

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

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III. Expenditure Period

State Expenditure Period

From 7/1/2013

To 6/30/2014

Block Grant Expenditure Period

From 10/1/2011

To 9/30/2013

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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footnote:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Evidence-based Programming
Priority Type: SAP
Population(s): Other (Primary Prevention - General Population)

Goal of the priority area:

All recurring services/strategies funded with the Idaho 2014 and 2015 SAPT Block Grant will be from Idaho's Substance Abuse Prevention Evidence-Based Program List.

Strategies to attain the goal:

Priority will be given to funding prevention programs and practices on the approved list.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of programs funded which are on the Idaho approved list.
Baseline Measurement: Percentage of programs funded from list in 2013
First-year target/outcome measurement: 75% of programs funded are on list.
Second-year target/outcome measurement: 100% of programs funded are on list.
New Second-year target/outcome measurement (*if needed*):

Data Source:

Idaho substance abuse prevention data system

New Data Source (*if needed*):

Description of Data:

Name of program funded

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Funding priority was given to agencies who proposed to use evidence-based programs.

Priority #: 2

Priority Area: Community-based processes

Priority Type: SAP

Population(s): Other

Goal of the priority area:

Idaho will increase the number of underage drinking prevention coalitions by 5% by June 30, 2015.

Strategies to attain the goal:

Provide technical assistance, leadership development training and underage drinking prevention resources to all community groups willing to address underage alcohol use.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Idaho coalitions undertaking underage drinking prevention activities.

Baseline Measurement: Number of active Idaho coalitions as of October 1, 2013, is 15.

First-year target/outcome measurement: Number of active Idaho coalitions as of June 1, 2014 will be 18.

Second-year target/outcome measurement: Number of Idaho coalitions undertaking underage drinking activities as of June 1, 2014 will be 21.

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

Data Source:

Community Coalitions of Idaho activities report.

New Data Source (if needed):

Description of Data:

Coalition activity Reports

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No data issues foreseen.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 3

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Idaho will identify a new specialized Pregnant Women and Women with Dependent Children (PWWC) Provider by June 30, 2014

Strategies to attain the goal:

Idaho will contact providers serving pregnant women and women involved in child protection to identify an agency willing to deliver this specialty service.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase number of PWWC specialty providers
Baseline Measurement: Number of PWWC specialty providers as of July 1, 2013
First-year target/outcome measurement: An evaluation of network providers is completed to identify agencies willing and able to meet PWWDC requirements.
Second-year target/outcome measurement: Select one network and supply technical assistance needed to enable agency to meet all PWWDC requirements.
New Second-year target/outcome measurement (if needed):

Data Source:

Operations Unit, Substance Use Disorders (SUD) Report

New Data Source (if needed):

Description of Data:

Number of SUD providers contacted
Number of PWWC specialty providers

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 4
Priority Area: Substance Use Disorder Treatment Clients
Priority Type: SAT
Population(s): HIV EIS

Goal of the priority area:

The Division of Behavioral Health will require that all individuals seeking substance use disorder treatment services to be assessed for HIV/AIDs risks.

Strategies to attain the goal:

Require all Division of Behavioral Health-funded providers assess substance use disorder treatment clients for HIV/AIDs.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: All SSA-funded Substance Use Disorders clients are assessed for HIV/AIDs.

Baseline Measurement: Percentage of clients assessed for HIV/AIDS in Idaho Fiscal Year 2013.

First-year target/outcome measurement: 50% of clients will be assessed for HIV/AIDS.

Second-year target/outcome measurement: 100% of clients assessed for HIV/AIDS.

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

Data Source:

WITS data system

New Data Source (if needed):

Description of Data:

Number of clients whose assessment record indicates they were assessed for HIV/AIDS

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 5

Priority Area: All Substance Use Disorder Clients

Priority Type: SAT

Population(s): TB

Goal of the priority area:

The Division of Behavioral Health will require that all individuals seeking substance use disorder treatment services to be assessed for tuberculosis.

Strategies to attain the goal:

Require all Division of Behavioral Health-funded providers assess substance use disorder treatment clients for tuberculosis.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of Substance Use Disorders clients who are assessed for TB.

Baseline Measurement: Percentage of clients assessed for TB in Idaho State Fiscal Year 2013.

First-year target/outcome measurement: 50% of clients assessed for TB in Idaho State Fiscal Year 2014.

Second-year target/outcome measurement: 100 % of clients assessed for TB in Idaho State Fiscal Year 2015.

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

Data Source:

WITS data system

New Data Source (if needed):

Description of Data:

Number of clients assessed for TB

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 6
Priority Area: IV Drug Users
Priority Type: SAP
Population(s): IVDUs

Goal of the priority area:

Idaho will develop a process to ensure that individuals served as IVDU clients meet established requirements by June 30, 2015.

Strategies to attain the goal:

Develop a process for evaluating client intravenous drug use by June 30, 2014.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: A process for evaluating client intravenous drug use is developed by June 30, 2014. 50% of SUD clients will be assessed for IV drug use in FY 2014.

Baseline Measurement: No process existst

First-year target/outcome measurement: Develop a process for evaluating client intravenous drug use by June 30, 2014.

Second-year target/outcome measurement:

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

Data Source:

Operations Unit, Substance Use Disorders Report

New Data Source *(if needed)*:

Description of Data:

Written process is completed.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 7

Priority Area:

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Idaho's suicide hotline will expand its capacity to serve Idaho citizens who are in crisis.

Strategies to attain the goal:

Suicide hotline capacity will be expanded through increased hours of operation and increased staff during peak operating hours.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Suicide hotline days of operation and number of staff per shift.

Baseline Measurement: Suicide hotline operates for four days a week with two staff as of March 2013.

First-year target/outcome measurement: Idaho's suicide hotline hours of operation will expand from Monday through Friday, 9 a.m. to 5 p.m. to seven days a week by June 30, 2014.

Second-year target/outcome measurement: Idaho's suicide hotline number of staff per shift will expand from two to three by June 30, 2015.

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

Data Source:

Mountain States Group runs the suicide hotline program.

New Data Source (if needed):

Description of Data:

Mountain States Group will provide information as to suicide hotline hours and days of operation. Mountain States Group will provide information as to number of staff per shift.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

NA

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 8
Priority Area:
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

The Division of Behavioral Health will enhance the implementation of Assertive Community Treatment (ACT) by providing training to ACT staff and community partners.

Strategies to attain the goal:

The Division of Behavioral Health will sponsor an ACT conference to provide evidence based training opportunities for ACT staff and community partners.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Training provided to Assertive Community Treatment staff and community partners.
Baseline Measurement: No statewide Assertive Community Treatment training has been provided for the past four years.
First-year target/outcome measurement: The Division of Behavioral Health will implement a statewide Assertive Community Treatment (ACT) conference for behavioral health, corrections and court personnel with workshop tracks related to ACT, recovery and trauma by January 1, 2014.
Second-year target/outcome measurement: NA
New Second-year target/outcome measurement (if needed):

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Implementation of a statewide Assertive Community Treatment (ACT) conference to provide evidence based training opportunities to ACT staff and community partners.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 9

Priority Area:
Priority Type: MHS
Population(s): SED

Goal of the priority area:

The Division of Behavioral Health will improve the consistency and standardization of Children's Mental Health services delivery to eligible children without payment resources.

Strategies to attain the goal:

The Division of Behavioral Health will contract with a Children's Mental Health Management Services Contractor to provide Children's Mental Health services to eligible children without payment resources.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The Division of Behavioral Health will contract with a Children's Mental Health (CMH) Management Services Contractor to provide Children's Mental Health services to eligible children with serious emotional disturbance diagnoses who have no insurance or other payment resources .
Baseline Measurement: As of March 2013, the Division of Behavioral Health did not contract with a CMH Services contractor for CMH services.
First-year target/outcome measurement: The Division of Behavioral Health will create a Request for Proposals and award a contract to a Children's Mental Health Management Services Contractor to provide Children's Mental Health services to eligible children with serious emotional disturbance diagnoses who have no insurance or other payment resources by January 1, 2014.
Second-year target/outcome measurement: The Division of Behavioral Health will transition Children's Mental Health service delivery to the Children's Mental Health Services contractor and implement written quality assurance strategies to guide service delivery to eligible children with serious emotional disturbance diagnoses who have no insurance or other payment resources by June 30, 2015.

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

Data Source:

Division of Behavioral Health and CMH Management Services Contractor.

New Data Source (if needed):

Description of Data:

Contract with a CMH Management Services Contractor to provide Children's Mental Health services to eligible children without payment resources. The CMH Management Services Contractor will be responsible to track and report on children served.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 10
Priority Area: Substance Use Disorders (SUD) Professionals Training
Priority Type: SAT
Population(s): Other

Goal of the priority area:

The Division of Behavioral Health will implement a resource portal to provide treatment professionals with current research and resources on trauma-informed care.

Strategies to attain the goal:

Portal is developed.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Portal is available for Substance Use Disorders (SUD) Professionals to access
Baseline Measurement: No portal currently exists
First-year target/outcome measurement: Portal is developed
Second-year target/outcome measurement: Portal is accessible to SUD Professionals
New Second-year target/outcome measurement (if needed):

Data Source:

Operations Unit, Substance Use Disorders Activity Report

New Data Source (if needed):

Description of Data:

Portal accessibility

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 11
Priority Area:
Priority Type: SAP
Population(s): Other

Goal of the priority area:

The Division of Behavioral Health in collaboration with the Idaho State Police, Office of Drug Policy, Supreme Court, Department of Juvenile Corrections and Department of Education will implement an alcohol and other drug use youth survey system by June 30, 2015.

Strategies to attain the goal:

Survey will be developed and tested
Survey implementation plan will be executed

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Youth survey is implemented
Baseline Measurement: No youth survey exists in Idaho
First-year target/outcome measurement: Survey is developed and tested
Second-year target/outcome measurement: Survey implementation plan is established and survey is implemented
New Second-year target/outcome measurement (if needed):

Data Source:

State Epidemiological Outcomes Workgroup Report

New Data Source (if needed):

Description of Data:

Survey sites and response summary data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 12

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will support the establishment/infrastructure development of a behavioral health planning council and regional behavioral health boards that include representation from both mental health and substance use disorders stakeholders.

Strategies to attain the goal:

The Division of Behavioral Health will provide support and consultation to the State Councils and regional boards as they work to merge into combined behavioral health entities.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Establishment of a behavioral health council and behavioral health regional boards with mental health and substance use disorder representation.

Baseline Measurement: Separate mental health and substance use disorder councils and regional boards.

First-year target/outcome measurement: The State Planning Council on Mental Health will transition to the State Behavioral Health Council with representation from mental health and substance use disorders by June 30, 2014.

Second-year target/outcome measurement: The State Behavioral Health Council will develop readiness criteria to assess Regional Behavioral Health Boards and their ability to provide guidance on behavioral health service delivery in their respective regions, and the Council will assess each regional Board with this criteria by June 30, 2015.

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

Data Source:

Division of Behavioral Health, Behavioral Health Planning Council, regional behavioral health boards.

New Data Source (if needed):

Description of Data:

Establishment of council and regional behavioral health boards. Council development of readiness criteria to assess Regional Behavioral Health boards.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 13

Priority Area:

Priority Type: SAT, MHS

Population(s):

Goal of the priority area:

The Division of Behavioral Health will provide guidance on screening and referral for those with behavioral and primary health care needs.

Strategies to attain the goal:

The Division of Behavioral Health will develop a policy and procedures for screening and referring those with behavioral and primary health care needs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Policies for screening and referring those with behavioral and primary health care needs.

Baseline Measurement: No existing policies for screening and referring those with behavioral and primary health care needs.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will develop a policy and procedures for screening and referring those receiving behavioral health care who have primary health care needs to appropriate community resources, and all staff will be trained on this policy by June 30, 2015.

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

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Written policies and procedures for screening and referring those receiving behavioral health care services who have primary health care needs to appropriate community resources.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 14

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will expand system availability of the Web Infrastructure for Treatment Services (WITS) electronic health record system for the Substance Use Disorder (SUD) statewide treatment provider network.

Strategies to attain the goal:

The Division of Behavioral Health will update the WITS user guide, training and data capture for the SUD treatment provider network.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Web Infrastructure for Treatment Services (WITS) user guide and training for SUD treatment providers.

Baseline Measurement: There is a WITS user guide but it is not specific to SUD treatment providers.

First-year target/outcome measurement: The Division of Behavioral Health will update the WITS user guide, training and data capture for SUD treatment providers by June 30, 2014.

Second-year target/outcome measurement: None.

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

Data Source:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 17

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will build relationships with Idaho's Tribes.

Strategies to attain the goal:

Participate in regularly scheduled meetings with Idaho Tribes.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Inclusion of Tribal input into behavioral health system service delivery.

Baseline Measurement: Ongoing inclusion of Tribal input into behavioral health system service delivery.

First-year target/outcome measurement: The Division of Behavioral Health Tribal liaison initiates contact with Idaho's tribes to establish relationships with Tribal Leaders.

Second-year target/outcome measurement: The Division of Behavioral Health's Tribal liaison will participate in regularly scheduled meetings with Tribal members to improve Tribal relationships and invite input into behavioral health service planning in Idaho. The Division's Tribal liaison will work to develop relationships with Idaho Tribes by June 30, 2015.

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

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Number of meetings and number of Tribes involved in joint meetings.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 18

Priority Area:

Priority Type: SAT

Population(s): Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

Increase substance use disorder (SUDS) program integrity, consistency and standardization.

Strategies to attain the goal:

Establish SUDS program integrity standards and service procedures.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Substance use disorder (SUD) program integrity.

Baseline Measurement: There are no clear, written SUD program integrity standards or service procedures.

First-year target/outcome measurement: The Division of Behavioral Health will establish program integrity standards and service procedures for Substance Use Disorder treatment by June 30, 2014.

Second-year target/outcome measurement: None.

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

Data Source:

Division of Behavioral Health - policy unit and quality assurance unit.

New Data Source (if needed):

Description of Data:

Written SUD program integrity standards and service procedures.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 19

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Criminal/Juvenile Justice, Adults and children with substance use disorder)

diagnoses)

Goal of the priority area:

The Division of Behavioral Health will collaborate with courts and the Idaho Department of Correction (IDOC) to screen offenders for behavioral health diagnoses and link them to available and appropriate behavioral health services.

Strategies to attain the goal:

The Division of Behavioral Health will hire additional staff to collaborate with courts and IDOC to identify strategies to screen offenders and link them to available services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Division of Behavioral Health collaboration with courts and Idaho Department of Correction (IDOC) to screen offenders for behavioral health diagnoses and link them to appropriate behavioral health services.

Baseline Measurement: Division of Behavioral Health staff assigned to collaborate with courts and IDOC and strategies to screen and refer offenders with behavioral health diagnoses.

First-year target/outcome measurement: The Division of Behavioral Health will hire three staff and develop a process to collaborate with courts and IDOC to strategize methods to screen offenders for behavioral health diagnoses and link them to available and appropriate behavioral health services by June 30, 2014.

Second-year target/outcome measurement: None.

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

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Staff hired to work with courts and IDOC to develop strategies to screen and refer offenders with behavioral health diagnoses. Procedures that are developed for screening and referral.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 20

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will develop behavioral health standards for service delivery.

Strategies to attain the goal:

The Division of Behavioral Health will review existing standards manuals and develop behavioral health standards for service delivery.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Behavioral health standards for service delivery.
Baseline Measurement: The Division of Behavioral Health does not have written behavioral health standards for service delivery.
First-year target/outcome measurement: The Division of Behavioral Health will review several existing standards manuals (e.g., Comprehensive Accreditation Manual for Behavioral Health Care, Joint Commission for Accreditation of Health Organizations, etc.) to develop behavioral health standards for behavioral health services delivery in at least five service areas by June 30, 2014.
Second-year target/outcome measurement: The Division of Behavioral Health will review several existing standards manuals (e.g., Comprehensive Accreditation Manual for Behavioral Health Care, Joint Commission for Accreditation of Health Organizations, etc.) to develop behavioral health standards for behavioral health services delivery in at least eight service areas by June 30, 2015.

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

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Written behavioral health standards for service delivery.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 21

Priority Area:

Priority Type: SAT

Population(s): Other (Adults and children with substance use disorder diagnoses)

Goal of the priority area:

Develop a cadre of individuals with substance use disorder (SUDS) diagnoses who are able to demonstrate recovery and resilience through recovery coaching.

Strategies to attain the goal:

Provide recovery coaching to Idaho citizens with substance use disorders (SUDS).

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Individuals with substance use disorder (SUD) diagnoses demonstrating recovery and resilience through recovery coaching.

Baseline Measurement: There are no SUD diagnosed individuals in Idaho who are trained in recovery coaching.

First-year target/outcome measurement: The Division of Behavioral Health will train at least thirty (30) individuals in recovery coaching by June 30, 2014.

Second-year target/outcome measurement: The Division of Behavioral Health will establish recovery coaching services as a life skills service under Recovery Support Services in all regions by June 30, 2015.

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

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Numbers of Idaho citizens with SUD diagnoses trained in recovery coaching. Establishment of recovery coaching services as a life skills service under Recovery Support Services in all regions.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 22

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

Ensure that Division of Behavioral Health service delivery staff are adequately trained to assess, diagnose and develop treatment plans according to the new Diagnostic and Statistical Manual V (DSM-V) guidelines.

Strategies to attain the goal:

Provide statewide training on DSM-V guidelines.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Division of Behavioral Health staff ability to assess, diagnose and develop treatment plans based on the Diagnostic and Statistical Manual V (DSM-V) guidelines.

Baseline Measurement: DSM-V has not yet been released and no staff have been trained adequately on DSM-V guidelines.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will provide statewide training in assessment, diagnosis and treatment planning according to the new DSM-V guidelines by June 30, 2015.

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

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Number of regional training events on DSM-V guidelines. Number of staff trained on DSM-IV guidelines.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 23

Priority Area:

Priority Type: SAT, MHS

Population(s): Other (Adults and children with substance use disorder diagnoses)

Goal of the priority area:

Newly established regional behavioral health boards will be provided with tools that help them to identify regional gaps and plan ways to address identified issues.

Strategies to attain the goal:

The Division of Behavioral Health will facilitate the development of an Action Plan toolkit curriculum that outlines ways to identify gaps, create action plans to address those gaps, implement action plans and collect outcome data.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Action plan toolkit to facilitate ability to identify gaps, create and implement action plans to address gaps and collect outcome data.

Baseline Measurement: The Division of Behavioral Health does not have an Action Plan toolkit that can help newly established regional behavioral health boards to actively address identified issues.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will create an Action Plan toolkit and will provide training to all seven regional behavioral health boards on use of the Action Plan toolkit by June 30, 2015.

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

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Action Plan toolkit curriculum.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 24

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will provide guidance on cultural awareness expectations for those who deliver behavioral health services.

Strategies to attain the goal:

Develop and provide training on cultural awareness and delivery of behavioral health services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Development of an action plan toolkit curriculum.

Baseline Measurement: Idaho does not have an action plan curriculum to guide regions in gaps analysis, action plan implementation and outcomes measurement.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will create an Action Plan toolkit and will provide training to all seven regional behavioral health boards on the Action Plan toolkit by June 30, 2015.

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

Data Source:

Division of Behavioral Health

New Data Source *(if needed)*:

Description of Data:

Action Plan toolkit curriculum and numbers of regional trainings.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 25

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Idaho will develop formal tracking systems and reports to record the number of Pregnant Women and Women with Dependent Children receiving specialized care, as established under the SAPT Block Grant and the cost of such care.

Strategies to attain the goal:

Idaho will establish electronic data collection and reporting systems to capture data on PWWC clients.

footnote:

This table does not have an option to add progress for Goal 25. The goal was achieved.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

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	\$ 4,964,000	\$	\$ 2,020,312	\$ 2,945,170	\$ 17,607,131	\$	\$
2. Primary Prevention	\$ 1,882,755	\$	\$	\$ 488,258	\$ 764,748	\$	\$
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)	\$ 47,620	\$	\$	\$ 22,458	\$ 80,011	\$	\$
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$6,894,375	\$	\$2,020,312	\$3,455,886	\$18,451,890	\$	\$
10. Subtotal (Rows 5, 6, 7, and 8)	\$47,620	\$	\$	\$22,458	\$80,011	\$	\$
11. Total	\$6,894,375	\$	\$2,020,312	\$3,455,886	\$18,451,890	\$	\$

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$
Specialized Outpatient Medical Services			
Acute Primary Care			
General Health Screens, Tests and Immunizations			
Comprehensive Care Management			
Care coordination and Health Promotion			
Comprehensive Transitional Care			
Individual and Family Support			
Referral to Community Services Dissemination			
Prevention (Including Promotion)			\$
Screening, Brief Intervention and Referral to Treatment			
Brief Motivational Interviews			
Screening and Brief Intervention for Tobacco Cessation			
Parent Training			
Facilitated Referrals			
Relapse Prevention/Wellness Recovery Support			
Warm Line			
Substance Abuse (Primary Prevention)			\$
Classroom and/or small group sessions (Education)			
Media campaigns (Information Dissemination)			
Systematic Planning/Coalition and Community Team Building(Community Based Process)			
Parenting and family management (Education)			

Education programs for youth groups (Education)			
Community Service Activities (Alternatives)			
Student Assistance Programs (Problem Identification and Referral)			
Employee Assistance programs (Problem Identification and Referral)			
Community Team Building (Community Based Process)			
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			
Engagement Services			\$
Assessment			
Specialized Evaluations (Psychological and Neurological)			
Service Planning (including crisis planning)			
Consumer/Family Education			
Outreach			
Outpatient Services			\$
Evidenced-based Therapies			
Group Therapy			
Family Therapy			
Multi-family Therapy			
Consultation to Caregivers			
Medication Services			\$
Medication Management			
Pharmacotherapy (including MAT)			
Laboratory services			
Community Support (Rehabilitative)			\$
Parent/Caregiver Support			
Skill Building (social, daily living, cognitive)			
Case Management			

Behavior Management			
Supported Employment			
Permanent Supported Housing			
Recovery Housing			
Therapeutic Mentoring			
Traditional Healing Services			
Recovery Supports			\$
Peer Support			
Recovery Support Coaching			
Recovery Support Center Services			
Supports for Self-directed Care			
Other Supports (Habilitative)			\$
Personal Care			
Homemaker			
Respite			
Supported Education			
Transportation			
Assisted Living Services			
Recreational Services			
Trained Behavioral Health Interpreters			
Interactive Communication Technology Devices			
Intensive Support Services			\$
Substance Abuse Intensive Outpatient (IOP)			
Partial Hospital			
Assertive Community Treatment			
Intensive Home-based Services			
Multi-systemic Therapy			

Intensive Case Management			
Out-of-Home Residential Services			\$
Children's Mental Health Residential Services			
Crisis Residential/Stabilization			
Clinically Managed 24 Hour Care (SA)			
Clinically Managed Medium Intensity Care (SA)			
Adult Mental Health Residential			
Youth Substance Abuse Residential Services			
Therapeutic Foster Care			
Acute Intensive Services			\$
Mobile Crisis			
Peer-based Crisis Services			
Urgent Care			
23-hour Observation Bed			
Medically Monitored Intensive Inpatient (SA)			
24/7 Crisis Hotline Services			
Other (please list)			\$

footnote:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Category	FY 2012 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$4,467,292
2. Primary Prevention	\$2,197,934
3. Tuberculosis Services	\$9,516
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$180,330
6. Total	\$6,855,072

*Prevention other than Primary Prevention

**HIV Designated States

footnote:

Idaho is not a HIV-designated state.

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Universal	\$ <input type="text" value="201,060"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$201,060	\$	\$	\$	\$
Education	Selective	\$ <input type="text" value="221,992"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text" value="82,800"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ <input type="text" value="918,947"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$1,223,739	\$	\$	\$	\$
Alternatives	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Universal	\$ <input type="text" value="14,558"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$14,558	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text" value="19,200"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$19,200	\$	\$	\$	\$
Community-Based Process	Selective	\$ <input type="text" value="68,457"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Community-Based Process	Indicated	\$2,901	\$	\$	\$	\$
Community-Based Process	Universal	\$92,719	\$	\$	\$	\$
Community-Based Process	Unspecified	\$	\$	\$	\$	\$
Community-Based Process	Total	\$164,077	\$	\$	\$	\$
Environmental	Selective	\$	\$	\$	\$	\$
Environmental	Indicated	\$	\$	\$	\$	\$
Environmental	Universal	\$50,312	\$	\$	\$	\$
Environmental	Unspecified	\$	\$	\$	\$	\$
Environmental	Total	\$50,312	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$132,713	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$	\$	\$	\$	\$
Section 1926 Tobacco	Total	\$132,713	\$	\$	\$	\$
Other	Selective	\$	\$	\$	\$	\$
Other	Indicated	\$	\$	\$	\$	\$
Other	Universal	\$392,275	\$	\$	\$	\$
Other	Unspecified	\$	\$	\$	\$	\$
Other	Total	\$392,275	\$	\$	\$	\$

Footnotes:

The amount reported under "Other" was used for resource development activities.

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date:

Expenditure Period End Date:

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$1,410,309				
Universal Indirect	\$392,275				
Selective	\$290,449				
Indicated	\$104,901				
Column Total	\$2,197,934.00	\$0.00	\$0.00	\$0.00	\$0.00

footnote:

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

Expenditure Period Start Date: Expenditure Period End Date:

Targeted Substances	
Alcohol	b
Tobacco	b
Marijuana	b
Prescription Drugs	b
Cocaine	e
Heroin	e
Inhalants	e
Methamphetamine	e
Synthetic Drugs (i.e. Bath salts, Spice, K2)	e
Targeted Populations	
Students in College	e
Military Families	e
LGBTQ	e
American Indians/Alaska Natives	e
African American	e
Hispanic	e
Homeless	e
Native Hawaiian/Other Pacific Islanders	e
Asian	e
Rural	b
Underserved Racial and Ethnic Minorities	e

footnote:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

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		\$36,713.00		\$19,915.00		\$56,628.00
2. Quality Assurance		\$58,213.00		\$40,422.00		\$98,635.00
3. Training (Post-Employment)		\$16,867.00		\$7,444.00		\$24,311.00
4. Program Development		\$27,628.00		\$31,442.00		\$59,070.00
5. Research and Evaluation		\$26,108.00		\$24,946.00		\$51,054.00
6. Information Systems		\$19,062.00		\$16,709.00		\$35,771.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$184,591.00	\$0.00	\$140,878.00	\$0.00	\$325,469.00

footnote:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	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
7030	X		Statewide	A to B Services	103 South Oneida	Rupert	ID	83350	\$2,906	\$2,906	\$1,092	\$0	\$0
7363	X		Statewide	A to Z Family Services	380 N Capital Ave	Idaho Falls	ID	83402	\$13,019	\$13,019	\$0	\$0	\$0
5944	X		Statewide	A to Z Family Services	44 N Main	Malad City	ID	83252	\$631	\$631	\$631	\$0	\$0
4127	ID100806		Statewide	A to Z Family Services	150 South Broadway Street	Blackfoot	ID	83221	\$8,610	\$8,610	\$1,158	\$0	\$0
6257	X		Statewide	A to Z Family Services	2798 Arthur	American Falls	ID	83211	\$1,945	\$1,945	\$0	\$0	\$0
IDTX654	x		Region 6	A to Z Family Services, Inc	732 Washington	Pocatello	ID	83201	\$6,915	\$6,915	\$0	\$0	\$0
7297	X		Statewide	Abba Daddy House	976 Haas Rd	Craigmont	ID	83523	\$50	\$50	\$0	\$0	\$0
7496	X		Statewide	Absolute Drug Testing	5433 N Government Way Ste B	Coeur d'Alene	ID	83815	\$168	\$168	\$0	\$0	\$0
6633	X		Statewide	Abundant Wellness Center	1125 E Polston Ave Ste A	Post Falls	ID	83854	\$24,629	\$24,629	\$0	\$0	\$0
6857	X		Statewide	ACES Community Services	1417 N 4th Street	Coeur d'Alene	ID	83814	\$26,578	\$26,578	\$2,192	\$0	\$0
6858	X		Statewide	ACES Community Services	609 Bank Street	Wallace	ID	83873	\$8,569	\$8,569	\$95	\$0	\$0
6859	X		Statewide	ACES Community Services	1002 W Sanetta Street	Nampa	ID	83651	\$20,539	\$20,539	\$0	\$0	\$0
6860	X		Statewide	ACES Community Services	890 N Cole Road	Boise	ID	83704	\$51,157	\$51,157	\$0	\$0	\$0
IT0055	ID100561		4	Ada County Juvenile Court Services	6300 Denton Street	Boise	ID	83704	\$481	\$481	\$0	\$0	\$0
6386	X		4	Ada County Juvenile Court Services	400 N Benjamin Suite 201	Boise	ID	83704	\$1,563	\$1,563	\$0	\$0	\$0
IT0048	ID900508		Statewide	Addictions Rehabilitation Association	163 East Elva Street	Idaho Falls	ID	83402	\$64,100	\$64,100	\$13,944	\$0	\$0
7255	X		Statewide	Advanced Drug Detection	1290 Addison Ave E	Twin Falls	ID	83301	\$1,056	\$1,056	\$0	\$0	\$0
Prev2011-1	X		1	AJI Counseling LLC	PO Box 103	Coeur d'Alene	ID	83816	\$61,008	\$0	\$0	\$61,008	\$0
7088	X		Statewide	Alcoholism Intervention Services	8436 Fairview Ave Ste D	Boise	ID	83704	\$43,915	\$43,915	\$0	\$0	\$0
7008	x		Statewide	All-City Transport	10843 W Halstead Ct	Boise	ID	83713	\$20,398	\$20,398	\$174	\$0	\$0
6571	X		Statewide	Alliance Family Services	6334 Main St	Bonnerr Ferry	ID	83805	\$2,619	\$2,619	\$0	\$0	\$0

6205	X		Statewide	Alliance Family Services	317 W 6th St Ste # 210	Moscow	ID	83843	\$9,367	\$9,367	\$0	\$0	\$0
5909	X		Statewide	Alliance Family Services	608 S Division Ave	Sandpoint	ID	83864	\$47,089	\$47,089	\$2,411	\$0	\$0
6162	x		Statewide	Alliance Family Services	89 Homer Drive	Saint Maries	ID	83861	\$13,259	\$13,259	\$1,903	\$0	\$0
4677	X		Statewide	Alliance Family Services	14 Emerson Lane	Kellogg	ID	83837	\$36,062	\$36,062	\$1,821	\$0	\$0
IT3926	ID100531		Statewide	Alliance Family Services	1200 Ironwood Drive Suite 101	Coeur d Alene	ID	83814	\$82,552	\$82,552	\$5,483	\$0	\$0
7256	X		Statewide	American Mobile Drug Testing	1200 W Ironwood Dr Ste # 309	Coeur d'Alene	ID	83814	\$11,722	\$11,722	\$716	\$0	\$0
7094	X		Statewide	Ascent Behavioral Health Services	1993 East 8th North	Mountain Home	ID	83647	\$27,339	\$27,339	\$106	\$0	\$0
7598	X		Statewide	Ascent Behavioral Health Services	169 E 50th Street	Garden City	ID	83714	\$1,826	\$1,826	\$0	\$0	\$0
6290	X		Statewide	Ascent Behavioral Health Services	8620 W Emerald St. Suite 100	Boise	ID	83704	\$1,223	\$1,223	\$0	\$0	\$0
IT1911	ID100370		Statewide	Ascent Behavioral Health Services	366 SW 5th Avenue Suite 100	Meridian	ID	83642	\$167,579	\$167,579	\$799	\$0	\$0
Prev2011-4	X		6	Bannock County Jv Diversion	PO Box 4926	Pocatello	ID	83205	\$12,776	\$0	\$0	\$12,776	\$0
3177	X		Statewide	Bannock Transportation	518 Filmore	Pocatello	ID	83204	\$11,279	\$11,279	\$0	\$0	\$0
Prev2011-5	X		6	Bannock Youth Foundation	PO Box 246	Pocatello	ID	83204	\$63,848	\$0	\$0	\$63,848	\$0
IT0047	ID101560		Statewide	Bannock Youth Foundation dba MK Place	403 N. Hayes	Pocatello	ID	83204	\$1,348	\$1,348	\$0	\$0	\$0
5415	X		Statewide	Bannock Youth Foundation dba MK Place	620 West Fremont St	Pocatello	ID	83204	\$8,496	\$8,496	\$0	\$0	\$0
IT0047	ID01560		Statewide	Bannock Youth Foundation dba MK Place	110 South 19th	Pocatello	ID	83201	\$12,369	\$12,369	\$0	\$0	\$0
Prev2011-6	X		4	Basin School District #72	PO Box 227	Idaho City	ID	83631	\$12,631	\$0	\$0	\$12,631	\$0
Prev2011-7	X		6	Bear Lake School Dist #33	PO Box 300	Paris	ID	83261	\$8,334	\$0	\$0	\$8,334	\$0
6398	X		Statewide	Bell Chemical Dependency	443 South 18th Street	Payette	ID	83661	\$17,042	\$17,042	\$343	\$0	\$0
IT0472	ID100164		Statewide	Bell Chemical Dependency	811 Main Street	Caldwell	ID	83605	\$178,711	\$178,711	\$26,885	\$0	\$0
IT0470	X		Statewide	Bell Chemical Dependency	1208 East Linden	Caldwell	ID	83605	\$300,909	\$300,909	\$300,909	\$0	\$0
IT0476	X		Statewide	Bell Chemical Dependency	4615 S. Locust Grove	Meridian	ID	83642	\$20,049	\$20,049	\$0	\$0	\$0
Prev2012001	x		Statewide	Benchmark Research & Safety, Inc. Prevention	POB 9088	Moscow	ID	83843	\$447,480	\$0	\$0	\$447,480	\$0
ITP2012	x		Statewide	Benchmark Research & Safety, Inc.	POB 9088	Moscow	ID	83843	\$132,713	\$0	\$0	\$132,713	\$0
Prev2011-8	X		5	Blaine County School District #61	520 1st Ave S.	Hailey	ID	83333	\$4,579	\$0	\$0	\$4,579	\$0
Prev2011-9	X		4	Boise County - SFP	PO Box 486	Idaho City	ID	83631	\$38,734	\$0	\$0	\$38,734	\$0
Prev2011-11	X		4	Boise School District #1	8169 W. Victory Road	Boise	ID	83709	\$13,999	\$0	\$0	\$13,999	\$0

Prev2011-12	X	X	7	Bonneville County BYDC coalition	245 N Placer Ave	Idaho Falls	ID	83402	\$17,730	\$0	\$0	\$17,730	\$0
5836	X	X	Statewide	Boyd Group LLC	5362 W Prairie Ave	Post Falls	ID	83854	\$3,075	\$3,075	\$2,691	\$0	\$0
4117	X	X	Statewide	Boyd Group LLC	1001 Walnut Ave.	Coeur d'Alene	ID	83814	\$2,280	\$2,280	\$0	\$0	\$0
3234	X	X	Statewide	Boyd Group LLC	2115 E. Lakeside Ave.	Coeur d'Alene	ID	83814	\$2,586	\$2,586	\$0	\$0	\$0
4119	X	X	Statewide	Boyd Group LLC	1916 Pennsylvania Ave.	Coeur d'Alene	ID	83814	\$679	\$679	\$0	\$0	\$0
Prev2011-13	X	X	5	Boys and Girls Club of Magic Valley	999 Frontier Road	Twin Falls	ID	83301	\$20,709	\$0	\$0	\$20,709	\$0
IT5122	X	X	Statewide	Business Psychology Associates	380 E. Parkcenter Blvd.	Boise	ID	83706	\$191,426	\$191,426	\$123,390	\$0	\$0
Prev2011-15	X	X	3	Caldwell SD	1502 Fillmore St	Caldwell	ID	83605	\$2,959	\$0	\$0	\$2,959	\$0
Prev2011-16	X	X	4	Cascade School District #422	35 Atkin Lane	Cascade	ID	83611	\$10,060	\$0	\$0	\$10,060	\$0
PREV 430	x	X	Region 4	Catholic Charities of Idaho - Boise	1501 Federal Way	Boise	ID	83705	\$14,947	\$0	\$0	\$14,947	\$0
Prev2011-17	X	X	5	Catholic Charities of Jerome	125 1st Avenue East	Jerome	ID	83338	\$14,960	\$0	\$0	\$14,960	\$0
TXR2618	x	X	Region 2	ChangePoint	618 D Street, Suites C & D	Lewiston	ID	83501	\$24,759	\$24,759	\$1,088	\$0	\$0
6930	X	X	Statewide	ChangePoint	830 Michigan Ave	Orofino	ID	83544	\$22,395	\$22,395	\$0	\$0	\$0
6699	X	X	Statewide	ChangePoint	2200 Michigan Ave	Orofino	ID	83544	\$45	\$45	\$0	\$0	\$0
TXR44692	x	X	ISA 2	Christ Recovery/Vistory in Christ	4620 Denton	Boise	ID	83705	\$14	\$14	\$0	\$0	\$0
3662	X	X	Statewide	Chrysalis Women's Transitional Living	2501 State St	Boise	ID	83702	\$2,000	\$2,000	\$1,162	\$0	\$0
3663	X	X	Statewide	Chrysalis Women's Transitional Living	3704 N. North	Boise	ID	83703	\$508	\$508	\$0	\$0	\$0
Prev2011-18	X	X	6	City of Montpelier Coalition	534 Washington St	Montpelier	ID	83254	\$6,791	\$0	\$0	\$6,791	\$0
Prev2011-19	X	X	2	Clearwater Substance Abuse Workgroup Inc.	PO Box 1114	Orofino	ID	83544	\$12,519	\$0	\$0	\$12,519	\$0
Prev2011-20	X	X	2	Clearwater Youth Alliance	PO Box 2124	Orofino	ID	83544	\$17,364	\$0	\$0	\$17,364	\$0
TXR7200	x	X	Region 7	Club Inc. - Recovery Now	2001 South Woodruff, Ste #6	Idaho Falls	ID	83403	\$67,875	\$67,875	\$3,870	\$0	\$0
Prev2011-21	X	X	1	Coeur d' Alene School District #271	311 N. 10th St	Coeur d'Alene	ID	83814	\$53,129	\$0	\$0	\$53,129	\$0
IT2559	X	X	Statewide	Community Services Counseling	974 Corporate Ln. #102	Nampa	ID	83651	\$18,708	\$18,708	\$0	\$0	\$0
IT2559	ID100772	✓	Statewide	Community Services Counseling	963 South Orchard Street Suite B	Boise	ID	83705	\$74,171	\$74,171	\$1,288	\$0	\$0
Prev2011-22	X	X	3	Council School District #13 DBA WACSAC	PO Box 215	Midvale	ID	83645	\$12,238	\$0	\$0	\$12,238	\$0

IT3574	ID100631	✓	7	D7 Treatment Program	P.O. Box 389 Suite B	Rexburg	ID	83440	\$2,735	\$2,735	\$130	\$0	\$0
5925	X	✗	7	D7 Treatment Program	254 E Street	Idaho Falls	ID	83402	\$80,931	\$80,931	\$165	\$0	\$0
6566	X	✗	7	D7 Treatment Program	412 West Pacific	Blackfoot	ID	83221	\$3,364	\$3,364	\$0	\$0	\$0
PREV642012	x	✗	Statewide	DaviesMoore	805 W. Idaho St., Suite 300	Boise	ID	83702	\$49,975	\$0	\$0	\$49,975	\$0
DBH	NA	✗	Statewide	DBH	450 W. State St	Boise	ID	83720	\$0	\$0	\$0	\$0	\$0
Prev2012002	x	✗	Statewide	Department of Health and Welfare	POB 83720/3rd	Boise	ID	83720-0036	\$51,878	\$0	\$0	\$51,878	\$0
TXS0001	x	✗	Statewide	Department of Helath and Welfare	POB 83720	Boise	ID	83720	\$72,842	\$72,842	\$0	\$0	\$0
7251	X	✗	Statewide	Eagle Drug & Alcohol Testing	102 S 4th Ave	Sandpoint	ID	83864	\$2,333	\$2,333	\$297	\$0	\$0
3494	X	✗	Statewide	Eastern Idaho Community Action Partnership	2480 S Yellowstone	Idaho Falls	ID	83402	\$1,032	\$1,032	\$0	\$0	\$0
4515	X	✗	Statewide	Eleos Recovery Support Services	5483 Kendall St.	Boise	ID	83706	\$11	\$11	\$0	\$0	\$0
TXR7255	x	✗	ISA 3	Family Care Center	255E Street	Idaho Falls	ID	83402	\$2,103	\$2,103	\$0	\$0	\$0
TXR7237	x	✗	ISA 3	Family Care Center	2373 Belin Road	Idaho Falls	ID	83401	\$911	\$911	\$0	\$0	\$0
IT4276	X	✗	Statewide	Family Services Center	704 Albany St	Caldwell	ID	83605	\$61,248	\$61,248	\$4,026	\$0	\$0
Prev2011-23	X	✗	3	Family Services Center LLC R3	704 Albany	Caldwell	ID	83605	\$22,393	\$0	\$0	\$22,393	\$0
TXR4200	x	✗	ISA 2	Family Services Treatment	2007 E Quail Run, #1	Emmett	ID	38617	\$26,091	\$26,091	\$0	\$0	\$0
6200	X	✗	Statewide	Family Services Treatment	501 N 16th St #108	Payette	ID	83661	\$31,805	\$31,805	\$2,396	\$0	\$0
7503	X	✗	Statewide	Family Services Treatment	524 Cleveland Blvd	Caldwell	ID	83605	\$3,703	\$3,703	\$130	\$0	\$0
Prev2011-24	X	✗	7	Family Support Services - R7	630 N. Front Street	Arco	ID	83213	\$11,550	\$0	\$0	\$11,550	\$0
TXR4527	x	✗	ISA 2	Five Mile Creek Clean and Sober Living	5275 Five Mile Road	Boise	ID	83713	\$1,811	\$1,811	\$0	\$0	\$0
7190	X	✗	Statewide	Global Drug Testing Labs Inc	740 McKinley Ave	Kellogg	ID	83837	\$246	\$246	\$0	\$0	\$0
7191	X	✗	Statewide	Global Drug Testing Labs Inc	113 S 7th Ave	Caldwell	ID	83605	\$8,126	\$8,126	\$162	\$0	\$0
7192	X	✗	Statewide	Global Drug Testing Labs Inc	846 6th St South Ste E	Payette	ID	83661	\$149	\$149	\$0	\$0	\$0
7193	X	✗	Statewide	Global Drug Testing Labs Inc	89 Homer St	Saint Maries	ID	83861	\$110	\$110	\$0	\$0	\$0
6748	X	✗	Statewide	Global Drug Testing Labs Inc	2201 N Government Way Suite C	Coeur d'Alene	ID	83814	\$6,026	\$6,026	\$419	\$0	\$0
6879	X	✗	Statewide	Global Drug Testing Labs Inc	921 S Orchard St Suite A	Boise	ID	83705	\$51,419	\$51,419	\$1,026	\$0	\$0
6880	X	✗	Statewide	Global Drug Testing Labs Inc	623 11th Ave South	Nampa	ID	83651	\$12,552	\$12,552	\$1,067	\$0	\$0
Prev2011-26	X	✗	1	Goodwill Industries of the Inland NW	204 Lark Spur Drive	Sandpoint	ID	83864	\$809	\$0	\$0	\$809	\$0
7239	X	✗	Statewide	Happy Days Transportation	25 N 12 W	Rexburg	ID	83440	\$4,333	\$4,333	\$0	\$0	\$0

Prev2011-27	X	X	3	Homedale School District #370	116 Owyhee Ave	Homedale	ID	83628	\$7,723	\$0	\$0	\$7,723	\$0
2144	x	X	Statewide	Hope's Door	720 N. 16th Ave.	Caldwell	ID	83605	\$458	\$458	\$0	\$0	\$0
Prev2011-28	X	X	4	Horseshoe Bend School District #73	398 School Drive	Horseshoe Bend	ID	83629	\$14,623	\$0	\$0	\$14,623	\$0
3939	ID100909	X	Statewide	Human Dynamics & Diagnostics	2267 Teton Plaza	Idaho Falls	ID	83404	\$34,762	\$34,762	\$591	\$0	\$0
6833	X	X	4	Idaho County Rideshare	1522 G Street	Lewiston	ID	83501	\$552	\$552	\$0	\$0	\$0
BSU	x	X	Statewide	Idaho RADAR Center/Boise State University	1910 University Drive	Boise	ID	83725	\$151,000	\$0	\$0	\$151,000	\$0
5831	ID100811	✓	Statewide	Idaho Youth Ranch	PO Box 1648	Coeur d Alene	ID	83815	\$4,082	\$4,082	\$0	\$0	\$0
Prev2011-29	X	X	7	Juvenile Help Options LLC	2553 St. Charles	Idaho Falls	ID	83404	\$70,313	\$0	\$0	\$70,313	\$0
Prev2011-30	X	X	2	Kamiah Community Partners Coalition	PO Box 1397	Kamiah	ID	83536	\$11,174	\$0	\$0	\$11,174	\$0
Prev2011-31	X	X	2	Kamiah School District	1102 Hill Street	Kamiah	ID	83536	\$18,822	\$0	\$0	\$18,822	\$0
Prev2011-32	X	X	1	Kellogg Joint School District #391 dba Even Start Program	800 Bunker Avenue	Kellogg	ID	83837	\$8,767	\$0	\$0	\$8,767	\$0
Prev2011-33	X	X	1	Kellogg Joint School District #391 KEY Program	800 Bunker Avenue	Kellogg	ID	83837	\$36,157	\$0	\$0	\$36,157	\$0
Prev162	x	X	Region 1	Kootenai Alliance for Children & Families	640 W. Hubbard, Ste 123	Coeur d'Alene	ID	83814	\$15,734	\$0	\$0	\$15,734	\$0
PREV461	x	X	Region 4	Kuna Alcohol/Drug Free Youth Coalition	POB 245	Kuna	ID	83634	\$6,393	\$0	\$0	\$6,393	\$0
Prev2011-34	X	X	4	Kuna SD	1080 North Ten Mile Road	Kuna	ID	83534	\$4,114	\$0	\$0	\$4,114	\$0
Prev2011-35	X	X	7	Lemhi After School Promise Inc	PO Box 24	Salmon	ID	83467	\$27,069	\$0	\$0	\$27,069	\$0
IT2813	ID100355	X	Statewide	Lifestyle Changes Counseling	371 Locust Street South	Twin Falls	ID	83301-7837	\$14,840	\$14,840	\$0	\$0	\$0
3698	X	X	Statewide	Lighthouse for Recovery	1135 Yellowstone Ave, Ste D	Pocatello	ID	83201	\$50,594	\$50,594	\$0	\$0	\$0
2894	ID100890	✓	Statewide	Lighthouse for Recovery	147 West Linden Avenue	Chubbuck	ID	83202	\$7,871	\$7,871	\$0	\$0	\$0
Prev2011-36	X	X	3	Lutheran Community Services Northwest R3	2920 Cassial Street	Boise	ID	83705	\$45,478	\$0	\$0	\$45,478	\$0
Prev2011-37	X	X	4	Lutheran Community Services Northwest R4	2920 Cassial Street	Boise	ID	83705	\$66,268	\$0	\$0	\$66,268	\$0
IT2442	ID100912	X	Statewide	Mental Wellness Centers	159 N Idaho Street, Ste 105	Arco	ID	83213	\$2,757	\$2,757	\$0	\$0	\$0
3788	X	X	Statewide	Mental Wellness Centers	2420 E 25th Circle	Idaho Falls	ID	83404	\$20,696	\$20,696	\$331	\$0	\$0
7306	X	X	Statewide	Mental Wellness Centers	1070 Hilline Rd Ste # 210	Pocatello	ID	83201	\$1,882	\$1,882	\$0	\$0	\$0

	Prev2011-38	X	X	5	Minidoka County - SFP	PO Box 368	Rupert	ID	83350	\$45,465	\$0	\$0	\$45,465	\$0
	Prev2011-40	X	X	2	Moscow Charter School	1723 East F. Street	Moscow	ID	83843	\$5,451	\$0	\$0	\$5,451	\$0
	PREV491	x	X	Region 4	Mountain Home AFB Youth Program	336 Gunfighter Ave,	Mountain Home	ID	83648	\$2,551	\$0	\$0	\$2,551	\$0
	TXR1804	x	X	ISA 1	Mountain Lake Counseling	804 Airport Way	Sandpoint	ID	83864	\$15,321	\$15,321	\$827	\$0	\$0
	IT0069	ID100943	✓	Statewide	Mountain States Chemical Dependency	1305 2nd Street South Suite 201	Nampa	ID	83651	\$22,805	\$22,805	\$2,459	\$0	\$0
	Prev2011-41	X	X	2	Mountain View School District #244	714 Jefferson Street	Grangeville	ID	83530	\$31,077	\$0	\$0	\$31,077	\$0
	7535	X	X	Statewide	My House	212 Fourth Avenue East	Twin Falls	ID	83301	\$304	\$304	\$0	\$0	\$0
	Prev2011-43	X	X	4	New Hope-Nueva Esperanza	2002 Blossom Place	Meridian	ID	83646	\$18,088	\$0	\$0	\$18,088	\$0
	Prev2011-42	X	X	3	New Hope/Nueva Esperanza R3	2002 Blossom Place	Meridian	ID	83646	\$7,182	\$0	\$0	\$7,182	\$0
	TXR7496	x	X	Statewide	New Journeys Inc.	496 A Street	Idhao Falls	ID	83402	\$14,506	\$14,506	\$0	\$0	\$0
	3974	ID100974	✓	2	Nez Perce County Court Services	P.O. Box 896	Lewiston	ID	83501	\$41,600	\$41,600	\$0	\$0	\$0
	Prev2011-44	X	X	2	Nez Perce Tribe DBA Students for Success	PO Box 365	Lapwai	ID	83540	\$3,784	\$0	\$0	\$3,784	\$0
	4335	ID100952	✓	Statewide	OATS Family Center	911 South Highway 30	Heyburn	ID	83336	\$64,595	\$64,595	\$4,290	\$0	\$0
	Prev2011-45	X	X	6	Oneida SD	181 Jenkins Avenue	Malad	ID	83252	\$4,356	\$0	\$0	\$4,356	\$0
	IT2144	ID100373	✓	Statewide	Pacific Rim Consulting LLC	459 South Arthur Avenue	Pocatello	ID	83204	\$37,651	\$37,651	\$165	\$0	\$0
	TXR7105	x	X	Statewide	Padron Counseling Services	1050 Memorial Drive	Idaho Falls	ID	83402	\$33,000	\$33,000	\$0	\$0	\$0
	Prev2011-46	X	X	3	Parma SD	805 E. McConnell Ave.	Parma	ID	83660	\$9,712	\$0	\$0	\$9,712	\$0
	TXR2242	x	X	Statewide	Peak Recovery	2423 S. Georgia, Ste A	Caldwell	ID	83605	\$23,303	\$23,303	\$0	\$0	\$0
	PREV4963	x	X	Region 4	Penny's Prevention Services	POB 584	Bruneau	ID	83604	\$15,045	\$0	\$0	\$15,045	\$0
	3952	ID100751	✓	Statewide	Personal Development	8100 West Emerald Street Suite 150	Boise	ID	83704	\$183,364	\$183,364	\$2,093	\$0	\$0
	7013	X	X	Statewide	Personal Development	232 2nd Street South	Nampa	ID	83651	\$23,115	\$23,115	\$165	\$0	\$0
	PREV3461	x	X	Region 3	PLAYSMART WCC	615 E. Commercial	Weiser	ID	83672	\$8,802	\$0	\$0	\$8,802	\$0
	IT0006	ID100364	X	Statewide	Port of Hope	508 East Florida Street	Nampa	ID	83686	\$177,189	\$177,189	\$14,151	\$0	\$0
	IT0007	x	X	Statewide	Port of Hope	218 North 23rd Street	Coeur D Alene	ID	83814	\$130,225	\$130,225	\$336	\$0	\$0
	7629	X	X	Statewide	Port of Hope	2115 E Sherman	Coeur d'Alene	ID	83814	\$420	\$420	\$0	\$0	\$0
	IT4010	ID100574	✓	Statewide	Positive Connections	417 Shoup Avenue West	Twin Falls	ID	83301	\$5,946	\$5,946	\$0	\$0	\$0

	7007	x		Statewide	Precious Cargo Transportation	2039 E 3300 S	Wendell	ID	83355	\$15,496	\$15,496	\$0	\$0	\$0
	IT3194	ID100773		Statewide	Preferred Child & Family Services	284 Martin Street	Twin Falls	ID	83301	\$16,075	\$16,075	\$0	\$0	\$0
	3196	X		Statewide	Preferred Child & Family Services	400 S. Main # 304 C	Hailey	ID	83333	\$113	\$113	\$0	\$0	\$0
	6387	X		Statewide	Preferred Child & Family Services	531 E 5th St	Burley	ID	83318	\$12,923	\$12,923	\$792	\$0	\$0
	IT2119	ID000592		Statewide	Preston Counseling	15 E. Oneida	Preston	ID	83263	\$9,055	\$9,055	\$248	\$0	\$0
	IT2120	x		Statewide	Preston Counseling	159 S. Main	Soda Springs	ID	83276	\$1,020	\$1,020	\$0	\$0	\$0
	Prev2011-47	X		3	Prevention Associates LLC	1909 S. 10th Ave	Caldwell	ID	83605	\$27,200	\$0	\$0	\$27,200	\$0
	Prev2011-48	X		6	Priestley Mental Health Inc.	PO Box 54	Franklin	ID	83237	\$22,609	\$0	\$0	\$22,609	\$0
	IT2411	ID100791		Statewide	Pro Active Advantage	2223 Overland Avenue	Burley	ID	83318	\$12,704	\$12,704	\$792	\$0	\$0
	3834	x		Statewide	Pro Active Advantage	1061 Blue Lakes Blvd.	Twin Falls	ID	83301	\$0	\$0	\$0	\$0	\$0
	6421	X		Statewide	Pro Active Advantage	215 University	Gooding	ID	83330	\$10,163	\$10,163	\$0	\$0	\$0
	7286	X		Statewide	Pro Active Advantage	808 Eastland Drive Ste D	Twin Falls	ID	83301	\$3,303	\$3,303	\$0	\$0	\$0
	6425	X		Statewide	Provenance Ministry	9653 W Pima	Boise	ID	83704	\$1,066	\$1,066	\$0	\$0	\$0
	4520	ID100884		Statewide	Rathdrum Counseling Center	14954 Coeur d Alene Street	Rathdrum	ID	83858	\$40,454	\$40,454	\$1,675	\$0	\$0
	7371	X		Statewide	Rawlings Community Counseling	6658 Comanche St	Bonnars Ferry	ID	83805	\$10,182	\$10,182	\$0	\$0	\$0
	Prev2011-49	X		2	REACH Club Inc.	PO Box 294	Elk City	ID	83525	\$7,985	\$0	\$0	\$7,985	\$0
	6543	X		Statewide	Recovery 4 Life	1253 N Cole Rd. Suite 100	Boise	ID	83704	\$77,251	\$77,251	\$0	\$0	\$0
	7343	X		Statewide	Recovery 4 Life	8950 W Emerald Ste # 178	Boise	ID	83704	\$87,982	\$87,982	\$3,403	\$0	\$0
	IT5123	ID1000796		Statewide	Restored Paths	109 E Harrison	Coeur d'Alene	ID	83815	\$98,106	\$98,106	\$4,043	\$0	\$0
	6304	X		Statewide	Rising Sun Sober Living	7191 Poplar St	Boise	ID	83704	\$5,912	\$5,912	\$0	\$0	\$0
	6305	X		Statewide	Rising Sun Sober Living	5051 N Mountain View	Boise	ID	83704	\$8,661	\$8,661	\$0	\$0	\$0
	4575	X		Statewide	Rising Sun Sober Living	5703 Cassia St	Boise	ID	83704	\$3,654	\$3,654	\$288	\$0	\$0
	6306	X		Statewide	Rising Sun Sober Living	516 S 6th Ave	Caldwell	ID	83605	\$5,989	\$5,989	\$0	\$0	\$0
	7298	X		Statewide	Rising Sun Sober Living	8705 Goddard Rd	Boise	ID	83704	\$1,970	\$1,970	\$782	\$0	\$0
	7058	X		Statewide	Rising Sun Sober Living	922 Palace Row	Boise	ID	83704	\$1,987	\$1,987	\$0	\$0	\$0
	IT0042	ID100448		Statewide	Riverside Recovery	1720 18th Avenue	Lewiston	ID	83501	\$73,261	\$73,261	\$2,529	\$0	\$0
	IT0043	ID100831		Statewide	Riverside Recovery-Orofino	1275 Ahsahka Road	Orofino	ID	83544	\$6,495	\$6,495	\$0	\$0	\$0
	TXR6600	x		Statewide	Road to Recovery	600 E. Oak St	Pocatello	ID	83205	\$61,716	\$61,716	\$0	\$0	\$0

	TXR6490	x	X	Statewide	Road to Recovery	490 N. Maple	Blackfoot	ID	83221	\$29,051	\$29,051	\$3,244	\$0	\$0
	7261	X	X	Statewide	Road to Recovery Inc.	343 East Bonneville	Pocatello	ID	83201	\$35,134	\$35,134	\$0	\$0	\$0
	5871	X	X	Statewide	Road to Recovery Inc.	20 N Main St. #10	Malad City	ID	83252	\$5,723	\$5,723	\$0	\$0	\$0
	5486	X	X	1	Road to Recovery Inc.	4795 W Emerald St Bldg A	Boise	ID	83706	\$83,743	\$83,743	\$16,972	\$0	\$0
	4628	X	X	Statewide	Road to Recovery Inc.	151 N. 3rd Ste 112	Pocatello	ID	83201	\$156,790	\$156,790	\$156,790	\$0	\$0
	IT2756	ID100463	X	Statewide	Salmon Mental Health Clinic	111 Lillian Street Suite 101	Salmon	ID	83467	\$5,007	\$5,007	\$0	\$0	\$0
	Prev2011-50	X	X	7	Salmon School District #291	401 S Warpath	Salmon	ID	83647	\$7,589	\$0	\$0	\$7,589	\$0
	7325	X	X	4	Salmon Sue Rose	1720 Westgate Dr Ste D	Boise	ID	83704	\$3,413	\$3,413	\$0	\$0	\$0
	4521	x	X	Statewide	Second Chances	1214 Logan	Caldwell	ID	83605	\$966	\$966	\$0	\$0	\$0
	IT2143	ID100610	X	Statewide	Solutions for Life	239 Idaho Street	American Falls	ID	83211	\$1,423	\$1,423	\$0	\$0	\$0
	Prev2011-53	X	X	1	St. Vincent de Paul dba ICARE	1621 N. 3rd St Ste 100	Coeur d'Alene	ID	83814	\$11,525	\$0	\$0	\$11,525	\$0
	Prev2011-54	X	X	6	Still Waters Out Reach	755 W. Center	Pocatello	ID	83204	\$72,381	\$0	\$0	\$72,381	\$0
	IT2140	x	X	Statewide	Supportive Housing & Innovative Partnerships	5024 N. Mitchell	Boise	ID	83704	\$2,644	\$2,644	\$0	\$0	\$0
	2140	X	X	Statewide	Supportive Housing & Innovative Partnerships	2720 Reno Way	Boise	ID	83704	\$3,295	\$3,295	\$0	\$0	\$0
	TXR4472	x	X	Statewide	Supportive Housing and Innovative Partnerships	4724 Franklin Rd	Boise	ID	83705	\$7	\$7	\$0	\$0	\$0
	2353	x	X	Statewide	Susan Call's Case Management Inc.	313 D. St. Suite 203	Lewiston	ID	83501	\$1,559	\$1,559	\$0	\$0	\$0
	6734	X	X	Statewide	Tamarack Treatment and Counseling Center	413 Church St Unit C	Sandpoint	ID	83864	\$18,559	\$18,559	\$0	\$0	\$0
	Prev2011-56	X	X	4	The Landing Foundation Inc.	PO Box 639	Eagle	ID	83616	\$2,990	\$0	\$0	\$2,990	\$0
	7318	X	X	Statewide	Tom Moore Counseling Center	321 N 3rd	McCall	ID	83638	\$703	\$703	\$0	\$0	\$0
	7548	X	X	Statewide	Transylvania Express	8879 W Stirrup St	Boise	ID	83709	\$1,129	\$1,129	\$0	\$0	\$0
	TXR5233	x	X	ISA 2	Treatment and Recovery Clinic	233 Good Street N	Twin Falls	ID	83301	\$48,165	\$48,165	\$2,658	\$0	\$0
	7399	X	X	Statewide	Tueller Counseling Services Inc.	295 N 3855 E	Rigby	ID	83442	\$1,125	\$1,125	\$0	\$0	\$0
	6894	X	X	Statewide	Tueller Counseling Services Inc.	2275 W Broadway Ste G	Idaho Falls	ID	83402	\$1,575	\$1,575	\$0	\$0	\$0
	7282	X	X	Statewide	Twin Falls County Safe House	183 Rose St North	Twin Falls	ID	83301	\$8,712	\$8,712	\$0	\$0	\$0
	Prev2011-57	X	X	5	Twin Falls dba 5th Judicial District Adult Drug Court	PO Box 126	Twin Falls	ID	83303	\$9,556	\$0	\$0	\$9,556	\$0

	2230	x	X	Statewide	United Drug Testing Lab	1010 N Orchard St Suite B	Boise	ID	83706	\$9,714	\$9,714	\$1,782	\$0	\$0
	6130	x	X	Statewide	Upper Valley Resource & Counseling	1223 S Railroad Ave	Sugar City	ID	83448	\$26,345	\$26,345	\$0	\$0	\$0
	Prev2011-59	X	X	7	Upper Valley Resource and Counseling LLC	1223 S. Railroad Ave	Sugar City	ID	83448	\$63,852	\$0	\$0	\$63,852	\$0
	TXR2131	x	X	ISA 1	Valley Drug Testing	1020 Main St	Lewiston	ID	83501	\$1,931	\$1,931	\$0	\$0	\$0
	5900	X	X	Statewide	Valley View Recovery	109 S Mill	Grangeville	ID	83530	\$20,536	\$20,536	\$165	\$0	\$0
	Prev2011-61	X	X	3	Vallivue School District #139	1407 Homedale Road	Caldwell	ID	83607	\$73,336	\$0	\$0	\$73,336	\$0
	Prev2011-62	X	X	4	Varner Counseling LLC dba RMBH	4802 West Kootenai	Boise	ID	83705	\$40,888	\$0	\$0	\$40,888	\$0
	IT2465	X	X	Statewide	Walker Center - SSA	762 Falls Ave.	Twin Falls	ID	83301	\$105,492	\$105,492	\$532	\$0	\$0
	IT0020	ID750085	X	Statewide	Walker Center - SSA	605 11th Avenue East	Gooding	ID	83330	\$322,836	\$322,836	\$10,889	\$0	\$0
	4748	X	X	Statewide	Walker Center - SSA	5440 W. Franklin Rd. #101	Boise	ID	83705	\$55,870	\$55,870	\$5,704	\$0	\$0
	Prev2011-63	X	X	5	Walker Center for Alcoholism and Drug Abuse Inc.	762 Falls Avenue	Twin Falls	ID	83331	\$82,920	\$0	\$0	\$82,920	\$0
	Prev2011-64	X	X	1	Wallace School District #393	PO Box 2160	Osburn	ID	83849	\$4,960	\$0	\$0	\$4,960	\$0
	Prev2011-65	X	X	3	Washington County Juvenile Probation	256 East Court Street	Weiser	ID	83672	\$3,262	\$0	\$0	\$3,262	\$0
	IT0065	ID100102	X	Statewide	Weeks & Vietri	818 South Washington Street	Moscow	ID	83843	\$10,255	\$10,255	\$0	\$0	\$0
	IT4497	ID100813	X	Statewide	West Marriage & Family Counseling	P.O. Box 41	Caldwell	ID	83606	\$5,259	\$5,259	\$0	\$0	\$0
	Prev2011-66	X	X	4	Women's and Children's Alliance Inc.	720 W. Washington	Boise	ID	83702	\$15,618	\$0	\$0	\$15,618	\$0
Total										\$6,674,742	\$4,476,808	\$742,665	\$2,197,934	\$0

* Indicates the imported record has an error.

footnote:

Please note, the amount of \$180,330 in indirect costs does not appear on this table because it fits in no category. This is the reason the total block grant expenditures on Table 7 do not equal the total on Table 3.

III: Expenditure Reports

Table 8a - 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

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)	<u>B1(2012) + B2(2013)</u> 2 (C)
SFY 2012 (1)	\$17,254,832	
SFY 2013 (2)	\$18,632,596	\$17,943,714
SFY 2014 (3)	\$18,451,890	

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

SFY 2012 Yes No

SFY 2013 Yes No

SFY 2014 Yes No

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

footnote:

III: Expenditure Reports

Table 8b - 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)
SFY 2014 (3)	\$150,828	2.70%	\$4,072

footnote:

III: Expenditure Reports

Table 8c - 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 $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY <u>1991</u>	\$0	
(2) SFY <u>1992</u>	\$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 2014		\$0

footnote:
Idaho iis not a designated state.

III: Expenditure Reports

Table 8d - 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 2012		\$742,665
SFY 2013		\$713,106
SFY 2014		\$800,704
Enter the amount the State plans to expend in 2015 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)): \$ <u>650000.00</u>		

footnote:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Underage Drinking Prevention, Marijuana use Prevention, Prescription Medicine abuse Prevention	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	3. Media campaigns	6
	9. Resource Directory Development	2
	2. Education	
	1. Parenting and family management	11
	2. Ongoing classroom and/or small group sessions	20
	7. Educational Services for Youth	33
	3. Alternatives	
	4. Community service activities	2
	7. Afterschool Program	1
	4. Problem Identification and Referral	
	4. Prevention Screening & Referral	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	43
	4. Community team-building	4
	6. Assessing Services & Funding	6
	6. Environmental	
	5. Youth/family alcohol-free activities	1
	7. Other	
1. Prevention of Youth Access to Tobacco Products	1	

footnote:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Level of Care	Number of Admissions \geq 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	\$0	\$0
2. Free-Standing Residential	55	52	\$696	\$706	\$291
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	229	221	\$3,542	\$4,763	\$1,770
5. Long-term (over 30 days)	13	13	\$7,248	\$6,174	\$3,303
AMBULATORY (OUTPATIENT)					
6. Outpatient	519	474	\$3,477	\$2,235	\$3,519
7. Intensive Outpatient	503	431	\$4,896	\$2,335	\$6,471
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	0	0	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

footnote:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

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	10	3	5										1		1	3	5		2
2. 18 - 24	272	120	97	1	1				1	2	2	4	2	18	24	125	108	21	16
3. 25 - 44	785	299	346	9	2	1	1	1	1	9	11	7	10	54	34	333	382	55	24
4. 45 - 64	164	86	54	1	1					2	2	2	1	13	2	93	59	13	0
5. 65 and Over	1	1														1			
6. Total	1232	509	502	11	4	1	1	1	2	13	15	13	14	85	61	555	554	89	42
7. Pregnant Women	35		30		1		1				2				1		33		9
Number of persons served who were admitted in a period prior to the 12 month reporting period		0																	
Number of persons served outside of the levels of care described on Table 10		0																	

footnote:

In State Fiscal Year 2014, the Single State Agency moved the collection of SUD client data from a managed care provider data system to the Web Infrastructure for Treatment Services (WITS) data system. Bringing up the WITS data system and getting all providers enrolled in the system took approximately three (3) months. During this period the Single State Agency's ability to was to collect client demographic and services data was limited due inability to de-duplicate clients. Thus Idaho has only reported data for the 2nd, 3rd and 4th quarters on Table 11 for FFY 14. Idaho now has all service providers enrolled and using the system. Future reports will reflect a full year of service data.

Counts: Since implementing an Electronic Health Record, we have learned that clients may enter our system reporting unknown race or ethnicity only to have that data updated during the course of treatment. This results in a single unique client having multiple ethnicities or races. This data reporting issue reflects accuracy of data collection by providers sites and efforts will be taken in the future to reduce this variability.

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

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:		
<p>footnote: Idaho is not a designated state.</p>		

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

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 Charitable Choice Transfer Policy The Division of Behavioral Health uses a contractor to qualify individuals for care and authorize services. After an individual is qualified for care, The Division's Treatment Management Contractor refers the individual to a treatment facility. At this time, the contractor is required to notify the individuals that they are being referred to a faith-based organization for services and offer the client an alternative provider if requested Upon receipt of such request the SUD Treatment Management Contractor's clinical staff partners with the client to identify a provider acceptable to him/her. At any time during the treatment episode, the client may request a change of provider. As with an initial change request, the SUD Treatment Management Contractor staff work with the client to identify an acceptable non-faith-based provider and facilitate the transfer. In each case all precautions are taken to ensure the client feels respected and their privacy is maintained. All faith-based providers are notified of these requirements when they apply to become a part of the SUD Treatment Management Contractor network.

footnote:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	27	25
Total number of clients with non-missing values on employment/student status [denominator]	111	111
Percent of clients employed or student (full-time and part-time)	24.3 %	22.5 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		141
Number of CY 2013 discharges submitted:		120
Number of CY 2013 discharges linked to an admission:		114
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		111
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		111

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	3	4
Total number of clients with non-missing values on employment/student status [denominator]	11	11
Percent of clients employed or student (full-time and part-time)	27.3 %	36.4 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		9
Number of CY 2013 discharges submitted:		12
Number of CY 2013 discharges linked to an admission:		11

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	11

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	1,156	1,435
Total number of clients with non-missing values on employment/student status [denominator]	2,320	2,320
Percent of clients employed or student (full-time and part-time)	49.8 %	61.9 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		2,521
Number of CY 2013 discharges submitted:		2,684
Number of CY 2013 discharges linked to an admission:		2,584
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,326
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		2,320

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	279	317
Total number of clients with non-missing values on employment/student status [denominator]	761	761
Percent of clients employed or student (full-time and part-time)	36.7 %	41.7 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		890
Number of CY 2013 discharges submitted:		950
Number of CY 2013 discharges linked to an admission:		888

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	761
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	761

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

footnote:

V: Performance Indicators and Accomplishments

Table 15 - 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]	85	85
Total number of clients with non-missing values on living arrangements [denominator]	108	108
Percent of clients in stable living situation	78.7 %	78.7 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		141
Number of CY 2013 discharges submitted:		120
Number of CY 2013 discharges linked to an admission:		114
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		111
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		108

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	8	8
Total number of clients with non-missing values on living arrangements [denominator]	10	10
Percent of clients in stable living situation	80.0 %	80.0 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		9
Number of CY 2013 discharges submitted:		12
Number of CY 2013 discharges linked to an admission:		11

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	10

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	2,209	2,236
Total number of clients with non-missing values on living arrangements [denominator]	2,265	2,265
Percent of clients in stable living situation	97.5 %	98.7 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		2,521
Number of CY 2013 discharges submitted:		2,684
Number of CY 2013 discharges linked to an admission:		2,584
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,326
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		2,265

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	680	698
Total number of clients with non-missing values on living arrangements [denominator]	740	740
Percent of clients in stable living situation	91.9 %	94.3 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		890
Number of CY 2013 discharges submitted:		950
Number of CY 2013 discharges linked to an admission:		888

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	761
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	740

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

footnote:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	90	109
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	112	112
Percent of clients without arrests	80.4 %	97.3 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		141
Number of CY 2013 discharges submitted:		120
Number of CY 2013 discharges linked to an admission:		114
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		112
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		112

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	9	11
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	11	11
Percent of clients without arrests	81.8 %	100.0 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		9
Number of CY 2013 discharges submitted:		12
Number of CY 2013 discharges linked to an admission:		11

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	11

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,389	2,258
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,553	2,553
Percent of clients without arrests	93.6 %	88.4 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		2,521
Number of CY 2013 discharges submitted:		2,684
Number of CY 2013 discharges linked to an admission:		2,584
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,553
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		2,553

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	782	735
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	874	874
Percent of clients without arrests	89.5 %	84.1 %
Notes (for this level of care):		
Number of CY 2013 admissions submitted:		890
Number of CY 2013 discharges submitted:		950
Number of CY 2013 discharges linked to an admission:		888

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	874
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	874

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

footnote:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	70	100
All clients with non-missing values on at least one substance/frequency of use [denominator]	110	110
Percent of clients abstinent from alcohol	63.6 %	90.9 %

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]		34
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	40	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		85.0 %

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]		66
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	70	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.3 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	141
Number of CY 2013 discharges submitted:	120
Number of CY 2013 discharges linked to an admission:	114
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	112
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	110

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file

(Records received through 5/2/2014)

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]	8	11
All clients with non-missing values on at least one substance/frequency of use [denominator]	11	11
Percent of clients abstinent from alcohol	72.7 %	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]		3
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3	
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]		8
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8	
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 2013 admissions submitted:	9
Number of CY 2013 discharges submitted:	12
Number of CY 2013 discharges linked to an admission:	11
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	11

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	1,826	2,295
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,512	2,512
Percent of clients abstinent from alcohol	72.7 %	91.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		568
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	686	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		82.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,727
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,826	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.6 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	2,521
Number of CY 2013 discharges submitted:	2,684
Number of CY 2013 discharges linked to an admission:	2,584
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,553
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	2,512

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	576	716

All clients with non-missing values on at least one substance/frequency of use [denominator]	859	859
Percent of clients abstinent from alcohol	67.1 %	83.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		190
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	283	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		67.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		526
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	576	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.3 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	890
Number of CY 2013 discharges submitted:	950
Number of CY 2013 discharges linked to an admission:	888
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	874
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	859

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

footnote:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	19	86
All clients with non-missing values on at least one substance/frequency of use [denominator]	110	110
Percent of clients abstinent from drugs	17.3 %	78.2 %

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]		68
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	91	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		74.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		18
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	19	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		94.7 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	141
Number of CY 2013 discharges submitted:	120
Number of CY 2013 discharges linked to an admission:	114
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	112
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	110

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file

(Records received through 5/2/2014)

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]	6	10
All clients with non-missing values on at least one substance/frequency of use [denominator]	11	11
Percent of clients abstinent from drugs	54.5 %	90.9 %

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]		5
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5	
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]		5
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		83.3 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	9
Number of CY 2013 discharges submitted:	12
Number of CY 2013 discharges linked to an admission:	11
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	11

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
 [Records received through 5/2/2014]

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]	1,705	2,196
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,512	2,512
Percent of clients abstinent from drugs	67.9 %	87.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		623
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	807	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		77.2 %

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]		1,573
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,705	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		92.3 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	2,521
Number of CY 2013 discharges submitted:	2,684
Number of CY 2013 discharges linked to an admission:	2,584
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,553
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	2,512

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]	382	606

All clients with non-missing values on at least one substance/frequency of use [denominator]	859	859
Percent of clients abstinent from drugs	44.5 %	70.5 %

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]		288
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	477	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		60.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		318
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	382	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		83.2 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	890
Number of CY 2013 discharges submitted:	950
Number of CY 2013 discharges linked to an admission:	888
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	874
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	859

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

footnote:

V: Performance Indicators and Accomplishments

Table 19 - 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]		
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 2013 admissions submitted:		141
Number of CY 2013 discharges submitted:		120
Number of CY 2013 discharges linked to an admission:		114
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		112
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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 2013 admissions submitted:		9
Number of CY 2013 discharges submitted:		12

Number of CY 2013 discharges linked to an admission:	11
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]		
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 2013 admissions submitted:	2,521
Number of CY 2013 discharges submitted:	2,684
Number of CY 2013 discharges linked to an admission:	2,584
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,553
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

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]		
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 2013 admissions submitted:	890
Number of CY 2013 discharges submitted:	950
Number of CY 2013 discharges linked to an admission:	888
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	874
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

footnote:

V: Performance Indicators and Accomplishments

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

Manually Enter Data				
Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	16	3	4	6
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	37	17	28	38
5. Long-term (over 30 days)	56	26	64	89
AMBULATORY (OUTPATIENT)				
6. Outpatient	155	64	121	201
7. Intensive Outpatient	105	35	76	140
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	0	0	0	0
10. ORT Outpatient	235	92	174	301

Level of Care	2013 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	21	18
REHABILITATION/RESIDENTIAL		

3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	120	114
5. Long-term (over 30 days)	12	11
AMBULATORY (OUTPATIENT)		
6. Outpatient	2684	2554
7. Intensive Outpatient	950	888
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	0
10. ORT Outpatient	0	30

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 5/2/2014]

footnote:

V: Performance Indicators and Accomplishments

Table 21 - 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 2011 - 2012	11.6	<input type="text"/>
	Age 18+ - CY 2011 - 2012	54.1	<input type="text"/>
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 2011 - 2012	7.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	22.7	<input type="text"/>
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 2011 - 2012	3.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	8.6	<input type="text"/>
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 2011 - 2012	6.5	<input type="text"/>
	Age 18+ - CY 2011 - 2012	4.8	<input type="text"/>
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 2011 - 2012	4.6	<input type="text"/>
	Age 18+ - CY 2011 - 2012	2.9	<input type="text"/>

[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.

footnote:

V: Performance Indicators and Accomplishments

Table 22 - 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 2011 - 2012	76.9	<input type="text"/>
	Age 18+ - CY 2011 - 2012	77.1	<input type="text"/>
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2011 - 2012	91.6	<input type="text"/>
	Age 18+ - CY 2011 - 2012	94.2	<input type="text"/>
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2011 - 2012	76.3	<input type="text"/>
	Age 18+ - CY 2011 - 2012	69.8	<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 23 - 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 2011 - 2012	13.1	<input type="text"/>
	Age 18+ - CY 2011 - 2012	16.9	<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2011 - 2012	12.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	15.7	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2011 - 2012	13.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	18.3	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2011 - 2012	13.5	<input type="text"/>
	Age 18+ - CY 2011 - 2012	17.9	<input type="text"/>
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 2011 - 2012	13.4	<input type="text"/>
	Age 18+ - CY 2011 - 2012	19.6	<input type="text"/>

[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.

footnote:

V: Performance Indicators and Accomplishments

Table 24 - 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 2011 - 2012	91.1	<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2011 - 2012	89.8	<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2011 - 2012	82.4	<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2011 - 2012	81.8	<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2011 - 2012	87.3	<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 25 - 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 2011 - 2012	45.1	<input type="text"/>
	Age 12 - 17 - CY 2011 - 2012		<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 26 - 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: <i>The National Public Education Finance Survey</i> 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.		
	School Year 2012	95.3	<input type="text"/>

footnote:

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Table 27 - 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 2011 - 2012	32.6	<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 28 - 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 2011	31.1	<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 29 - 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 2011 - 2012	59.2	<input type="text"/>
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 2011 - 2012	94.3	<input type="text"/>

[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.

footnote:

V: Performance Indicators and Accomplishments

Table 30 - 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 2011 - 2012	92.4	<input type="text"/>

[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.

footnote:

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

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 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2011	6/30/2012
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2011	6/30/2012
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2011	6/30/2012
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2011	6/30/2012
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	7/1/2011	6/30/2012

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

The data reported on these tables was collected in the Idaho prevention data system located online at www.preventionidaho.net. All providers must enter participant demographic and attendance data into the system in order to get reimbursed for services delivered.

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

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

Participants with more than one race are indicated in the Multi-Racial category. The participants primary race is multi and is not duplicated in the counts for other races. Ethnicity data was captured independently of race.

footnote:

V: Performance Indicators and Accomplishments

Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	30
5-11	4800
12-14	4734
15-17	2089
18-20	379
21-24	13
25-44	31
45-64	5
65 and over	1
Age Not Known	0
Gender	
Male	6340
Female	5742
Gender Unknown	0
Race	
White	10183
Black or African American	157
Native Hawaiian/Other Pacific Islander	40
Asian	84
American Indian/Alaska Native	311
More Than One Race (not OMB required)	136

Race Not Known or Other (not OMB required)	1171
Ethnicity	
Hispanic or Latino	1191
Not Hispanic or Latino	10891

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

The web-based Idaho Division of Behavioral Health's PreventionIdaho.Net data system collected all individual-based prevention service data including participant age, gender, race and ethnicity.

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

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

The aforementioned data system provided the option for prevention participants to identify themselves as members of more than one race.

footnote:

V: Performance Indicators and Accomplishments

Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	155374
5-11	317245
12-14	444035
15-17	373243
18-20	274259
21-24	101721
25-44	2015122
45-64	1653557
65 and over	293124
Age Not Known	0
Gender	
Male	1089781
Female	1060522
Gender Unknown	3477377
Race	
White	5150183
Black or African American	23513
Native Hawaiian/Other Pacific Islander	5791
Asian	48948
American Indian/Alaska Native	74538
More Than One Race (not OMB required)	110360

Race Not Known or Other (not OMB required)	214347
Ethnicity	
Hispanic or Latino	414964
Not Hispanic or Latino	5212716

footnote:

V: Performance Indicators and Accomplishments

Table 33 - 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		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

footnote:

V: Performance Indicators and Accomplishments

Table 34 - 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 applying for funds, entities seeking funding to deliver prevention services had to define the program or strategy to be used. Idaho then used the guidelines above as well as the NREPP data to evaluate programs and determine if they met the criteria for evidence-based.

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

Once entities were awarded prevention funds, their profile was sent up in the Idaho Prevention Data System. Included in the profile was the name of the program delivered and its evidence-based status. Data on program's evidence-based status was generated by an automated report in the online Idaho Prevention Data System.

Table 34 - 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	961	201	1162	170	45	1377
2. Total number of Programs and Strategies Funded	961	201	1162	170	45	1377
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %

footnote:

V: Performance Indicators and Accomplishments

Table 35 - 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 # 961	\$ 1277596.00
Universal Indirect	Total # 201	\$ 524988.00
Selective	Total # 170	\$ 290449.00
Indicated	Total # 45	\$ 104901.00
	Total EBPs: 1377	Total Dollars Spent: \$2197934.00

footnote:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2013 Prevention Attachment Category A:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category B:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category C:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category D:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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footnote:
