

# Idaho

UNIFORM APPLICATION  
FY 2016 BEHAVIORAL HEALTH REPORT  
SUBSTANCE ABUSE PREVENTION AND TREATMENT  
BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016  
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Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Idaho Department of Health and Welfare

Organizational Unit Division of Behavioral Health

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### III. Expenditure Period

State Expenditure Period

From 7/1/2012

To 6/30/2013

Block Grant Expenditure Period

From 10/1/2012

To 9/30/2014

### IV. Date Submitted

Submission Date 12/1/2015 4:03:33 PM

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### V. Contact Person Responsible for Report Submission

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Footnotes:

## II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1  
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*):

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

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

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

Priority #: 2  
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.

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

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

How second year target was achieved (optional):

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 (PWDC) 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 PWDC specialty providers

Baseline Measurement: Number of PWDC 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 PWDC requirements.

Second-year target/outcome measurement: Select one network and supply technical assistance needed to enable agency to meet all PWDC 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 PWDC 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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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*):

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

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

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

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

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):

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

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

A Settlement Agreement was reached in June 2015 for the Jeff D class action lawsuit which has been ongoing since 1980 stemming from allegations of abuse of children who were co-mingled with adults at State Hospital South (SHS), lack of appropriate educational and treatment services at SHS, and lack of community based mental health services. Mediation which occurred 9/2013 to 12/2014 resulted in the Settlement Agreement which is the result of more than a year of negotiations among key community stakeholders representing parents, advocates and private providers, representatives from DHW, the Idaho Department of Juvenile Corrections, the Idaho State Department of Education and attorneys representing the class members. The Settlement Agreement is a high level description of what the state agrees to do in order to have the lawsuit dismissed and is posted at this link:

<http://healthandwelfare.idaho.gov/Medical/MentalHealth/JeffDImplementation/tabid/3006/Default.aspx>

The Agreement tasks the State with developing and implementing a sustainable, accessible, comprehensive, and coordinated service delivery system for publicly-funded community-based mental health services to children and youth with serious emotional disturbance. As a result of this work children will receive individualized, medically necessary services in their own communities, to the extent possible, and in the least restrictive environment appropriate to their needs. A project is currently underway to plan out the work that must be done in order to fulfill the requirements set forth in the Settlement Agreement. This is an 8 year project: 9 months of initial planning, 4 years of implementation and 3 years of oversight to ensure sustainability. Mapping out a Transitioning Plan from the current system to the newly created system is an important part of the Project work that will be defined and put into operations in the coming years as the new system is formed. Transitioning will occur gradually over a 4 year period. The state is exploring all opportunities to devise a sustainable funding model for the operation of the new system of care including a reallocation of existing funding streams and the reallocation and/or acquisition of new funds via the state's existing Medicaid program.

The Settlement Agreement tasks the state with the following:

- Address the gaps in Idaho's mental health system, making it more effective and efficient in meeting the needs of children with serious emotional disturbances and their families.
- Create a statewide process, across all child-serving systems (State Department of Education, Idaho Department of Juvenile Corrections, IDHW Division of Family & Children's Services, IDHW Division of Behavioral Health, IDHW Division of Medicaid), to identify and screen youths for unmet mental health needs
- Provide a comprehensive array of community-based services and supports to children when medically necessary
- Deliver services using a consistent approach that engages families, youths, and their support systems
- Monitor and report on service quality and outcomes for youths

The state has agreed to adopt a governance structure that is intended to improve the coordination of and access to intensive mental health services for Jeff D. class members and thereby improve both effectiveness of services and outcomes for youth and their families. The governance structure will be led by the Administrator of the DHW Division of Behavioral Health. Partners in the governance

structure include representatives from the Idaho Department of Juvenile Corrections, Idaho State Department of Education, DHW Children's Mental Health, DHW Division of Medicaid, DHW Division of Family and Community Services, parent of a class member or former class member currently below the age of 23, class member or former class member under the age of 23, family advocacy organization, County Juvenile Justice Administrator, and private providers.

During the interim the Division of Behavioral Health will continue efforts to ensure that children who need behavioral health services are connected to resources. Children's Mental Health staff will continue to operate the business of serving children with all the services previously provided and will continue to operate within the existing infrastructure to ensure children, youth and families' behavioral health needs are addressed to the fullest extent possible under the current system.

How second 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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

WITS, WITS User Guide, training events offered to SUD treatment providers.

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):

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

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

How second year target was achieved (optional):

Priority #: 15

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 be able to report mental health and substance use disorder expenditures by services for block grant reporting.

Strategies to attain the goal:

The Division of Behavioral Health's data, quality assurance and policy units will collaborate to identify and implement a strategy to operationally define and trace service units and expenditures for block grant reporting.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Ability to report mental health and substance use disorder expenditures by service data for block grant reporting.

Baseline Measurement: Idaho is not able to accurately report mental health and substance use disorder expenditures by service data for block grant reporting.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will build capacity for block grant reporting on mental health and substance use disorder expenditures by service data 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:

Mental health and substance use disorder expenditures by service data for block grant reporting.

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):

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

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

How second year target was achieved (optional):

Priority #: 16

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's Web Infrastructure for Treatment Services (WITS) system will be adapted to include ICD-10 codes.

Strategies to attain the goal:

The Division of Behavioral Health will work with the vendor FEI to update WITS with ICD-10 codes.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Ability to use ICD-10 codes through the Web Infrastructure for Treatment Services (WITS) data system.

Baseline Measurement: Idaho is not able to use ICD-10 codes through the WITS system.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will work with the vendor FEI to update the Web Infrastructure for Treatment Services (WITS) system with ICD-10 codes by June 30, 2015.

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

Data Source:

Division of Behavioral Health and WITS.

New Data Source (if needed):

Description of Data:

ICD-10 code capability through the WITS system.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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: [X] 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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

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*):

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

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

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

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):

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

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

How second year target was achieved (optional):

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

Approved: 05/21/2013 Expires: 05/31/2016

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):

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

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

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

Priority #: 24

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.

Priority #: 25

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):

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

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

How second year target was achieved (optional):

Footnotes:

### III: Expenditure Reports

Table 2 - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

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	\$6,587,401		\$0	\$1,206,119	\$3,051,297	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$623,688		\$0	\$1,206,119	\$2,629,010	\$0	\$0
b. All Other	\$5,963,713		\$0	\$0	\$422,287	\$0	\$0
2. Primary Prevention	\$1,801,409	\$0	\$0	\$0	\$0	\$0	\$0
3. Tuberculosis Services	\$3,754		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Administration (Excluding Program and Provider Level)	\$56,656	\$0	\$0	\$10,084	\$15,740	\$0	\$0
9. Subtotal (Row 1, 2, 3, 4 and 8)	\$8,449,220	\$0	\$0	\$1,216,203	\$3,067,037	\$0	\$0
10. Subtotal (Row 5, 6, 7 and 8)	\$56,656	\$0	\$0	\$10,084	\$15,740	\$0	\$0
11. Total	\$8,449,220	\$0	\$0	\$1,216,203	\$3,067,037	\$0	\$0

\* Prevention other than primary prevention

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: 7/1/2014      Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$404,201
Assessment	1854	32772.00	\$402,998
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education	24	292.00	\$1,203
Outreach			\$0
Outpatient Services			\$1,467,342
Evidenced-based Therapies			\$0
Group Therapy	1508	267888.00	\$1,455,034
Family Therapy	49	618.00	\$8,673
Multi-family Therapy			\$0
Consultation to Caregivers	101	585.00	\$3,635
Medication Services			\$164,052
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services	927	12152.00	\$164,052
Community Support (Rehabilitative)			\$494,133
Parent/Caregiver Support	17	2962.00	\$11,705
Skill Building (social, daily living, cognitive)			\$0
Case Management	632	12830.00	\$159,091

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing	268	17363.00	\$323,337
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$148,232
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation	703	113386.00	\$147,756
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters	1	476.00	\$476
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$216,041
Substance Abuse Intensive Outpatient (IOP)	818	20202.00	\$203,167
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management	57	973.00	\$12,874
Out-of-Home Residential Services			\$1,827,337
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)	426	9581.00	\$1,638,413
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services	13	952.00	\$188,924
Therapeutic Foster Care			\$0
Acute Intensive Services			\$0
Mobile Crisis			\$0
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$414,070
Adult Substance Use Disorders Detoxification	81	341.00	\$60,064
Life Skills	76	2423.00	\$13,400
Outpatient Individual Services	987	30204.00	\$340,606
Total			\$5,135,408

**Footnotes:**

The FY 13 prevention data was recorded on a data system that is no longer in use, so Idaho has no way of generating ad hoc reports. Thus, Idaho is unable to provide prevention data for this table for this report. Idaho has implemented the KIT Solutions prevention data system and is working with the KIT company to create a report which provides the requested data.

### III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2012      Expenditure Period End Date: 9/30/2014

Category	FY 2013 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$5,131,645
2. Primary Prevention	\$1,300,553
3. Tuberculosis Services	\$3,764
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$55,332
6. Total	\$6,491,294

\*Prevention other than Primary Prevention

\*\*HIV Designated States

Footnotes:

### 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	\$ 790	\$	\$	\$	\$
Information Dissemination	Indicated	\$ 327	\$	\$	\$	\$
Information Dissemination	Universal	\$ 62,911	\$	\$	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$64,028	\$	\$	\$	\$
Education	Selective	\$ 375,347	\$	\$	\$	\$
Education	Indicated	\$ 116,429	\$	\$	\$	\$
Education	Universal	\$ 595,716	\$	\$	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$1,087,492	\$	\$	\$	\$
Alternatives	Selective	\$	\$	\$	\$	\$
Alternatives	Indicated	\$	\$	\$	\$	\$
Alternatives	Universal	\$ 18,695	\$	\$	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$18,695	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$ 7,224	\$	\$	\$	\$
Problem Identification and Referral	Indicated	\$ 7,224	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$	\$	\$	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$14,448	\$	\$	\$	\$
Community-Based Process	Selective	\$ 62,147	\$	\$	\$	\$

Community-Based Process	Indicated	\$3,923	\$	\$	\$	\$
Community-Based Process	Universal	\$42,465	\$	\$	\$	\$
Community-Based Process	Unspecified	\$	\$	\$	\$	\$
Community-Based Process	Total	\$108,535	\$	\$	\$	\$
Environmental	Selective	\$	\$	\$	\$	\$
Environmental	Indicated	\$	\$	\$	\$	\$
Environmental	Universal	\$7,355	\$	\$	\$	\$
Environmental	Unspecified	\$	\$	\$	\$	\$
Environmental	Total	\$7,355	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$0	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$0	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$0	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$0	\$	\$15,500	\$	\$
Section 1926 Tobacco	Total	\$0	\$	\$15,500	\$	\$
Other	Selective	\$	\$	\$	\$	\$
Other	Indicated	\$	\$	\$	\$	\$
Other	Universal	\$	\$	\$	\$	\$
Other	Unspecified	\$	\$	\$	\$	\$
Other	Total	\$	\$	\$	\$	\$
	Grand Total	\$1,300,553	\$	\$15,500	\$	\$

Footnotes:

### III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2012    Expenditure Period End Date: 9/30/2014

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$727,142				
Universal Indirect					
Selective	\$445,508				
Indicated	\$127,903				
Column Total	\$1,300,553.00	\$0.00	\$0.00	\$0.00	\$0.00

Footnotes:

### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Targeted Substances	
Alcohol	b
Tobacco	b
Marijuana	b
Prescription Drugs	e
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	b
LGBTQ	e
American Indians/Alaska Natives	b
African American	e
Hispanic	b
Homeless	e
Native Hawaiian/Other Pacific Islanders	e
Asian	e
Rural	b
Underserved Racial and Ethnic Minorities	e

Footnotes:

### III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

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		\$10,635.00				\$10,635.00
2. Quality Assurance						\$0.00
3. Training (Post-Employment)						\$0.00
4. Program Development		\$12,467.00				\$12,467.00
5. Research and Evaluation						\$0.00
6. Information Systems		\$22,172.00				\$22,172.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$45,274.00	\$0.00	\$0.00	\$0.00	\$45,274.00

**Footnotes:**

FFY 13 SAPT block grant funds were only spent on primary prevention resource development activities.

### III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

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
4521	na		Statewide	2nd Chances	1214 E Logan Street	Caldwell	ID	83605	\$2,122	\$2,122	\$0	\$0	\$0
5565	na		Statewide	A New Way	809 N Arthur	Pocatello	ID	83204	\$7,975	\$7,975	\$732	\$0	\$0
7030	X		Statewide	A to B Services	1001 J Street	Rupert	ID	83350	\$15,118	\$15,118	\$6,584	\$0	\$0
4127	ID100806		Statewide	A to Z Family Services	150 South Broadway Street	Blackfoot	ID	83221	\$102,171	\$102,171	\$9,246	\$0	\$0
7297	X		Statewide	Abba Daddy House	976 Haas Rd	Craigmont	ID	83523	\$484	\$484	\$0	\$0	\$0
7496	X		Statewide	Absolute Drug Testing	5433 N Government Way Ste B	Coeur d'Alene	ID	83815	\$23,016	\$23,016	\$3,097	\$0	\$0
6633	X		Statewide	Abundant Wellness Center	1125 E Polston Ave Ste A	Post Falls	ID	83854	\$36,135	\$36,135	\$8,162	\$0	\$0
6857	X		Statewide	ACES Community Services	1417 N 4th Street	Coeur d'Alene	ID	83814	\$107,741	\$107,741	\$10,592	\$0	\$0
6386	X		4	Ada County Juvenile Court Services	400 N Benjamin Suite 201	Boise	ID	83704	\$299	\$299	\$0	\$0	\$0
IT0048	ID900508		Statewide	Addictions Rehabilitation Association	163 East Elva Street	Idaho Falls	ID	83402	\$133,634	\$133,634	\$42,352	\$0	\$0
7255	X		Statewide	Advanced Drug Detection	1290 Addison Ave E	Twin Falls	ID	83301	\$4,991	\$4,991	\$62	\$0	\$0
Prev2011-1	X		1	AJI Counseling LLC	PO Box 103	Coeur d'Alene	ID	83816	\$36,347	\$0	\$0	\$36,347	\$0
7088	X		Statewide	Alcoholism Intervention Services	8436 Fairview Ave Ste D	Boise	ID	83704	\$50,704	\$50,704	\$5,435	\$0	\$0
7008	x		Statewide	All-City Transport	10843 W Halstead Ct	Boise	ID	83713	\$35,484	\$35,484	\$1,667	\$0	\$0
IT3926	ID100531		Statewide	Alliance Family Services	1200 Ironwood Drive Suite 101	Coeur d Alene	ID	83814	\$223,971	\$223,971	\$52,963	\$0	\$0
5547	na		Statewide	Alliance Family Services - Hailey	141 Citation Way, Ste #5	Hailey	ID	83333	\$6,935	\$6,935	\$1,216	\$0	\$0
7256	X		Statewide	American Mobile Drug Testing	1200 W Ironwood Dr Ste # 309	Coeur d'Alene	ID	83814	\$11,860	\$11,860	\$485	\$0	\$0
5463	na		Statewide	Answers and Alternatives	5431 Government Way, Ste B	Coeur d'Alene	ID	83814	\$4,898	\$4,898	\$1,459	\$0	\$0
IT1911	ID100370		Statewide	Ascent Behavioral Health Services	366 SW 5th Avenue Suite 100	Meridian	ID	83642	\$436,338	\$436,338	\$26,265	\$0	\$0
Prev2011-4	X		6	Bannock County Jv Diversion	PO Box 4926	Pocatello	ID	83205	\$8,672	\$0	\$0	\$8,672	\$0

	3177	X	X	Statewide	Bannock Transportation	1134N Main ST	Pocatello	ID	83201	\$26,275	\$26,275	\$395	\$0	\$0
	Prev2011-5	X	X	6	Bannock Youth Foundation	PO Box 246	Pocatello	ID	83204	\$51,684	\$0	\$0	\$51,684	\$0
	IT0047	ID01560	X	Statewide	Bannock Youth Foundation dba MK Place	110 S 19th	Pocatello	ID	83201	\$12,865	\$12,865	\$0	\$0	\$0
	R4-1	na	X	Region 4	Basin School District #72	POB 227	Idaho City	ID	83631	\$9,189	\$0	\$0	\$9,189	\$0
	Prev2011-7	X	X	6	Bear Lake School Dist #33	PO Box 300	Paris	ID	83261	\$4,546	\$0	\$0	\$4,546	\$0
	IT0470	X	X	Statewide	Bell Chemical Dependency	2719 Kimball Ave	Caldwell	ID	83605	\$468,662	\$468,662	\$182,879	\$0	\$0
	KC1814	na	X	Statewide	Benchmark Research & Safety, Inc.	POB 9088	Moscow	ID	83843	\$45,274	\$0	\$0	\$45,274	\$0
	5506	na	X	Statewide	Blue Birds Specialty Services	1122 W Finch Dr	Nampa	ID	83651	\$2,004	\$2,004	\$144	\$0	\$0
	Prev2011-9	X	X	4	Boise County - SFP	PO Box 486	Idaho City	ID	83631	\$12,555	\$0	\$0	\$12,555	\$0
	Prev2011-10	X	X	4	Boise County TND+	PO Box 486	Idaho City	ID	83631	\$15,677	\$0	\$0	\$15,677	\$0
	Prev2011-11	X	X	4	Boise School District #1	8169 W. Victory Road	Boise	ID	83709	\$12,369	\$0	\$0	\$12,369	\$0
	Prev2011-12	X	X	7	Bonneville County BYDC coalition	245 N Placer Ave	Idaho Falls	ID	83402	\$14,294	\$0	\$0	\$14,294	\$0
	4117	X	X	Statewide	Boyd Group LLC	1001 Walnut Ave.	Coeur d'Alene	ID	83814	\$8,479	\$8,479	\$42	\$0	\$0
	Prev2011-13	X	X	5	Boys and Girls Club of Magic Valley	999 Frontier Road	Twin Falls	ID	83301	\$25,832	\$0	\$0	\$25,832	\$0
	4906	na	X	Statewide	Bridgeway Health Services	1032 Bridgewater Place, Ste #1	Eagle	ID	83616	\$5,174	\$5,174	\$980	\$0	\$0
	IT5122	X	X	Statewide	Business Psychology Associates	380 E. Parkcenter Blvd.	Boise	ID	83706	\$7,529	\$7,529	\$0	\$0	\$0
	R4-2	na	X	Region 4	Catholic Charities of Idaho - Boise	1501 Federal Way	Boise	ID	83705	\$11,284	\$0	\$0	\$11,284	\$0
	R7-1	na	X	Region 7	Catholic Charities of Idaho - Idaho Falls	151 N. Ridge Suite 130	Idaho Falls	ID	83402	\$6,145	\$0	\$0	\$6,145	\$0
	Prev2011-17	X	X	5	Catholic Charities of Jerome	125 1st Avenue East	Jerome	ID	83338	\$16,971	\$0	\$0	\$16,971	\$0
	6930	X	X	Statewide	ChangePoint	830 Michigan Ave	Orofino	ID	83544	\$70,486	\$70,486	\$10,246	\$0	\$0
	3662	X	X	Statewide	Chrysalis Women's Transitional Living	2501 State St	Boise	ID	83702	\$4,440	\$4,440	\$1,827	\$0	\$0
	Prev2011-18	X	X	6	City of Montpelier Coalition	534 Washington St	Montpelier	ID	83254	\$6,827	\$0	\$0	\$6,827	\$0
	Prev2011-19	X	X	2	Clearwater Substance Abuse Workgroup Inc.	PO Box 1114	Orofino	ID	83544	\$11,721	\$0	\$0	\$11,721	\$0
	Prev2011-20	X	X	2	Clearwater Youth Alliance	PO Box 2124	Orofino	ID	83544	\$7,188	\$0	\$0	\$7,188	\$0
	18	na	X	Region 7	Club Inc - Recovery Now	2001 South Woodruff, Ste # 6	Idaho Falls	ID	83403	\$58,882	\$58,882	\$6,978	\$0	\$0

Prev2011-21	X	✘	1	Coeur d' Alene School District #271	311 N. 10th St	Coeur d'Alene	ID	83814	\$35,145	\$0	\$0	\$35,145	\$0
IT2559	ID100772	✔	Statewide	Community Services Counseling	963 South Orchard Street Suite B	Boise	ID	83705	\$43,953	\$43,953	\$2,094	\$0	\$0
Prev2011-22	X	✘	3	Council School District #13 DBA WACSAC	PO Box 215	Midvale	ID	83645	\$6,916	\$0	\$0	\$6,916	\$0
5925	X	✘	7	D7 Treatment Program	254 E Street	Idaho Falls	ID	83402	\$88,914	\$88,914	\$1,989	\$0	\$0
20	na	✘	Statewide	Daybreak Youth Services	628 South Cowley	Spokane	ID	99202	\$5,224	\$5,224	\$5,224	\$0	\$0
DBH	NA	✘	Statewide	DBH	450 W. State St	Boise	ID	83720	\$0	\$0	\$0	\$0	\$0
7251	X	✘	Statewide	Eagle Drug & Alcohol Testing	102 S 4th Ave	Sandpoint	ID	83864	\$5,937	\$5,937	\$1,194	\$0	\$0
3494	NA	✘	Statewide	Easter Seals-Goodwill Adult Behavioral Health	8620 W Emerald, Ste # 150	Boise	ID	83704	\$29,166	\$29,166	\$5,721	\$0	\$0
3494	X	✘	Statewide	Eastern Idaho Community Action Partnership	2480 S Yellowstone	Idaho Falls	ID	83402	\$975	\$975	\$403	\$0	\$0
5577	na	✘	Statewide	Essence Counseling	802 N 3rd Street	McCall	ID	83638	\$6,489	\$6,489	\$740	\$0	\$0
2216	na	✘	Statewide	Family Care Center	255 E Street	Idaho Falls	ID	83402	\$4,727	\$4,727	\$222	\$0	\$0
Prev2011-23	X	✘	3	Family Services Center LLC R3	704 Albany	Caldwell	ID	83605	\$14,543	\$0	\$0	\$14,543	\$0
IT4276	X	✘	Statewide	Family Services Counseling Center	704 Albany St	Caldwell	ID	83605	\$83,639	\$83,639	\$9,342	\$0	\$0
5075	x	✘	Statewide	Family Services Treatment	2007 E Quail Run Rd #1	Emmett	ID	83617	\$86,730	\$86,730	\$5,591	\$0	\$0
3248	na	✘	Region 4	Five Mile Creek Clean and Sober Living	5275 Five Mile Road	Boise	ID	83713	\$2,939	\$2,939	\$0	\$0	\$0
5448	na	✘	Region 3	Four Rivers Mental Health, Inc.	1605 S Kimball Ave	Caldwell	ID	83605	\$12,681	\$12,681	\$319	\$0	\$0
R7-5	na	✘	Region 7	Franklin County - Preston Coalition against Substance Abuse	940 N. Brookside Dr	Preston	ID	83263	\$2,684	\$0	\$0	\$2,684	\$0
R7 - 7	na	✘	Region 7	Fremont County Community Coalition	423 N. 2300 E.	St. Anthony	ID	83445	\$1,547	\$0	\$0	\$1,547	\$0
4906	na	✘	Statewide	Global Drug Testing Labs, Inc.	921 S Orchard St, Ste A	Boise	ID	83705	\$102,846	\$102,846	\$11,803	\$0	\$0
PREV-6193	x	✘	Region 2	Goodwill Industries of the Inland NW - Lewiston	307 19th St #A3	Lewiston	ID	83501	\$7,671	\$0	\$0	\$7,671	\$0
Prev2011-26	X	✘	1	Goodwill Industries of the Inland NW - Sandpoint	204 Lark Spur Drive	Sandpoint	ID	83864	\$10,185	\$0	\$0	\$10,185	\$0
7239	X	✘	Statewide	Happy Days Transportation	25 N 12 W	Rexburg	ID	83440	\$11,877	\$11,877	\$0	\$0	\$0
Prev2011-27	X	✘	3	Homedale School District #370	116 Owyhee Ave	Homedale	ID	83628	\$5,554	\$0	\$0	\$5,554	\$0
2144	x	✘	Statewide	Hope's Door	720 N. 16th Ave.	Caldwell	ID	83605	\$2,911	\$2,911	\$1,441	\$0	\$0

Prev2011-28	X	X	4	Horseshoe Bend School District #73	398 School Drive	Horseshoe Bend	ID	83629	\$9,060	\$0	\$0	\$9,060	\$0
3939	ID100909	X	Statewide	Human Dynamics & Diagnostics	2267 Teton Plaza	Idaho Falls	ID	83404	\$44,819	\$44,819	\$3,567	\$0	\$0
6833	X	X	4	Idaho County Rideshare	1522 G Street	Lewiston	ID	83501	\$9,050	\$9,050	\$0	\$0	\$0
BSU	x	X	Statewide	Idaho RADAR Center/Boise State University	1910 University Drive	Boise	ID	83725	\$116,043	\$0	\$0	\$116,043	\$0
5831	ID100811	✓	Statewide	Idaho Youth Ranch	PO Box 1648	Coeur d Alene	ID	83815	\$0	\$0	\$0	\$0	\$0
7002	X	X	Statewide	Insight Consulting Inc	2423 S Georgia Ste A	Caldwell	ID	83605	\$0	\$0	\$0	\$0	\$0
5505	na	X	Statewide	Integrated Healthcare & Ciynekung	3355 Holmes Ave	Idaho Falls	ID	83404	\$75,279	\$59,973	\$3,275	\$15,306	\$0
Prev2011-29	X	X	7	Juvenile Help Options LLC	2553 St. Charles	Idaho Falls	ID	83404	\$54,477	\$0	\$0	\$54,477	\$0
Prev2011-30	X	X	2	Kamiah Community Partners Coalition	PO Box 1397	Kamiah	ID	83536	\$9,856	\$0	\$0	\$9,856	\$0
Prev2011-31	X	X	2	Kamiah School District	1102 Hill Street	Kamiah	ID	83536	\$14,391	\$0	\$0	\$14,391	\$0
Prev2011-32	X	X	1	Kellogg Joint School District #391 dba Even Start Program	800 Bunker Avenue	Kellogg	ID	83837	\$5,497	\$0	\$0	\$5,497	\$0
Prev2011-33	X	X	1	Kellogg Joint School District #391 KEY Program	800 Bunker Avenue	Kellogg	ID	83837	\$24,092	\$0	\$0	\$24,092	\$0
Prev - 6229	X	X	Region 1	Kootenai Alliance for Children and Families	610 W. Hubbard Ave, Ste 123	Coeur d'Alene	ID	83814	\$26,778	\$0	\$0	\$26,778	\$0
Prev - 6232	X	X	Region 4	Kuna Alcohol Drug Free Youth	POB 245	Kuna	ID	83634	\$7,313	\$0	\$0	\$7,313	\$0
Prev2011-34	X	X	4	Kuna SD	1080 North Ten Mile Road	Kuna	ID	83534	\$2,933	\$0	\$0	\$2,933	\$0
Prev2011-35	X	X	7	Lemhi After School Promise Inc	PO Box 24	Salmon	ID	83467	\$21,406	\$0	\$0	\$21,406	\$0
5585	na	X	Statewide	Life Counseling Center	123 N. Yale St	Nampa	ID	83651	\$5,634	\$5,634	\$174	\$0	\$0
IT2813	ID100355	X	Statewide	Lifestyle Changes Counseling	371 Locust Street South	Twin Falls	ID	83301-7837	\$17,638	\$17,638	\$1,034	\$0	\$0
2894	na	X	Statewide	Lighthouse for Recovery	1135 Yellowstone Ave., Ste D	Pocatello	ID	83201	\$62,110	\$62,110	\$2,043	\$0	\$0
Prev - 6241	X	X	Region 4	Lionhearted Living, LLC	9101 West Steve Street	Boise	ID	83714	\$14,025	\$0	\$0	\$14,025	\$0
5393	na	X	Statewide	Lions Group International, LLC/Transylvania Express	8879 W. Stirrup St	Boise	ID	83709	\$5,540	\$5,540	\$1,508	\$0	\$0
5357	na	X	Region 7	Little People's Academy	543 North Ridge	Idaho Falls	ID	83402	\$247	\$247	\$0	\$0	\$0
Prev2011-36	X	X	3	Lutheran Community Services Northwest R3	2920 Cassial Street	Boise	ID	83705	\$30,769	\$0	\$0	\$30,769	\$0
Prev2011-37	X	X	4	Lutheran Community Services Northwest R4	2920 Cassial Street	Boise	ID	83705	\$50,171	\$0	\$0	\$50,171	\$0

IT2442	ID100912	✓	Statewide	Mental Wellness Centers	2420 East 25th Circle Suite A	Idaho Falls	ID	83404	\$60,589	\$60,589	\$2,376	\$0	\$0
Prev2011-38	X	✗	5	Minidoka County - SFP	PO Box 368	Rupert	ID	83350	\$17,927	\$0	\$0	\$17,927	\$0
Prev2011-39	X	✗	5	Minidoka County TND+	PO Box 368	Rupert	ID	83350	\$21,354	\$0	\$0	\$21,354	\$0
Prev - 6256	X	✗	Region 4	Monarch Research and Publishing LLC	622 east Monarch Street	Eagle	ID	83616	\$9,940	\$0	\$0	\$9,940	\$0
Prev2011-40	X	✗	2	Moscow Charter School	1723 East F. Street	Moscow	ID	83843	\$5,285	\$0	\$0	\$5,285	\$0
4071	na	✗	Region 1	Mountain Lake Counseling	1555 W. Ontario St	Sandpoint	ID	83864	\$16,567	\$16,567	\$3,245	\$0	\$0
IT0069	ID100943	✓	Statewide	Mountain States Chemical Dependency	1305 2nd Street South Suite 201	Nampa	ID	83651	\$21,033	\$21,033	\$1,211	\$0	\$0
Prev2011-41	X	✗	2	Mountain View School District #244	714 Jefferson Street	Grangeville	ID	83530	\$23,944	\$0	\$0	\$23,944	\$0
7535	X	✗	Statewide	My House	212 Fourth Avenue East	Twin Falls	ID	83301	\$496	\$496	\$0	\$0	\$0
Prev2011-43	X	✗	4	New Hope-Nueva Esperanza R4	2002 Blossom Place	Meridian	ID	83646	\$11,222	\$0	\$0	\$11,222	\$0
Prev2011-42	X	✗	3	New Hope/Nueva Esperanza R3	2002 Blossom Place	Meridian	ID	83646	\$9,151	\$0	\$0	\$9,151	\$0
3974	ID100974	✓	2	Nez Perce County Court Services	P.O. Box 896	Lewiston	ID	83501	\$29,689	\$29,689	\$218	\$0	\$0
Prev2011-44	X	✗	2	Nez Perce Tribe DBA Students for Success	PO Box 365	Lapwai	ID	83540	\$6,847	\$0	\$0	\$6,847	\$0
4335	ID100952	✓	Statewide	OATS Family Center	911 South Highway 30	Heyburn	ID	83336	\$60,466	\$60,466	\$14,573	\$0	\$0
Prev2011-45	X	✗	6	Oneida SD	181 Jenkins Avenue	Malad	ID	83252	\$3,925	\$0	\$0	\$3,925	\$0
IT2144	ID100373	✓	Statewide	Pacific Rim Consulting LLC	459 South Arthur Avenue	Pocatello	ID	83204	\$44,975	\$44,975	\$44	\$0	\$0
443	na	✗	Region 7	Padron Counseling Services	543 3rd Street	Idaho Falls	ID	83402	\$37,061	\$37,061	\$1,316	\$0	\$0
Prev2011-46	X	✗	3	Parma SD	805 E. McConnell Ave.	Parma	ID	83660	\$7,847	\$0	\$0	\$7,847	\$0
5440	na	✗	Statewide	Patterson, Russell W.	17202 N. Ramsey Road	Rathdrum	ID	83858	\$2,825	\$2,825	\$0	\$0	\$0
5044	na	✗	Region 3	Peak Recovery	2423 S. Georgia	Caldwell	ID	83605	\$22,641	\$22,641	\$3,336	\$0	\$0
Prev - 6280	x	✗	Region 3	Penny's Prevention Services	POB 584	Bruneau	ID	83604	\$24,339	\$0	\$0	\$24,339	\$0
7013	X	✗	Statewide	Personal Development	232 2nd Street South	Nampa	ID	83651	\$209,064	\$209,064	\$15,436	\$0	\$0
Prev - 6283	X	✗	Region 3	PLAYSMART WCC Coalition	615 E. Commercial St	Weiser	ID	83672	\$7,428	\$0	\$0	\$7,428	\$0
IT0006	ID100364	✗	Statewide	Port of Hope	508 East Florida Street	Nampa	ID	83686	\$413,997	\$413,997	\$82,757	\$0	\$0
IT0007	x	✗	Statewide	Port of Hope	218 North 23rd Street	Coeur D Alene	ID	83814	\$0	\$0	\$0	\$0	\$0
IT3194	ID100773	✗	Statewide	Preferred Child & Family Services	284 Martin Street	Twin Falls	ID	83301	\$35,907	\$35,907	\$1,398	\$0	\$0

	IT2119	ID000592	X	Statewide	Preston Counseling	15 E. Oneida	Preston	ID	83263	\$6,472	\$6,472	\$1,310	\$0	\$0
	Prev2011-47	X	X	3	Prevention Associates LLC TND+	1909 S. 10th Ave	Caldwell	ID	83605	\$31,355	\$0	\$0	\$31,355	\$0
	Prev2011-48	X	X	6	Priestley Mental Health Inc.	PO Box 54	Franklin	ID	83237	\$20,633	\$0	\$0	\$20,633	\$0
	2004	na	X	Region 5	Pro Active Advantages, LLC	215 University Ave	Gooding	ID	83330	\$47,084	\$47,084	\$6,646	\$0	\$0
	6425	X	X	Statewide	Provenance Ministry	9653 W Pima	Boise	ID	83704	\$1,400	\$1,400	\$0	\$0	\$0
	5504	na	X	Region 5	Psychiatric Services Behavioral Health Clinic, Inc.	493 eastland Drive	Twin Falls	ID	83301	\$1,142	\$1,142	\$0	\$0	\$0
	4520	ID100884	X	Statewide	Rathdrum Counseling Center	14954 Coeur d Alene Street	Rathdrum	ID	83858	\$49,902	\$49,902	\$12,086	\$0	\$0
	7371	X	X	Statewide	Rawlings Community Counseling	6658 Comanche St	Bonnerr's Ferry	ID	83805	\$34,460	\$34,460	\$8,687	\$0	\$0
	Prev2011-49	X	X	2	REACH Club Inc.	PO Box 294	Elk City	ID	83525	\$6,498	\$0	\$0	\$6,498	\$0
	7343	X	X	Statewide	Recovery 4 Life	8950 W Emerald Ste # 178	Boise	ID	83704	\$265,114	\$265,114	\$12,856	\$0	\$0
	IT5123	ID1000796	X	Statewide	Restored Paths	109 E Harrison	Coeur d'Alene	ID	83815	\$78,170	\$78,170	\$12,148	\$0	\$0
	7298	X	X	Statewide	Rising Sun Sober Living	8705 Goddard Rd	Boise	ID	83704	\$66,524	\$66,524	\$3,698	\$0	\$0
	IT0042	ID100448	✓	Statewide	Riverside Recovery	1720 18th Avenue	Lewiston	ID	83501	\$96,503	\$96,503	\$1,079	\$0	\$0
	7261	X	X	Statewide	Road to Recovery Inc.	343 East Bonneville	Pocatello	ID	83201	\$161,557	\$161,557	\$28,148	\$0	\$0
	IT0746	x	X	6	Road to Recovery Inc.	1070 Hilline	Pocatello	ID	83201	\$0	\$0	\$0	\$0	\$0
	5614	na	X	Statewide	ROMTRANS LLC	2020 W. Winterwood Ct.	Nampa	ID	83686	\$381	\$381	\$0	\$0	\$0
	IT2756	ID100463	X	Statewide	Salmon Mental Health Clinic	111 Lillian Street Suite 101	Salmon	ID	83467	\$10,230	\$10,230	\$512	\$0	\$0
	Prev2011-50	X	X	7	Salmon School District #291	401 S Warpath	Salmon	ID	83647	\$5,812	\$0	\$0	\$5,812	\$0
	7325	X	X	4	Salmon Sue Rose	1720 Westgate Dr Ste D	Boise	ID	83704	\$2,975	\$2,975	\$0	\$0	\$0
	IT2143	ID100610	X	Statewide	Solutions for Life	239 Idaho Street	American Falls	ID	83211	\$1,711	\$1,711	\$674	\$0	\$0
	5582	na	X	Statewide	Sprinter Shuttle Services, Inc	489 SW 11th Street	Ontario	ID	97914	\$3,078	\$3,078	\$43	\$0	\$0
	Prev2011-53	X	X	1	St. Vincent de Paul dba ICARE	1621 N. 3rd St Ste 100	Coeur d'Alene	ID	83814	\$6,892	\$0	\$0	\$6,892	\$0
	Prev2011-54	X	X	6	Still Waters Out Reach	755 W. Center	Pocatello	ID	83204	\$35,883	\$0	\$0	\$35,883	\$0
	Prev2011-55	X	X	6	Still Waters Out Reach TND+	755 W. Center	Pocatello	ID	83204	\$31,355	\$0	\$0	\$31,355	\$0
	IT2140	x	X	Statewide	Supportive Housing & Innovative Partnerships	5024 N. Mitchell	Boise	ID	83704	\$8,317	\$8,317	\$0	\$0	\$0
	2353	x	X	Statewide	Susan Call's Case Management Inc.	313 D. St. Suite 203	Lewiston	ID	83501	\$5,016	\$5,016	\$0	\$0	\$0

6734	X	X	Statewide	Tamarack Treatment and Counseling Center	413 Church St Unit C	Sandpoint	ID	83864	\$27,529	\$27,529	\$2,199	\$0	\$0
5441	na	X	Statewide	Tibbitts Transportation	775 N 4000 E	Rigby	ID	83442	\$13,006	\$13,006	\$886	\$0	\$0
5271	na	X	Statewide	Tom More Counseling Center	321 N 3rd	McCall	ID	83638	\$566	\$566	\$0	\$0	\$0
4139	na	X	Region 5	Treatment and Recovery Clinic	233 Gooding St. North	Twin Falls	ID	83301	\$47,822	\$47,822	\$2,298	\$0	\$0
6894	X	X	Statewide	Tueller Counseling Services Inc.	2275 W Broadway Ste G	Idaho Falls	ID	83402	\$52,386	\$52,386	\$0	\$0	\$0
Prev - 6304	X	X	Region 5	Twin Falls Co DBA 5th Judicial Drug Court	POB 126	Twin Falls	ID	83303	\$8,568	\$0	\$0	\$8,568	\$0
7282	X	X	Statewide	Twin Falls County Safe House	183 Rose St North	Twin Falls	ID	83301	\$4,564	\$4,564	\$0	\$0	\$0
2230	x	X	Statewide	United Drug Testing Lab	1010 N Orchard St Suite B	Boise	ID	83706	\$5,235	\$5,235	\$261	\$0	\$0
6130	x	X	Statewide	Upper Valley Resource & Counseling	1223 S Railroad Ave	Sugar City	ID	83448	\$38,386	\$38,386	\$0	\$0	\$0
Prev2011 -59	X	X	7	Upper Valley Resource and Counseling LLC	1223 S. Railroad Ave	Sugar City	ID	83448	\$43,550	\$0	\$0	\$43,550	\$0
Prev - 6310	X	X	Region 4	Valley County Prevention Services	35 Atkin Lane	Cascade	ID	83611	\$11,026	\$0	\$0	\$11,026	\$0
4385	na	X	Statewide	Valley Drug Testing	1311 G. Street	Lewiston	ID	83501	\$1,568	\$1,568	\$0	\$0	\$0
5900	X	X	Statewide	Valley View Recovery	109 S Mill	Grangeville	ID	83530	\$22,409	\$22,409	\$7,798	\$0	\$0
Prev2011 -61	X	X	3	Vallivue School District #139	1407 Homedale Road	Caldwell	ID	83607	\$59,091	\$0	\$0	\$59,091	\$0
Prev2011 -62	X	X	4	Varnier Counseling LLC dba RMBH	4802 West Kootenai	Boise	ID	83705	\$22,880	\$0	\$0	\$22,880	\$0
IT0020	ID750085	X	Statewide	Walker Center - SSA	605 11th Avenue East	Gooding	ID	83330	\$554,254	\$554,254	\$54,070	\$0	\$0
Prev2011 -63	X	X	5	Walker Center for Alcoholism and Drug Abuse Inc.	762 Falls Avenue	Twin Falls	ID	83331	\$72,899	\$0	\$0	\$72,899	\$0
Prev2011 -64	X	X	1	Wallace School District #393	PO Box 2160	Osburn	ID	83849	\$4,542	\$0	\$0	\$4,542	\$0
IT0065	ID100102	X	Statewide	Weeks & Vietri	818 South Washington Street	Moscow	ID	83843	\$17,079	\$17,079	\$218	\$0	\$0
5363	na	X	Statewide	Wienhoff Drug Testing	5125 N Glenwood St	Boise	ID	83714	\$95	\$95	\$87	\$0	\$0
Prev2011 -66	X	X	4	Women's and Children's Alliance Inc.	720 W. Washington	Boise	ID	83702	\$7,425	\$0	\$0	\$7,425	\$0
Total									\$6,443,491	\$5,142,936	\$713,106	\$1,300,555	\$0

\* Indicates the imported record has an error.

Footnotes:

Please note the \$55,332 reported as SAPT Block Grant Indirect Expenditure on Table 4 is not reported on Table 7 because there is no column for indirect expenditures. Also please note, Idaho is not required to expend funds on Early Intervention Services for HIV because Idaho is not a designated state.

### 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(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$18,632,596	
SFY 2014 (2)	\$18,451,890	\$18,542,243
SFY 2015 (3)	\$18,797,704	

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

SFY 2013 Yes  No

SFY 2014 Yes  No

SFY 2015 Yes  No

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

Footnotes:  
See Table 8a Report Explanation in Attachment Section

**Table 8a - Maintenance of Effort for State Expenditures for SAPT**

**Explanation:** Idaho used the FY 2013 process to generate the data entered into Table 8a for the FY 2016 Report. The funds previously appropriated to the Department of Health and Welfare for the delivery of substance abuse services in FY 2011, were re-distributed, by the Idaho Legislature, and appropriated to four state agencies and a branch of government (Idaho Office of Drug Policy, Supreme Court, Department of Correction, Department of Juvenile Corrections and Department of Health and Welfare) in FY 2012. To account for this change in appropriation, the Division of Behavioral Health, reports the expenditures of these funds by each of the agencies listed above. A chart depicting expenditures for 2015 is pasted below.

SSA	\$3,067,037
Idaho Supreme Court	\$5,108,100
Idaho Department of Juvenile Corrections	\$2,760,167
Idaho Office of Drug Policy	\$300,300
Idaho Department of Corrections	\$7,562,100
<b>Total</b>	<b>\$18,797,704</b>

### 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 2015 (3)	\$270,690	1.39%	\$3,763

Footnotes:

### 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 2015		\$0

Footnotes:  
Idaho is 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 2013		\$713,106
SFY 2014		\$800,704
SFY 2015		\$623,668
Enter the amount the State plans to expend in 2016 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>		

Footnotes:

## IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of substance abusers	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	5
	6. Speaking engagements	2
	9. Printed material development (3); Curriculum development (1)	4
	2. Education	
	1. Parenting and family management	12
	2. Ongoing classroom and/or small group sessions	46
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	4
	3. Alternatives	
	3. Community drop-in centers	2
	7. Community drop-in center	1
	4. Problem Identification and Referral	
	4. Prevention assessment & referral services	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	46
	4. Community team-building	5
	5. Accessing services and funding	6
	6. Assessing community needs (1); Formal community teams (1)	2
	6. Environmental	
	5. Preventin underage alcohol sales	1
7. Other		
1. Prevention of Youth Access to Tobacco Products	1	
Underage Drinking Prevention, Marijuana	1. Information Dissemination	

use Prevention, Prescription Medicine abuse Prevention		
	1. Clearinghouse/information resources centers	1

Footnotes:

## IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

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	76	73	\$752	\$706	\$347
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	462	437	\$4,360	\$4,939	\$2,925
5. Long-term (over 30 days)	0	0	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	939	906	\$1,157	\$794	\$1,212
7. Intensive Outpatient	787	719	\$1,572	\$844	\$2,098
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

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

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	12	3	7	0	0	0	0	0	0	0	0	1	1	0	0	4	8	0	0
2. 18 - 24	318	151	105	3	2	0	0	1	0	4	3	9	3	21	16	168	110	21	19
3. 25 - 44	1050	439	451	4	2	2	2	0	1	20	15	15	22	46	31	478	491	48	33
4. 45 - 64	307	148	126	1	1	2	0	0	0	1	2	3	3	16	4	156	132	15	4
5. 65 and Over	9	6	3	0	0	0	0	0	0	0	0	0	0	0	0	6	3	0	0
6. Total	1696	747	692	8	5	4	2	1	1	25	20	28	29	83	51	812	744	84	56
7. Pregnant Women	19		13		1		1		0		0		0		4		14		5
Number of persons served who were admitted in a period prior to the 12 month reporting period		361																	
Number of persons served outside of the levels of care described on Table 10		0																	

Footnotes:

## IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2012      Expenditure Period End Date: 6/30/2013

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>Footnotes: Idaho is not an HIV-Designated state.</p>		

## IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2012      Expenditure Period End Date: 6/30/2013

### 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.

Idaho has not done any training local governments, or faith-based or community-based organizations. Per the footnote, the managed care provider is responsible for client education.

#### Footnotes:

Idaho does not have a written form, or notice. Idaho uses a managed care model of service where all applicants for care are screened by independent clinicians prior to admission to treatment. During this screening process the clinician shares information about the providers available in the applicant's area. This information includes a description of each provider, the type of services they delivery and if they are a faith-based or secular agency. This enables the applicant to select the provider that most closely meets their needs. If an applicant selects a faith-based provider, the clinician verifies that services delivered by a faith-based organization are acceptable to the client and informs the client that they can request a different provider at any time during the treatment episode.

## 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]	31	32
Total number of clients with non-missing values on employment/student status [denominator]	190	190
Percent of clients employed or student (full-time and part-time)	16.3 %	16.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		159
Number of CY 2014 discharges submitted:		201
Number of CY 2014 discharges linked to an admission:		192
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		190
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		190

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	2	4
Total number of clients with non-missing values on employment/student status [denominator]	23	23
Percent of clients employed or student (full-time and part-time)	8.7 %	17.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		8
Number of CY 2014 discharges submitted:		24
Number of CY 2014 discharges linked to an admission:		23

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	23

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	1,709	1,811
Total number of clients with non-missing values on employment/student status [denominator]	2,867	2,867
Percent of clients employed or student (full-time and part-time)	59.6 %	63.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		914
Number of CY 2014 discharges submitted:		3,309
Number of CY 2014 discharges linked to an admission:		3,211
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,867
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		2,867

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	453	491
Total number of clients with non-missing values on employment/student status [denominator]	1,123	1,123
Percent of clients employed or student (full-time and part-time)	40.3 %	43.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		342
Number of CY 2014 discharges submitted:		1,379
Number of CY 2014 discharges linked to an admission:		1,313

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,123
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,123

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

Footnotes:

## 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]	135	136
Total number of clients with non-missing values on living arrangements [denominator]	185	185
Percent of clients in stable living situation	73.0 %	73.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		159
Number of CY 2014 discharges submitted:		201
Number of CY 2014 discharges linked to an admission:		192
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		190
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		185

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	15	16
Total number of clients with non-missing values on living arrangements [denominator]	23	23
Percent of clients in stable living situation	65.2 %	69.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		8
Number of CY 2014 discharges submitted:		24
Number of CY 2014 discharges linked to an admission:		23

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	23

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	2,708	2,722
Total number of clients with non-missing values on living arrangements [denominator]	2,785	2,785
Percent of clients in stable living situation	97.2 %	97.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		914
Number of CY 2014 discharges submitted:		3,309
Number of CY 2014 discharges linked to an admission:		3,211
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,867
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		2,785

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	1,027	1,030
Total number of clients with non-missing values on living arrangements [denominator]	1,098	1,098
Percent of clients in stable living situation	93.5 %	93.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		342
Number of CY 2014 discharges submitted:		1,379
Number of CY 2014 discharges linked to an admission:		1,313

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,123
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,098

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

Footnotes:

## 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]	145	183
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	191	191
Percent of clients without arrests	75.9 %	95.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		159
Number of CY 2014 discharges submitted:		201
Number of CY 2014 discharges linked to an admission:		192
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		191
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		191

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	23	23
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	23	23
Percent of clients without arrests	100.0 %	100.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		8
Number of CY 2014 discharges submitted:		24
Number of CY 2014 discharges linked to an admission:		23

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	23

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	2,909	2,789
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,188	3,188
Percent of clients without arrests	91.2 %	87.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		914
Number of CY 2014 discharges submitted:		3,309
Number of CY 2014 discharges linked to an admission:		3,211
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,188
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		3,188

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	1,130	1,081
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,293	1,293
Percent of clients without arrests	87.4 %	83.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		342
Number of CY 2014 discharges submitted:		1,379
Number of CY 2014 discharges linked to an admission:		1,313

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,293
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,293

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

Footnotes:

## 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]	125	174
All clients with non-missing values on at least one substance/frequency of use [denominator]	190	190
Percent of clients abstinent from alcohol	65.8 %	91.6 %

#### 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]		51
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	65	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		78.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		123
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	125	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.4 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	159
Number of CY 2014 discharges submitted:	201
Number of CY 2014 discharges linked to an admission:	192
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	191
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	190

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file

[Records received through 5/3/2015]

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]	14	22
All clients with non-missing values on at least one substance/frequency of use [denominator]	23	23
Percent of clients abstinent from alcohol	60.9 %	95.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		8
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		88.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		14
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	14	
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 2014 admissions submitted:	8
Number of CY 2014 discharges submitted:	24
Number of CY 2014 discharges linked to an admission:	23
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	23

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

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]	2,371	2,820
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,144	3,144
Percent of clients abstinent from alcohol	75.4 %	89.7 %

#### 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]		619
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	773	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		80.1 %

#### 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]		2,201
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,371	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.8 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	914
Number of CY 2014 discharges submitted:	3,309
Number of CY 2014 discharges linked to an admission:	3,211
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,188
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	3,144

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

#### 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]	873	1,045

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,272	1,272
Percent of clients abstinent from alcohol	68.6 %	82.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		255
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	399	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		63.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		790
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	873	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		90.5 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	342
Number of CY 2014 discharges submitted:	1,379
Number of CY 2014 discharges linked to an admission:	1,313
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,293
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,272

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

Footnotes:

## 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]	30	140
All clients with non-missing values on at least one substance/frequency of use [denominator]	190	190
Percent of clients abstinent from drugs	15.8 %	73.7 %

#### 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]		111
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	160	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		69.4 %

#### 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]		29
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	30	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.7 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	159
Number of CY 2014 discharges submitted:	201
Number of CY 2014 discharges linked to an admission:	192
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	191
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	190

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
Records received through 5/3/2015

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]	8	21
All clients with non-missing values on at least one substance/frequency of use [denominator]	23	23
Percent of clients abstinent from drugs	34.8 %	91.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		13
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	15	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		86.7 %

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]		8
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	8
Number of CY 2014 discharges submitted:	24
Number of CY 2014 discharges linked to an admission:	23
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	23

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,052	2,526
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,144	3,144
Percent of clients abstinent from drugs	65.3 %	80.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		734
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,092	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		67.2 %

**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]		1,792
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,052	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		87.3 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	914
Number of CY 2014 discharges submitted:	3,309
Number of CY 2014 discharges linked to an admission:	3,211
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,188
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	3,144

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

**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]	569	855

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,272	1,272
Percent of clients abstinent from drugs	44.7 %	67.2 %

**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]		412
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	703	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		58.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		443
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	569	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		77.9 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	342
Number of CY 2014 discharges submitted:	1,379
Number of CY 2014 discharges linked to an admission:	1,313
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,293
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,272

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

Footnotes:

## 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]	3	8
Total number of clients with non-missing values on self-help attendance [denominator]	9	9
Percent of clients attending self-help programs	33.3 %	88.9 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	55.6 %	
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		159
Number of CY 2014 discharges submitted:		201
Number of CY 2014 discharges linked to an admission:		192
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		191
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		9

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	1	3
Total number of clients with non-missing values on self-help attendance [denominator]	6	6
Percent of clients attending self-help programs	16.7 %	50.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	33.3 %	
<b>Notes (for this level of care):</b>		
Number of CY 2014 admissions submitted:		8
Number of CY 2014 discharges submitted:		

Number of CY 2014 discharges linked to an admission:	23
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	6

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	241	267
Total number of clients with non-missing values on self-help attendance [denominator]	687	687
Percent of clients attending self-help programs	35.1 %	38.9 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	3.8 %	

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

Number of CY 2014 admissions submitted:	914
Number of CY 2014 discharges submitted:	3,309
Number of CY 2014 discharges linked to an admission:	3,211
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,188
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	687

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

### 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]	73	99
Total number of clients with non-missing values on self-help attendance [denominator]	294	294
Percent of clients attending self-help programs	24.8 %	33.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	8.8 %	

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

Number of CY 2014 admissions submitted:	342
Number of CY 2014 discharges submitted:	1,379
Number of CY 2014 discharges linked to an admission:	1,313
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,293
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	294

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

Footnotes:

## 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 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	4	2	4	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	35	18	28	40
5. Long-term (over 30 days)	83	29	68	116
AMBULATORY (OUTPATIENT)				
6. Outpatient	175	73	135	229
7. Intensive Outpatient	147	53	98	200
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	0	0	0	0
10. ORT Outpatient	144	92	164	175

Level of Care	2014 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	68	65
REHABILITATION/RESIDENTIAL		

3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	201	192
5. Long-term (over 30 days)	24	23
AMBULATORY (OUTPATIENT)		
6. Outpatient	3309	3193
7. Intensive Outpatient	1379	1313
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	0
10. ORT Outpatient	0	18

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file  
[Records received through 5/3/2015]

Footnotes:

## 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 2012 - 2013	10.5	<input type="text"/>
	Age 18+ - CY 2012 - 2013	52.6	<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 2012 - 2013	6.6	<input type="text"/>
	Age 18+ - CY 2012 - 2013	21.4	<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] <sup>[1]</sup> ?[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 2012 - 2013	2.6	<input type="text"/>
	Age 18+ - CY 2012 - 2013	8.2	<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 2012 - 2013	5.6	<input type="text"/>
	Age 18+ - CY 2012 - 2013	5.2	<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] <sup>[2]</sup> ? 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 2012 - 2013	2.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	1.9	<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.

Footnotes:

## 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 2012 - 2013	76.4	<input type="text"/>
	Age 18+ - CY 2012 - 2013	80.1	<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 2012 - 2013	91.1	<input type="text"/>
	Age 18+ - CY 2012 - 2013	94.4	<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 2012 - 2013	74.0	<input type="text"/>
	Age 18+ - CY 2012 - 2013	69.7	<input type="text"/>

Footnotes:

## 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 2012 - 2013	13.2	<input type="text"/>
	Age 18+ - CY 2012 - 2013	17.0	<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 2012 - 2013	12.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	15.6	<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] <sup>[1]</sup> ?[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 2012 - 2013	13.5	<input type="text"/>
	Age 18+ - CY 2012 - 2013	19.5	<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 2012 - 2013	13.8	<input type="text"/>
	Age 18+ - CY 2012 - 2013	18.1	<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] <sup>[2]</sup> ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2012 - 2013	13.1	<input type="text"/>
	Age 18+ - CY 2012 - 2013	20.0	<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.

Footnotes:

## 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 2012 - 2013	92.1	<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 2012 - 2013	90.4	<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 2012 - 2013	82.0	<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 2012 - 2013	81.7	<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 2012 - 2013	90.0	<input type="text"/>

Footnotes:

## 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 2012 - 2013	39.8	<input type="text"/>
	Age 12 - 17 - CY 2012 - 2013		<input type="text"/>

Footnotes:

## 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 <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a> . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2012	92.5	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

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 2013 - 2014	27.1	<input type="text"/>

Footnotes:

## 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 2014	31.4	<input type="text"/>

Footnotes:

## 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 2012 - 2013	56.2	<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 2012 - 2013	89.2	<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.

Footnotes:

## 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] <sup>[1]</sup> ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2012 - 2013	91.2	<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.

Footnotes:

## V: Performance Indicators and Accomplishments

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	7/1/2012	6/30/2013
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2012	6/30/2013
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2012	6/30/2013
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2012	6/30/2013
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2012	9/30/2014

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

In 2013 the Division of Behavioral Health used the Idaho Substance Abuse Prevention system. The system was built in 2001 by Benchmark Research and Safety, Inc. to meet the CSAO/ORC MACRO MDS 3.4b specifications. It is a web-based system which generates standard block grant reports and has the capacity to generate ad hoc reports as well. This system was closed in Idaho State Fiscal Year 2014. At this time the system is no longer supported and Idaho does not have the capacity to generate any reports from the system. As of July 1, 2014, Idaho began using the KIT Solutions system. The primary prevention staff are working with KIT to build the capacity to generate all reports currently requested for the SAPT block grant application and plan.

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 (more than one race) Per MDS 3.4b specifications, the participant's primary race is Multi and is not duplicated in the counts for other races. Idaho Hispanic Ethnicity data were captured separately from "RACE."

### Footnotes:

The data system that Idaho used to collect substance abuse prevention data in 2013 was shut-down in 2014. Because the data system is closed, Idaho only has access to the standard reports that were established in compliance with SAPT block grant reporting requirements in 2012. Idaho is now using the KIT Solutions data system and is working with Kit to develop the capacity to report prevention service data on a calendar year.

## 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
<b>Age</b>	
0-4	114
5-11	9215
12-14	9366
15-17	2887
18-20	510
21-24	65
25-44	642
45-64	192
65 and over	11
Age Not Known	0
<b>Gender</b>	
Male	12239
Female	10763
Gender Unknown	0
<b>Race</b>	
White	18296
Black or African American	304
Native Hawaiian/Other Pacific Islander	59
Asian	187
American Indian/Alaska Native	392
More Than One Race (not OMB required)	389

Race Not Known or Other (not OMB required)	3375
Ethnicity	
Hispanic or Latino	3504
Not Hispanic or Latino	19498

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

In 2013, the Division of Behavioral Health used the Idaho Substance Abuse Prevention system. The system was built in 2001 by Benchmark Research and Safety, Inc. to meet the CSAO/ORC MACRO MDS 3.4b specifications. It is a web-based system which generates standard block grant reports and has the capacity to generate ad hoc reports as well. This system was closed in Idaho State Fiscal Year 2014. At this time the system is no longer supported and Idaho does not have the capacity to generate any reports from the system. As of July 1, 2014, Idaho began using the KIT Solutions system. The primary prevention staff are working with KIT to build the capacity to generate all reports currently requested for the SAPT block grant application and plan.

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 (more than one race) Per MDS 3.4b specifications, the participant's primary race is Multi and is not duplicated in the counts for other races. Idaho Hispanic Ethnicity data were captured separately from "RACE."

Footnotes:

The data system that Idaho used to collect substance abuse prevention data in 2013 was shut-down in 2014. Because the data system is closed, Idaho only has access to the standard reports that were established in compliance with SAPT block grant reporting requirements in 2012. Idaho is now using the KIT Solutions data system and is working with Kit to develop the capacity to report prevention service data on a calendar year.

## 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	153900
5-11	422599
12-14	392328
15-17	374551
18-20	350747
21-24	404184
25-44	2325719
45-64	2158656
65 and over	318980
Age Not Known	0
Gender	
Male	3467877
Female	3433787
Gender Unknown	0
Race	
White	6448684
Black or African American	45749
Native Hawaiian/Other Pacific Islander	11776
Asian	82459
American Indian/Alaska Native	110905
More Than One Race (not OMB required)	57347

Race Not Known or Other (not OMB required)	144744
Ethnicity	
Hispanic or Latino	677988
Not Hispanic or Latino	6223676

Footnotes:

The data system that Idaho used to collect substance abuse prevention data in 2013 was shut-down in 2014. Because the data system is closed, Idaho only has access to the standard reports that were established in compliance with SAPT block grant reporting requirements in 2012. Idaho is now using the KIT Solutions data system and is working with Kit to develop the capacity to report prevention service data on a calendar year.

## 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	21080	N/A
2. Universal Indirect	N/A	6901664
3. Selective	1449	N/A
4. Indicated	473	N/A
5. Total	23002	6901664

**Footnotes:**

The data system that Idaho used to collect substance abuse prevention data in 2013 was shut-down in 2014. Because the data system is closed, Idaho only has access to the standard reports that were established in compliance with SAPT block grant reporting requirements in 2012. Idaho is now using the KIT Solutions data system and is working with Kit to develop the capacity to report prevention service data on a calendar year.

## 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.

Idaho's Evidence-based Program (EBP) Workgroup evaluates program effectiveness based upon the following criteria: 1. Included on the Federal List or Registry OR 2. Reported with positive effects in peer-reviewed journals; AND 3. Judged by a consensus among EBP Workgroup members to be effective based on a combination of theory, research, and practical experience. If the program in question does not appear on a federal list or registry, the (EBP) Workgroup has established the following process to recognize programs as evidence based: 1. The provider must submit a formal application and three objective documents to show effectiveness of the proposed program to the EBP Workgroup. 2. The Research Analyst at the Office of Drug Policy (ODP) will complete an administrative screen of the application to ensure it is completed in its entirety and confirm the proposed program strategy fits the stated objectives. 3. EBP Workgroup members then review, score and discuss the merit of the application and the three supporting documents to determine whether the program is appropriate for provisional funding. Provisional funding may be granted for one year. 4. After the program is funded for one year, the provider will submit outcome materials as designated by the application. 5. The EBP Workgroup will review the outcome materials to determine if the program should be considered evidence-based in Idaho. 6. The submitted program may be added to the Idaho EBP list of approved programs.

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

For FY 13, Idaho used two-part mechanism to evaluate use of evidence-based programming. The first level of evaluation occurred during the approval for funding process. All entities seeking funding to deliver primary prevention services were required to identify the program(s) that they intended to deliver. Priority funding was given to entities proposing to deliver evidence-based programs. Once a provider has been awarded funding, they were required to "set-up" the program in the Idaho Substance Abuse Prevention data system. As a part of setting up their program, the providers were required to identify if their program was evidence-based. This data had to be verified by a regional coordinator prior to the provider's initiation of services. The data system has the ability to sort program entered into the system to determine if they are an evidence-based, promising or a "legacy" program. (promising program had been evaluated and found to be effective, but did not have sufficient research and review to qualify as evidence-based; Legacy programs were services that had been historically delivered in Idaho and the population served had positive outcomes, but had no formal evaluation) Because funding priority was given to entities proposing to delivery evidence-base programs and because Idaho was willing to cover the cost of required training and materials, primary prevention providers moved to evidence-based programs over the period of one year.

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	761		761	392	224	1377
2. Total number of Programs and Strategies Funded	761		761	392	224	1377
3. Percent of Evidence-Based Programs and Strategies	100.00 %		100.00 %	100.00 %	100.00 %	100.00 %

### Footnotes:

The data system that Idaho used to collect substance abuse prevention data in 2013 was shut-down in 2014. Because the data system is closed, Idaho only has access to the standard reports that were established in compliance with SAPT block grant reporting requirements in 2012. Idaho is now using the KIT Solutions data system and is working with Kit to develop the capacity to report prevention service data on a calendar year.

Information on Universal Indirect Programs should not have been recorded on this page. State funds were used to cover the cost of these activities.

## 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 # 761	\$ 727142.00
Universal Indirect	Total # 	\$ 
Selective	Total # 392	\$ 445508.00
Indicated	Total # 224	\$ 127903.00
	Total EBPs: 1377	Total Dollars Spent: \$1300553.00

**Footnotes:**

The data system that Idaho used to collect substance abuse prevention data in 2013 was shut-down in 2014. Because the data system is closed, Idaho only has access to the standard reports that were established in compliance with SAPT block grant reporting requirements in 2002. Idaho is now using the KIT Solutions data system and is working with Kit to develop the capacity to report prevention service data on a calendar year.

Information on Universal Indirect Programs should not have been recorded on Table 34. State funds were used to cover the cost of these activities. The error on Table 34 has been corrected.

# V: Performance Indicators and Accomplishments

## Prevention Attachments

### Submission Uploads

FFY 2014 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: