approve at least 1 adult SSH provider by 6/30/13 in Region 5.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

SUD will begin to move the provider network to a more client-driven system of treatment based on the Recovery Oriented Systems of Care model of service delivery.

Strategies to attain the goal:

SUD will develop written tools to evaluate provider service delivery and how well SUD services meet client needs, as measured by client responses to satisfaction surveys.

Annual Performance Indicators to measure goal success

Indicator: SUD will develop a baseline for SUD client satisfaction using responses from the client satisfaction tool by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Once a written SUD client satisfaction tool has been developed, the provider that manages the private provider SUD network (i.e., Business Psychology Associates) will ensure that SUD clients receive an opportunity to respond to the client satisfaction survey. Business Psychology Associates will gather the data and have it available for DBH's Central Office.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

SUD will collaborate with Family and Children's Services (FACS) on the treatment of shared clients (i.e., clients with open child protection cases and SUD diagnoses).

Strategies to attain the goal:

FACS staff (including Child Protection Services (CPS) Liaisons) will work with the DBH SUD program on issues related to clients with open child protection cases and SUD diagnoses through at least quarterly meetings.

Annual Performance Indicators to measure goal success

Indicator: FACS staff, including CPS liaisons and SUD program specialists will participate in at least three quarterly meetings to discuss issues related to collaborative service delivery and care coordination to clients with open child protection cases and SUD diag

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will track the number, dates, topics and participants involved in at least quarterly meetings.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

By June 30, 2013, and as transformation progresses, regions will be responsible to develop and implement approved Regional Transformation Plans that address unique needs and resources in each region.

Strategies to attain the goal:

Develop a Behavioral Health Interagency Cooperative (Cooperative) subcommittee to propose a structure for Regional Behavioral Health Development Boards (Regional Boards), including expectations of Regional Board roles and responsibilities.

Annual Performance Indicators to measure goal success

Indicator: A written report describing the proposed board structure, roles and responsibilities will be presented to the Cooperative by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The assigned trial test regions will keep minutes of meeting dates, participants and topics discussed, including expectations of Regional Board roles and responsibilities to report back to the Cooperative.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

By June 30, 2013, the Regional Mental Health Advisory Boards and Regional Advisory Councils (SUD) will merge to become Regional Behavioral Health Community Development Boards.

Strategies to attain the goal:

All Regional Advisory Councils and Regional Mental Health Boards will sunset by June 30, 2012. Both of these former types of councils/boards will merge to become Regional Behavioral Health Community Development Boards.

Annual Performance Indicators to measure goal success

Indicator: The Regional Boards will identify regional needs, plans to develop regional capacity, and plans to provide input into regional behavioral health service provision by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Regional Substance Abuse and Mental Health Boards will merge into one Behavioral Health entity by June 30, 2012. Regional Boards will identify written needs and plans by June 30, 2013.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

Evolve the role of the Division of Behavioral Health's (DBH) Quality Assurance unit.

Strategies to attain the goal:

By June 30, 2012, the DBH Quality Assurance unit will collaborate with Regional Mental Health Centers (RMHC) and Private Substance Use Providers (SUD) to develop a written quality improvement plan that defines the following:• Development of performance indicators that focus on quality of service, appropriateness of services and the pattern of utilization of services.
a. each indicator must be specific with regard to:
? what is being measured
? how data will be collected
? who is responsible for the data collection
? what is the standard by which success will be measured
? how the data will be reported
? to whom the reporting will go.
• Collection of meaningful data
a. how to collect data (e.g. manual tracking forms, computer database, etc)
• Reporting of data
a. determine how often data will be reported (e.g. quarterly, semi-annually, annually)
b. determine types of data to be reported (e.g. chronologically, trends, etc)
• How to use the data for improvement across programs
• Use of national benchmarking
a. how to compare our programs to other programs (e.g. use of Benchmarking study run by the Institute for Behavioral Healthcare)

Annual Performance Indicators to measure goal success

Indicator: The DBH Quality Assurance Unit will complete a written quality improvement plan for DBH services by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Quality Assurance Unit will have a written DBH quality improvement plan by June 30, 2012.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

Include Tribal leader representation on the State Mental Health Planning Council and in the DBH collaborative meetings.

Strategies to attain the goal:

The State Mental Health Planning Council and the DBH will engage Tribal leadership and identify Tribal behavioral health needs and proposed solutions.

Annual Performance Indicators to measure goal success

Indicator: The State Mental Health Planning Council and the DBH collaborative meetings will include representation from Tribal leaders from at least two of Idaho's six federally recognized Tribes by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

The State Mental Health Planning Council and the Division of Behavioral Health will track efforts to invite and engage Tribal leaders of Tribes and share this information with DBH Central Office.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

The DBH will provide a training curriculum for DBH service delivery staff on Gay, Lesbian, Transgender, Bisexual and Questioning cultural awareness.

Strategies to attain the goal:

The DBH will develop a cultural awareness training module on GLTBQ cultural awareness that will be added to the DHW on-line Knowledge Learning Center site by June 30, 2012.

Annual Performance Indicators to measure goal success

Indicator: Regional DBH service delivery staff will be required to complete this training module on GLTBQ cultural awareness, which will include the need for awareness of the high risk of suicide of this population, by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

The GLBTQ training module will be developed, approved and ready for use on the Department's on-line Knowledge Learning Center (KLC) by June 30, 2012.
The number of Department staff completing the training module will be tracked on the on-line KLC site.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

The Regional Behavioral Health Councils and the Division of Behavioral Health will make housing and employment resource development a priority for the homeless population

Strategies to attain the goal:

Identify additional sustainable resources for homeless individuals.

Annual Performance Indicators to measure goal success

Indicator: At least two (2) Safe and Sober Housing program beds for adolescents in each of three regions (Regions 1, 4 and 6) will be established and operational by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office SUD Program Specialist will track and participate in activities related to the development of at least two Safe and Sober housing beds for adolescents in each of three regions.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Data and Quality Assurance

Goal of the priority area:

Complete the data warehouse for behavioral health data (SUD, CMH, AMH)

Strategies to attain the goal:

DBH will develop a cross division data warehouse that will include the AMH, CMH, and SUD system called WITS, the state hospital system called VistA, and the former CMH and SUD systems.

Annual Performance Indicators to measure goal success

Indicator: The functional data warehouse will allow cross walking, increased tracking, and interlinking capability between WITS and VistaA for DBH by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office Program Specialist will track progress in the development and implementation of the data warehouse that is tasked with cross walking and interlinking multiple systems.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Data and Quality Assurance

Goal of the priority area:

DBH will complete the Web Infrastructure Information Technology System (WITS) implementation for Children's Mental Health (CMH) for credible, non-duplicative data collection and report extraction of local, state and federal (e.g., State Outcome Measures S

Strategies to attain the goal:

DBH will direct Focus e-health Innovations Systems, (FEi) the contractor for the WITS data system, to complete modifications and enhancements to the WITS system that is specific to Idaho's needs.

Annual Performance Indicators to measure goal success

Indicator: DBH will test FEi produced enhancements and modules. FEi will migrate the final tested product into production by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office Program Specialist will monitor FEi activities, assist with testing and implementation of the FEi modifications and enhancements specific to Idaho's Behavioral Health system needs.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Data and Quality Assurance

Goal of the priority area:

DBH will complete the WITS implementation for SUDS for credible, non-duplicative data collection and report extraction of local, state and federal (e.g., SOMS, TEDS) reporting requirements.

Strategies to attain the goal:

FEi will complete modifications and enhancements to the WITS system that are specific to Idaho's DBH needs.

Annual Performance Indicators to measure goal success

Indicator: DBH will establish timeline for implementation by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office Program Specialist will track progress, problem solve challenges and monitor implementation efforts for the FEi

modifications to the WITS data infrastructure system.

Achieved:

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Data and Quality Assurance

Goal of the priority area:

Establish kiosks at regional behavioral health main offices and at both state hospitals to allow adults with serious mental illnesses and children with emotional and behavioral disorders and their parents to directly input responses to the adult Mental He

Strategies to attain the goal:

DBH and Information Technology (IT) will collaborate to develop an implementation plan for installing kiosks (including layout and cost analysis) at DBH regional program site locations.

Annual Performance Indicators to measure goal success

Indicator: Each of seven (7) DBH regions will have at least one consumer survey kiosk installed and ready to use by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office Program Specialist will participate in plans and monitor implementation activities related to establishing a kiosk at regional DBH service sites by June 30, 2012 and at both state hospitals by June 30, 2013.

Achieved:

Proposed Changes:

Reason Not Achieved:

Footnotes:

Goal, Ojective and Strategy report data is located in Attachment Section under 2012 SAPT + MH Goals Report Final.

SFY 2012 Goals – Mental Health Implementation Report November 2012

1. Goal: Increase awareness of mental health issues for children and families; decrease stigma and increase early access to information, education and other prevention activities.	Priority Area -Mental Health - Adults:	See strategy above for performance indicators for outreach, education and support by 6/30/13.

Goal deleted because there was a mistake in putting a children's goal in adult section.

Also deleted one of the two exactly duplicative SOAR goals.

2. Goal: The state will implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in three (3) of the seven (7) Department of Health and Welfare regions.	Priority Area -Mental Health - Adults:	Performance Indicator: At least one (1) Region will have appointed a Regional SOAR Lead, collaborated with their local Social Security Administration (SSA) office, and trained at least 25 Case managers by June 30, 2012.

This goal was achieved. The SSI/SSDI Outreach, Access and Recovery (SOAR) program was implemented in all of the seven (7) Department of Health and Welfare regions by September 27th, 2012. All 7 of the regions appointed a regional SOAR lead and collaborated with the regional Social Security Administration (SSA) offices by June 30, 2012. Over 200 case managers were trained in SOAR by June 30, 2012.

3. Consumers and family members will have input into the behavioral health service system planning and service implementation.	Priority Area -Mental Health - Adults:	DBH will continue to support at least 18 state and/or contract-employed Certified Peer Specialists through state general and federal grant funds through PATH, ID-HOPE, and ACT by June 30, 2013.

This goal was achieved. From July 1, 2011 through June 30, 2012, at least nineteen (19) consumers and family members had input into the behavioral health service system planning and implementation through several channels. There were two family members and two consumers on the Idaho Home Outreach Program for Empowerment (ID-HOPE) Advisory Board. Four consumers were consistently part of the ID-HOPE service delivery team, and they provided input into ID-HOPE service implementation. At least one Project for Assistance in Transition from Homelessness (PATH) Certified Peer Specialist provided PATH outreach, engagement and case management services to adults with a serious mental illness who were homeless or at risk of becoming homeless in each of seven regions of the state of Idaho. The State Planning Council on Mental Health provides input into the block grant and also advises the Governor on behavioral health issues through an annual Governor's report. This group included representation from at least two consumers and at least four family members in SFY 2012.

4. Increase linkages for referral and collaboration between primary care providers and behavioral health care providers.	Priority Area -Mental Health - Adults:	DBH will meet with the Idaho Primary Care Association at least two (2) times to identify needs of shared behavioral and primary health care adult clients and collaborative opportunities between programs by June 30, 2012.

The Division of BH participates with the Division of Medicaid and a Health Home initiative that include the Primary Care Association. These coordination meetings occur monthly on an ongoing basis. The former Idaho Primary Care Association Executive Director, Denise Chuckovich, is now working at DHW as a Deputy Direction over Medicaid and BH. Under her leadership and with the transformation initiatives occurring in Idaho's BH system, the timing is right to implement strategies for collaboration between BH and physical health. Nearly every county in the State of Idaho is a federally designated health care shortage area. However, every county in Idaho is a federally designated BH shortage area. In a state as rural as Idaho, strong collaboration between the physical health and BH is critical. Both the BH and physical health systems in Idaho recognize the critical need to collaborate in order to best care for adults with serious mental illness with holistic approach.

Additionally, Idaho has a primary health care initiative called Healthy Connections. Healthy Connections is a mandatory Primary Care Case Management program for Idaho Medicaid. Most adults with serious mental illness that participate in either the Medicaid Basic or Enhanced Benefits Plan must enroll in Healthy Connections. Healthy Connections enrollment means you choose one doctor or clinic who will manage your healthcare.

5. The state will implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in three (3) of the seven (7) Department of Health and Welfare regions.	Priority Area -Mental Health - Adults:	At least one (1) Region will have appointed a Regional SOAR Lead, collaborated with their local Social Security Administration (SSA) office, and trained at least 25 Case managers by June 30, 2012

This goal was achieved. The SSI/SSDI Outreach, Access and Recovery (SOAR) program was implemented in all of the seven (7) Department of Health and Welfare regions by September 27th, 2012. All 7 of the regions appointed a regional SOAR lead and collaborated with the regional Social Security Administration (SSA) offices by June 30, 2012. Two hundred case managers were trained in SOAR by June 30, 2012.

6. Increase awareness of mental health issues for children and families; decrease stigma and increase early access to information, education and other prevention activities.	Priority Area -Mental Health - Children	The DBH Family Supports Contract requirements will include holding a minimum of one (1) support group and (1) education group per region in the state, every other month, for youth ages 8 through 19 with emotional or behavioral disturbances beginning in SF

This goal is in progress and is expected to be achieved by June 30, 2013. Due to delays in contract negotiations, the Federation of Families had a late start in implementing contract activities. In SFY 2012 (7/1/11-6/30/12), there were 6 youth support group events held in 3 of 7 regions from 3/1/12-6/30/12. There were 6 youth education group events held during the same time period in 3 of 7 regions. The Federation of Families continues to promote youth support and education groups throughout the state of Idaho. Plans are to provide at least one support group and one education group for youth in each of seven regions by June30, 2013.

7. Increase linkages between primary care providers and behavioral health care providers	Priority Area -Mental Health - Children	DBH will meet with the Idaho Primary Care Association at least two (2) times to identify needs of shared behavioral and primary

		healthcare child and family clients and collaborative opportunities between programs by June 30, 2012.

The Division of BH participates with the Division of Medicaid and a Health Home initiative that include the Primary Care Association. These coordination meetings occur monthly on an ongoing basis. The former Idaho Primary Care Association Executive Director, Denise Chuckovich, is now working at DHW as a Deputy Direction over Medicaid and BH. Under her leadership and with the transformation initiatives occurring in Idaho's BH system, the timing is right to implement strategies for collaboration between BH and physical health. Nearly every county in the State of Idaho is a federally designated health care shortage area. However, every county in Idaho is a federally designated BH shortage area. In a state as rural as Idaho, strong collaboration between the physical health and BH is critical. Both the BH and physical health systems in Idaho recognize the critical need to collaborate in order to best care for children with serious emotional disturbance with holistic approach.

Additionally, Idaho has a primary health care initiative called Healthy Connections. Healthy Connections is a mandatory Primary Care Case Management program for Idaho Medicaid. Most children with serious emotional disturbance that participate in Medicaid must enroll in Healthy Connections. Healthy Connections enrollment means you choose one doctor or clinic who will manage your healthcare.

8. The Department of Behavioral Health (DBH) will implement parent support services for children with emotional and behavioral disturbances and their parents and families.	Priority Area -Mental Health - Children	The DBH Family Supports Contract will require implementation of at least 15 parent education/self-advocacy groups throughout the state by June 30, 2013.

This goal is in progress and it is expected to be achieved by the June 30, 2013 target date. Because of a delay in finalizing the contract with the Federation of Families, parent support and education groups were not implemented until March 2012. Between March 1, 2012 and June 30, 2012, there were 9 parent support group events in 5 of 7 regions and 3 parent education group events in 2 of 7 regions. The Federation of Families is expected to be able to implement at least 15 parent education and parent support groups throughout the state of Idaho by June 30, 2013.

26. DBH will complete the Web Infrastructure Information Technology System (WITS) implementation for Children's Mental Health (CMH) for credible, non-duplicative data collection and report extraction of local, state and federal (e.g., State Outcome Measures S	Priority Area -Data and Quality Assurance	DBH will test FEi produced enhancements and modules. FEi will migrate the final tested product into production by June 30, 2012.

This goal was achieved. The Division of Behavioral Health tested FEi produced enhancements and modules related to Children's Mental Health for credible, non-duplication data collection and report extraction, with the final tested product migrated into production by June 30, 2012.

New Goal for SFY 2013: The Division of Behavioral Health will work collaboratively with partnering agencies (i.e., Idaho Department of Corrections (IDOC), Idaho Department of Juvenile Corrections (IDJC) and the Idaho Supreme Court (ISC)) to complete Stages 1 through 4 of the Statewide Implementation Plan for WITS implementation for the Substance Use Disorders providers and to be well underway in Stage 5 of the Plan by June 30, 2013.

28. Establish kiosks at regional behavioral health main offices and at both state hospitals to allow adults with serious mental illnesses and children with emotional and behavioral disorders and their parents to directly input responses to the adult Mental He	Priority Area -Data and Quality Assurance	Each of seven (7) DBH regions will have at least one consumer survey kiosk installed and ready to use by June 30, 2012.

This goal was achieved. By June 30, 2012, each of seven regions had at least one kiosk installed and ready to use. As of August 2012, fifteen of twenty sites (including satellite offices) had ready-to-use kiosks.

New Goal for SFY 2013: The Division of Behavioral Health will hire a part-time Certified Peer Specialist to model recovery and resilience and to assist with mental health service delivery quality assurance.

A part-time DBH Certified Peer Specialist will be hired to model recovery and resilience and provide quality assurance review of mental health services by June 30, 2013.

19. By June 30, 2013, and as transformation progresses, regions will be responsible to develop and implement approved Regional Transformation Plans that address unique needs and resources in each region.	Priority Area -Behavioral Health System Issues	A written report describing the proposed board structure, roles and responsibilities will be presented to the Cooperative by June 30, 2012.

The Division of Behavioral Health Administrator, Ross Edmunds, presented a written report entitled *Transforming Idaho's Behavioral Health System* to the Behavioral Health Interagency Cooperative on March 19, 2012. This report provided some description of the proposed regional behavioral health boards. Statute drafted January 10, 2012, Title 39, Chapter 31 describes the state behavioral health planning council and regional behavioral health boards. This goal was achieved.

20. By June 30, 2013, the Regional Mental Health Advisory Boards and Regional Advisory Councils (SUD) will merge to become Regional Behavioral Health Community Development Boards.	Priority Area -Behavioral Health System Issues	The Regional Boards will identify regional needs, plans to develop regional capacity, and plans to provide input into regional behavioral health service provision by June 30, 2013.

This goal is in process and is expected to be achieved by the June 30, 2013 target date. Several activities have been directed to this goal. For example, Community Resources Development Specialists (CRDS's) were assigned to operation hubs under Division of Behavioral Health (DBH) program managers in order to assist regional boards in their transition and formation. The CRDS's support the development and implementation of merged boards as paid staff. Additionally, there is proposed legislation for SFY 2013 to codify the combined Behavioral Health (BH) boards in each region. Merging mental health and substance use disorders into behavioral health entities requires identification of activities for boards to be created, and this can only move forward when there is legislation to create those merged boards. Legislation will allow behavioral health boards to be legitimately identified in code as fiscal agents.

21. Evolve the role of the Division of Behavioral Health's (DBH) Quality Assurance unit.	Priority Area -Behavioral Health System Issues	The DBH Quality Assurance Unit will complete a written quality improvement plan for DBH services by June 30, 2012.

This goal was achieved. The Division of Behavioral Health developed a Continuous Quality Improvement Policy, effective January 6, 2012, that describes Continuous Quality Improvement (CQI) expectations and processes. This policy describes procedures to review case documentation, provide feedback, develop corrective action plans to address any identified concerns and monitor outcomes.

22. Include Tribal leader representation on the State Mental Health Planning Council and in the DBH collaborative meetings.	Priority Area -Behavioral Health System Issues	The State Mental Health Planning Council and the DBH collaborative meetings will include representation from Tribal leaders from at least two of Idaho's six federally recognized Tribes by June 30, 2013.

This goal is in progress and is expected to be achieved by the target date of June 30, 2013. Idaho Medicaid has a relationship with Idaho Tribes. A Division of Behavioral Health representative attended the February 8, 2012 Medicaid quarterly meeting with Tribal representatives. Cynthia Clapper described the structure of the Division of Behavioral Health and the priority service populations. She invited Tribal

input on Regional Advisory Boards and on the State Planning Council. This issue will continue to be addressed in SFY 2013 with the goal of establishing representation from at least two of Idaho's six federally recognized tribes on Advisory Boards and/or the Council by June 30, 2013. The Division of Behavioral Health sponsored a SOAR training in September 2012 and four Tribal representatives were signed up to attend. None showed up. This will continue to be addressed and Tribes will continue to be invited to Division sponsored events focused on recovery and resilience.

23. The DBH will provide a training curriculum for DBH service delivery staff on Gay, Lesbian, Transgender, Bisexual and Questioning cultural awareness.	Priority Area -Behavioral Health System Issues	Regional DBH service delivery staff will be required to complete this training module on GLTBQ cultural awareness, which will include the need for awareness of the high risk of suicide of this population, by June 30, 2013.

This goal is in progress and is expected to be achieved by the June 30, 2013 target date. By June 30, 2012, a training curriculum for Division of Behavioral Health (DBH) service delivery staff on Gay, Lesbian, Transgender, Bisexual and Questioning cultural awareness was completed and uploaded to the Department of Health and Welfare's Knowledge Learning Center (KLC). This curriculum included awareness of the high risk of suicide of this population. By June 30, 2013, a policy will be written to require regional DBH staff to complete this training module on GLTBQ awareness.

24. The Regional Behavioral Health Councils and the Division of Behavioral Health will make housing and employment resource development a priority for the homeless population	Priority Area -Behavioral Health System Issues	At least two (2) Safe and Sober Housing program beds for adolescents in each of three regions (Regions 1, 4 and 6) will be established and operational by June 30, 2012.

This goal was achieved. By June 30, 2012, one Safe and Sober Housing program bed for adolescents was established and operational in Regions 1, 4, 5 and 6.

25. Complete the data warehouse for behavioral health data (SUD, CMH, AMH)	Priority Area -Data and Quality Assurance	The functional data warehouse will allow cross walking, increased tracking, and interlinking capability between WITS and VistaA for DBH by June 30, 2012.

This goal was achieved. The data warehouse for the Division of Behavioral Health (i.e., Substance Use Disorders (SUD), Children's Mental Health (CMH) and Adult Mental Health (AMH)) was completed by June 30, 2012. The warehouse has been created and loaded with WITS data for AMH and CMH. Additional elements continue to be loaded and tested in the warehouse environment on an ongoing basis.

9. DBH will contract with a provider manager to recruit, train, and maintain a provider pool in order to reduce the substance abuse rate in Idaho through prevention services.	Priority Are - Substance Abuse Prevention **Benchmark Research & Safety Inc.**	The DBH contract with the provider manager will require at least (1) evidence-based program in each of at least 30 Idaho elementary, middle schools, and high schools by July 30, 2012.

Idaho has achieved this goal. In 2012, Idaho funded evidence-based programs in 481 elementary schools, programs in 358 middle schools and programs in 162 high schools throughout the seven regions of Idaho. All evidence-based programs funded were listed on the National Registry of Effective Prevention Programs and Practices.

10. The DBH contract with the prevention services manager will require that they recruit, train and maintain a community-based prevention provider pool to reduce the substance abuse rate in Idaho through the delivery of prevention services.	Priority Are - Substance Abuse Prevention **Benchmark Research & Safety Inc.**	The DBH contract with the prevention services manager will require at least 25 evidence-based parenting education programs be offered to adults throughout Idaho. A minimum of 2 parenting education programs will be offered per region

Idaho has achieved this goal. In 2012, Idaho funded a total of 106 evidence-based parenting education programs throughout the state. Participation in these programs was open to any, regardless of the region in which they lived. In addition to making parenting programs available statewide, Idaho also made SAMHSA parenting education materials available to all Idaho residents at no cost.

11. Assess appropriate substance abuse level of care, length of stay and access to treatment	Priority Area -Substance Abuse Treatment **Kathy**	Continue to monitor BPA assessment process via quarterly BPA contract monitoring.

This is an ongoing activity. During this period, the State of Idaho established service standards, diagnosis and level of care tools and implemented service authorization review dates based on level of care and length of stay.

12. Develop a comprehensive plan for Substance Use Disorder (SUD) services to clients whose services are funded through Substance Abuse Prevention and Treatment (SAPT) block grant funds.	Priority Area -Substance Abuse Treatment **Kathy**	SUD will use the developed assessment tools to gather baseline data on the existing SUD service population by June 30, 2013

The State of Idaho Substance Use Disorders Program has selected the GAIN I to be the standard assessment tool used to gather baseline data on the SUD treatment clients. Baseline data collection has begun at a limited number of providers and will be expanded to include all providers within the next 10 months.

13. Improve screening and identification of IVDU block grant clients.	Priority Area -Substance Abuse Treatment **Kathy**	SUD will draft a precise definition of eligibility criteria for IVDU clients by 6/30/12. SUD will train treatment to use this by 6/30/12.

The State of Idaho has established standard eligibility criteria defining IVDU clients. The next step is to train treatment providers on the criteria. The data will be collected within Idaho's WITS data system.

14. Improve screening and identification of tuberculosis (TB) clients with SA.	Priority Area -Substance Abuse Treatment **Michael**	All new SA client information, including whether the person had a TB test in the past & results of TB tests, will be data entered into WITS by 7/1/12. WITS will track TB status for clients with SA services by 6/30/13.

The process has been established and full implementation within the WITS system is on target.

15. Increase the PWWC provider network by at least one additional regional provider	Priority Area -Substance Abuse Treatment **Kathy**	Identify a potential PWWC Region 2 provider by 6/30/12. Increase the PWWC provider network by at least one additional regional provider in Region 2 by 6/30/13.

Potential providers have been identified. Idaho continues to work to establish partnerships between treatment programs and women's shelters/half-way houses.

16. Maintain available safe and sober housing resources for adults	Priority Area -Substance Abuse Treatment **Kathy**	Identify at least 2 potential adult SSH providers (Region 5 or 6) by 6/30/12. Approve at least one adult SSH provider in R 5 by 6/30/13.

This goal was achieved. One safe and sober housing provider was approved in Region 5 by 6/30/12. Another existing safe and sober housing bed continued to be approved in Region 6 in SFY 2012.

17. SUD will begin to move the provider network to a more client-driven system of treatment based on the Recovery Oriented Systems of Care model of service delivery.	Priority Area -Substance Abuse Treatment **Kathy**	SUD will develop a baseline for SUD client satisfaction using responses from the client satisfaction tool by June 30, 2013.

Idaho has identified needed training, requested assistance from CSAT on CCAR training, working to secure funding sources and working on legislation needed to implement a Recovery Oriented System of Care. The Division has begun realigning staff to move to a recovery oriented system of care.

18. SUD will collaborate with Family and Children's Services (FACS) on the treatment of shared clients (i.e., clients with open child protection cases and SUD diagnoses).	Priority Area -Substance Abuse Treatment **Kathy**	FACS staff, including CPS liaisons and SUD program specialists will participate in at least three quarterly meetings to discuss issues related to collaborative service delivery and care coordination to clients with open child protection cases and SUD diagnosis.

The Substance Use Disorders Program staff members are meeting quarterly with Child Protection Staff to establish a process to transfer women from child protection to Pregnant Women, Women with

24. The Regional Behavioral Health Councils and the Division of Behavioral Health will make housing and employment resource development a priority for the homeless population	Priority Area -Behavioral Health System Issues - **Cynthia**	At least two (2) Safe and Sober Housing program beds for adolescents in each of three regions (Regions 1, 4 and 6) will be established and operational by June 30, 2012.

This goal was achieved. By June 30, 2012, one Safe and Sober Housing program bed for adolescents was established and operational in Regions 1, 4, 5 and 6.

25. Complete the data warehouse for behavioral health data (SUD, CMH, AMH)	Priority Area -Data and Quality Assurance **Cynthia/Jamie**	The functional data warehouse will allow cross walking, increased tracking, and interlinking capability between WITS and VistaA for DBH by June 30, 2012.

This goal was achieved. The data warehouse for the Division of Behavioral Health (i.e., Substance Use Disorders (SUD), Children's Mental Health (CMH) and Adult Mental Health (AMH)) was completed by June 30, 2012. The warehouse has been created and loaded with WITS data for AMH and CMH. Additional elements continue to be loaded and tested in the warehouse environment on an ongoing basis.

27. DBH will complete the WITS implementation for SUDS for credible, non-duplicative data collection and report extraction of local, state and federal (e.g., SOMS, TEDS) reporting requirements.	Priority Area -Data and Quality Assurance **Cynthia**	DBH will establish timeline for implementation by June 30, 2012.

This goal was achieved. The Division of Behavioral Health established a plan for SUD WITS development that included a timeline for implementation by June 30, 2012.

The Division of Behavioral Health (DBH) uses WITS for Adult Mental Health and Children's Mental Health. The decision for Substance Use Disorder (SUDS) providers to use WITS statewide was made in June 2012. Challenges included SFY 2012 legislative reallocation of funds from DBH to DBH, Idaho Department of Corrections (IDOC), Idaho Department of Juvenile Corrections (IDJC) and the courts. The Division of Behavioral Health is partnering with the Idaho Supreme Court (ISC), IDOC, and IDJC to implement WITS across the private SUD treatment and Recovery Support Services network, with a target date of July 1, 2013. In collaboration with ISC, IDOC, and IDJC, DBH began Stage I of the Statewide Implementation Plan in May 2012. Stage I is a pilot project with over 20 private SUD network providers. Stage I is broken into five distinct phases. Phase I, II, and III have been completed. Phase I included system setup, development of training material, and organizing pilot provider training. Phase II included training pilot providers, ISC, IDJC, and IDOC and implementing WITS in each agency. Over 80 trainings were provided during this four month phase. Phase III included identification of enhancements and/or modifications to the system by pilot providers, ongoing support for pilot providers (e.g., training, help desk) and identification of policies and procedures that may need modified to support the WITS implementation. DBH is currently engaged in Phase IV which includes contract management setup and

billing protocols for IDHW, ISC, IDOC, and IDJC. Stage I is slated to end December 31, 2012 with Stage II of the Statewide Implementation Plan beginning January 1, 2013.

New Goal for SFY 2013: The Division of Behavioral Health will work collaboratively with partnering agencies (i.e., Idaho Department of Corrections (IDOC), Idaho Department of Juvenile Corrections (IDJC) and the Idaho Supreme Court (ISC)) to complete Stages 1 through 4 of the Statewide Implementation Plan for WITS implementation for the Substance Use Disorders providers and to be well underway in Stage 5 of the Plan by June 30, 2013.

28. Establish kiosks at regional behavioral health main offices and at both state hospitals to allow adults with serious mental illnesses and children with emotional and behavioral disorders and their parents to directly input responses to the adult Mental He	Priority Area -Data and Quality Assurance **Cynthia**	Each of seven (7) DBH regions will have at least one consumer survey kiosk installed and ready to use by June 30, 2012.

This goal was achieved. By June 30, 2012, each of seven regions had at least one kiosk installed and ready to use. As of August 2012, fifteen of twenty sites (including satellite offices) had ready-to-use kiosks.

Aggregate Response for Combined SAPT and MHBG Implementation Report – November 2012

From July 1, 2011 through June 30, 2012, at least nineteen (19) consumers and family members had input into the behavioral health service system planning and implementation through several channels. There were two family members and two consumers on the Idaho Home Outreach Program for Empowerment (ID-HOPE) Advisory Board. Four consumers were consistently part of the ID-HOPE service delivery team, and they provided input into ID-HOPE service implementation. At least one Project for Assistance in Transition from Homelessness (PATH) Certified Peer Specialist provided PATH outreach, engagement and case management services to adults with a serious mental illness who were homeless or at risk of becoming homeless in each of seven regions of the state of Idaho. The State Planning Council on Mental Health provides input into the block grant and also advises the Governor on behavioral health issues through an annual Governor's report. This group included representation from at least two consumers and at least four family members in SFY 2012.

One safe and sober housing provider was approved in Region 5 by 6/30/12. Another existing safe and sober housing bed continued to be approved in Region 6 in SFY 2012.

III: Expenditure Reports

Table 4a - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	$ 4,613,414	$	$ 1,603,200	$ 3,538,177	$ 17,254,832	$	$
2. Primary Prevention	$ 2,066,398	$	$	$ 937	$	$	$
3. Tuberculosis Services	$	$	$	$	$	$	$
4. HIV Early Intervention Services	$	$	$	$	$	$	$
5. State Hospital	$	$	$	$	$	$	$
6. Other 24 Hour Care	$	$	$	$	$	$	$
7. Ambulatory/Community Non-24 Hour Care	$	$	$	$	$	$	$
8. Administration (Excluding Program and Provider Level)	$ 175,261	$	$	$ 392,749	$	$	$
9. Subtotal (Rows 1, 2, 3, 4, and 8)	$6,855,073	$	$1,603,200	$3,931,863	$17,254,832	$	$
10. Subtotal (Rows 5, 6, 7, and 8)	$175,261	$	$	$392,749	$	$	$
11. Total	$6,855,073	$	$1,603,200	$3,931,863	$17,254,832	$	$

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

For responses to questions related to TB and prevention expenditures, see the document titled Table 4a 12/12/12 Revision Request Response located in the Attachments section.

Table 4a 12/12/12 Revision Request Response.

1. There are no Block Grant funds reported that were spent on TB services as required by statute. Is this information accurate? If so, please provide an explanation in the Footnotes section.

Idaho did not spent SAPT Block Grant funds on TB services in 2012. Per the maintenance of effort requirements, Idaho used state funds to cover the tuberculosis costs for individuals served in the substance use disorder system. Idaho has not spent block grant funds on this activity in the past and this is the first time this issue has been raised. After reviewing both federal code and regulations relative to tuberculosis requirements for the Substance Abuse Prevention and Treatment Block Grant, Idaho can find no requirement to spend Block Grant funds on these services. In "§ 96.127 Requirements Regarding Tuberculosis" details are given about the services to be provided and the requirement for the maintenance of effort. Idaho complies with all these requirements. Idaho was not notified of the need, in the 2010 Block Grant Award, to spend Block Grant funds on tuberculosis, nor did we receive subsequent guidance from our project office that this was a new requirement.

2. In addition, there appears to be no State funds expended on Primary prevention services. Is this information accurate?

Idaho does not appropriate state funds for prevention to the SSA. Since there is no SAPT Block Grant requirement for states to provide state funds for primary prevention services, this is not a compliance issue.

III: Expenditure Reports

Table 4b - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2009 Expenditure Period End Date: 9/30/2011

Category	FY 2010 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	$4913737.00
2. Primary Prevention	$1671000.00
3. Tuberculosis Services	$0.00
4. HIV Early Invervention Services**	$0.00
5. Administration (excluding program/provider level)	$346563.00
6. Total	$6931300.00

*Prevention other than Primary Prevention
**HIV Designated States

Footnotes:
For responses to the question related to TB expenditures, see the document titled Table 4a 12/12/12 Revision Request Response located in the Attachments section.

III: Expenditure Reports

Table 5 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2009 Expenditure Period End Date: 6/30/2010

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			$0.00
General and specialized outpatient medical services	0	0	$0.00
Acute Primary care	0	0	$0.00
General Health Screens, Tests and Immunizations	0	0	$0.00
Comprehensive Care Management	0	0	$0.00
Care coordination and Health Promotion	0	0	$0.00
Comprehensive Transitional Care	0	0	$0.00
Individual and Family Support	0	0	$0.00
Referral to Community Services Dissemination	0	0	$0.00
Prevention (Including Promotion)			$0.00
Screening, Brief Intervention and Referral to Treatment	0	0	$0.00
Brief Motivational Interviews	0	0	$0.00
Screening and Brief Intervention for Tobacco Cessation	0	0	$0.00
Parent Training	0	0	$0.00
Facilitated Referrals	0	0	$0.00
Relapse Prevention/Wellness Recovery Support	0	0	$0.00
Warm Line	0	0	$0.00
Engagement Services			$0.00
Assessment	0	0	$0.00
Specialized Evaluations (Psychological and Neurological)	0	0	$0.00
Service Planning (including crisis planning)	0	0	$0.00
Consumer/Family Education	0	0	$0.00

Outreach	0	0	$0.00
Outpatient Services			$0.00
Individual evidenced based therapies	0	0	$0.00
Group therapy	0	0	$0.00
Family therapy	0	0	$0.00
Multi-family therapy	0	0	$0.00
Consultation to Caregivers	0	0	$0.00
Community Support (Rehabilitative)			$0.00
Parent/Caregiver Support	0	0	$0.00
Skill building (social, daily living, cognitive)	0	0	$0.00
Case management	0	0	$0.00
Behavior management	0	0	$0.00
Supported employment	0	0	$0.00
Permanent supported housing	0	0	$0.00
Recovery housing	0	0	$0.00
Therapeutic mentoring	0	0	$0.00
Traditional healing services	0	0	$0.00
Other Supports (Habilitative)			$0.00
Personal care	0	0	$0.00
Homemaker	0	0	$0.00
Respite	0	0	$0.00
Supported Education	0	0	$0.00
Transportation	0	0	$0.00
Assisted living services	0	0	$0.00
Recreational services	0	0	$0.00
Trained behavioral health interpreters	0	0	$0.00

Interactive communication technology devices	0	0	$0.00
Intensive Support Services			$0.00
Substance abuse intensive outpatient (IOP)	0	0	$0.00
Partial hospital	0	0	$0.00
Assertive Community Treatment	0	0	$0.00
Intensive home based services	0	0	$0.00
Multi-systemic therapy	0	0	$0.00
Intensive Case Management	0	0	$0.00
Out-of-Home Residential Services			$0.00
Crisis residential/stabilization	0	0	$0.00
Clinically Managed 24 Hour Care (SA)	0	0	$0.00
Clinically Managed Medium Intensity Care (SA)	0	0	$0.00
Adult Substance Abuse Residential	0	0	$0.00
Adult Mental Health Residential	0	0	$0.00
Youth Substance Abuse Residential Services	0	0	$0.00
Children's Residential Mental Health Services	0	0	$0.00
Therapeutic foster care	0	0	$0.00
Acute Intensive Services			$0.00
Mobile crisis	0	0	$0.00
Peer based crisis services	0	0	$0.00
Urgent care	0	0	$0.00
23 hr. observation bed	0	0	$0.00
Medically Monitored Intensive Inpatient	0	0	$0.00
24/7 crisis hotline services	0	0	$0.00
Recovery Supports			$0.00
Peer Support	0	0	$0.00
Recovery Support Coaching	0	0	$0.00

Recovery Support Center Services	0	0	$0.00
Supports for Self Directed Care	0	0	$0.00
Medication Services			$0.00
Medication management	0	0	$0.00
Pharmacotherapy (including MAT)	0	0	$0.00
Laboratory services	0	0	$0.00
Other			$0.00

Footnotes:

Idaho does not have service data reports at this detail.

III: Expenditure Reports

Table 6a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	$0	$	$	$	$
Information Dissemination	Indicated	$0	$	$	$	$
Information Dissemination	Universal	$129,836	$	$	$	$
Information Dissemination	Unspecified	$0	$	$	$	$
Information Dissemination	Total	$129,836	$	$	$	$
Education	Selective	$319,119	$	$	$	$
Education	Indicated	$0	$	$	$	$
Education	Universal	$961,549	$	$	$	$
Education	Unspecified	$0	$	$	$	$
Education	Total	$1,280,668	$	$	$	$
Alternatives	Selective	$0	$	$	$	$
Alternatives	Indicated	$0	$	$	$	$
Alternatives	Universal	$34,587	$	$	$	$
Alternatives	Unspecified	$	$	$	$	$
Alternatives	Total	$34,587	$	$	$	$
Problem Identification and Referral	Selective	$0	$	$	$	$
Problem Identification and Referral	Indicated	$0	$	$132,000	$	$
Problem Identification and Referral	Universal	$0	$	$	$	$
Problem Identification and Referral	Unspecified	$0	$	$	$	$
Problem Identification and Referral	Total	$0	$	$132,000	$	$
Community-Based Process	Selective	$0	$	$	$	$

Community-Based Process	Indicated	$0	$	$	$	$
Community-Based Process	Universal	$8,213	$	$	$	$
Community-Based Process	Unspecified	$0	$	$	$	$
Community-Based Process	Total	$8,213	$	$	$	$
Environmental	Selective	$0	$	$	$	$
Environmental	Indicated	$0	$	$	$	$
Environmental	Universal	$34,362	$	$50,000	$	$
Environmental	Unspecified	$0	$	$	$	$
Environmental	Total	$34,362	$	$50,000	$	$
Section 1926 Tobacco	Selective	$0	$	$	$	$
Section 1926 Tobacco	Indicated	$0	$	$	$	$
Section 1926 Tobacco	Universal	$0	$	$	$	$
Section 1926 Tobacco	Unspecified	$0	$	$323,528	$	$
Section 1926 Tobacco	Total	$0	$	$323,528	$	$
Other	Selective	$0	$	$	$	$
Other	Indicated	$0	$	$	$	$
Other	Universal	$0	$	$	$	$
Other	Unspecified	$183,334	$	$	$	$
Other	Total	$183,334	$	$	$	$

Footnotes:

I am unable to change the expenditure period dates on this form. The primary prevention expenditures start dat is 10/1/2009. The expenditure period end date is 9/30/2011

III: Expenditure Reports

Table 6b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2009 Expenditure Period End Date: 9/30/2011

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	$ 996,136	$	$	$	$
Universal Indirect	$ 172,411	$	$	$	$
Selective	$ 319,119	$	$	$	$
Indicated	$	$	$ 132,000	$	$
Column Total	$1,487,666.00	$0.00	$132,000.00	$0.00	$0.00

Footnotes:

I am unable to change the expenditure period dates on this table. The start date for primary prevention expenditures reported on this form is 10/1/2009. The end date is 9/30/2011

Totals on this form do not match totals on Form 6a because there is no column for Unspecified.

Table 7 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2009 Expenditure Period End Date: 9/30/2011

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		$37,841.00				$37,841.00
2. Quality Assurance		$21,404.00				$21,404.00
3. Training (Post-Employment)		$30,339.00		$20,531.00		$50,870.00
4. Program Development		$31,436.00				$31,436.00
5. Research and Evaluation		$16,556.00				$16,556.00
6. Information Systems		$15,758.00				$15,758.00
7. Education (Pre-Employment)		$30,000.00		$155,900.00		$185,900.00
8. Total	$0.00	$183,334.00	$0.00	$176,431.00	$0.00	$359,765.00

Footnotes:

Table 8 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2009 Expenditure Period End Date: 9/30/2011

Entity Number	I-SATS ID (for SABG)	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults serious mental illness	CMHS BLock Grant - G. Children with a serious emotional disturbance
IT0024	ID100081	Statewide	Road to Recovery Inc.	600 E. Oak St	Pocatello	ID	83201	$593,325.00	$222,439.00	$370,886.00	$0.00	$0.00		
IT0062	ID100084	Statewide	Women and Children's Alliance	720 W. Washington	Boise	ID	83702	$10,685.00	$10,685.00	$0.00	$0.00	$0.00		
IT0065	ID100102	Statewide	Weeks & Vietri	818 S. Washington	Moscow	ID	83843	$24,054.00	$24,054.00	$0.00	$0.00	$0.00		
IT0071	ID100295	Statewide	Renewal Services of Idaho	708 Main St	Caldwell	ID	83605	$51,328.00	$51,328.00	$0.00	$0.00	$0.00		
IT2813	ID100355	Statewide	Lifestyle Changes Counseling	671 South Locust	Twin Falls	ID	83301	$14,081.00	$14,081.00	$0.00	$0.00	$0.00		
IT0006	ID100364	Statewide	Port of Hope	508 E. Florida St	Nampa	ID	83686	$190,186.00	$190,186.00	$0.00	$0.00	$0.00		
IT1911	ID100370	Statewide	Ascent Behavioral Healthcare	366 SW 5th Suite 100	Meridian	ID	83642	$160,974.00	$160,974.00	$0.00	$0.00	$0.00		
IT2144	ID100373	Statewide	Pacific Rim Consulting LLC	459 S. Arthur Ave	Pocatello	ID	83204	$50,921.00	$50,921.00	$0.00	$0.00	$0.00		
IT2158	ID100375	Statewide	Benewah Medical Center	115 B Street	Plummer	ID	83751	$17.00	$17.00	$0.00	$0.00	$0.00		
IT0042	ID100448	Statewide	Riverside Recovery	1720 18th Avenue	Lewiston	ID	83501	$147,023.00	$55,119.00	$91,904.00	$0.00	$0.00		
IT3620	ID100452	Statewide	Valley View Recovery	412 Hill St	Kamiah	ID	83536	$25,044.00	$25,044.00	$0.00	$0.00	$0.00		
IT2756	ID100463	Statewide	Salmon Mental Health Clinic	111 Lilian St Suite 101	Salmon	ID	83467	$17,767.00	$17,767.00	$0.00	$0.00	$0.00		
IT3926	ID100531	Statewide	Alliance Family Services	1200 Ironwood Dr Suite 101	Coeur d\'Alene	ID	83814	$166,339.00	$166,339.00	$0.00	$0.00	$0.00		
IT0055	ID100561	4	Ada County Juvenile Court Services	7180 Barrister	Boise	ID	83704	$21,747.00	$21,747.00	$0.00	$0.00	$0.00		
IT4010	ID100574	Statewide	Positive Connections	647 Filer Ave	Twin Falls	ID	83301	$30,971.00	$30,971.00	$0.00	$0.00	$0.00		
IT2119	ID100592	Statewide	Preston Counseling	140 S. State	Preston	ID	83263	$28,738.00	$28,738.00	$0.00	$0.00	$0.00		
4374	ID100603	Statewide	New Journeys Inc.	496 A Street	Idaho Falls	ID	83402	$40,093.00	$40,093.00	$0.00	$0.00	$0.00		
IT2143	ID100610	Statewide	Solutions for Life	239 Idaho St	American Falls	ID	83211	$7,552.00	$7,552.00	$0.00	$0.00	$0.00		
IT3574	ID100631	7	D7 Treatment Program	159 E. Main	Rexburg	ID	83440	$213,667.00	$213,667.00	$0.00	$0.00	$0.00		
3952	ID100751	Statewide	Personal Development	8100 W. Emerald St	Boise	ID	83704	$89,867.00	$89,867.00	$0.00	$0.00	$0.00		
IT2559	ID100772	Statewide	Community Services Counseling	963 S. Orchard Suite B	Boise	ID	83705	$105,153.00	$105,153.00	$0.00	$0.00	$0.00		
IT3194	ID100773	Statewide	Preferred Child & Family Services	248 Martin St	Twin Falls	ID	83301	$77,066.00	$77,066.00	$0.00	$0.00	$0.00		
IT2411	ID100791	Statewide	Pro Active Advantage	2223 Overland	Burley	ID	83313	$37,920.00	$37,920.00	$0.00	$0.00	$0.00		
IT5123	ID100796	Statewide	Restored Paths	109 E Harrison	Coeur d\'Alene	ID	83815	$75,469.00	$75,469.00	$0.00	$0.00	$0.00		

4255	ID100804	4	Ada County Drug Court	200 W Front St	Boise	ID	83702	$136,742.00	$136,742.00	$0.00	$0.00	$0.00		
4127	ID100806	Statewide	A to Z Family Services	1501 Bench Suite B	Pocatello	ID	83201	$35,127.00	$35,127.00	$0.00	$0.00	$0.00		
IT4210	ID100807	Statewide	Brannon & Brannon Psy. Services	534 Trejo Suite 100	Rexburg	ID	83340	$5,658.00	$5,658.00	$0.00	$0.00	$0.00		
IT4497	ID100813	Statewide	West Marriage & Family Counseling	1102 Arthur St	Caldwell	ID	83605	$36,862.00	$36,862.00	$0.00	$0.00	$0.00		
IT5075	ID100814	Statewide	Emmett Family Services	426 Highway 16	Emmett	ID	83617	$15,381.00	$15,381.00	$0.00	$0.00	$0.00		
IT4999	ID100816	Statewide	Patriot Center Madsen Alternative Therapeutic	330 W. Main St	Emmett	ID	83617	$110,107.00	$110,107.00	$0.00	$0.00	$0.00		
4071	ID100817	Statewide	Mountain Lake Counseling	804 Airport Way Suites A & K	Sandpoint	ID	83864	$30,569.00	$30,569.00	$0.00	$0.00	$0.00		
IT0043	ID100831	Statewide	Riverside Recovery-Orofino	155 "B" Main	Orofino	ID	83544	$50,301.00	$50,301.00	$0.00	$0.00	$0.00		
4520	ID100884	Statewide	Rathdrum Counseling Center	14954 N Coeur d\'Alene	Rathdrum	ID	83858	$9,029.00	$9,029.00	$0.00	$0.00	$0.00		
2894	ID100890	Statewide	Lighthouse for Recovery	1135 Yellowston Suite D	Pocatello	ID	83201	$65,611.00	$65,611.00	$0.00	$0.00	$0.00		
IT3132	ID100893	Statewide	Family Recovery Center Foundation Inc	1420 E. 17th Ave	Idaho Falls	ID	83404	$18,826.00	$18,826.00	$0.00	$0.00	$0.00		
4492	ID100907	Statewide	Integrity Wellness Group	418 N. River St.	Hailey	ID	83333	$6,295.00	$6,295.00	$0.00	$0.00	$0.00		
3939	ID100909	Statewide	Human Dynamics & Diagnostics	3760 Washington Parkway	Idaho Falls	ID	83402	$54,152.00	$54,152.00	$0.00	$0.00	$0.00		
IT3650	ID100911	Statewide	ChangePoint	618 D Street Suite C	Lewiston	ID	83501	$63,841.00	$63,841.00	$0.00	$0.00	$0.00		
IT2442	ID100912	Statewide	Mental Wellness Centers	551 Highland Dr	Arco	ID	83213	$26,544.00	$26,544.00	$0.00	$0.00	$0.00		
IT0052	ID100913	Statewide	Upper Valley Resource & Counseling	36 North 2nd West	Rexburg	ID	83340	$9,039.00	$9,039.00	$0.00	$0.00	$0.00		
IT0069	ID100943	Statewide	Mountain States Chemical Dependency	1305 2nd Street South Suite 201	Nampa	ID	83651	$28,020.00	$28,020.00	$0.00	$0.00	$0.00		
4335	ID100952	Statewide	OATS Family Center	911 So. Highway 30	Heyburn	ID	83336	$17,862.00	$17,862.00	$0.00	$0.00	$0.00		
3974	ID100974	2	Nez Perce County Court Services	1113 F Street	Lewiston	ID	83501	$9,543.00	$9,543.00	$0.00	$0.00	$0.00		
IT0472	ID101164	Statewide	Bell Chemical Dependency	2005 Kimball	Caldwell	ID	83602	$663,132.00	$248,610.00	$414,522.00	$0.00	$0.00		
ID0051	ID101453	Statewide	The Club Inc/Recovery Now	1970 E. 17 Suite 111	Idaho Falls	ID	83402	$32,991.00	$32,991.00	$0.00	$0.00	$0.00		
IT0047	ID101560	Statewide	Bannock Youth Foundation dba MK Place	735 North Main	Pocatello	ID	83204	$148,045.00	$148,045.00	$0.00	$0.00	$0.00		
IT0020	ID750085	Statewide	Walker Center - SSA	605 11th Ave. East	Gooding	ID	83330	$243,196.00	$243,196.00	$0.00	$0.00	$0.00		
IT0048	ID900508	Statewide	Addictions Rehabilitation Association	163 E. Elva St	Idaho Falls	ID	83402	$98,888.00	$98,888.00	$0.00	$0.00	$0.00		
IT4824	OR101526	Statewide	Foundations Services Group Inc.	1648 N. Washington S	Emmett	ID	83617	$15,306.00	$15,306.00	$0.00	$0.00	$0.00		
IT0053	WA904629	Statewide	Daybreak SSA	628 S. Cowley	Spokane	ID	99202	$37,760.00	$37,760.00	$0.00	$0.00	$0.00		
2819	X	Statewide	Advanced Drug Detection Inc.	603 2nd St S	Nampa	ID	83651	$27,648.00	$27,648.00	$0.00	$0.00	$0.00		

4098	X	Statewide	Ada County Sheriff's Office	7200 W. Barrister	Bosie	ID	83704	$503.00	$503.00	$0.00	$0.00	$0.00		
IT5012	X	Statewide	Diamonte Wellness Group	418 N. River St Suite 21 E	Hailey	ID	83333	$4,885.00	$4,885.00	$0.00	$0.00	$0.00		
2222	X	Statewide	Easter Seals-Goodwill	8260 W. Enerald Suite 100	Boise	ID	83704	$553.00	$553.00	$0.00	$0.00	$0.00		
3494	X	Statewide	Eastern Idaho Community Action Partnership	2480 S. Yellowstone	Idaho Falls	ID	83402	$4,917.00	$4,917.00	$0.00	$0.00	$0.00		
4515	X	Statewide	Eleos Recovery Support Services	5483 Kendall St	Boise	ID	83706	$343.00	$343.00	$0.00	$0.00	$0.00		
2868	X	Statewide	Chrysalis Women's Transitional Living	11248 Red Maple Dr.	Boise	ID	83709	$17,334.00	$17,334.00	$0.00	$0.00	$0.00		
IT5122	X	Statewide	Business Psychology Associates	380 E. Parkcenter Suite 300	Boise	ID	83706	$256,703.00	$256,703.00	$0.00	$0.00	$0.00		
3231	X	Statewide	Boyd Group LLC	2115 E. Lakeside	Coeur d\'Alene	ID	83814	$21,076.00	$21,076.00	$0.00	$0.00	$0.00		
3177	X	Statewide	Bannock Transportation	518 Filmore	Pocatello	ID	83204	$2,695.00	$2,695.00	$0.00	$0.00	$0.00		
2261	X	Statewide	Good Samaritan Rehabilitation	5590 S Blue Creek RD	Coeur d\'Alene	ID	83814	$2,967.00	$2,967.00	$0.00	$0.00	$0.00		
3186	X	Statewide	Family Service Alliance of SE Idaho	355 S Arthur Ave	Pocatello	ID	83204	$4,033.00	$4,033.00	$0.00	$0.00	$0.00		
IT4276	X	Statewide	Family Services Center	317 Happy Day Blvd	Caldwell	ID	83605	$74,195.00	$74,195.00	$0.00	$0.00	$0.00		
IT2431	X	Statewide	Empowerment Counseling	159 N. Idaho St	Arco	ID	83213	$303.00	$303.00	$0.00	$0.00	$0.00		
2216	X	Statewide	Family Care Center	3130 South Yellowstone Highway	Idaho Falls	ID	83401	$35,199.00	$35,199.00	$0.00	$0.00	$0.00		
IT0881	X	Statewide	Counseling Center of Southeast Idaho	496 A Street	Idaho Falls	ID	83402	$4,361.00	$4,361.00	$0.00	$0.00	$0.00		
IT0578	X	Statewide	Jorge Padron	1050 Memorial Dr	Idaho Falls	ID	83402	$15,591.00	$15,591.00	$0.00	$0.00	$0.00		
IT3634	X	Statewide	Journey Counseling & Consulting	304 N. State St	Grangeville	ID	83853	$773.00	$773.00	$0.00	$0.00	$0.00		
4106	X	Statewide	Kvitko-Simon Val	11705 W Tioga	Boise	ID	83709	$95.00	$95.00	$0.00	$0.00	$0.00		
IT3189	X	Statewide	Integrity Therapeutic Services	34 S. Main St	Payette	ID	83664	$1,004.00	$1,004.00	$0.00	$0.00	$0.00		
2144	X	Statewide	Hope's Door	720 N 16th Ave	Caldwell	ID	83605	$4,393.00	$4,393.00	$0.00	$0.00	$0.00		
2235	X	Statewide	Vineyard Christian Fellowship	4950 N. Bradley St	Boise	ID	83714	$947.00	$947.00	$0.00	$0.00	$0.00		
4385	X	Statewide	Valley Drug Testing	1020 Main St	Lewiston	ID	83501	$353.00	$353.00	$0.00	$0.00	$0.00		
4521	X	Statewide	Second Chances	1214 Logan	Caldwell	ID	83605	$1,146.00	$1,146.00	$0.00	$0.00	$0.00		
4722	X	Statewide	Thomas-Mowery Holly	3295 Falcon Dr	Meridian	ID	83642	$40.00	$40.00	$0.00	$0.00	$0.00		
4139	X	Statewide	Treatment and Recovery Clinic	233 Goodinst St. North	Twin Falls	ID	83301	$22,454.00	$22,454.00	$0.00	$0.00	$0.00		
2230	X	Statewide	United Drug Testing Lab	1010 N. Orchard	Boise	ID	83706	$6,452.00	$6,452.00	$0.00	$0.00	$0.00		
4124	X	Statewide	SOS Transportation	543 3rd St	Idaho Falls	ID	83401	$11,587.00	$11,587.00	$0.00	$0.00	$0.00		
2140	X	Statewide	Supportive Housing & Innovative Partnerships	1405 W. Grove	Boise	ID	83702	$38,309.00	$38,309.00	$0.00	$0.00	$0.00		
			Susan Call's											

2353	X	Statewide	Case Management Inc.	313 D St Suite 203	Lewiston	ID	83501	$1,203.00	$1,203.00	$0.00	$0.00	$0.00		
4575	X	Statewide	Rising Sun Sober Living	5701 Cassia St	Boise	ID	83704	$4,975.00	$4,975.00	$0.00	$0.00	$0.00		
4695	X	Statewide	Provenance Ministry	1524 S. Longmont Ave	Boise	ID	83706	$825.00	$825.00	$0.00	$0.00	$0.00		
4429	X	Statewide	Proverbs House	2725 N. Duane Dr	Meridian	ID	83646	$206.00	$206.00	$0.00	$0.00	$0.00		
2072	X	Statewide	Network Interpreting Service LLC	322 E Main Suite 300	Burley	ID	83318	$6,332.00	$6,332.00	$0.00	$0.00	$0.00		
IT4033	X	Statewide	New Hope Community Health	9460 W. Fairview	Boise	ID	83704	$52,062.00	$52,062.00	$0.00	$0.00	$0.00		
4633	X	Statewide	Pathway Case Management	197 N 4700 E	Rigby	ID	83442	$925.00	$925.00	$0.00	$0.00	$0.00		
4386	X	Statewide	Wood Robert M.	2202 S. Fairway Dr	Pocatello	ID	83201	$104.00	$104.00	$0.00	$0.00	$0.00		
ID_SAP2010_-1	X	1	AJI Counseling LLC	PO Box 5114	Coeur d\'Alene	ID	83814	$50,809.00	$0.00	$0.00	$50,809.00	$0.00		
ID_SAP2010_-2	X	1	Coeur d' Alene School District #271	311 N. 10th St	Coeur d\'Alene	ID	83814	$55,881.00	$0.00	$0.00	$55,881.00	$0.00		
ID_SAP2010_-3	X	1	St. Vincent de Paul DBA ICARE	1621 N. 3rd St Ste 100	Coeur d\'Alene	ID	83814	$10,730.00	$0.00	$0.00	$10,730.00	$0.00		
ID_SAP2010_-4	X	1	Kellogg Joint School District #391	810 Bunker Avenue	Kellogg	ID	83837	$22,425.00	$0.00	$0.00	$22,425.00	$0.00		
ID_SAP2010_-5	X	1	Kellogg Joint School District #391 DBA Even Start Program	800 Bunker Avenue	Kellogg	ID	83837	$6,176.00	$0.00	$0.00	$6,176.00	$0.00		
ID_SAP2010_-6	X	1	Wallace School District #393	PO Box 2160	Osburn	ID	83849	$26,791.00	$0.00	$0.00	$26,791.00	$0.00		
ID_SAP2010_-7	X	1	Goodwill Industries of the Inland NW	204 Lark Spur Drive	Ponderay	ID	83852	$7,783.00	$0.00	$0.00	$7,783.00	$0.00		
ID_SAP2010_-8	X	1	St. Maries School District #41	PO Box 384	St. Maries	ID	83861	$17,928.00	$0.00	$0.00	$17,928.00	$0.00		
ID_SAP2010_-9	X	2	Mountain View School District #244	714 Jefferson Street	Grangeville	ID	83530	$38,284.00	$0.00	$0.00	$38,284.00	$0.00		
ID_SAP2010_-10	X	2	REACH Club Inc.	714 Jefferson Street	Grangeville	ID	83530	$10,838.00	$0.00	$0.00	$10,838.00	$0.00		
ID_SAP2010_-11	X	2	Kamiah School District #304 DBA Community Care Team	1102 Hill Street	Kamiah	ID	83536	$8,429.00	$0.00	$0.00	$8,429.00	$0.00		
ID_SAP2010_-12	X	2	Nez Perce Tribe DBA Students for Success	PO Box 305	Lapwai	ID	83540	$10,496.00	$0.00	$0.00	$10,496.00	$0.00		
ID_SAP2010_-13	X	2	Clearwater Youth Alliance	PO Box 2124	Orofino	ID	83544	$33,696.00	$0.00	$0.00	$33,696.00	$0.00		
ID_SAP2010_-14	X	2	Clearwater Substance Abuse Workgroup Inc.	PO Box 391	Orofino	ID	83544	$14,311.00	$0.00	$0.00	$14,311.00	$0.00		
ID_SAP2010_-15	X	2	Whitepine Joint School District #288	PO Box 249	Deary	ID	83823	$9,730.00	$0.00	$0.00	$9,730.00	$0.00		
ID_SAP2010_-16	X	3	Caldwell SD	1101 E. Cleveland Blvd	Caldwell	ID	83605	$35,082.00	$0.00	$0.00	$35,082.00	$0.00		
ID_SAP2010_-17	X	3	Family Services Center LLC R3	704 Albany	Caldwell	ID	83605	$13,116.00	$0.00	$0.00	$13,116.00	$0.00		
ID_SAP2010_-18	X	3	Vallivue School District #139	1407 Homedale Road	Caldwell	ID	83607	$50,063.00	$0.00	$0.00	$50,063.00	$0.00		

ID_SAP2010_-19	X	3	Homedale School District #370	116 Owyhee Ave	Homedale	ID	83628	$2,567.00	$0.00	$0.00	$2,567.00	$0.00		
ID_SAP2010_-20	X	3	Council School District #13 DBA WACSAC	PO Box 215	Midvale	ID	83645	$9,312.00	$0.00	$0.00	$9,312.00	$0.00		
ID_SAP2010_-21	X	3	Hopkins Game Time International Inc. R3	PO Box 872	Nampa	ID	83653	$24,990.00	$0.00	$0.00	$24,990.00	$0.00		
ID_SAP2010_-22	X	3	Parma SD	805 E. McConnell Ave.	Parma	ID	83660	$6,592.00	$0.00	$0.00	$6,592.00	$0.00		
ID_SAP2010_-23	X	3	Lutheran Community Services Northwest R3	2920 Cassial Street	Boise	ID	83705	$75,607.00	$0.00	$0.00	$75,607.00	$0.00		
ID_SAP2010_-24	X	4	Cascade School District #422	35 Atkin Lane	Cascade	ID	83611	$9,959.00	$0.00	$0.00	$9,959.00	$0.00		
ID_SAP2010_-25	X	4	The Landing Foundation Inc.	PO Box 639	Eagle	ID	83616	$12,994.00	$0.00	$0.00	$12,994.00	$0.00		
ID_SAP2010_-26	X	4	Garden Valley School District #71	PO Box 710	Garden Valley	ID	83622	$10,770.00	$0.00	$0.00	$10,770.00	$0.00		
ID_SAP2010_-27	X	4	Horseshoe Bend School District #73	398 School Drive	Horseshoe Bend	ID	83629	$14,080.00	$0.00	$0.00	$14,080.00	$0.00		
ID_SAP2010_-28	X	4	Basin School District #72	PO Box 227	Idaho City	ID	83631	$16,925.00	$0.00	$0.00	$16,925.00	$0.00		
ID_SAP2010_-29	X	4	Boise County - SFP	PO Box 486	Idaho City	ID	83631	$8,227.00	$0.00	$0.00	$8,227.00	$0.00		
ID_SAP2010_-30	X	4	Valley County	550 Deinhard Lane	McCall	ID	83638	$7,698.00	$0.00	$0.00	$7,698.00	$0.00		
ID_SAP2010_-31	X	4	New Hope-Nueva Esperanza	2002 Blossom Place	Meridian	ID	83646	$16,089.00	$0.00	$0.00	$16,089.00	$0.00		
ID_SAP2010_-32	X	4	Hopkins Game Time International Inc. R4	PO Box 872	Nampa	ID	83653	$5,703.00	$0.00	$0.00	$5,703.00	$0.00		
ID_SAP2010_-33	X	4	Women's and Children's Alliance Inc.	720 W. Washington	Boise	ID	83702	$19,776.00	$0.00	$0.00	$19,776.00	$0.00		
ID_SAP2010_-34	X	4	Lutheran Community Services Northwest R4	2920 Cassial Street	Boise	ID	83705	$48,683.00	$0.00	$0.00	$48,683.00	$0.00		
ID_SAP2010_-35	X	4	Varner Counseling LLC DBA Rocky Mountain Behavioral Health R4	4802 West Kootenai	Boise	ID	83705	$41,653.00	$0.00	$0.00	$41,653.00	$0.00		
ID_SAP2010_-36	X	4	Boise School District #1	8169 W. Victory Road	Boise	ID	83709	$31,577.00	$0.00	$0.00	$31,577.00	$0.00		
ID_SAP2010_-37	X	5	Boys and Girls Club of Magic Valley	999 Frontier Road	Twin Falls	ID	83301	$21,914.00	$0.00	$0.00	$21,914.00	$0.00		
ID_SAP2010_-38	X	5	Twin Falls School District #411	201 Main Avenue West	Twin Falls	ID	83301	$16,851.00	$0.00	$0.00	$16,851.00	$0.00		
ID_SAP2010_-39	X	5	Twin Falls C DBA 5th Judicial District Adult Drug Court	PO Box 126	Twin Falls	ID	83303	$12,936.00	$0.00	$0.00	$12,936.00	$0.00		
ID_SAP2010_-40	X	5	Walker Center for Alcoholism and Drug Abuse Inc.	762 Falls Avenue	Twin Falls	ID	83331	$86,801.00	$0.00	$0.00	$86,801.00	$0.00		
ID_SAP2010_-41	X	5	Blaine County School District #61	520 1st Ave S.	Hailey	ID	83333	$6,483.00	$0.00	$0.00	$6,483.00	$0.00		
ID_SAP2010_-42	X	5	Minidoka County - SFP	PO Box 368	Rupert	ID	83350	$35,325.00	$0.00	$0.00	$35,325.00	$0.00		

ID_SAP2010_-43	X	5	Lincoln County Coalition	111 West B Street Suite C	Shoshone	ID	83352	$5,748.00	$0.00	$0.00	$5,748.00	$0.00		
ID_SAP2010_-44	X	6	Shoshone-Bannock Tribes	PO Box 306	Fort Hall	ID	83203	$5,580.00	$0.00	$0.00	$5,580.00	$0.00		
ID_SAP2010_-45	X	6	Bannock Youth Foundation	PO Box 246	Pocatello	ID	83204	$61,176.00	$0.00	$0.00	$61,176.00	$0.00		
ID_SAP2010_-46	X	6	Still Waters Out Reach	755 W. Center	Pocatello	ID	83204	$45,517.00	$0.00	$0.00	$45,517.00	$0.00		
ID_SAP2010_-47	X	6	Alice's House	291 N Shilling Ave	Blackfoot	ID	83221	$14,028.00	$0.00	$0.00	$14,028.00	$0.00		
ID_SAP2010_-48	X	6	Priestley Mental Health Inc.	PO Box 54	Franklin	ID	83237	$22,782.00	$0.00	$0.00	$22,782.00	$0.00		
ID_SAP2010_-49	X	6	Oneida School District #351	126 West 600 North	Malad	ID	83252	$10,911.00	$0.00	$0.00	$10,911.00	$0.00		
ID_SAP2010_-50	X	6	City of Montpelier-Enough is Enough Coalition	534 Washington St	Montpelier	ID	83254	$3,420.00	$0.00	$0.00	$3,420.00	$0.00		
ID_SAP2010_-51	X	6	Bear Lake School Dist #33	PO Box 300	Paris	ID	83261	$8,873.00	$0.00	$0.00	$8,873.00	$0.00		
ID_SAP2010_-52	X	6	Caribou Youth Coalition	159 South Main	Soda Springs	ID	83276	$3,060.00	$0.00	$0.00	$3,060.00	$0.00		
ID_SAP2010_-53	X	7	Family Support Services	630 N. Front Street	Arco	ID	83213	$17,272.00	$0.00	$0.00	$17,272.00	$0.00		
ID_SAP2010_-54	X	7	Juvenile Help Options LLC	2553 St. Charles	Idaho Falls	ID	83404	$69,312.00	$0.00	$0.00	$69,312.00	$0.00		
ID_SAP2010_-55	X	7	Fremont County Joint School District #215	945 W. 1st N.	St. Anthony	ID	83445	$33,252.00	$0.00	$0.00	$33,252.00	$0.00		
ID_SAP2010_-56	X	7	Upper Valley Resource and Counseling LLC	1223 S. Railroad Ave	Sugar City	ID	83448	$58,284.00	$0.00	$0.00	$58,284.00	$0.00		
ID_SAP2010_-57	X	7	Lemhi After School Promise Inc	PO Box 24	Salmon	ID	83467	$24,293.00	$0.00	$0.00	$24,293.00	$0.00		
ID_SAP2010_-58	X	7	Salmon School District #291	401 S Warpath	Salmon	ID	83647	$10,294.00	$0.00	$0.00	$10,294.00	$0.00		
U of I	x	Statewide	University of Idaho	Rm 206 823 Ash St	Moscow	ID	83844	$139,000.00	$0.00	$0.00	$139,000.00	$0.00		
KC1638	x	Statewide	Boise State University	1910 University Dr	Boise	ID	83725	$10,000.00	$0.00	$0.00	$10,000.00	$0.00		
LCSC	x	Statewide	Lewis-Clark State College	500 8th Avenue	Lewiston	ID	83501	$10,000.00	$0.00	$0.00	$10,000.00	$0.00		
KC1814	x	Statewide	Benchmark Research and Safety Inc.	POB 9088	Moscow	ID	83843	$152,119.00	$0.00	$0.00	$152,118.00	$0.00		
DHW	x	Statewide	Department of Health & Welfare	POB 83720/3rd	Boise	ID	83720	$346,596.00	$346,596.00	$0.00	$0.00	$0.00		
ID100811	ID100811	ISA 1	Idaho Youth Ranch					$137,398.00	$137,398.00					
Total								$6,931,300.00	$4,382,987.00	$877,312.00	$1,671,000.00	$0.00		

Footnotes:
The problem with Idaho Youth Ranch #ID100811 was corrected.

III: Expenditure Reports

Table 9a - Maintenance of Effort for State Expenditures for SAPT

Did the State or Jurisdiction have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

Yes _____ No X

If yes, specify the amount and the State fiscal year: _____

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes _____ No _____

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	B1(2010) + B2(2011) 2 (C)
SFY 2010 (1)	$18,369,300	
SFY 2011 (2)	$19,067,300	$18,718,300
SFY 2012 (3)	$17,254,832	

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

SFY 2010 Yes X No _____

SFY 2011 Yes X No _____

SFY 2012 Yes X No _____

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

Footnotes:

Idaho's Response to Table 9a 12/12/2012 Revision Request for an explanation of how maintenance of effort is calculated in located in the Attachment section under the title STATE of IDAHO MOE Calculation Methodology.

STATE of IDAHO
MOE Calculation Methodology

The State Fiscal Year 2011 Idaho Legislature chose to reduce the SSA's historical state funds appropriation amount and divide the amount among the Idaho Supreme Court, the Idaho Department of Corrections and the Department of Juvenile Corrections. While this action reduced the funds expended by the SSA, the Legislature did not reduce the total state expenditures for substance use disorders services. Per guidance from our CSAT Project Officer, the State of Idaho used not only the SSA's expenditures, but also those expenditures by other listed agencies from the state funds which had previously been appropriated to the SSA, to calculate the maintenance of effort amount for 2012. Data for this form came from our fiscal unit. Below is a spreadsheet detailing how the 2012 re-allocated funds were expended and MOE was determined.

FY 2012 Idaho Maintenance of Effort Calculations

DHW*	$ 14,519,500.00
Courts	$ 4,089,337.00
IDJC	$ 1,584,988.00
IDOC	$ 3,600,658.00
Multi -State Agency MOE	$ 23,794,483.00

* Amount reported on MOE Table without other agency funding

For 2013, and following, Idaho will include the amount expended for substance use disorders services by each of the agencies who received re-allocated SSA funds in 2012.

III: Expenditure Reports

Table 9b - Base and Maintenance of Effort for State Expenditures for TB

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 1991 (1)	$26,773	3.51%	$940	
SFY 1992 (2)	$23,012	4.09%	$941	$940

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE				
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 2012 (3)	$132,870	7.16%	$9,516	

Footnotes:

The explantion of TB MOE calculation methodolgy is located in the Attachment Section under STATE OF IDAHO Tuberculosis Maintenance of Effort Methodology.

STATE OF IDAHO
Tuberculosis Maintenance of Effort Methodology

Because Idaho's TB rate is so low, Idaho uses a two-part methodology to deliver TB services to substance use disordered clients and to determine TB expenditures. The first level is part of the intake screening when all clients are asked if they have had a recent TB test and if they have not, they are referred for a test. If they have had one, they are asked if their TB is active. If it is they are referred for medical care. This procedure is a part of the screening rate and costs the state $2.45 per client. This cost is included in the TB MOE calculations. The second level of MOE calculation is to match of list of individuals who received TB services to the list of substance use disordered clients during the MOE period. If any client received medical care for TB, this cost is also included in Idaho's TB MOE calculation. For the past two years, no substance abuse clients had active TB or received medical care for TB, so the MOE amount reported has been based on the number of clients screened times the TB screening rate.

III: Expenditure Reports

Table 9c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

Enter the year in which your State last became a designated State, Federal Fiscal Year _. Enter the 2 prior years' expenditure data in A1 and A2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.

State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	Average of Columns A1 and A2 A1+A2 2 (MOE Base) (B)
(1) SFY 1991	$0	
(2) SFY 1992	$0	$0

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE	
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)
(3) SFY 2012	$0

Footnotes:

Idaho is not an HIV-designated state. No response required

III: Expenditure Reports

Table 9d - Expenditures for Services to Pregnant Women and Women with Dependent Children

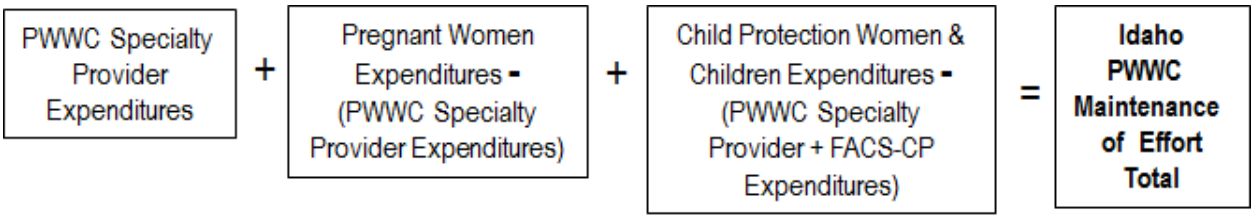
Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	$634,045	
SFY 2010		$877,312
SFY 2011		$2,786,886
SFY 2012		$742,665
Enter the amount the State plans to expend in 2013 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): $ 636000.00		

Footnotes:

These are the actual numbers for 2012. The explantion of PWWC MOE calculation methodolgy is located in the Attachment Section under 13 PWWC Methodology.

Pregnant Women and Women with Dependent Children Maintenance of Effort Methodology

In Idaho all substance use disorder clients are given the choice of where they will **receive treatment. This means that Pregnant Women and Women with Dependent** Children (PWWC) may select a program specializing in services for PWWC or any other provider within the network. All pregnant women, regardless of the organization delivering services have access to all PWWC services established within the SAPT Block Grant. In addition, women with dependent children who are involved in Idaho's child protection system have access to all women's and children's PWWC services established within the SAPT Block Grant. Costs for children's services and some women's services such as parenting education are covered by the Family and Community Services (FACS-CP) unit and are not included in the MOE total. To calculate the maintenance of effort, Idaho adds the cost of all services delivered in PWWC Specialty providers, plus the cost of serving all pregnant women not served in specialty providers to the cost of serving women with dependent children involved in the child protection system, who were not served by a specialty provider. (See graphic below) This enables Idaho to accurately report the service costs of all clients who met PWWC criteria and received the full range of services required under the Block Grant.



IV: Populations and Services Reports

Table 10 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of substance abusers	2. Education	
	1. Parenting and family management	17
	2. Ongoing classroom and/or small group sessions	61
	4. Education programs for youth groups	4
	6. Preschool ATOD prevention programs	2
	7. Miscellaneous	23
	5. Community-Based Process	
	4. Community team-building	5
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	4
	3. Modifying alcohol and tobacco advertising practices	4

Footnotes:

IV: Populations and Services Reports

Table 11 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2009 Expenditure Period End Date: 6/30/2010

Level of Care	Number of Admissions ≥ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	$0.00	$0.00	$0.00
2. Free-Standing Residential	0	0	$0.00	$0.00	$0.00
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	$0.00	$0.00	$0.00
4. Short-term (up to 30 days)	444	432	$3249.15	$4104.00	$1509.12
5. Long-term (over 30 days)	306	296	$10120.20	$8280.00	$4994.01
AMBULATORY (OUTPATIENT)					
6. Outpatient	4563	3807	$786.53	$495.36	$876.99
7. Intensive Outpatient	3450	2745	$1085.24	$652.92	$1191.01
8. Detoxification	179	169	$526.93	$480.00	$259.52
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	0	0	$0.00	$0.00	$0.00
10. ORT Outpatient	0	0	$0.00	$0.00	$0.00

Footnotes:

Table 12 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	1325	693	294	15	7	0	0	5	0	27	19	0	0	202	63	689	305	253	78
2. 18 - 24	2809	1484	777	28	12	0	0	14	8	47	25	0	0	307	107	1569	813	311	116
3. 25 - 44	6137	3006	2000	52	24	0	0	15	13	130	113	0	0	536	248	3222	2127	517	271
4. 45 - 64	1842	1017	549	20	4	0	0	3	1	49	29	0	0	131	39	1074	579	146	43
5. 65 and Over	18	14	2	0	0	0	0	0	0	0	0	0	0	2	0	15	2	1	0
6. Total	12131	6214	3622	115	47	0	0	37	22	253	186	0	0	1178	457	6569	3826	1228	508
7. Pregnant Women	290		237		2		0		1		9		0		41		248		42
Number of persons served who were admitted in a period prior to the 12 month reporting period	4475																		
Number of persons served outside of the levels of care described on Table 11	0																		

Footnotes:

Response to Table 12, 12/12/2012 Revision Request

Revision Request: The total in row 6 Column A (11,887) does not match the total of columns I & J (11,905). The total in row 7 Column A (290) does not match the total of columns I & J for Pregnant women (285). Please provide an explanation for these discrepancies. No responses were recorded for the number of persons served who were admitted in a period prior to the 12 month reporting period or the number of persons served outside of the levels of care described in Table 11. Please add this information or provide an explanation for its omission. These revision requests are due by 12/28/12.

Idaho totals from Column A may not always match totals of columns I and J. These figures are generated using TEDS data. In a select number of cases clients records are coded as “invalid” (code 99 for ethnicity and race, 9 for pregnancy). In addition to some records are coded as unknown (97) for ethnicity which is not a figure requested by this report. Since none of these coding options are available on Table 12, Idaho is unable to make the totals from Column A, Rows 6 or 7 match the totals of Columns I and J. The same problem occurs with the totals for Pregnant Women. Since Idaho does not have the option to add data from all the codes included in TEDS data, we are unable to account for all pregnant women on Table 12.

The number of people served who were admitted in a period prior to the 12 month reporting period was 4,475. This data has been added to Table 12. No people were served outside of the levels of care described on Table 11. This data has also been added to Table 12.

IV: Populations and Services Reports

Table 14 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2009 Expenditure Period End Date: 6/30/2010

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS 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		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

Footnotes:
Idaho is not an HIV Designated State

IV: Populations and Services Reports

Table 15 - Charitable Choice

Expenditure Period Start Date: 7/1/2009 Expenditure Period End Date: 6/30/2010

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 Treatment Facility 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 total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

Client Choice Transfer Policy Per a division mandate established in 2009, the Master Services Contractor was required to notify individuals that they were being referred to a faith-based organization for services, offer the client an alternative provider if requested. At this time the clinical team works with the client to identify a provider that is acceptable. If at any time during the treatment episode, the client requested a change of provider, the Master Services Contractor transferred them to an non-faith-based provider. In all cases, every precaution is taken to ensure the client is respected and their privacy is maintained. All faith-based providers are notified of these requirements when they apply to become a part of the Master Services Contractor network.

Footnotes:

V: Performance Indicators and Accomplishments

Table 16 - 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]	1	1
Total number of clients with non-missing values on employment/student status [denominator]	2	2
Percent of clients employed or student (full-time and part-time)	50.0 %	50.0 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		0
Number of CY 2011 discharges submitted:		2
Number of CY 2011 discharges linked to an admission:		2
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		2

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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]		
Total number of clients with non-missing values on employment/student status [denominator]		
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		0
Number of CY 2011 discharges submitted:		0
Number of CY 2011 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 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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]	23	24
Total number of clients with non-missing values on employment/student status [denominator]	49	49
Percent of clients employed or student (full-time and part-time)	46.9 %	49.0 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	62
Number of CY 2011 discharges linked to an admission:	62
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	50
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	49

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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]	20	34
Total number of clients with non-missing values on employment/student status [denominator]	72	72
Percent of clients employed or student (full-time and part-time)	27.8 %	47.2 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	84
Number of CY 2011 discharges linked to an admission:	84

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	72
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	72

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Footnotes:

Table 17 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1	2
Total number of clients with non-missing values on living arrangements [denominator]	2	2
Percent of clients in stable living situation	50.0 %	100.0 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		0
Number of CY 2011 discharges submitted:		2
Number of CY 2011 discharges linked to an admission:		2
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		2

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Long-term Residential(LR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]		
Total number of clients with non-missing values on living arrangements [denominator]		
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		0
Number of CY 2011 discharges submitted:		0
Number of CY 2011 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 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Outpatient (OP)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	46	44
Total number of clients with non-missing values on living arrangements [denominator]	48	48
Percent of clients in stable living situation	95.8 %	91.7 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		0
Number of CY 2011 discharges submitted:		62
Number of CY 2011 discharges linked to an admission:		62
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		50
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		48

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Intensive Outpatient (IO)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	68	71
Total number of clients with non-missing values on living arrangements [denominator]	72	72
Percent of clients in stable living situation	94.4 %	98.6 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		0
Number of CY 2011 discharges submitted:		84
Number of CY 2011 discharges linked to an admission:		84

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	72
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	72

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Footnotes:

V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Criminal Justice Involvement (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 without arrests [numerator]	2	2
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2	2
Percent of clients without arrests	100.0 %	100.0 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		0
Number of CY 2011 discharges submitted:		2
Number of CY 2011 discharges linked to an admission:		2
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		2

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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 without arrests [numerator]		
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]		
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		0
Number of CY 2011 discharges submitted:		0
Number of CY 2011 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 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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 without arrests [numerator]	55	52
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	59	59
Percent of clients without arrests	93.2 %	88.1 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	62
Number of CY 2011 discharges linked to an admission:	62
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	59
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	59

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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 without arrests [numerator]	72	73
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	82	82
Percent of clients without arrests	87.8 %	89.0 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	84
Number of CY 2011 discharges linked to an admission:	84

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	82

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Footnotes:

V: Performance Indicators and Accomplishments

Table 19 - 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]	1	2
All clients with non-missing values on at least one substance/frequency of use [denominator]	2	2
Percent of clients abstinent from alcohol	50.0 %	100.0 %

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]		1
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		100.0 %

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]		1
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	2
Number of CY 2011 discharges linked to an admission:	2
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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]		
All clients with non-missing values on at least one substance/frequency of use [denominator]		
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]		
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]		
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]		
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]		
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 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	0
Number of CY 2011 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 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	48	55
All clients with non-missing values on at least one substance/frequency of use [denominator]	58	58
Percent of clients abstinent from alcohol	82.8 %	94.8 %

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]		8
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	10	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		80.0 %

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]		47
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	48	
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 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	62
Number of CY 2011 discharges linked to an admission:	62
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	59
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	58

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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]	57	73

All clients with non-missing values on at least one substance/frequency of use [denominator]	82	82
Percent of clients abstinent from alcohol	69.5 %	89.0 %

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]		21
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	25	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		84.0 %

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]		52
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	57	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.2 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	84
Number of CY 2011 discharges linked to an admission:	84
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	82

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Footnotes:

V: Performance Indicators and Accomplishments

Table 20 - 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]	1	2
All clients with non-missing values on at least one substance/frequency of use [denominator]	2	2
Percent of clients abstinent from drugs	50.0 %	100.0 %

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]		1
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		100.0 %

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]		1
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	2
Number of CY 2011 discharges linked to an admission:	2
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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]		
All clients with non-missing values on at least one substance/frequency of use [denominator]		
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]		
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]		
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]		
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]		
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 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	0
Number of CY 2011 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 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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]	46	51
All clients with non-missing values on at least one substance/frequency of use [denominator]	58	58
Percent of clients abstinent from drugs	79.3 %	87.9 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION
Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		10
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	12	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		83.3 %

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]		41
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	46	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		89.1 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	62
Number of CY 2011 discharges linked to an admission:	62
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	59
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	58

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

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]	43	66

All clients with non-missing values on at least one substance/frequency of use [denominator]	82	82
Percent of clients abstinent from drugs	52.4 %	80.5 %

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]		31
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	39	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		79.5 %

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]		35
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	43	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		81.4 %

Notes (for this level of care):	
Number of CY 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	84
Number of CY 2011 discharges linked to an admission:	84
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	82

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Footnotes:

V: Performance Indicators and Accomplishments

Table 21 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	0	0
Total number of clients with non-missing values on self-help attendance [denominator]	0	0
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance 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 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	2
Number of CY 2011 discharges linked to an admission:	2
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Long-term Residential(LR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]		
Total number of clients with non-missing values on self-help attendance [denominator]		
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance 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 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	0

Number of CY 2011 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 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Outpatient (OP)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	0	0
Total number of clients with non-missing values on self-help attendance [denominator]	0	0
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance 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 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	62
Number of CY 2011 discharges linked to an admission:	62
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	59
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Intensive Outpatient (IO)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	0	0
Total number of clients with non-missing values on self-help attendance [denominator]	0	0
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance 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 2011 admissions submitted:	0
Number of CY 2011 discharges submitted:	84
Number of CY 2011 discharges linked to an admission:	84
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through]

Footnotes:

V: Performance Indicators and Accomplishments

Table 22 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Manually Enter Data

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	0	0	0	0
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	197	119	197	275
5. Long-term (over 30 days)	0	0	0	0
AMBULATORY (OUTPATIENT)				
6. Outpatient	92	20	88	152
7. Intensive Outpatient	99	43	81	150
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	0	0	0	0

Level of Care	2011 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	0	0
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	2	2
5. Long-term (over 30 days)	0	0
AMBULATORY (OUTPATIENT)		
6. Outpatient	62	60
7. Intensive Outpatient	84	84
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	0

Source: SAMHSA/CBHSQ TEDS CY 2010 linked discharge file
[Records received through 5/2/2012]

Footnotes:

Table 23 - Prevention Performance Measures - 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	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2009 - 2010	12.7	
	Age 18+ - CY 2009 - 2010	50.9	
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2009 - 2010	8.8	
	Age 18+ - CY 2009 - 2010	25.5	
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2009 - 2010	5.8	
	Age 18+ - CY 2009 - 2010	9.6	
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2009 - 2010	7.8	
	Age 18+ - CY 2009 - 2010	7.9	
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors'orders).		
	Age 12 - 17 - CY 2009 - 2010	5.1	
	Age 18+ - CY 2009 - 2010	4.1	

[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 illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

Footnotes:

Table 24 - Prevention Performance Measures - 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	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2009 - 2010	74.9	
	Age 18+ - CY 2009 - 2010	81.3	
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2009 - 2010	91.8	
	Age 18+ - CY 2009 - 2010	92.4	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2009 - 2010	78.8	
	Age 18+ - CY 2009 - 2010	69.3	

Footnotes:

Table 25 - Prevention Performance Measures - 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	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2009 - 2010	13.0	
	Age 18+ - CY 2009 - 2010	16.5	
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2009 - 2010	12.4	
	Age 18+ - CY 2009 - 2010	15.8	
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2009 - 2010	13.3	
	Age 18+ - CY 2009 - 2010	18.9	
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2009 - 2010	13.6	
	Age 18+ - CY 2009 - 2010	18.5	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs][2]?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2009 - 2010	12.8	
	Age 18+ - CY 2009 - 2010	19.9	

[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.

Footnotes:

Table 26 - Prevention Performance Measures - 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	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2009 - 2010	89.0	
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2009 - 2010	89.1	
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2009 - 2010	82.4	
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2009 - 2010	83.7	
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2009 - 2010	88.5	

Footnotes:

Table 27 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2009 - 2010	46.4	
	Age 12 - 17 - CY 2009 - 2010		

Footnotes:

Table 28 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at http://nces.ed.gov/ccd/stfis.asp. Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	CY 2009	94.1	

Footnotes:

Table 29 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2010	40.2	

Footnotes:

Table 30 - Prevention Performance Measures - 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	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2010	33.1	

Footnotes:

Table 31 - Prevention Performance Measures - 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)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2009 - 2010	62.6	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2009 - 2010	92.0	

[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.

Footnotes:

Table 32 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2009 - 2010	95.0	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context having been exposed to prevention message.

Footnotes:

V: Performance Indicators and Accomplishments

Table 33-37 - Reporting Period - Start and End Dates for Information Reported on Tables 33, 34, 35, 36, and 37

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37
Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2009	6/30/2010
2. Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2009	6/30/2010
3. Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2009	6/30/2010
4. Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2009	6/30/2010
5. Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	7/1/2009	6/30/2010

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

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

Footnotes:

Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	215
5-11	7565
12-14	5822
15-17	2118
18-20	314
21-24	41
25-44	504
45-64	233
65 and over	18
Age Not Known	0
Gender	
Male	8698
Female	8132
Gender Unknown	0
Race	
White	13432
Black or African American	162
Native Hawaiian/Other Pacific Islander	46
Asian	92
American indian/Alaska Native	330
More Than One Race (not OMB required)	177

Race Not Known or Other (not OMB required)	2591
Ethnicity	
Hispanic or Latino	2505
Not Hispanic or Latino	14325

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

Idaho collects the NOMs Access/Capacity data through a proprietary data system, www.PreventionIdaho.Net, designed to CSAP/ORC Macro MDS 3.4b. The numbers on Table 33 epresent participants in cohort-based, recurring prevention curricula.

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

Idaho's prevention data collection system, www.PreventionIdaho.Net, was designed to the CSAP/ORC Macro MDS 3.4b specification. Following that specification, each participant indicates their primary racial category using the categories below. In accordance with the MDS 3.4b spec, Idaho's Multi-Racial category and Other category are distinct groups and are not duplicated in the other racial categories. Idaho's Hispanic Ethnicity data were captured independently of Race.

Footnotes:

Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	35884
5-11	49169
12-14	19967
15-17	18920
18-20	18493
21-24	24087
25-44	129121
45-64	118036
65 and over	56179
Age Not Known	0
Gender	
Male	235397
Female	234458
Gender Unknown	0
Race	
White	418641
Black or African American	2819
Native Hawaiian/Other Pacific Islander	470
Asian	5638
American indian/Alaska Native	6578
More Than One Race (not OMB required)	11746

Race Not Known or Other (not OMB required)	23963
Ethnicity	
Hispanic or Latino	52624
Not Hispanic or Latino	417231

Footnotes:

V: Performance Indicators and Accomplishments

Table 35 - Prevention Performance Measures - 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	15747	N/A
2. Universal Indirect	N/A	True
3. Selective	1083	N/A
4. Indicated	0	N/A
5. Total	16830	469855

Footnotes:

PreventionIdaho.Net assigns intervention types based on the program developers' specifications as listed on NREPP but does not force the selection of a single intervention type. Many evidence-based programs list more than one intervention type (IOM category). For example, the widely used Positive Action program lists itself as appropriate for use as a Universal, Selective and Indicated program. The problem of assigning a single intervention type to a program is compounded by many delivery scenarios where multiple populations are served. An after school program, for example, is generally available to all students (Universal), some students come or are referred for academic assistance (Selected) and some are present due to multiple risk factors including academic failure, fighting, and other disciplinary reasons (Indicated).

On Table 35, there were no instructions on how to handle a program with multiple intervention types. To avoid over- or under-representing Idaho's evidence-based programs and strategies by type of intervention, the following method was used to reduce programs with multiple intervention types to single categories.

1) Programs that listed Universal alone or in combination with other factors were counted as Universal for Table 35
2) Of the remaining programs, programs that listed Selected alone or in combination with Indicated were counted as Selected for Table 35.
3) Of the remaining programs, programs that listed Indicated alone were counted as Indicated for Table 35.

V: Performance Indicators and Accomplishments

Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

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

In 2010, the State of Idaho used the NREPP list of proven substance abuse prevention programs as the sole guidance for funding. However, not all SAP programs listed on NREPP were considered for funding, primarily due to delivery costs. A number of the family interventions, for example, can easily cost tens of thousands per family.

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

Idaho uses a proprietary MIS, PreventionIdaho.Net, designed to ORC Macro specs 4.2b. Under that system, funded EBPs can be selected and there is an 'Other' category for non-EB

Table 36 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	675	108	783	179	0	962
2. Total number of Programs and Strategies Funded	675	121	796	179	0	975
3. Percent of Evidence-Based Programs and Strategies	100.00 %	89.26 %	98.37 %	100.00 %		98.67 %

Footnotes:

V: Performance Indicators and Accomplishments

Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 675	$ 969304.59
Universal Indirect	Total # 108	$ 34824.42
Selective	Total # 179	$ 319119.32
Indicated	Total # 0	$ 0.00
	Total EBPs: 962	Total Dollars Spent: $1323248.33

Footnotes:
Please see footnote for Table 36 for IOM calculation method.

Prevention Attachments

Submission Uploads

FFY 2013 Prevention Attachment Category A:		Browse...	Upload
FFY 2013 Prevention Attachment Category B:		Browse...	Upload
FFY 2013 Prevention Attachment Category C:		Browse...	Upload
FFY 2013 Prevention Attachment Category D:		Browse...	Upload

Footnotes: