

Idaho

UNIFORM APPLICATION
FY 2017 BEHAVIORAL HEALTH REPORT
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

OMB - Approved 09/01/2016 - Expires 12/01/2016
(generated on 11/03/2016 12.26.05 PM)

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

Mailing Address POB 83720/3rd

City Boise

Zip Code 83720-0036

II. Contact Person for the Block Grant

First Name Ross

Last Name Edmunds

Agency Name Idaho Department of Health and Welfare

Mailing Address POB 83720/3rd

City Boise

Zip Code 83720-0036

Telephone 208-334-6997

Fax 208-332-7305

Email Address edmundsr@dhw.idaho.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2015

To 6/30/2016

Block Grant Expenditure Period

From 10/1/2013

To 9/30/2015

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

First Name Terry

Last Name Pappin

Telephone 208-334-6542

Fax 208-332-7305

Email Address pappint@dhw.idaho.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name Terry

Last Name Pappin

Telephone 208-334-6542

Email Address pappint@dhw.idaho.gov

Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

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

Goal of the priority area:

Increase the number of prevention providers employing approved evidence-based environmental strategies

Strategies to attain the goal:

Identify approved evidence-based environmental strategies and disseminate recommendations for evidence-based programs/practices

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of funded prevention providers implementing approved environmental strategies
Baseline Measurement: Number of funded prevention providers implementing approved environmental strategies as of June 1, 2015 is 3.
First-year target/outcome measurement: Number of funded prevention providers implementing approved environmental strategies as of June 1, 2016 will be 6.
Second-year target/outcome measurement: Number of funded prevention providers implementing approved environmental strategies as of June 1, 2017 will be 9.

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

Data Source:

Idaho Substance Abuse Prevention Data System (MOSAIX).

New Data Source (*if needed*):

Description of Data:

Name of program/activity funded.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

No data issues foreseen.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 2
Priority Area: Workforce Development
Priority Type: SAP
Population(s): PP, Other (Primary Prevention Providers, Coalition Members)

Goal of the priority area:

Idaho will increase the number of Certified Prevention Specialist from 3 to 12 as measured by the Idaho Board of Alcohol/Drug Counselor Certification (IBADCC) data base by June 30 2017.

Strategies to attain the goal:

Provide training and technical assistance to local prevention providers to enhance quality prevention programming.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of Certified Prevention Specialists (CPS) registered in Idaho with teh IBADCC
Baseline Measurement: Number of active Idaho Certified Prevention Specialists registered with the Ibadcc as of June 1, 2015, is 3
First-year target/outcome measurement: Number of active Idaho Certified Prevention Specialists registered with the IBADXX as of June 1, 2016 will be 6.
Second-year target/outcome measurement: Number of active Idaho Certified Prevention Specialists registered with the IBADXX as of June 1, 2017 will be 12.

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

Data Source:

Idaho Board of Alcohol/Drug Counselor Certification data base

New Data Source *(if needed)*:

Description of Data:

CPS Registration/Certification

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

No data issues foreseen.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 3
Priority Area: Outcome Measures
Priority Type: SAP
Population(s): PP, Other (Prevention Providers)

Goal of the priority area:

Strengthen data collection and evaluation capacity to accurately measure outcomes.

Strategies to attain the goal:

Provide training and technical assistance to enhance evaluation capacity for local prevention providers. Identify and Develop evaluation tools and resources to support local prevention providers to accurately evaluate their programs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of prevention providers accurately reporting program outcomes in state data management system.

Baseline Measurement: No prevention providers have utilized the evaluation area of the state data management system for program outcomes as of June 1, 2015.

First-year target/outcome measurement: Training and technical assistance provider to 100% of prevention providers funded with SABG funds.

Second-year target/outcome measurement: 35% of providers are accurately reporting outcome measures in data management system.

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

Data Source:

State Data Management System (MOSAIX).

New Data Source (if needed):

Description of Data:

Evaluation data entered by providers

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues foreseen.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 4

Priority Area: Crisis Services

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Increase the number of Behavioral Health Crisis Centers to a total of three.

Strategies to attain the goal:

The state has one fully operational Crisis Center located in Idaho Falls in the Eastern part of Idaho. Funding was approved by the SFY 2015 Legislature to fund a second Crisis Center to be located in Northern Idaho. The Division of Behavioral Health will support efforts to operationalize the second Crisis Center and will initiate a budget request for a third crisis center.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase the number of Behavioral Health Crisis Centers to a total of three.
Baseline Measurement: There is one fully operationalized Crisis Center in Idaho.
First-year target/outcome measurement: Two fully operationlized Crisis Centers by 6/30/3016.
Second-year target/outcome measurement: Two fully operational Crisis Centers and a budet request submitted for a third Crisis Center by 6/30/2017.
New Second-year target/outcome measurement(if needed):

Data Source:

DBH, WITS,

New Data Source(if needed):

Description of Data:

Operational status will be monitored and reported to the Division of Behavioral Health. Service delivery data will be recorded in WITS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Legislative approval is required to receive funding.

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):

Priority #: 5

Priority Area: Accessing appropriate services for children

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Replace the current assessment tool, the CAFAS, with the Child and Adolescent Need and Strengths (CANS) assessment tool.

Strategies to attain the goal:

The Division of Behavioral Health will develop an Idaho Behavioral Health specific version of the CANS assessment tool, develop a training plan, provide training on the tool and implement the tool on a statewide basis.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Statewide implementation of the CANS assessment tool.
Baseline Measurement: The current assessment tool utilized for children's mental health services is the CAFAS.
First-year target/outcome measurement: Evaluation and requirements for the Idaho BH specific CANS assessment tool are completed

by 6/30/2016.

Second-year target/outcome measurement: CANS assessment tool implemented statewide 6/30/2017.

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

Data Source:

DBH, Interagency Governance Team (IGT), WITS

New Data Source (if needed):

Description of Data:

The Division of Behavioral Health will provide training on the CANS assessment and a coordinate the development of the CANS assessment tools in collaboration with the IGT.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Funding availability, approval of the Idaho customized tool.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 6
Priority Area: Respite Care
Priority Type: MHS
Population(s): SED

Goal of the priority area:

Increase access to respite care services for families with children with SED.

Strategies to attain the goal:

The Division of Behavioral Health will request additional funding for respite care services. The Division contracts with a family run organization to provide training of respite providers and to maintain and respite information and referral center. The Division will coordinate a workgroup to identify respite care needs.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase by 5% the number of families receiving respite care services.
Baseline Measurement: In SFY 2015, 128 unduplicated clients received DBH funded repite care services.
First-year target/outcome measurement: 135 unduplicated clients will have received respite care by 6/30/2016.
Second-year target/outcome measurement: 142 unduplicated clients will have received respite care by 6/30/2017.
New Second-year target/outcome measurement (if needed):

Data Source:

WITS

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Training availability will be subject to available funding.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 8

Priority Area: Access Behavioral Health Services

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Evaluate the impact of high utilization of services including inpatient and outpatient to the behavioral health service delivery systems and identify system improvements.

Strategies to attain the goal:

The Division of Behavioral Health will identify and define high utilization for service categories including inpatient and outpatient services and develop a utilization review protocol based on best practices.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Implement utilization review of high users of behavioral health services.

Baseline Measurement: The DBH does not currently review high use of behavioral health services.

First-year target/outcome measurement: DBH will identify and define high utilization for service categories including inpatient and outpatient services by 6/30/2016

Second-year target/outcome measurement: DBH will and develop and implement a utilization review process by 6/30/2017.

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

Data Source:

WITS, VISTA, Molina

New Data Source *(if needed)*:

Description of Data:

WITS is the electronic health record utilized for both DBH Mental Health and SUD service delivery systems. VISTA is the data system utilized by the two state hospitals. Molina is the data management contractor for Medicaid.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

none known

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 9
Priority Area: Parity
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

The Division of Behavioral Health as the state behavioral health authority has a role in providing education regarding the MHPAEA in the state.

Strategies to attain the goal:

The DBH will contract with a provider for education and information on parity to consumers of behavioral health services

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: DBH will implement one parity education and awareness initiative.
Baseline Measurement: DBH has not provided or sponsored a parity education or awareness initiative.
First-year target/outcome measurement: DBH will contract for a parity education and awareness training by 6/30/2017.
Second-year target/outcome measurement: One DBH sponsored parity education and awareness training will be completed by 6/30/2107.

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

Data Source:

Contract monitoring, DBH

New Data Source *(if needed)*:

Description of Data:

Contract monitoring reports are utilized to ensure compliance with contract scope of work requirements. Updates will be provided to DBH leadership.

New Description of Data *(if needed)*:

Data issues/caveats that affect outcome measures:

Successful completion of a signed contract.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 10
Priority Area: Service Gaps
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Regional Behavioral Health Boards (RBHB) will transition from being advisory to functional boards.

Strategies to attain the goal:

The Division of Behavioral Health will support the establishment/infrastructure development of the RBHBs. The RBHB will demonstrate their readiness and their ability to provide guidance on behavioral health service delivery in their respective regions to the State Behavioral Health Planning Council. The RBHBs will enter into formal agreements with the local public health districts.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Five of the seven Regional Behavioral Health Boards (RBHB) will be stood up by entering into formal agreements with their public health departments.
Baseline Measurement: One RBHB has entered into a contract with public health.
First-year target/outcome measurement: Three of the seven RBHBs will be stood up by entering into formal agreements with their public health departments by 6/30/2016.
Second-year target/outcome measurement: Five of the seven RBHBs will be stood up by entering into formal agreements with their public health departments by 6/30/2017.

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

Data Source:

Division of Behavioral Health, State Behavioral Health Planning Council, Regional Behavioral Health Boards

New Data Source (if needed):

Description of Data:

Establishment of and readiness of the regional behavioral health boards.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 11
Priority Area: System of Care
Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Integration of behavioral health and primary care.

Strategies to attain the goal:

The Division is actively engaged in partnering with the transformation activities related to transforming primary care practices across the state into patient centered medical homes. The Division will assist in the implementation of a survey to assess levels of integration.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Survey of patient centered medical homes completed and results evaluated.
Baseline Measurement: Level of integration has not been assessed.
First-year target/outcome measurement: Survey developed and implemented by 6/30/2016
Second-year target/outcome measurement: Survey results evaluated and survey report completed by 6/30/17.
New Second-year target/outcome measurement (if needed):

Data Source:

Survey results

New Data Source (if needed):

Description of Data:

Survey results will be presented to the Behavioral Health Integrations Primary Care Sub-committee and the Idaho Health Care Coalition.

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):

Priority #: 12

Priority Area: System of Care- Olmstead

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Ensure behavioral health services are implemented in accordance with Olmstead and Title II of the ADA.

Strategies to attain the goal:

The Division of Behavioral Health will review the Olmstead and the ADA regulations. Idaho does not have a state Olmstead plan and the Division in its ongoing transformation efforts to integrate behavioral health services will evaluate the service delivery system, identify partners and establish a plan that addresses Olmstead.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Establish a plan specific to Behavioral Health that addresses the state's obligations under Olmstead and Title II of the ADA.

Baseline Measurement: Idaho does not have an Olmstead plan.

First-year target/outcome measurement: The Division of Behavioral Health will review the Olmstead decision and requirements of the Title II ADA in assessing the service delivery system needs for a plan by 6/30/2017.

Second-year target/outcome measurement: The Division of Behavioral Health will establish an Olmstead plan specific to Behavioral Health by 6/30/2017.

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

Data Source:

Olmstead decision, Title II ADA

New Data Source (if needed):

Description of Data:

The Division will review current regulation and Olmstead requirements and report to leadership the needs for the development of an BH specific plan.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 13

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

The Idaho budget for pregnant women and women with dependent children (PWWDC) will be increased to \$900,000. It is anticipated that we will be able to served an additional 100 women and families with this increase in funding.

Strategies to attain the goal:

Increase the number of PWWDC specialty providers throughout Idaho.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of women served.

Baseline Measurement: 369 women were served in 2015.
First-year target/outcome measurement: 400 women will be served in 2016.
Second-year target/outcome measurement: 450 women will be served in 2017.
New Second-year target/outcome measurement (if needed):

Data Source:

Idaho's Treatment Data System - WITS

New Data Source (if needed):

Description of Data:

Number of PWWDC-designated clients served.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None anticipated at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 14

Priority Area: IVDU Clients

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Evaluate alternatives to costly residential treatment to enable Idaho to serve all individuals indicating IV drug use.

Strategies to attain the goal:

Monitor individuals indicating IV drug use during assessment to identify the most effective method of treatment for each client.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of IVDU clients served

Baseline Measurement: Current number of actual IV drug users unknown.

First-year target/outcome measurement: Review system to identify actual number of IV drug users

Second-year target/outcome measurement: Treat 470 IVDU clients.

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

Data Source:

WITS data system

New Data Source (if needed):

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)*:

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS).

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Activity (See instructions for using Row 1.)	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	\$8,001,624		\$0	\$4,768,954	\$18,423,008	\$0	\$0
a. Pregnant Women and Women with Dependent Children [*]	\$1,343,710		\$0	\$0	\$315,494	\$0	\$0
b. All Other	\$6,657,914		\$0	\$4,768,954	\$18,107,514	\$0	\$0
2. Substance Abuse Primary Prevention	\$1,522,713		\$0	\$0	\$489,474	\$0	\$0
3. Tuberculosis Services	\$3,751		\$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. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$65,653		\$0	\$26,307	\$49,686	\$0	\$0
11. Subtotal (Row 1, 2, 3, 4, 8, 9 and 10)	\$9,593,741	\$0	\$0	\$4,795,261	\$18,962,168	\$0	\$0
12. Subtotal (Row 5, 6, 7 and 10)	\$65,653	\$0	\$0	\$26,307	\$49,686	\$0	\$0
13. Total	\$9,593,741	\$0	\$0	\$4,795,261	\$18,962,168	\$0	\$0

* Prevention other than primary prevention

** Only HIV designated states should enter information in this row

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

Please note, due to late receipt of the FY 15 SAPT block grant award, Idaho had funds remaining at the end of the first 12 months, so Idaho obligated the remaining FY 15 funds in the treatment contract. Idaho also used a portion of the FY 16 costs to cover the remaining treatment costs. Thus, the larger than usual expenditure of SAPT block grant funds in one state fiscal year.

Also due to the late award, a portion of the primary prevention expenditures were covered with state general funds. The state's fiscal staff are aware that each of the grants noted above, must have a minimum expenditure of 20% for primary prevention.

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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

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

Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	

Partial Hospital;	
Assertive Community Treatment;	
Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	\$
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$0

Footnotes:
Idaho is unable to complete this report

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Category	FY 2014 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$5,853,267
2. Primary Prevention	\$2,267,822
3. Tuberculosis Services	\$4,072
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$62,055
6. Total	\$8,187,216

*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	\$30,727	\$	\$	\$	\$
Information Dissemination	Indicated	\$13,850	\$	\$	\$	\$
Information Dissemination	Universal	\$551,905	\$	\$	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$596,482	\$	\$	\$	\$
Education	Selective	\$52,156	\$	\$	\$	\$
Education	Indicated	\$28,700	\$	\$	\$	\$
Education	Universal	\$489,046	\$	\$	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$569,902	\$	\$	\$	\$
Alternatives	Selective	\$	\$	\$	\$	\$
Alternatives	Indicated	\$6,650	\$	\$	\$	\$
Alternatives	Universal	\$	\$	\$	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$6,650	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$28,629	\$	\$	\$	\$
Problem Identification and Referral	Indicated	\$28,700	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$6,579	\$	\$	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$63,908	\$	\$	\$	\$
Community-Based Process	Selective	\$	\$	\$	\$	\$

Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Universal	\$ 46,959	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$46,959	\$	\$	\$	\$
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Universal	\$ <input type="text"/>				
Environmental	Unspecified	\$ 86,481	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$86,481	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Universal	\$ 181,481	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$181,481	\$	\$	\$	\$
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Universal	\$ <input type="text"/>				
Other	Unspecified	\$ 715,959	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$715,959	\$	\$	\$	\$
	Grand Total	\$2,267,822	\$	\$	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
Column Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Footnotes:

Idaho has completed Table 5a, all information required for this page is located on Table 5a.

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Targeted Substances	
Alcohol	b
Tobacco	b
Marijuana	b
Prescription Drugs	b
Cocaine	e
Heroin	e
Inhalants	e
Methamphetamine	e
Synthetic Drugs (i.e. Bath salts, Spice, K2)	e
Targeted Populations	
Students in College	e
Military Families	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	b

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

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		\$41,181.00		\$36,405.00	\$0.00	\$77,586.00
2. Quality Assurance		\$52,405.00		\$36,404.00	\$0.00	\$88,809.00
3. Training (Post-Employment)		\$15,443.00		\$0.00	\$0.00	\$15,443.00
4. Program Development		\$15,443.00		\$109,214.00	\$0.00	\$124,657.00
5. Research and Evaluation		\$47,166.00		\$0.00	\$0.00	\$47,166.00
6. Information Systems		\$29,666.00		\$50,000.00	\$0.00	\$79,666.00
7. Education (Pre-Employment)		\$5,148.00		\$0.00	\$0.00	\$5,148.00
8. Total	\$0.00	\$206,452.00	\$0.00	\$232,023.00	\$0.00	\$438,475.00

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

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	\$1,139	\$1,139	\$0	\$0	\$0
6473	NA		Region 3	A Fresh Start Recovery Services	1214 E. Logan St	Caldwell	ID	83605	\$372	\$372	\$223	\$0	\$0
5565	NA		Region 6	A New Way Counselling	809 Arthur	Pocatello	ID	83204	\$11,837	\$11,837	\$1,258	\$0	\$0
7030	X		Statewide	A to B Services	1001 J Street	Rupert	ID	83350	\$9,420	\$9,420	\$1,054	\$0	\$0
4127	ID100806		Statewide	A to Z Family Services	150 South Broadway Street	Blackfoot	ID	83221	\$126,097	\$126,097	\$3,055	\$0	\$0
6415	NA		Region 1	Aadvent Community Health Services	202 E. Anton, Suite #206	Coeur d'Alene	ID	83815	\$1,848	\$1,848	\$0	\$0	\$0
7297	X		Statewide	Abba Daddy House	976 Haas Rd	Craigmont	ID	83523	\$1,805	\$1,805	\$1,805	\$0	\$0
7496	X		Statewide	Absolute Drug Testing	5433 N Government Way Ste B	Coeur d'Alene	ID	83815	\$37,881	\$37,881	\$3,875	\$0	\$0
6633	X		Statewide	Abundant Wellness Center	1125 E Polston Ave Ste A	Post Falls	ID	83854	\$44,863	\$44,863	\$11,409	\$0	\$0
6857	X		Statewide	ACES Community Services	1417 N 4th Street	Coeur d'Alene	ID	83814	\$168,793	\$168,793	\$12,212	\$0	\$0
IT0048	ID900508		Statewide	Addictions Rehabilitation Association	163 East Elva Street	Idaho Falls	ID	83402	\$56,052	\$56,052	\$8,085	\$0	\$0
7255	X		Statewide	Advanced Drug Detection	1290 Addison Ave E	Twin Falls	ID	83301	\$2,957	\$2,957	\$41	\$0	\$0
Prev2011-1	X		1	AJI Counseling LLC	2115 Sherman	Coeur d'Alene	ID	83814	\$48,292	\$0	\$0	\$48,292	\$0
7088	X		Statewide	Alcoholism Intervention Services	8436 Fairview Ave Ste D	Boise	ID	83704	\$14,312	\$14,312	\$3,096	\$0	\$0
7008	x		Statewide	All-City Transport	10843 W Halstead Ct	Boise	ID	83713	\$35,661	\$35,661	\$3,985	\$0	\$0
IT3926	ID100531		Statewide	Alliance Family Services	1200 Ironwood Drive Suite 101	Coeur d Alene	ID	83814	\$83,479	\$83,479	\$11,923	\$0	\$0
5547	na		Statewide	Alliance Family Services - Hailey	141 Citation Way, Ste #5	Hailey	ID	83333	\$8,913	\$8,913	\$2,761	\$0	\$0
7256	X		Statewide	American Mobile Drug Testing	1200 W Ironwood Dr Ste # 309	Coeur d'Alene	ID	83814	\$3,024	\$3,024	\$284	\$0	\$0
5463	na		Statewide	Answers and Alternatives	5431 Government Way, Ste B	Coeur d'Alene	ID	83814	\$4,320	\$4,320	\$425	\$0	\$0
IT1911	ID100370		Statewide	Ascent Behavioral Health Services	366 SW 5th Avenue Suite 100	Meridian	ID	83642	\$320,495	\$320,495	\$14,968	\$0	\$0
				Bannock									

	Prev2011-4	X	X	6	County Jv Diversion	137 S. 5th	Pocatello	ID	83201	\$6,237	\$0	\$0	\$6,237	\$0
	3177	X	X	Statewide	Bannock Transportation	1134N Main ST	Pocatello	ID	83201	\$12,321	\$12,321	\$1,492	\$0	\$0
	Prev2011-5	X	X	6	Bannock Youth Foundation	110 S. 19th Street	Pocatello	ID	83201	\$48,161	\$0	\$0	\$48,161	\$0
	IT0047	ID01560	X	Statewide	Bannock Youth Foundation dba MK Place	110 S 19th	Pocatello	ID	83201	\$1,512	\$1,512	\$0	\$0	\$0
	R4-1	na	X	Region 4	Basin School District #72	100 Centerville Road	Idaho City	ID	83631	\$11,187	\$0	\$0	\$11,187	\$0
	Prev2011-7	X	X	6	Bear Lake School Dist #33	39 Fiedling St.	Paris	ID	83261	\$5,371	\$0	\$0	\$5,371	\$0
	IT0470	X	X	Statewide	Bell Chemical Dependency	2719 Kimball Ave	Caldwell	ID	83605	\$556,114	\$556,114	\$156,701	\$0	\$0
	BC0015800	NA	X	Statewide	Benchmark ITP	POB 9088	Moscow	ID	83843	\$181,481	\$0	\$0	\$181,481	\$0
	KC1814	na	X	Statewide	Benchmark Research & Safety, Inc.	1150 Alturas Drive, Suite 108	Moscow	ID	83843	\$395,000	\$0	\$0	\$395,000	\$0
	Prev2011-9	X	X	4	Boise County - SFP	404 Montgomery St.	Idaho City	ID	83631	\$6,730	\$0	\$0	\$6,730	\$0
	Prev2011-10	X	X	4	Boise County TND+	PO Box 486	Idaho City	ID	83631	\$20,400	\$0	\$0	\$20,400	\$0
	Prev2011-11	X	X	4	Boise School District #1	8169 W. Victory Road	Boise	ID	83709	\$10,177	\$0	\$0	\$10,177	\$0
	6154	NA	X	Region 7	Bonneville Youth Development	245 N. Placer Ave	Idaho Falls	ID	83402	\$14,107	\$0	\$0	\$14,107	\$0
	4117	X	X	Statewide	Boyd Group LLC	1001 Walnut Ave.	Coeur d'Alene	ID	83814	\$6,594	\$6,594	\$0	\$0	\$0
	Prev2011-13	X	X	5	Boys and Girls Club of Magic Valley	999 Frontier Road	Twin Falls	ID	83301	\$26,488	\$0	\$0	\$26,488	\$0
	4906	na	X	Statewide	Bridgeway Health Services	1032 Bridgewater Place, Ste #1	Eagle	ID	83616	\$4,094	\$4,094	\$700	\$0	\$0
	IT5122	X	X	Statewide	Business Psychology Associates	380 E. Parkcenter Blvd.	Boise	ID	83706	\$589,804	\$589,804	\$80,609	\$0	\$0
	5727	NA	X	Region 2	Camas Professional Counseling	304 N. State	Grangeville	ID	83530	\$2,166	\$2,166	\$0	\$0	\$0
	R4-2	na	X	Region 4	Catholic Charities of Idaho - Boise	1501 Federal Way	Boise	ID	83705	\$13,237	\$0	\$0	\$13,237	\$0
	Prev2011-17	X	X	5	Catholic Charities of Jerome	125 1st Avenue East	Jerome	ID	83338	\$18,055	\$0	\$0	\$18,055	\$0
	6930	X	X	Statewide	ChangePoint	1020 Main Street	Lewiston	ID	83501	\$47,118	\$47,118	\$4,090	\$0	\$0
	3662	X	X	Statewide	Chrysalis Women's Transitional Living	2501 State St	Boise	ID	83702	\$8,120	\$8,120	\$4,058	\$0	\$0
	Prev2011-18	X	X	6	City of Montpelier Coalition	534 Washington St	Montpelier	ID	83254	\$5,913	\$0	\$0	\$5,913	\$0
	Prev2011-20	X	X	2	Clearwater Youth Alliance	POB 2124	Orofino	ID	83544	\$9,761	\$0	\$0	\$9,761	\$0
	93222	NA	X	Statewide	CLM marketing and Advertising	588 W. Idaho Street	Boisse	ID	83702	\$43,753	\$0	\$0	\$43,753	\$0
	18	na	X	Region 7	Club Inc - Recovery Now	2001 South Woodruff, Ste # 6	Idaho Falls	ID	83403	\$48,710	\$48,710	\$7,433	\$0	\$0

	Prev2011-21	X	✘	1	Coeur d' Alene School District #271	311 N. 10th St	Coeur d'Alene	ID	83814	\$31,509	\$0	\$0	\$31,509	\$0
	6416	NA	✘	Region 3	Community Outreach Counseling	1031 W Sanetta Street	Nampa	ID	83651	\$397	\$397	\$0	\$0	\$0
	IT2559	ID100772	✔	Statewide	Community Services Counseling	1010 North Orchard Street Suite 7	Boise	ID	83706	\$20,035	\$20,035	\$260	\$0	\$0
	Prev2011-22	X	✘	3	Council School District #13 DBA WACSAC	101 E. Beeker St.	Midvale	ID	83645	\$4,741	\$0	\$0	\$4,741	\$0
	5811	NA	✘	Region 5	Crosspointe Family Services	1363 Fillmore Street	Twin Falls	ID	83301	\$748	\$748	\$0	\$0	\$0
	5925	X	✘	7	D7 Treatment Program	254 E Street	Idaho Falls	ID	83402	\$55,783	\$55,783	\$1,230	\$0	\$0
	20	na	✘	Statewide	Daybreak Youth Services	628 South Cowley	Spokane	ID	99202	\$3,591	\$3,591	\$3,591	\$0	\$0
	DBH	NA	✘	Statewide	DBH	450 W. State St	Boise	ID	83720	\$448,512	\$232,023	\$0	\$216,489	\$0
	6783	NA	✘	ISA 2	Drug Test of Idaho, LLC.	921 S Orchard Street, Ste A	Boise	ID	83705	\$25,799	\$25,799	\$4,374	\$0	\$0
	7251	X	✘	Statewide	Eagle Drug & Alcohol Testing	102 S 4th Ave	Sandpoint	ID	83864	\$1,877	\$1,877	\$459	\$0	\$0
	3494	NA	✘	Statewide	Easter Seals-Goodwill Adult Behavioral Health	8620 W Emerald, Ste # 150	Boise	ID	83704	\$95,095	\$95,095	\$12,359	\$0	\$0
	3494	X	✘	Statewide	Eastern Idaho Community Action Partnership	2480 S Yellowstone	Idaho Falls	ID	83402	\$1,100	\$1,100	\$127	\$0	\$0
	5577	na	✘	Statewide	Essence Counseling	802 N 3rd Street	McCall	ID	83638	\$14,449	\$14,449	\$0	\$0	\$0
	2216	na	✘	Statewide	Family Care Center	255 E Street	Idaho Falls	ID	83402	\$7,038	\$7,038	\$0	\$0	\$0
	Prev2011-23	X	✘	3	Family Services Center LLC R3	704 Albany	Caldwell	ID	83605	\$13,074	\$0	\$0	\$13,074	\$0
	IT4276	X	✘	Statewide	Family Services Counseling Center	704 Albany St	Caldwell	ID	83605	\$55,016	\$55,016	\$9,559	\$0	\$0
	5075	x	✘	3	Family Services Treatment	2007 E Quail Run Rd #1	Emmett	ID	83617	\$130,753	\$130,753	\$7,662	\$0	\$0
	BC017100	NA	✘	Statewide	FEI Systems	975 Patuxent Woods Drive, Suite 300	Columbia	ID	21046	\$50,000	\$50,000	\$0	\$0	\$0
	3248	na	✘	Region 4	Five Mile Creek Clean and Sober Living	5275 Five Mile Road	Boise	ID	83713	\$4,561	\$4,561	\$0	\$0	\$0
	5448	na	✘	Region 3	Four Rivers Mental Health, Inc.	1605 S Kimball Ave	Caldwell	ID	83605	\$11,508	\$11,508	\$197	\$0	\$0
	5754	NA	✘	Region 6	Gateway Counseling, Inc.	224 S Arthur, Ste # 2	Pocatello	ID	83204	\$94	\$94	\$0	\$0	\$0
	4906	na	✘	Statewide	Global Drug Testing Labs, Inc.	921 S Orchard St, Ste A	Boise	ID	83705	\$42,930	\$42,930	\$5,279	\$0	\$0
	PREV-6193	x	✘	Region 2	Goodwill Industries of the Inland NW - Lewiston	307 19th St #A3	Lewiston	ID	83501	\$9,769	\$0	\$0	\$9,769	\$0
	Prev2011-26	X	✘	1	Goodwill Industries of the Inland NW - Sandpoint	204 Lark Spur Drive	Sandpoint	ID	83864	\$5,276	\$0	\$0	\$5,276	\$0
	7239	X	✘	Statewide	Happy Days Transportation	25 N 12 W	Rexburg	ID	83440	\$1,315	\$1,315	\$0	\$0	\$0

	5736	NA		Statewide	Higher Ground Retreat	17626 Deer Flat Rd	Caldwell	ID	83607	\$54,744	\$54,744	\$22,828	\$0	\$0
	Prev2011-27	X		3	Homedale School District #370	116 Owyhee Ave	Homedale	ID	83628	\$3,980	\$0	\$0	\$3,980	\$0
	2144	x		Statewide	Hope's Door	720 N. 16th Ave.	Caldwell	ID	83605	\$1,978	\$1,978	\$0	\$0	\$0
	Prev2011-28	X		4	Horseshoe Bend School District #73	398 School Drive	Horseshoe Bend	ID	83629	\$9,415	\$0	\$0	\$9,415	\$0
	3939	ID100909		Statewide	Human Dynamics & Diagnostics	2267 Teton Plaza	Idaho Falls	ID	83404	\$28,092	\$28,092	\$0	\$0	\$0
	6833	X		4	Idaho County Rideshare	1522 G Street	Lewiston	ID	83501	\$7,183	\$7,183	\$0	\$0	\$0
	P01	NA		Statewide	Idaho Office of Drug Policy	POB 83720	Boise	ID	83720	\$190,951	\$0	\$0	\$190,951	\$0
	BSU	x		Statewide	Idaho RADAR Center/Boise State University	1910 University Drive	Boise	ID	83725	\$151,000	\$0	\$0	\$151,000	\$0
	6867	NA		7	Integrated Family and Community Services	3355 South Holmes Avenue	Idaho Falls	ID	83404	\$29,713	\$29,713	\$0	\$0	\$0
	5505	na		Statewide	Integrated Healthcare & Counseling	3355 Holmes Ave	Idaho Falls	ID	83404	\$102,329	\$102,329	\$1,573	\$0	\$0
	Prev2011-29	X		7	Juvenile Help Options LLC	2553 St. Charles	Idaho Falls	ID	83404	\$51,631	\$0	\$0	\$51,631	\$0
	Prev2011-30	X		2	Kamiah Community Partners Coalition	613 4th Street	Kamiah	ID	83536	\$10,384	\$0	\$0	\$10,384	\$0
	Prev2011-31	X		2	Kamiah School District	1102 Hill Street	Kamiah	ID	83536	\$14,518	\$0	\$0	\$14,518	\$0
	Prev2011-32	X		1	Kellogg Joint School District #391 dba Even Start Program	800 Bunker Avenue	Kellogg	ID	83837	\$6,040	\$0	\$0	\$6,040	\$0
	Prev2011-33	X		1	Kellogg Joint School District #391 KEY Program	800 Bunker Avenue	Kellogg	ID	83837	\$25,639	\$0	\$0	\$25,639	\$0
	Prev - 6229	X		Region 1	Kootenai Alliance for Children and Families	610 W. Hubbard Ave, Ste 123	Coeur d'Alene	ID	83814	\$14,564	\$0	\$0	\$14,564	\$0
	Prev - 6232	X		Region 4	Kuna Alcohol Drug Free Youth	571 W. 4th Street	Kuna	ID	83634	\$0	\$0	\$0	\$0	\$0
	Prev2011-34	X		4	Kuna SD	1080 North Ten Mile Road	Kuna	ID	83534	\$0	\$0	\$0	\$0	\$0
	Prev2011-35	X		7	Lemhi After School Promise Inc	511 Lena St	Salmon	ID	83467	\$20,066	\$0	\$0	\$20,066	\$0
	5585	na		Statewide	Life Counseling Center	123 N. Yale St	Nampa	ID	83651	\$15,761	\$5,695	\$1,884	\$10,066	\$0
	IT2813	ID100355		Statewide	Lifestyle Changes Counseling	371 Locust Street South	Twin Falls	ID	83301-7837	\$12,765	\$12,765	\$473	\$0	\$0
	2894	na		Statewide	Lighthouse for Recovery	1135 Yellowstone Ave., Ste D	Pocatello	ID	83201	\$20,961	\$20,961	\$1,075	\$0	\$0
	Prev - 6241	X		Region 4	Lionhearted Living, LLC	9101 West Steve Street	Boise	ID	83714	\$9,014	\$0	\$0	\$9,014	\$0
	5393	na		Statewide	Lions Group International, LLC/Transylvania Express	8879 W. Stirrup St	Boise	ID	83709	\$3,737	\$3,737	\$616	\$0	\$0
					Lutheran									

	Prev2011-36	X	✘	3	Community Services Northwest R3	2920 Cassial Street	Boise	ID	83705	\$34,437	\$0	\$0	\$34,437	\$0
	Prev2011-37	X	✘	4	Lutheran Community Services Northwest R4	2920 Cassial Street	Boise	ID	83705	\$58,210	\$0	\$0	\$58,210	\$0
	IT2442	ID100912	✔	Statewide	Mental Wellness Centers	2420 East 25th Circle Suite A	Idaho Falls	ID	83404	\$66,301	\$66,301	\$5,339	\$0	\$0
	Prev2011-38	X	✘	5	Minidoka County - SFP	8th Street	Rupert	ID	83350	\$25,148	\$0	\$0	\$25,148	\$0
	Prev2011-39	X	✘	5	Minidoka County TND+	8th Street	Rupert	ID	83350	\$27,200	\$0	\$0	\$27,200	\$0
	Prev2011-40	X	✘	2	Moscow Charter School	1723 East F. Street	Moscow	ID	83843	\$7,051	\$0	\$0	\$7,051	\$0
	4071	na	✘	Region 1	Mountain Lake Counseling	1555 W. Ontario St	Sandpoint	ID	83864	\$6,050	\$6,050	\$189	\$0	\$0
	IT0069	ID100943	✘	Statewide	Mountain States Chemical Dependency	1305 2nd Street South Suite 201	Nampa	ID	83651	\$15,080	\$15,080	\$0	\$0	\$0
	Prev2011-41	X	✘	2	Mountain View School District #244	714 Jefferson Street	Grangeville	ID	83530	\$23,337	\$0	\$0	\$23,337	\$0
	5593	NA	✘	ISA 2	New Age Safe and Sober Housing	1503 Salem Street	Boise	ID	83705	\$403	\$403	\$0	\$0	\$0
	Prev2011-43	X	✘	4	New Hope-Nueva Esperanza R4	2002 Blossom Place	Meridian	ID	83646	\$14,492	\$0	\$0	\$14,492	\$0
	Prev2011-42	X	✘	3	New Hope/Nueva Esperanza R3	2002 Blossom Place	Meridian	ID	83646	\$10,538	\$0	\$0	\$10,538	\$0
	3974	ID100974	✘	2	Nez Perce County Court Services	P.O. Box 896	Lewiston	ID	83501	\$907	\$907	\$236	\$0	\$0
	Prev2011-44	X	✘	2	Nez Perce Tribe DBA Students for Success	100 Agency Rd	Lapwai	ID	83540	\$8,656	\$0	\$0	\$8,656	\$0
	5742	NA	✘	ISA 1	North Idaho Transitions	604/608 South 10th Street	Coeur d'Alene	ID	83815	\$483	\$483	\$0	\$0	\$0
	4335	ID100952	✔	Statewide	OATS Family Center	911 South Highway 30	Heyburn	ID	83336	\$93,794	\$93,794	\$17,107	\$0	\$0
	Prev2011-45	X	✘	6	Oneida SD	181 Jenkins Avenue	Malad	ID	83252	\$4,782	\$0	\$0	\$4,782	\$0
	IT2144	ID100373	✔	Statewide	Pacific Rim Consulting LLC	459 South Arthur Avenue	Pocatello	ID	83204	\$41,926	\$41,926	\$8,716	\$0	\$0
	443	na	✘	Region 7	Padron Counseling Services	543 3rd Street	Idaho Falls	ID	83402	\$19,028	\$19,028	\$0	\$0	\$0
	Prev2011-46	X	✘	3	Parma SD	805 E. McConnell Ave.	Parma	ID	83660	\$10,561	\$0	\$0	\$10,561	\$0
	5044	na	✘	Region 3	Peak Recovery	2423 S. Georgia	Caldwell	ID	83605	\$18,686	\$18,686	\$2,247	\$0	\$0
	Prev - 6280	x	✘	Region 3	Penny's Prevention Services	39678 State Highway 78	Bruneau	ID	83604	\$17,335	\$0	\$0	\$17,335	\$0
	7013	X	✘	Statewide	Personal Development	232 2nd Street South	Nampa	ID	83651	\$176,591	\$176,591	\$19,831	\$0	\$0
	Prev - 6283	X	✘	Region 3	PLAYSMART WCC Coalition	615 E. Commercial St	Weiser	ID	83672	\$0	\$0	\$0	\$0	\$0
	IT0006	ID100364	✘	Statewide	Port of Hope	508 East Florida Street	Nampa	ID	83686	\$494,434	\$494,434	\$76,821	\$0	\$0
	IT3194	ID100773	✘	Statewide	Preferred Child & Family Services	284 Martin Street	Twin Falls	ID	83301	\$23,327	\$23,327	\$707	\$0	\$0

	IT2119	ID000592	X	Statewide	Preston Counseling	15 E. Oneida	Preston	ID	83263	\$2,739	\$2,739	\$685	\$0	\$0
	Prev2011-47	X	X	3	Prevention Associates LLC TND+	1909 S. 10th Ave	Caldwell	ID	83605	\$40,800	\$0	\$0	\$40,800	\$0
	Prev2011-48	X	X	6	Priestley Mental Health Inc.	75 S. 1st W,	Preston	ID	83263	\$9,784	\$0	\$0	\$9,784	\$0
	2004	na	X	Region 5	Pro Active Advantages, LLC	215 University Ave	Gooding	ID	83330	\$37,892	\$37,892	\$2,250	\$0	\$0
	6425	X	X	Statewide	Provenance Ministry	9653 W Pima	Boise	ID	83704	\$690	\$690	\$0	\$0	\$0
	5504	na	X	Region 5	Psychiatric Services Behavioral Health Clinic, Inc.	493 eastland Drive	Twin Falls	ID	83301	\$3,335	\$3,335	\$0	\$0	\$0
	4520	ID100884	X	Statewide	Rathdrum Counseling Center	14954 Coeur d Alene Street	Rathdrum	ID	83858	\$32,175	\$32,175	\$1,725	\$0	\$0
	7371	X	X	Statewide	Rawlings Community Counseling	6658 Comanche St	Bonnerr Ferry	ID	83805	\$56,661	\$56,661	\$14,345	\$0	\$0
	Prev2011-49	X	X	2	REACH Club Inc.	75 S. 1st W.	Elk City	ID	83525	\$5,518	\$0	\$0	\$5,518	\$0
	7343	X	X	Statewide	Recovery 4 Life	8950 W Emerald Ste # 178	Boise	ID	83704	\$189,686	\$189,686	\$9,490	\$0	\$0
	6654	NA	X	Region 6	Redford Counseling and Family Center	1501 Bench Road	Pocatello	ID	83201	\$1,883	\$1,883	\$0	\$0	\$0
	IT5123	ID1000796	X	Statewide	Restored Paths	109 E Harrison	Coeur d'Alene	ID	83815	\$42,310	\$42,310	\$2,371	\$0	\$0
	7298	X	X	Statewide	Rising Sun Sober Living	8705 Goddard Rd	Boise	ID	83704	\$78,844	\$78,844	\$7,084	\$0	\$0
	IT0042	ID100448	X	Statewide	Riverside Recovery	1720 18th Avenue	Lewiston	ID	83501	\$108,685	\$108,685	\$9,805	\$0	\$0
	7261	X	X	Statewide	Road to Recovery Inc.	343 East Bonneville	Pocatello	ID	83201	\$125,421	\$125,421	\$9,469	\$0	\$0
	IT2756	ID100463	X	Statewide	Salmon Mental Health Clinic	111 Lillian Street Suite 101	Salmon	ID	83467	\$5,171	\$5,171	\$0	\$0	\$0
	Prev2011-50	X	X	7	Salmon School District #291	401 S Warpath	Salmon	ID	83647	\$7,045	\$0	\$0	\$7,045	\$0
	6561	NA	X	ISA 1	Sequel Alliance Family Services	1200 Ironwood Dr, Ste # 101	Coeur d'Alene	ID	83874	\$53,503	\$53,503	\$7,454	\$0	\$0
	IT2143	ID100610	X	Statewide	Solutions for Life	239 Idaho Street	American Falls	ID	83211	\$464	\$464	\$464	\$0	\$0
	Prev2011-53	X	X	1	St. Vincent de Paul dba ICARE	1621 N. 3rd St Ste 100	Coeur d'Alene	ID	83814	\$7,428	\$0	\$0	\$7,428	\$0
	Prev2011-54	X	X	6	Still Waters Out Reach	755 W. Center	Pocatello	ID	83204	\$44,079	\$0	\$0	\$44,079	\$0
	Prev2011-55	X	X	6	Still Waters Out Reach TND+	755 W. Center	Pocatello	ID	83204	\$40,800	\$0	\$0	\$40,800	\$0
	IT2140	x	X	Statewide	Supportive Housing & Innovative Partnerships	5024 N. Mitchell	Boise	ID	83704	\$11,328	\$11,328	\$897	\$0	\$0
	2353	x	X	Statewide	Susan Call's Case Management Inc.	313 D. St. Suite 203	Lewiston	ID	83501	\$3,713	\$3,713	\$0	\$0	\$0
	6734	X	X	Statewide	Tamarack Treatment and Counseling Center	413 Church St Unit C	Sandpoint	ID	83864	\$5,857	\$5,857	\$189	\$0	\$0
	6332	NA	X	Region 6	Therapy in Motion Inc	165 W. Main St.	Lava Hot Springs	ID	83246	\$17,858	\$17,858	\$0	\$0	\$0

5441	na	X	Statewide	Tibbitts Transportation	775 N 4000 E	Rigby	ID	83442	\$7,849	\$7,849	\$426	\$0	\$0
5531	NA	X	Region 5	Tots to Teens Child Care Center	344 2nd Avenue North	Twin Falls	ID	83301	\$2,156	\$2,156	\$2,156	\$0	\$0
4139	na	X	Region 5	Treatment and Recovery Clinic	233 Gooding St. North	Twin Falls	ID	83301	\$47,123	\$47,123	\$6,664	\$0	\$0
6894	X	X	Statewide	Tueller Counseling Services Inc.	2275 W Broadway Ste G	Idaho Falls	ID	83402	\$26,637	\$26,637	\$59	\$0	\$0
Prev - 6304	X	X	Region 5	Twin Falls Co DBA 5th Judicial Drug Court	260 4th Ave. North, Suite B	Twin Falls	ID	83303	\$9,079	\$0	\$0	\$9,079	\$0
7282	X	X	Statewide	Twin Falls County Safe House	183 Rose St North	Twin Falls	ID	83301	\$0	\$0	\$0	\$0	\$0
2230	x	X	Statewide	United Drug Testing Lab	1010 N Orchard St Suite B	Boise	ID	83706	\$6,534	\$6,534	\$257	\$0	\$0
6130	x	X	Statewide	Upper Valley Resource & Counseling	1223 S Railroad Ave	Sugar City	ID	83448	\$22,520	\$22,520	\$4,630	\$0	\$0
Prev2011-59	X	X	7	Upper Valley Resource and Counseling LLC	1223 S. Railroad Ave	Sugar City	ID	83448	\$53,510	\$0	\$0	\$53,510	\$0
Prev - 6310	X	X	Region 4	Valley County Prevention Services	35 Atkin Lane	Cascade	ID	83611	\$10,754	\$0	\$0	\$10,754	\$0
4385	na	X	Statewide	Valley Drug Testing	1311 G. Street	Lewiston	ID	83501	\$0	\$0	\$0	\$0	\$0
5900	X	X	Statewide	Valley View Recovery	109 S Mill	Grangeville	ID	83530	\$5,570	\$5,570	\$1,370	\$0	\$0
Prev2011-61	X	X	3	Vallivue School District #139	1407 Homedale Road	Caldwell	ID	83607	\$50,621	\$0	\$0	\$50,621	\$0
Prev2011-62	X	X	4	Varnier Counseling LLC dba RMBH	4802 West Kootenai	Boise	ID	83705	\$20,707	\$0	\$0	\$20,707	\$0
IT0020	ID750085	X	Statewide	Walker Center - SSA	605 11th Avenue East	Gooding	ID	83330	\$747,864	\$747,864	\$92,605	\$0	\$0
Prev2011-63	X	X	5	Walker Center for Alcoholism and Drug Abuse Inc.	762 Falls Avenue	Twin Falls	ID	83331	\$53,588	\$0	\$0	\$53,588	\$0
Prev2011-64	X	X	1	Wallace School District #393	405 7th St.	Osburn	ID	83849	\$0	\$0	\$0	\$0	\$0
IT0065	ID100102	X	Statewide	Weeks & Vietri	818 South Washington Street	Moscow	ID	83843	\$18,749	\$18,749	\$520	\$0	\$0
5363	na	X	Statewide	Wienhoff Drug Testing	5125 N Glenwood St	Boise	ID	83714	\$95	\$95	\$68	\$0	\$0
Prev2011-66	X	X	4	Women's and Children's Alliance Inc.	720 W. Washington	Boise	ID	83702	\$9,886	\$0	\$0	\$9,886	\$0
5692	NA	X	Region 7	WW Counseling Services, PC	545 Shoup Avenue	Idaho Falls	ID	83402	\$1,815	\$1,815	\$0	\$0	\$0
Total									\$8,121,089	\$5,853,267	\$715,264	\$2,267,822	\$0

* Indicates the imported record has an error.

Footnotes:

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(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$18,451,890	
SFY 2015 (2)	\$18,797,704	\$18,624,797
SFY 2016 (3)	\$18,962,168	

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

SFY 2014 Yes No

SFY 2015 Yes No

SFY 2016 Yes No

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

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

A document describing Idaho's amount and method used to calculate the Idaho State Fiscal Year 2016 expenditures is located in the "Attachment" Section of this document.

Footnotes:

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

Expenditure Period: State Fiscal Year 2016

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 Idaho State Fiscal Year 2016 is pasted below.

Agency	Amount Expended
Department of Health & Welfare	\$ 3,208,420
Idaho Supreme Court	\$ 5,112,238
Department of Juvenile Corrections	\$ 3,579,410
Department of Corrections (Adult)	\$ 7,062,100
TOTAL	\$ 8,962,168

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 2016 (3)	\$214,315	1.75%	\$3,751

Please provide a description of the amounts and methods used to calculate the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. §300x-24(d)
See Table 8b 2016 Calculation Explanation located in the Attachment Section of this report.

Footnotes:

Table 8b 2016 Calculation Explanation

State Fiscal Year	A. Number of Clients Responding to TB Questions*	B. TB Question Reimbursement Rate	C. Total Spent on SSA Clients	D. State Health Programs TB Expenditures	E. Total Spent on SUD/Other State Programs TB Prevention and Treatment	F. SSA % of Total State Expenditures
2016	2887	\$ 1.30	\$3753	\$210,562	\$214,315	1.751%

Idaho used the same methodology to generate the TB expenditure number that was used for the FY 13, 14, 15 and 16 SAPT Block Grant reports. Since the Division of Public Health covers the cost for TB testing and treatment, the Division of Behavioral Health covers the cost of screening and referral of SUD clients for TB medical services. For the previous four years, no SUD clients received TB services funded by the Division of Health. The amount was calculated by multiplying the number of individuals, whose response to TB questions within the intake process were recorded in the WITS data system, by the cost for the amount of time it takes to ask and respond to the questions. All individuals who responded positively to the TB questions were referred to medical care.

SSA Expenditure Calculation

A. Number of Clients x B. Reimbursement Rate = C. SSA Total TB Expenditures

State Expenditures

C. SSA TB Expenditures + Division of Health Program Testing and Treatment Expenditures = E. Total State TB Expenditures

SSA Portion of State Expenditures

C. SSA Total TB Expenditures ÷ E. Total Stage TB Expenditures = F. SSA percent of State Expenditures

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 2016		\$0

Please provide a description of the amounts and methods used to calculate (for designated states only) the base and MOE for HIV early intervention services as required by 42 U.S.C. §300x-24(d) (See 45 C.F.R. §96 122(f)(5)(ii)(A)(B)(C))

Idaho is not a designated state.

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 2014		\$800,704
SFY 2015		\$623,668
SFY 2016		\$1,658,899
Enter the amount the State plans to expend in 2017 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>750000.00</u>		

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).

In 1993, Idaho had one agency delivering services that met the pregnant women/women with dependent children (PWWDC) service requirements. The state reported the amount of funds that had been paid to that agency. Per block grant requirements, in 1994 the state set aside additional funding to expand the PWWDC services and added a second provider. As funding was made available, Idaho continued to expand the program.

The Idaho Department of Health and Welfare (Department) uses a program cost accounting (PCA) coding system which designates a specific set of codes for each Division. When the block grant added requirements for a primary prevention set-aside as well as the PWWDC program, specific codes were established for each activity. Since Department's Division of Behavioral Health (DBH) staff, do not deliver PWWDC services, contracts were established for the delivery of these services. Whenever an invoice is received from an agency delivering PWWDC services, the contract monitor reviews the invoice for compliance with contract requirements. If the invoice does not meet all requirements it is returned to the contractor for revision. Invoices meeting all requirements are approved by the contract monitor who codes the invoice with a PCA number assigned to that service. The invoice is then submitted to the relevant program manager for review and approval. At this point the invoice is entered into the Department's electronic payment system where it is reviewed again by the Department's fiscal unit who is responsible for determining the assigned PCA code is appropriate for the services invoiced. The final step in this process is a review by the DBH Management Assistant, who once again reviews the invoice and assigned PCA code and has the authority to approve a release of funds to pay the invoice. All reviews in the process are done to ensure program costs are appropriately coded, there are sufficient funds remaining to cover the cost and the invoiced services are allowed under

the programs.

This process ensures the reported expenditures are accurately reported.

Footnotes:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Underage Drinking Prevention, Marijuana use Prevention, Prescription Medicine abuse Prevention	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	3. Media campaigns	4
	2. Education	
	1. Parenting and family management	11
	2. Ongoing classroom and/or small group sessions	39
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	3
	3. Alternatives	
	4. Community service activities	1
	6. Recreation activities	1
	7. Community Drop-in Center	1
	4. Problem Identification and Referral	
	4. Prevention Assessment and Referral Services	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	30
4. Community team-building	2	
5. Accessing services and funding	3	
Prevention of Minors' Access to Tobacco	6. Environmental	
	5. Tobacco Retailer Training	1
	7. Other	
	1. Prevention of Youth Access to Tobacco Products	1

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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	83	83	\$754	\$882	\$328
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	366	358	\$3,737	\$4,763	\$1,887
5. Long-term (over 30 days)	16	13	\$8,441	\$6,174	\$5,265
AMBULATORY (OUTPATIENT)					
6. Outpatient	1523	1432	\$1,265	\$948	\$1,200
7. Intensive Outpatient	1048	948	\$1,417	\$852	\$1,683
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: 7/1/2015 Expenditure Period End Date: 6/30/2016

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	4	2	0	0	0	0	0	0	1	0	0	1	2	2	5	3	2	2
2. 18 - 24	478	228	154	3	0	1	0	0	0	3	11	5	4	49	20	237	163	52	26
3. 25 - 44	1798	735	800	6	7	2	6	3	2	17	37	9	8	86	80	765	849	93	91
4. 45 - 64	564	316	183	4	2	1	0	0	1	11	6	1	2	23	14	326	195	30	13
5. 65 and Over	25	14	7	1	0	0	0	0	0	1	0	0	0	1	1	17	6	0	2
6. Total	2877	1297	1146	14	9	4	6	3	3	33	54	15	15	161	117	1350	1216	177	134
7. Pregnant Women	33		26		0		0		0		1		1		5		27		6
Number of persons served who were admitted in a period prior to the 12 month reporting period		0																	
Number of persons served outside of the levels of care described on Table 10		0																	

Footnotes:

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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: Idaho is not a designated state.		
Footnotes: Idaho is not a designated state.		

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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.

As reported in previous years, Idaho does not have a written form, or notice. Idaho employs a managed care model of service delivery 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.

Footnotes:

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]	105	104
Total number of clients with non-missing values on employment/student status [denominator]	586	586
Percent of clients employed or student (full-time and part-time)	17.9 %	17.7 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		548
Number of CY 2015 discharges submitted:		621
Number of CY 2015 discharges linked to an admission:		605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		586
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		586

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	4	10
Total number of clients with non-missing values on employment/student status [denominator]	36	36
Percent of clients employed or student (full-time and part-time)	11.1 %	27.8 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		18
Number of CY 2015 discharges submitted:		38
Number of CY 2015 discharges linked to an admission:		36

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	36

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	2,375	2,546
Total number of clients with non-missing values on employment/student status [denominator]	3,943	3,943
Percent of clients employed or student (full-time and part-time)	60.2 %	64.6 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,151
Number of CY 2015 discharges submitted:		4,594
Number of CY 2015 discharges linked to an admission:		4,431
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,943
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		3,943

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	713	773
Total number of clients with non-missing values on employment/student status [denominator]	1,852	1,852
Percent of clients employed or student (full-time and part-time)	38.5 %	41.7 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		581
Number of CY 2015 discharges submitted:		2,263
Number of CY 2015 discharges linked to an admission:		2,130

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,852
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,852

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	499	500
Total number of clients with non-missing values on living arrangements [denominator]	580	580
Percent of clients in stable living situation	86.0 %	86.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		548
Number of CY 2015 discharges submitted:		621
Number of CY 2015 discharges linked to an admission:		605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		586
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		580

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	25	27
Total number of clients with non-missing values on living arrangements [denominator]	35	35
Percent of clients in stable living situation	71.4 %	77.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		18
Number of CY 2015 discharges submitted:		38
Number of CY 2015 discharges linked to an admission:		36

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	35

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	3,774	3,782
Total number of clients with non-missing values on living arrangements [denominator]	3,892	3,892
Percent of clients in stable living situation	97.0 %	97.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,151
Number of CY 2015 discharges submitted:		4,594
Number of CY 2015 discharges linked to an admission:		4,431
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,943
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		3,892

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	1,694	1,698
Total number of clients with non-missing values on living arrangements [denominator]	1,824	1,824
Percent of clients in stable living situation	92.9 %	93.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		581
Number of CY 2015 discharges submitted:		2,263
Number of CY 2015 discharges linked to an admission:		2,130

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,852
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,824

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	498	588
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	603	603
Percent of clients without arrests	82.6 %	97.5 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		548
Number of CY 2015 discharges submitted:		621
Number of CY 2015 discharges linked to an admission:		605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		603
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		603

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	33	34
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	36	36
Percent of clients without arrests	91.7 %	94.4 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		18
Number of CY 2015 discharges submitted:		38
Number of CY 2015 discharges linked to an admission:		36

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	36

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,070	3,908
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,400	4,400
Percent of clients without arrests	92.5 %	88.8 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,151
Number of CY 2015 discharges submitted:		4,594
Number of CY 2015 discharges linked to an admission:		4,431
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,400
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		4,400

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	1,870	1,792
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,101	2,101
Percent of clients without arrests	89.0 %	85.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		581
Number of CY 2015 discharges submitted:		2,263
Number of CY 2015 discharges linked to an admission:		2,130

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,101
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,101

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	390	564
All clients with non-missing values on at least one substance/frequency of use [denominator]	601	601
Percent of clients abstinent from alcohol	64.9 %	93.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		174
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	211	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		82.5 %

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]		390
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	390	
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 2015 admissions submitted:	548
Number of CY 2015 discharges submitted:	621
Number of CY 2015 discharges linked to an admission:	605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	603
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	601

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file

Records received through 5/3/2016

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]	29	32
All clients with non-missing values on at least one substance/frequency of use [denominator]	36	36
Percent of clients abstinent from alcohol	80.6 %	88.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		3
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		42.9 %

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]		29
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	29	
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 2015 admissions submitted:	18
Number of CY 2015 discharges submitted:	38
Number of CY 2015 discharges linked to an admission:	36
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	36

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file [Records received through 5/3/2016]

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]	3,390	3,946
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,363	4,363
Percent of clients abstinent from alcohol	77.7 %	90.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		773
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	973	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		79.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,173
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,390	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.6 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:		1,151
Number of CY 2015 discharges submitted:		4,594
Number of CY 2015 discharges linked to an admission:		4,431
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,400
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		4,363

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	1,397	1,716

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,071	2,071
Percent of clients abstinent from alcohol	67.5 %	82.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		432
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	674	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		64.1 %

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]		1,284
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,397	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.9 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	581
Number of CY 2015 discharges submitted:	2,263
Number of CY 2015 discharges linked to an admission:	2,130
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,101
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,071

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	122	505
All clients with non-missing values on at least one substance/frequency of use [denominator]	601	601
Percent of clients abstinent from drugs	20.3 %	84.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		388
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	479	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		81.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		117
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	122	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		95.9 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	548
Number of CY 2015 discharges submitted:	621
Number of CY 2015 discharges linked to an admission:	605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	603
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	601

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file

[Records received through 5/3/2016]

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	6	28
All clients with non-missing values on at least one substance/frequency of use [denominator]	36	36
Percent of clients abstinent from drugs	16.7 %	77.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		22
Number of clients using 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 using Drug at admission [#T2 / #T1 x 100]		73.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		6
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	18
Number of CY 2015 discharges submitted:	38
Number of CY 2015 discharges linked to an admission:	36
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	36

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	3,115	3,612
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,363	4,363
Percent of clients abstinent from drugs	71.4 %	82.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		862
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,248	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		69.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,750
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,115	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.3 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,151
Number of CY 2015 discharges submitted:	4,594
Number of CY 2015 discharges linked to an admission:	4,431
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,400
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	4,363

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	961	1,456

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,071	2,071
Percent of clients abstinent from drugs	46.4 %	70.3 %

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]		651
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,110	
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]		805
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	961	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		83.8 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	581
Number of CY 2015 discharges submitted:	2,263
Number of CY 2015 discharges linked to an admission:	2,130
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,101
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,071

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	6	36
Total number of clients with non-missing values on self-help attendance [denominator]	45	45
Percent of clients attending self-help programs	13.3 %	80.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	66.7 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		548
Number of CY 2015 discharges submitted:		621
Number of CY 2015 discharges linked to an admission:		605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		603
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		45

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	3	7
Total number of clients with non-missing values on self-help attendance [denominator]	8	8
Percent of clients attending self-help programs	37.5 %	87.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	50.0 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		18
Number of CY 2015 discharges submitted:		38

Number of CY 2015 discharges linked to an admission:	36
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	8

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	652	785
Total number of clients with non-missing values on self-help attendance [denominator]	2,094	2,094
Percent of clients attending self-help programs	31.1 %	37.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	6.4 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,151
Number of CY 2015 discharges submitted:	4,594
Number of CY 2015 discharges linked to an admission:	4,431
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,400
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,094

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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]	270	340
Total number of clients with non-missing values on self-help attendance [denominator]	945	945
Percent of clients attending self-help programs	28.6 %	36.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.4 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	581
Number of CY 2015 discharges submitted:	2,263
Number of CY 2015 discharges linked to an admission:	2,130
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,101
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	945

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
 [Records received through 5/3/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	9	3	4	5
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	47	28	38	57
5. Long-term (over 30 days)	65	16	56	91
AMBULATORY (OUTPATIENT)				
6. Outpatient	182	82	133	214
7. Intensive Outpatient	161	47	96	198
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	0	0	0	0
10. ORT Outpatient	190	73	140	247

Level of Care	2015 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	127	115
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	621	605
5. Long-term (over 30 days)	38	36
AMBULATORY (OUTPATIENT)		
6. Outpatient	4594	4403
7. Intensive Outpatient	2263	2130
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	0
10. ORT Outpatient	0	28

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

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 2013 - 2014	10.4	
	Age 18+ - CY 2013 - 2014	51.3	
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 2013 - 2014	6.0	
	Age 18+ - CY 2013 - 2014	20.9	
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2013 - 2014	3.8	
	Age 18+ - CY 2013 - 2014	7.8	
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 2013 - 2014	7.5	
	Age 18+ - CY 2013 - 2014	6.2	
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors'orders).		
	Age 12 - 17 - CY 2013 - 2014	2.9	
	Age 18+ - CY 2013 - 2014	2.1	

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

Footnotes:

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 2013 - 2014	71.3	
	Age 18+ - CY 2013 - 2014	81.6	
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 2013 - 2014	89.9	
	Age 18+ - CY 2013 - 2014	94.4	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	65.6	
	Age 18+ - CY 2013 - 2014	64.5	

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 2013 - 2014	13.1	
	Age 18+ - CY 2013 - 2014	16.9	
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 2013 - 2014	13.3	
	Age 18+ - CY 2013 - 2014	15.8	
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2013 - 2014	13.7	
	Age 18+ - CY 2013 - 2014	20.4	
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 2013 - 2014	14.0	
	Age 18+ - CY 2013 - 2014	18.1	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2013 - 2014	13.0	
	Age 18+ - CY 2013 - 2014	19.9	

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

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

Footnotes:

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 2013 - 2014	90.8	
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 2013 - 2014	89.2	
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 2013 - 2014	75.0	
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 2013 - 2014	74.6	
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 2013 - 2014	88.4	

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 2013 - 2014	40.4	
	Age 12 - 17 - CY 2013 - 2014		

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 http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2013		

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 2014 - 2015		

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 2015		

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 2013 - 2014	58.0	
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 2013 - 2014	87.7	

[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] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2013 - 2014	89.7	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context 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	1/1/2014	12/31/2014
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	10/8/2016
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2014	12/31/2014
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2014	12/31/2014
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	1/1/2014	12/31/2014

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

In 2014, the SSA used an online data system (www.preventionidaho.net) for the collection of all prevention service and participant data. This system was specifically designed for Idaho and had the capacity to enable individual providers to set up within in the system, identify the program(s) they would be delivering, the prevention strategy, target population and define the unit of service and the rate per unit. After a program was set up, the provider was responsible for entering participant and service data for each service delivered. For individual-based programs, each participant was assigned a randomly generated number and the participant's information was entered using the assigned number. This prevented duplication entries. For population-based programs, the provider was responsible for collecting the information from the group or using community/school data to establish the numbers. The provider was required to enter participant and service data before the system would allow them to invoice for the service. This system ensured all required data was submitted.

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.

Participant race, age, gender and ethnicity information had to be submitted prior to initiation of services. All individual-based program participants were either interviewed individually or asked to complete a form collecting this information. Participants in individual-based programs were given the option of selecting "More Than Once Race" or "Race Not Known/Other." This decision was made by the participant or their parent for individuals under age 11. For all other groups, the individual participant made the selection. Data for individuals in population-based programs was gathered by asking the group for information or by using community/school data to establish the numbers. The race, age, gender and ethnicity information was entered into the online prevention data system which automatically generated aggregated reports.

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	70
5-11	8887
12-14	6890
15-17	1198
18-20	205
21-24	16
25-44	270
45-64	54
65 and over	5
Age Not Known	2
Gender	
Male	9194
Female	8364
Gender Unknown	39
Race	
White	14064
Black or African American	143
Native Hawaiian/Other Pacific Islander	27
Asian	179
American Indian/Alaska Native	220
More Than One Race (not OMB required)	414

Race Not Known or Other (not OMB required)	2550
Ethnicity	
Hispanic or Latino	3249
Not Hispanic or Latino	14341
Ethnicity Unknown	7

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

During this period, Idaho used an online data system. The state contracted with Benchmark Research and Safety, Inc., to build a web-based data collection and reporting system that met all federal and state reporting requirements and had the capacity to generate ad hoc reports. All block grant reports are generated automatically by the data system.

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.

As a part of the sign-up process all participants had to provide demographic data. On the forms, the participant had to select one option - White or Euro American, Black or African American, Native Hawaiian/Other Pacific Islander, Asian, American Indians/Alaska Native, More Than Once Race, Race Unknown or Other. If a participant did not know their race, they were directed to use the "Race Unknown or Other" option. If they knew their parents were from different races, they were directed to select the "More Than One Race" option. All providers were required to complete the participant demographic data section before they could input or invoice for services rendered. This ensured all required data was collected. Idaho did not add these participants to the number of each applicable racial category.

Footnotes:

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	458585
5-11	668115
12-14	273413
15-17	220202
18-20	224457
21-24	277564
25-44	1404988
45-64	1279944
65 and over	685903
Age Not Known	5175
Gender	
Male	2731055
Female	2759410
Gender Unknown	4881
Race	
White	5003581
Black or African American	31666
Native Hawaiian/Other Pacific Islander	4102
Asian	55728
American Indian/Alaska Native	43972
More Than One Race (not OMB required)	146853

Race Not Known or Other (not OMB required)	209443
Ethnicity	
Hispanic or Latino	629779
Not Hispanic or Latino	4860463
Ethnicity Unknown	5104

Footnotes:

V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

Footnotes:

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.

The Office of Drug Policy (ODP) promotes the improvement of Idaho's substance abuse prevention system by using a process to ensure prevention service providers and community coalition are seeking effective EBPs to meet their communities' assessed needs. Increasing the number of EBPs delivered by our prevention providers is a statewide priority. ODP maintains a registry of EBPs that are approved for Idaho providers to use in their delivery of prevention services. This list has been established by the Idaho Evidence-Based Workgroup (EBP), and includes: educational programs (designed to improve risk and protective factors that lead to problem behavior); environmental strategies (designed to change the community contexts in which people access and use ATOD); and, early intervention programs (designed to assist youth with increased risk factors and who are using substances). Interventions are included on ODP's list and deemed evidence-based if they are on the Blueprints Programs registry, the Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, or on the National Registry for Evidence-Based Programs and Practices Newly Reviewed list of programs designated with effective outcomes. When a program is not listed on any of the above registries, the individual intending to deliver the program submits an application to the EBP for review. The completed application includes the submission of three journal articles. One section of the EBP application includes the submission of a logic model, outlining inputs, outputs, outcomes, and evaluation. The EBP reviews each program that is not listed on one of the aforementioned registries to identify whether the content is similar to other programs listed in registries. Applicants are asked to provide a program summary, service area boundaries, target populations, capacity, and staff qualifications so that the EBP is able to investigate if the content and structure of the program are appropriate. The applicants are asked to provide the EBP with three years of outcome data from their program before the program is officially accepted on to the list of Idaho evidence-based practices. All data is reviewed by the EBP. The EBP is a voluntary organization coordinated by ODP to review prevention science. Idaho's EBP is composed of research-minded individuals that represent multiple sectors in community and state agencies including Professional and Technical Education, community coalitions, Idaho Department of Health and Welfare, Idaho National Guard, Idaho Department of Correction, Idaho Department of Education, Office of Drug Policy, Idaho Supreme Court, and the state-level evaluation team. The EBP uses a shared set of evidentiary standards to review each application from ODP providers, entertains discussion, and votes to determine whether programs should be deemed evidence-based. The results are then shared through the ODP's registry of Evidence-based Programs & Strategies. The process is intended to improve communication with our providers to better support them in identifying and selecting effective prevention programs for their local communities.

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

All primary programs were selected via a complete a competitive bid process. As a part of the review process, agencies proposing to use an NREPP evidence-based program were given first priority for funding. Agencies proposing to use a promising program listed on NREPP, were given second priority for funding. Agencies proposing to implement "legacy" programs, meaning those that had been delivered in Idaho for 10 years or more and had program data documenting its effectiveness but had not completed the comprehensive evaluation needed to be evidence-based, were the lowest priority and only funded after all evidence-based and promising programs were implemented. During this period, Idaho used an online data system. The state contracted with Benchmark Research and Safety, Inc., to build a web-based data collection and reporting system that met all federal and state reporting requirements and had the capacity to generate ad hoc reports. In order to invoice for services agencies were required to "set-up" their program and invoice using the primary prevention data system. This required information about the program, level of evidence of effectiveness, staffing and anticipated number of participants. Only after this was complete, were agencies able to enter attendance data and invoice for services. All invoiced services were reviewed by a regional manager to evaluate compliance with the original proposal and contract requirements prior to authorization for payment. All block grant reports are generated automatically by the data system.

Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	646	87	733	330	71	1134
2. Total number of Programs and Strategies Funded	648	91	739	332	71	1142
3. Percent of Evidence-Based Programs and Strategies	99.69 %	95.60 %	99.19 %	99.40 %	100.00 %	99.30 %

Footnotes:

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 # 646	\$ 549505.00
Universal Indirect	Total # 87	\$ 38150.00
Selective	Total # 330	\$ 383518.00
Indicated	Total # 71	\$ 115207.00
	Total EBPs: 1134	Total Dollars Spent: \$1086380.00

Footnotes:

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: