

Idaho

UNIFORM APPLICATION
FY 2018 BEHAVIORAL HEALTH REPORT
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

OMB - Approved 06/07/2017 - Expires
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Idaho Department of Health and Welfare

Organizational Unit Division of Behavioral Health

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 Ross.Edmunds@dhw.idaho.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2016

To 6/30/2017

Block Grant Expenditure Period

From 10/1/2014

To 9/30/2016

IV. Date Submitted

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V. Contact Person Responsible for Report Submission

First Name Jonathan

Last Name Meyer

Telephone 208-334-6682

Fax 208-332-7305

Email Address Jonathan.Meyer@dhw.idaho.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name Jonathan

Last Name Meyer

Telephone 208-334-6682

Email Address Jonathan.Meyer@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):

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

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

How second year target was achieved (optional):

The number of funded prevention providers implementing approved environmental strategies as of June 1, 2017 was 14. The target was exceeded, in part, by awarding community "mini-grants" specifically around the issue of underage drinking. A program-in-a-box, which included practical examples of environmental strategy activities, policies, and media materials, etc., was created to help "jump start" local coalitions in addressing community concerns.

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):

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

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

How second year target was achieved (optional):

The number of active Idaho Certified Prevention Specialists registered with the Idaho Board of Alcohol/Drug Counselor Certification (IBADDC) database by June 1, 2017 was 18. ODP partnered with the IBADCC and CADCA to develop and deliver a series of in-person CPS trainings made available during our annual prevention conference. Participants were able to sit for the required certification examination upon completion of the coursework. Having a dedicated education track at our conference, as well as the opportunity to take the examination on site, proved very attractive to our providers.

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):

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

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

How second year target was achieved (optional):

The number of providers accurately reporting outcome measures in the data management system was 76.09% by June 1, 2017. ODP staff prioritized both training and technical assistance for providers with respect to the expectations of data collection and the protocol for data collection and entry. ODP developed a compliance tracking sheet and followed up with each provider quarterly to address any concerns or non-compliance.

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 operationalized Crisis Centers by 6/30/2016.
Second-year target/outcome measurement: Two fully operational Crisis Centers and a budget 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: Achieved Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

The 2017 Idaho Legislature approved annualization of the funding necessary to fully fund the crisis centers in Twin Falls and Boise. The third crisis center located in Twin Falls opened in late November 2016 and an operator for the Boise crisis center was secured through an RFP. The Division is currently in the final phase of standing up the Pathways Community Crisis Center of Southwest Idaho scheduled to be opened in December. The Twin Falls and Boise crisis centers are the third and fourth crisis centers in the state of Idaho modeled after the successful implementation of the crisis centers in Idaho Falls and Coeur d'Alene. The success of the crisis centers has been phenomenal and the division will continue to seek the ultimate goal of a crisis center in each region of the state.

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):

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

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

How second year target was achieved (optional):

Development is continuing for the Idaho CANS System (ICANS), a web-based platform for the administration, scoring, and sharing of the CANS in Idaho.

- o ICANS Phase 1 passed testing and the 18.25.5 release was pushed to the Production site on 9/18/2017.
- o Trainings for IDHW Program Specialists participating in the pilot of ICANS occurred in August and September 2017. Two additional trainings are available in the month of October 2017.
- o The start date of the pilot was September 18, 2017.

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 Data Source(if needed):

Description of Data:

WITS is the electronic data record utilized by the Division of Behavioral Health. Data tracked includes unduplicated counts of clients receiving DBH funded respite services.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Funding is subject to legislative approval.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

The number of unduplicated children who received respite care services funded by the Division of Behavioral Health (DBH) in SFY 2017 was 489.
276 children received services through the DHW Regional voucher system whereby parents/caregivers pay the respite worker of their choice up front and they are then reimbursed through a contract with the Idaho Federation of Families for Children's Mental Health.
213 children received respite services through the Regional contracts with community mental health provider agencies to provide respite care.

Priority #: 7
Priority Area: Service Gaps
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

The Division of Behavioral Health will implement a state certification for Peer Specialists and increase the number of trained and certified peer specialists in Idaho.

Strategies to attain the goal:

The Division of Behavioral Health will develop and implement a state certification process for certifying trained peer specialists. The Division has developed Peer Specialist standards, and will also facilitate the development of three peer specialty endorsements. The Division will utilize contractors as needed to provide peer specialist training.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase the number of trained and state certified Peer Specialists.
Baseline Measurement: There are approximately 200 trained peer specialists in Idaho.
First-year target/outcome measurement: Implement a State certification process for trained peer specialists by 6/30/2016.
Second-year target/outcome measurement: Complete training and certification of an additional 75 peer specialist by 6/30/2017.

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

Data Source:

DBH, contract monitor, Contract provider

New Data Source(if needed):

Description of Data:

DBH will contract to provide training and will receive contract monitoring reports as required. DBH will implement a tracking system to document state certified peer specialists.

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):

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

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

How second year target was achieved (optional):

After one full year of the new Peer Certification process, the number of Peer Support Specialists trained and certified nearly doubled over the previous year with a total of 325 Certified Peer Support Specialists as of 6/30/2017.

The certification committee saw a steady increase in the number of trainings that occurred with the DBH contracted trainings. The certification committee also received additional information from community mental health providers desiring to provide Peer Specialist trainings beyond the contracted trainings with Jannus. DBH developed a process to recognize those other training entities for more Peer to be trained and apply or certification. This change in the system is a factor in the increase certified peer specialists.

In August 2016, DBH began the process to develop Rule for the certification of Peer Support Specialists. The chapter of rule was presented to the Legislature in January 2017 and passed both houses. Ensuring the legal support for certification has been helpful to provide structure to the certification process and for those applying for certification.

The addition of the chapter of rule also prompted the Quality Assurance Unit of DBH with the policy unit to address the outdated Behavioral Health standards for Peer Support Specialists. This resulted in an updated standard.

With the exponential increase for certified peers and the work that the committee invests in the certification of Peers, DBH began the process of developing a request for proposal for Peer Certification. This request for proposal is in the process of development and will likely be finalized in the FY2017-2018.

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):

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

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

How second year target was achieved (optional):

The Division of Behavioral Health(DBH) completed the initial review of high utilizers and, as a result, requested Technical Assistance. DBH, JBS and it's contractor will be working to find national examples of High Utilization studies in an effort to compare them against Idaho's high utilizing population. The goal will be to ensure we are collecting similar data and, where we aren't develop data collection methods. In addition, DBH intends to implement strategies consistent with similar high utilizing populations as a result of this project. Finally, DBH continues to develop ways to track it's high utilizers. Of note, DBH is not a fee for service entity and, as such, identifying actual cost per client becomes difficult. We are developing methods to better track utilization within our currently identified high utilizing populations.

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):

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

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

How second year target was achieved (optional):

Through the contractor, Jannus, Inc., the following parity initiatives were completed.

- Empower Idaho (EI; formerly the Office of Consumer and Family Affairs) features a NAMI infographic on their "Mental Health Parity" tab www.empoweridaho.org
- Empower Idaho distributes the parity infographic during community outreach activities (i.e. mental health month at the capitol, recovery month the capitol, Recovery Rally in the Park, Behavioral Health Council meetings, state hospital visits, regional office visits, during community and provider educational activities, etc.)
- Empower Idaho plans to post information on their Facebook page periodically. A concerted effort to share insurance-related content that is germane to the Idaho network is posted frequently.
- Empower Idaho met with the Department of Insurance and with Blue Cross Blue Shield of Idaho in July and August to discuss parity and how it works

Parity education and awareness training continues to be a required component of the contract.

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):

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

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

How second year target was achieved (optional):

The Regional Behavioral Health Boards (BHB) are a critical component to Idaho's transformed Behavioral Health System. The BHPC continues to support and encourage effective communication between the BHPC and each of the BHBs. Below are brief updates about the activities of each of the BHBs from the past fiscal year.

The Region 1 BHB partnered with the Panhandle Health District and was approved by the BHPC as a stand-alone board in September 2015. During the course of the past year, the Board supported the July 25, 2016 opening of the Crisis Center for North Idaho in Coeur d'Alene, partnered with community organizations to provide Trauma Informed Care trainings to over 700 providers, received a grant for suicide prevention training, and helped fund the regional Crisis Intervention Training for law enforcement personnel.

In early 2016, the Region 2 BHB partnered with the North Central District Public Health. Highlights of the past year for Region 2 include the opening of the Nez Perce County Recovery Center, successful Crisis Intervention Training for law enforcement personnel from across the region, and Youth Mental Health First Aid trainings conducted in several communities.

In the past year, the Region 3 BHB partnered with the Southwest District Health. The Board is also actively working with the Southwest District Health Statewide Health Innovation Plan (SHIP) Manager to create Patient Centered Medical Homes. The Board created subcommittees and their members are working with the Region 3 BHB Executive Board to address the needs and gaps in the region and develop a strategic plan. One of these is the Crisis Center subcommittee whose members are working collaboratively with community organizations to support placement of the next crisis center in Region 3.

The Region 4 BHB partnered with the Central District Health Department to serve the behavioral health needs of Ada, Boise, Elmore and Valley counties. The board made great strides in its organization and houses three (3) active committees including a Wellness and Recovery Committee, Youth Behavioral Health Committee, and Provider Committee.

Over the past year, the Region 5 BHB filled all of its board positions and completed a board orientation process. They also supported mental health awareness activities in the Twin Falls, Wood River Valley, and Mini Cassia areas. A strong working relationship has been established with South Central Public Health. The Region 5 BHB has invested significant time and energy into supporting the new crisis center in Twin Falls and looks forward to the positive impact that center will have on the region.

The Region 6 BHB continues to move toward supporting recovery in their region by educating the public about mental health issues and encouraging communication between service and support providers within their region. Their children's mental health (CMH) subcommittee is reaching out to local school districts through a newsletter and a resource guide.

In September 2015, the Region 7 BHB, through a contract from Idaho Department of Health and Welfare's (IDHW), Division of Behavioral Health (DBH), partnered with Eastern Idaho Public Health (EIPH) for the provision of administrative and support services to the board. This partnership is working well. In December 2015, a grant of nearly \$15,000 from the Blue Cross Foundation for Health was awarded to the Region 7 BHB/EIPH for a regional community engagement project focusing on children's mental health issues, allowing

the board to facilitate education to individuals throughout the region and connect them with resources to assist children with mental health needs. This outreach occurred in Clark, Bonneville, and Teton Counties, with events scheduled in Lemhi, Bingham, and Butte Counties in the coming months.

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: Achieved Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

The Idaho Behavioral Health Integration Survey was completed which assessed each provider's:
Level of behavioral health integration into Primary Care;
Referral Practices and Tracking Communication Practices both internal and external;

Agreements with Specialty Services Providers;
Screening Tools/Frequency of Use; and
Current Training for All Staff

Survey methods consisted of onsite meetings encompassing 47 Medicaid Health Home sites, completion of the Integrated Practice Assessment Tool©, and interviews/conversation on survey focus points. As a result of the survey and evaluation report the following next steps were identified:

Work with the PCMH contractor to develop specific BH curriculum topics for the Learning Collaborative;
Outline specific behavioral health goals and task that the RC can achieve in PCMH coaching and mentoring;
Identify well integrated PCMH clinics who are willing to provide technical assistance, consultation and training to other PCMH clinics;
Pursue a Behaviorist Peer to Peer model that will support training, networking and advocacy; Explore how Regional Behavioral Health Boards can support the work of the PCMH clinics.

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):

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

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

How second year target was achieved (optional):

The Division of Behavioral Health has implemented two planning initiatives to facilitate community integration and decreasing institutionalization. These initiatives focus on developing community based housing services which are not currently available and developing standardized protocols for continuity of care for clients discharged from a state hospital. The first of these initiatives is the establishment of the State Hospital Discharge Workgroup. This workgroup is tasked with updating the State Hospital Discharge Policies for the Division and establishing standardized protocols for discharge follow-up and aftercare services. The workgroup consists of representatives from all seven regional behavioral health centers, administrators from both state hospitals, and the Division of Medicaid.

The second initiative is the development and funding of Homes with Adult Residential Treatment (HART) services. Idaho has limited supported housing resources available for individuals being discharge from a state hospital and as a result inpatient discharges can be delayed due to lack of available housing. The Division has requested and received from the Idaho Legislature funding to develop a new level of care in Idaho specifically intended to meet the housing and clinical treatment needs in a coordinated setting for individuals with a serious and persistent mental illness who would otherwise be at risk of being homeless, incarcerated or hospitalized. The Division has developed a model framework identifying the core components of the HART residential services and has collaborated with the Division of Medicaid and the Idaho Behavioral Health Plan contractor, Optum Idaho in developing a Medicaid reimbursable package of clinical services. It is envisioned that the HART setting will be a homelike community housing setting which includes the provision of clinical services to be delivered based on an individualized assessment and treatment plan. It is hoped that this new service will allow individuals with SPMI to remain in their communities, decrease inpatient hospitalizations and re-hospitalizations and allow for greater community integration for those receiving the services. The Division will begin the initial implementation of the program through a demonstration project in which 3 to 4 providers are selected in various locations across the state. Services will be funded via contract with the Division of Behavioral Health and through the Idaho Behavioral Health Plan. Additionally, Enhanced Safe and Sober Housing will be available for clients discharging from one of the two State Hospitals who are going into SUD treatment. This housing will provide more support and assistance than is afforded in traditional safe and sober living environments, including Recovery Coaching and services to support dual diagnosis treatment.

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):

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

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

While we were not able to meet the target of serving 450 women in 2017, services were provided to every client in the pregnant women and women with dependent children (PWWDC) population that requested them. No clients in this population were denied services in 2017.

How second year target was achieved (optional):

Priority #: 14

Priority Area: IVDU Clients

Priority Type: SAT

Population(s): IVDU's

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 nubmer 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):

Description of Data:

Number of IVDU clients treated.

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):

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

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

How second year target was achieved (optional):

Priority #: 15

Priority Area: All Substance Use Disordered (SUD) clients

Priority Type: SAT

Population(s): TB

Goal of the priority area:

All SUD clients are screened for TB and referred as appropriate.

Strategies to attain the goal:

Screen all SUD applicants for TB and make medical referrals as appropriate.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percent of SUD clients screened for TB.

Baseline Measurement: Number of clients screened for TB in State Fiscal Year 2015.

First-year target/outcome measurement: 75% of clients are screened.

Second-year target/outcome measurement: 95% of clients are screened.

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

Data Source:

WITS data system

New Data Source(if needed):

Description of Data:

Number of client responses to TB questions entered into WITS system.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None anticipated.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Footnotes:

Idaho's response to the Revision Request dated 12/5/2017 is attached in a document titled Table1RevisionRequestAnnualPerformanceIndicatorsPWWDC .

Table 1 Priority Area and Annual Performance Indicators - Progress Report

REVISION REQUEST DETAIL: For the Pregnant Women and Women with dependent children priority area, please indicate why the goal was not achieved, how many women were actually served, and what efforts the state plans to make to meet the goal moving forward. This revision request is due by 12/18/17.

Explanation:

While Idaho failed to meet the FFY 2017 goal of serving 450 pregnant women and women with dependent children (PWWDC) in the PWWDC specialty network, the state did serve 1,407 pregnant women and women with dependent children during this time period when considering all funding streams. Several factors contributed to the reduced number of women in PWWDC specialty programs. The most important factor was Idaho's Access to Recovery 4 (ATR 4) grant. Women with dependent children who were involved with child protection services were a priority population for the ATR 4 grant, thus they were not counted toward the block grant goal. Also contributing to this issue is the fact that while women are encouraged to select a PWWDC specialty provider, some chose to receive services from non-PWWDC specialty providers because the agency was closer to where they lived, they knew a counselor at the agency or were directed to another agency by their probation officer. Idaho honors client choice and therefore does not mandate that women eligible for this funding use PWWDC specialty providers. Finally, a small number of the women received their services within a correctional facility and were not eligible for block grant funding.

It is also notable that while Idaho failed to meet its goal, the state did provide services for every client in the PWWDC population that requested services. In January of 2017, upon noticing that the spending on the PWWDC population was trending low, eligibility changes were implemented to expand eligibility. PWWDC eligibility was expanded at that time from women who are pregnant or have dependent children age 3 and under to women who are pregnant and have dependent children age 5 and under. In light of this modification, IDHW will evaluate additional eligibility modifications to further expand treatment and recovery support opportunities for this population in SFY 2018 and beyond, funding permitting.

IDHW provides information on our website regarding resources and information available to the PWWDC population, in addition to providing the contact information for our Managed Services Contractor (MSC, presently BPA Health) for a participant to call and determine if they meet the eligibility criteria. In addition, our MSC provides communication regarding any eligibility changes, information on getting into the PWWDC specialty treatment network, webinars for providers on PWWDC services and any relevant changes, etc. For SFY 2018, we will be further evaluating our information delivery system to inform women and referral sources about the PWWDC program.

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: 7/1/2016 Expenditure Period End Date: 6/30/2017

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	\$8,668,672		\$0	\$4,249,834	\$18,443,432	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$572,252		\$0	\$0	\$160,367	\$0	\$0
b. All Other	\$8,096,420		\$0	\$4,249,834	\$18,283,065	\$0	\$0
2. Substance Abuse Primary Prevention	\$1,423,204		\$0	\$2,365,334	\$389,796	\$0	\$0
3. Tuberculosis Services	\$5,030		\$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)	\$69,456		\$0	\$14,764	\$19,396	\$0	\$0
11. SABG Total (Row 1, 2, 3, 4, 8, 9 and 10)	\$10,166,362	\$0	\$0	\$6,629,932	\$18,852,624	\$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:

Idaho's response to the Revision Request dated 12/5/2017 is attached in a document titled Table2RevisionRequestResponseStateAgencyPlannedExpenditures.docx .

Table 2 - State Agency Expenditure Report

REVISION REQUEST DETAIL:

Please explain the increase in funds reports in Column E on this form for 12 months vs what was reported in the FY 2017/18 plan for a 24 month period. This revision request is due by 12/18/17.

Explanation:

The instructions on Table 2 in the 2018/2019 application and plan directed states to "include only funds flowing through the executive branch agency responsible for administering the SABG." Idaho entered only the state funds anticipated to be appropriated to the SSA for the 24-month period of the 2018 SAPT block grant. On Table 2 of the 2018 report, Idaho reported the amount actually spent by all executive agencies, as has been done since the Idaho Legislature re-allocated the SSA appropriation among multiple state agencies. Also please note, Table 2 of the report documents expenditures that occurred in State Fiscal Year 2017. Table 2 of the application and plan is the estimated amount that will be spent in the 2018 Block Grant award period by the SSA.

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

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 respond to this report.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Category	FY 2015 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$6,726,473
2. Primary Prevention	\$1,698,268
3. Tuberculosis Services	\$3,763
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$52,426
6. Total	\$8,480,930

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

A response to the revision request dated 1/26/2018 has been attached as "Revision Request Response Primary Prevention Table 4 and 5.docx".

Table 4 - State Agency SABG Expenditure Compliance Report and Table 5a - Primary Prevention Expenditures Checklist

Revision Request: Please revise and footnote to account for \$247,431.00 in resource development dollars used.

Revision Response: Idaho uses primary prevention money to fund the support and delivery of primary prevention activities. For the current reporting period, Idaho expended 36.8% (\$89,947) of the resource development funds on activities and systems to support block grant requirements. The Planning, Coordination and Needs assessment funds were expended to comply with the requirements to assess the strengths and needs of the service system to address the specific populations and to identify the unmet service needs and critical gaps within the current system. This information was used by primary prevention providers and community coalitions to identify emerging risk factors and un/underserved populations. The Information System expenditure enabled Idaho to respond to SABG Report tables 31 through 35. For this period, Idaho expended 11.3% (\$27,892) of the resource development funds to provide education, as required in the block grant, to staff delivering primary prevention services as well as to individuals seeking to become primary prevention providers. For this period, 25.8% (63,809) of the resource development funds were spent on Program Development and Research and Evaluation designed to assist primary providers identify evidence-based primary prevention programs that best fit their target population's need and to assist community coalitions to identify evidence-based interventions to effectively address risk factors within their communities. Finally, during this period, 26.6% (\$65,783) of the resource development funds were expended on Quality Assurance quality assurance activities designed to support program integrity efforts. This included activities to ensure the proper expenditure of block grant funds, improve primary prevention provider and community coalition compliance with evidence based programs and practices and demonstrate the effective use of block grant funds.

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text"/>				
Information Dissemination	Indicated	\$ <input type="text"/>				
Information Dissemination	Universal	\$ 288,500	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>				
Information Dissemination	Total	\$288,500	\$	\$	\$	\$
Education	Selective	\$ 242,167	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ 11,506	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ 709,489	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>				
Education	Total	\$963,162	\$	\$	\$	\$
Alternatives	Selective	\$ 23,432	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>				
Alternatives	Universal	\$ 1,207	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>				
Alternatives	Total	\$24,639	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text"/>				
Problem Identification and Referral	Indicated	\$ 128,257	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ <input type="text"/>				
Problem Identification and Referral	Unspecified	\$ <input type="text"/>				
Problem Identification and Referral	Total	\$128,257	\$	\$	\$	\$
Community-Based Process	Selective	\$ <input type="text"/>				

Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Universal	\$ 43,102	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$43,102	\$	\$	\$	\$
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Universal	\$ 43,438	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$43,438	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$ 0	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ 0	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ 0	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ 0	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Total	\$0	\$	\$	\$	\$
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Universal	\$ <input type="text"/>				
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ 114,732	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$	\$	\$114,732	\$	\$
	Grand Total	\$1,491,098	\$	\$114,732	\$	\$

Footnotes:

A response to the revision request dated 1/26/2018 has been attached as "Revision Request Response Primary Prevention Table 4 and 5.docx".

Table 4 - State Agency SABG Expenditure Compliance Report and Table 5a - Primary Prevention Expenditures Checklist

Revision Request: Please revise and footnote to account for \$247,431.00 in resource development dollars used.

Revision Response: Idaho uses primary prevention money to fund the support and delivery of primary prevention activities. For the current reporting period, Idaho expended 36.8% (\$89,947) of the resource development funds on activities and systems to support block grant requirements. The Planning, Coordination and Needs assessment funds were expended to comply with the requirements to assess the strengths and needs of the service system to address the specific populations and to identify the unmet service needs and critical gaps within the current system. This information was used by primary prevention providers and community coalitions to identify emerging risk factors and un/underserved populations. The Information System expenditure enabled Idaho to respond to SABG Report tables 31 through 35. For this period, Idaho expended 11.3% (\$27,892) of the resource development funds to provide education, as required in the block grant, to staff delivering primary prevention services as well as to individuals seeking to become primary prevention providers. For this period, 25.8% (63,809) of the resource development funds were spent on Program Development and Research and Evaluation designed to assist primary providers identify evidence-based primary prevention programs that best fit their target population's need and to assist community coalitions to identify evidence-based interventions to effectively address risk factors within their communities. Finally, during this period, 26.6% (\$65,783) of the resource development funds were expended on Quality Assurance quality assurance activities designed to support program integrity efforts. This included activities to ensure the proper expenditure of block grant funds, improve primary prevention provider and community coalition compliance with evidence based programs and practices and demonstrate the effective use of block grant funds.

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
Column Total	\$0	\$0	\$0	\$0	\$0

Footnotes:

Idaho has completed Table 5a.

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

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

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

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		\$42,468.00		\$9,781.60		\$52,249.60
2. Quality Assurance		\$57,461.17		\$9,781.60		\$67,242.77
3. Training (Post-Employment)		\$15,925.50				\$15,925.50
4. Program Development		\$15,925.50		\$29,342.40		\$45,267.90
5. Research and Evaluation		\$35,918.67				\$35,918.67
6. Information Systems		\$34,162.66		\$207,112.00		\$241,274.66
7. Education (Pre-Employment)		\$5,308.50				\$5,308.50
8. Total	\$0.00	\$207,170.00	\$0.00	\$256,017.60	\$0.00	\$463,187.60

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

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
ID100322	ID100322	✓	Region 3	A Fresh Start Recovery Services	1123 Blaine Street	Caldwell	ID	83605	\$23,696	\$23,696	\$11,983	\$0	\$0
5565	ID101417	✗	Region 6	A New Way Counselling	809 North Arthur Avenue	Pocatello	ID	83204	\$17,598	\$17,598	\$4,080	\$0	\$0
7030	ID100304	✓	Statewide	A to B Services	103 South Oneida Street	Rupert	ID	83350	\$4,978	\$4,978	\$1,198	\$0	\$0
4127	ID100806	✗	Region 6	A to Z Family Services	150 South Broadway Street	Blackfoot	ID	83221	\$61,132	\$61,132	\$10,543	\$0	\$0
6415	ID100308	✓	Region 1	Aadvent Community Health Services	202 East Anton Street Suite 206	Coeur d Alene	ID	83815	\$192	\$192	\$0	\$0	\$0
5360	ID100040	✗	Region 1	Absolute Drug Testing	5433 Government Way, Suite B	Coeur d Alene	ID	83815	\$27,152	\$27,152	\$1,330	\$0	\$0
6633	ID101006	✓	Region 1	Abundant Wellness Center	1125 East Polston Avenue Suite A	Post Falls	ID	83854	\$19,389	\$19,389	\$4,505	\$0	\$0
2545	ID100445	✗	Statewide	Access Behavioral Health Services	1276 River Street, Suite 100	Boise	ID	83702	\$1,259	\$1,259	\$629	\$0	\$0
6695	ID101003	✗	Statewide	ACES Community Services/Pioneer Health Resources	1417 North 4th Street	Coeur d Alene	ID	83814	\$211,491	\$211,491	\$28,673	\$0	\$0
7255	ID100275	✓	Statewide	Advanced Drug Detection	202 2nd Avenue North	Twin Falls	ID	83301	\$1,831	\$1,831	\$1,096	\$0	\$0
Prev2011-1	X	✗	Region 1	AJI Counseling LLC	2115 Sherman Avenue, Suite 109	Coeur d'Alene	ID	83814	\$42,901	\$0	\$0	\$42,901	\$0
5112	ID100182	✗	Region 4	Alcoholism Intervention Services	8436 West Fairview Avenue, Suite D	Boise	ID	83704-8317	\$311	\$311	\$288	\$0	\$0
5048	ID100006	✗	Region 4	All-City Transport, LLC	2399 S. Orchard St., Suite 213	Boise	ID	83705	\$38,550	\$38,550	\$10,757	\$0	\$0
5547	ID101416	✗	Region 5	Alliance Family Services - Hailey	141 Citation Way, Suite 5	Hailey	ID	83333	\$9,399	\$9,399	\$1,313	\$0	\$0
6842	ID100365	✗	Region 1	Alternative Counseling & Rehabilitation	37 Highway 57	Priest River	ID	83856	\$3,592	\$3,592	\$0	\$0	\$0
5463	ID101407	✗	Region 1	Answers and Alternatives	1713 East Sherman Avenue	Coeur d'Alene	ID	83814	\$1,255	\$1,255	\$0	\$0	\$0
571	ID100370	✗	Region 4	Ascent Behavioral Health Services	366 SW 5th Avenue, Suite 100	Meridian	ID	83642	\$264,023	\$264,023	\$35,019	\$0	\$0
6953	ID100394	✗	Region 1	Ascent Evaluations and Counseling	560 West Canfield, Suite 400	Coeur d'Alene	ID	83815	\$1,641	\$1,641	\$359	\$0	\$0
6700	ID100344	✗	Statewide	Avertest	500 Government Way, Suite 100	Coeur d'Alene	ID	83814	\$24,394	\$24,394	\$3,541	\$0	\$0

Prev2011-4	X		Region 6	Bannock County Jv Diversion	137 S. 5th	Pocatello	ID	83201	\$11,506	\$0	\$0	\$11,506	\$0
3177	ID100269		Region 6	Bannock Transportation	1134 N Main Street	Pocatello	ID	83204	\$19,171	\$19,171	\$2,792	\$0	\$0
Prev2011-5	X		Region 6	Bannock Youth Foundation	403 North Hayes	Pocatello	ID	83205	\$58,226	\$0	\$0	\$58,226	\$0
15	ID01560		Region 6	Bannock Youth Foundation dba MK Place	110 S 19th	Pocatello	ID	83201	\$27,025	\$27,025	\$0	\$0	\$0
Prev2017-22	X		Region 4	Basin School District #72	100 Center Ville Rd	Idaho City	ID	83631	\$12,794	\$0	\$0	\$12,794	\$0
6799	ID100346		Region 4	Be Well Housing	2556 East Copper Point Street	Meridian	ID	83642	\$11,482	\$11,482	\$0	\$0	\$0
Prev2011-7	X		Region 6	Bear Lake School Dist #33	39 Fielding St	Paris	ID	83261	\$713	\$0	\$0	\$713	\$0
362	ID101164		Statewide	Bell Chemical Dependency Counseling	2719 South Kimball Avenue	Caldwell	ID	83605	\$336,720	\$336,720	\$177,808	\$0	\$0
1805	ID100375		Region 1	Benewah Medical Center	427 N. 12th Street	Plummer	ID	83851	\$216	\$216	\$0	\$0	\$0
Prev2011-9	X		Region 4	Boise County - SFP	404 Montgomery St.	Idaho City	ID	83631	\$8,316	\$0	\$0	\$8,316	\$0
Prev2011-10	X		Region 4	Boise County TND+	204 W Commercial St	Idaho City	ID	83631	\$20,335	\$0	\$0	\$20,335	\$0
Prev2011-11	X		Region 4	Boise School District #1	8169 W. Victory Road	Boise	ID	83709	\$20,124	\$0	\$0	\$20,124	\$0
Prev2017-39	X		Region 7	Bonneville Youth Development Council	245 North Placer Ave	Idaho Falls	ID	83402	\$32,579	\$0	\$0	\$32,579	\$0
3231	ID100214		Region 1	Boyd Group	5362 West Prairie Avenue	Post Falls	ID	83854	\$1,271	\$1,271	\$0	\$0	\$0
Prev2011-13	X		Region 5	Boys and Girls Club of Magic Valley	999 Frontier Road	Twin Falls	ID	83301	\$24,397	\$0	\$0	\$24,397	\$0
5447	ID101414		Region 4	Bridgeway Health Services	1032 South Bridgeway Place, Suite 110	Eagle	ID	83616	\$73	\$73	\$0	\$0	\$0
IT5122	X		Statewide	Business Psychology Associates	380 E. Parkcenter Blvd.	Boise	ID	83706	\$1,537,482	\$1,537,482	\$0	\$0	\$0
5727	ID100022		Region 2	Camas Professional Counseling	304 North State	Grangeville	ID	83530	\$3,290	\$3,290	\$701	\$0	\$0
Prev2017-13	X		Region 3	Canyon County Juvenile Probation/Caldwell Family Services	222 North 12th Avenue	Caldwell	ID	83605	\$13,962	\$0	\$0	\$13,962	\$0
Prev2017-14	X		Region 4	Catholic Charities of Idaho	1501 South Federal Way	Boise	ID	83705	\$7,581	\$0	\$0	\$7,581	\$0
Prev2017-25	X		Region 4	Catholic Charities of Idaho - Boise	1501 Federal Way, Suite 450	Boise	ID	83705	\$13,764	\$0	\$0	\$13,764	\$0
2860	ID100911		Region 2	ChangePoint, LLC	1020 Main Street	Lewiston	ID	83501-1842	\$44,110	\$44,110	\$12,936	\$0	\$0
2868	ID100259		Region 4	Chrysalis Women's Transitional Living	2501 West State Street	Boise	ID	83702	\$5,451	\$5,451	\$3,266	\$0	\$0
Prev2011-20	X		Region 2	Clearwater Youth Alliance	130 S C ST	Orofino	ID	83544	\$10,638	\$0	\$0	\$10,638	\$0
18	ID101453		Region 7	Club, Inc	620 South Woodruff Avenue	Idaho Falls	ID	83401	\$40,832	\$40,832	\$7,382	\$0	\$0
Prev2011-21	X		Region 1	Coeur d' Alene School District #271	1400 Northwood Center Court	Coeur d'Alene	ID	83814	\$20,250	\$0	\$0	\$20,250	\$0

6416	ID100317	✓	Statewide	Community Outreach Counseling	1031 West Sanetta Street	Nampa	ID	83651	\$2,113	\$2,113	\$575	\$0	\$0
2111	ID100772	✗	Statewide	Community Services Counseling	963 South Orchard Street, Suite B	Boise	ID	83705	\$42,609	\$42,609	\$25,880	\$0	\$0
6500	ID100333	✗	Region 6	Consumer Care, LLC	1133 North Main Street	Pocatello	ID	83204	\$938	\$938	\$431	\$0	\$0
Prev2011-22	X	✗	Region 3	Council School District	101 E. Beeker St	Council	ID	83612	\$6,751	\$0	\$0	\$6,751	\$0
6815	ID100359	✗	Region 4	Creating Options, LLC	140 East 2nd North	Mountain Home	ID	83647	\$7,165	\$7,165	\$2,787	\$0	\$0
5811	ID100280	✓	Region 5	Crosspointe Family Services	1363 Fillmore Street	Twin Falls	ID	83301	\$4,715	\$4,715	\$386	\$0	\$0
5925	ID100776	✓	7	D7 Treatment Program	254 E Street Suite B	Idaho Falls	ID	83402	\$34,664	\$34,664	\$1,366	\$0	\$0
DBH	NA	✗	Statewide	DBH	450 W. State St.	Boise	ID	83720	\$514,049	\$514,049	\$0	\$0	\$0
6783	ID101435	✗	Statewide	Drug Test of Idaho, LLC.	921 South Orchard Street Suite A	Boise	ID	83705	\$16,678	\$16,678	\$4,519	\$0	\$0
5227	ID101433	✗	Region 1	Eagle Drug & Alcohol Testing	1009 Highway 2 West Suite A	Sandpoint	ID	83864	\$2,340	\$2,340	\$0	\$0	\$0
2222	ID101167	✗	Statewide	Easter Seals-Goodwill Adult Behavioral Health	8620 West Emerald Street Suite 150	Boise	ID	83704	\$117,745	\$117,745	\$26,435	\$0	\$0
2216	ID100256	✗	Region 7	Family Care Center	255 E Street	Idaho Falls	ID	83402	\$5,836	\$5,836	\$1,850	\$0	\$0
IT4276	ID100552	✓	Region 3	Family Services Counseling Center	704 Albany Street	Caldwell	ID	83605-3501	\$29,027	\$29,027	\$7,563	\$0	\$0
3859	ID100814	✗	Statewide	Family Services Treatment	426 Highway 16	Emmett	ID	83617	\$74,439	\$74,439	\$14,390	\$0	\$0
BC017100	NA	✗	Statewide	FEI	9755 Patuxent Woods Drive, Suite 300	Columbia	MD	21046	\$207,112	\$207,112	\$0	\$0	\$0
Prev2017-31	X	✗	Region 5	Fifth Judicial District	427 Shoshone Street N	Twin Falls	ID	83303	\$21,623	\$0	\$0	\$21,623	\$0
3248	ID100254	✗	Region 4	Five Mile Creek Clean and Sober Living	5275 North Five Mile Road	Boise	ID	83713	\$1,981	\$1,981	\$0	\$0	\$0
0WITS	NA	✗	Statewide	GAIN Chestnut Health Systems	448 Wyle Drive	Normal	ID	61761	\$97,013	\$97,013	\$0	\$0	\$0
5754	ID100252	✗	Region 6	Gateway Counseling, Inc.	224 South Arthur Avenue Suite 2	Pocatello	ID	83204	\$304	\$304	\$0	\$0	\$0
3494	ID100705	✗	Region 7	Haven Shelter	2480 South Yellowstone Highway	Idaho Falls	ID	83402	\$968	\$968	\$0	\$0	\$0
Prev2011-27	X	✗	Region 3	Homedale School District #370	3437 Johnstone Road	Homedale	ID	83628	\$10,996	\$0	\$0	\$10,996	\$0
2144	ID100036	✗	Region 3	Hope's Door	720 North 16th	Caldwell	ID	83607	\$9,528	\$9,528	\$4,466	\$0	\$0
3939	ID100998	✗	Region 7	Human Dynamics & Diagnostics	2267 Teton Plaza	Idaho Falls	ID	83404	\$5,110	\$5,110	\$252	\$0	\$0
Prev2017-3	X	✗	Region 1	ICARE program of St. Vincent De Paul	201 E. Harrison Avenue	Coeur d'Alene	ID	83814	\$15,998	\$0	\$0	\$15,998	\$0
4935	ID100264	✗	Region 2	Idaho County Rideshare	1522 G Street	Lewiston	ID	83501	\$4,572	\$4,572	\$19	\$0	\$0

	Prev2017-47	X	✘	Statewide	Idaho RADAR Center/Boise State University	2103 West University Drive	Boise	ID	83706	\$151,000	\$0	\$0	\$151,000	\$0
	7034	ID100408	✘	Region 6	Idaho Transportation Company	2055 Garrett Way, Suite 7	Pocatello	ID	83201	\$1,180	\$1,180	\$0	\$0	\$0
	6867	ID101411	✘	Region 7	Integrated Family & Community Services	3355 South Holmes Avenue	Idaho Falls	ID	83404	\$104,556	\$104,556	\$37,312	\$0	\$0
	7074	ID100415	✘	Region 5	John T. Raukar Institute	650 Addison Avenue West, Suite 400	Twin Falls	ID	83301	\$4,385	\$4,385	\$0	\$0	\$0
	Prev2011-30	X	✘	Region 2	Kamiah Community Partners Coalition	613 4th Street	Kamiah	ID	83536	\$10,859	\$0	\$0	\$10,859	\$0
	Prev2011-31	X	✘	Region 2	Kamiah School District #304	1102 Hill Street	Kamiah	ID	83536	\$22,475	\$0	\$0	\$22,475	\$0
	Prev2011-32	X	✘	Region 1	Kellogg Joint School District #391 dba Even Start Program	800 Bunker Avenue	Kellogg	ID	83837	\$28,223	\$0	\$0	\$28,223	\$0
	Prev2017-26	X	✘	Region 4	Koelsch Elementary/Varner Counseling	2015 North Curtis Road	Boise	ID	83706	\$12,740	\$0	\$0	\$12,740	\$0
	Prev2017-5	X	✘	Region 1	Kootenai Alliance for Children and Families	610 W. Hubbard Ave, Suite 123	Coeur d'Alene	ID	83814	\$43,102	\$0	\$0	\$43,102	\$0
	Prev2017-6	X	✘	Region 1	Kootenai County Juvenile Diversion	205 North 4th Street	Coeur d'Alene	ID	83814	\$6,276	\$0	\$0	\$6,276	\$0
	7280	ID100484	✔	Region 7	Lean On Me	1439 Cambridge Drive	Idaho Falls	ID	83401	\$272	\$272	\$33	\$0	\$0
	Prev2011-35	X	✘	Region 7	Lemhi After School Promise Inc	511 Lena St	Salmon	ID	83467	\$20,820	\$0	\$0	\$20,820	\$0
	6986	ID100395	✘	Region 7	Lemhi Valley Social Services	1301 Main Street	Salmon	ID	83467	\$612	\$612	\$0	\$0	\$0
	5585	ID101425	✘	Region 3	Life Counseling Center	112 12th Avenue Road	Nampa	ID	83686	\$9,361	\$9,361	\$0	\$0	\$0
	2290	ID100573	✘	Region 5	Lifestyle Changes Counseling	371 South Locust Street	Twin Falls	ID	83301-7837	\$37,563	\$37,563	\$7,101	\$0	\$0
	2894	ID100890	✘	Region 6	Lighthouse for Recovery	190 West Burnside	Chubbuck	ID	83202	\$13,904	\$13,904	\$1,151	\$0	\$0
	5393	ID100279	✘	Region 4	Lions Group International	8879 West Stirrup Street	Boise	ID	83709	\$1,277	\$1,277	\$0	\$0	\$0
	Prev2011-36	X	✘	Region 3	Lutheran Community Services Northwest R3	2920 Cassia Street	Boise	ID	83705	\$57,728	\$0	\$0	\$57,728	\$0
	Prev2011-37	X	✘	Region 4	Lutheran Community Services Northwest R4	2920 Cassia Street	Boise	ID	83705	\$81,300	\$0	\$0	\$81,300	\$0
	413	ID100608	✘	Statewide	Mental Wellness Centers	2420 East 25th Circle	Idaho Falls	ID	83401	\$20,763	\$20,763	\$8,023	\$0	\$0
	6554	ID100336	✘	Region 1	Mental Wellness Clinic of CDA	1104 Ironwood Drive	Coeur d'Alene	ID	83814	\$509	\$509	\$359	\$0	\$0
	Prev2011-38	X	✘	Region 5	Minidoka County - SFP	8th Street	Rupert	ID	83350	\$26,752	\$0	\$0	\$26,752	\$0
	Prev2011-39	X	✘	Region 5	Minidoka County TND+	8th Street	Rupert	ID	83350	\$26,322	\$0	\$0	\$26,322	\$0
	7116	ID100427	✘	Region 1	Monarch Mental Health	1713 East Sherman Avenue	Coeur d'Alene	ID	83814	\$3,787	\$3,787	\$2,193	\$0	\$0
	35	ID100943	✘	Region 3	Mountain States Chemical Dependency	1305 2nd Street South Suite 201	Nampa	ID	83651	\$14,843	\$14,843	\$5,537	\$0	\$0

	Prev2011-41	X	✘	Region 2	Mountain View School District #244	714 Jefferson Street	Grangeville	ID	83530	\$25,412	\$0	\$0	\$25,412	\$0
	5386	ID100233	✘	Region 5	My House	212 4th Avenue East	Twin Falls	ID	83301	\$1,465	\$1,465	\$0	\$0	\$0
	Prev2017-48	X	✘	Region 4	Neighborhood All Stars	106 North 6th Street	Boise	ID	83702	\$137,500	\$0	\$0	\$137,500	\$0
	3974	ID100974	✘	Region 2	Nez Perce County Justice Services	1113 F Street	Lewiston	ID	83501	\$299	\$299	\$0	\$0	\$0
	Prev2011-44	X	✘	Region 2	Nez Perce Tribe DBA Students for Success	116 Veterans Avenue	Lapwai	ID	83540	\$7,091	\$0	\$0	\$7,091	\$0
	5742	ID100046	✔	Region 1	North Idaho Transitions	604/608 South 10th Street	Coeur d Alene	ID	83815	\$4,294	\$4,294	\$0	\$0	\$0
	4335	ID100952	✔	Region 5	OATS Family Center	911 South Highway 30	Heyburn	ID	83336	\$67,982	\$67,982	\$13,856	\$0	\$0
	Prev2011-45	X	✘	Statewide	Oneida School District #351	181 Jenkins Avenue	Malad	ID	83252	\$6,595	\$0	\$0	\$6,595	\$0
	IT2144	ID100373	✔	Region 6	Pacific Rim Consulting LLC	459 South Arthur Avenue	Pocatello	ID	83204	\$19,439	\$19,439	\$6,476	\$0	\$0
	443	ID100330	✘	Region 7	Padron Counseling Services	522 Lomax	Idaho Falls	ID	83402	\$4,819	\$4,819	\$359	\$0	\$0
	Prev2011-46	X	✘	Region 4	Parma School District	805 E. McConnell Ave.	Parma	ID	83660	\$13,200	\$0	\$0	\$13,200	\$0
	5044	ID101004	✘	Region 3	Peak Recovery	2423 South Georgia Street Suite A	Caldwell	ID	83605	\$14,849	\$14,849	\$1,916	\$0	\$0
	Prev - 6280	X	✘	Region 3	Penny's Prevention Services	39678 State Highway 78	Bruneau	ID	83604	\$14,132	\$0	\$0	\$14,132	\$0
	7013	ID100751	✔	Statewide	Personal Development	8100 West Emerald Street Suite 150	Boise	ID	83704	\$68,890	\$68,890	\$0	\$0	\$0
	5767	ID101001	✔	Statewide	Pioneer Health Resources	204 10th Avenue South	Nampa	ID	83651	\$7,765	\$7,765	\$7,192	\$0	\$0
	6	ID100364	✘	Statewide	Port of Hope	508 East Florida Street	Nampa	ID	83686	\$587,257	\$587,257	\$137,609	\$0	\$0
	3132	ID100320	✘	Region 5	Positive Connections Plus	1373 Fillmore Street	Twin Falls	ID	83301	\$255	\$255	\$0	\$0	\$0
	2594	ID100773	✘	Region 5	Preferred Child & Family Services	284 Martin Street	Twin Falls	ID	83301	\$46,545	\$46,545	\$359	\$0	\$0
	Prev2011-47	X	✘	Region 3	Prevention Associates LLC TND+	1407 Homedale Road	Caldwell	ID	83607	\$40,800	\$0	\$0	\$40,800	\$0
	2004	ID101023	✘	Region 5	Pro Active Advantage, LLC	215 University Drive	Gooding	ID	83330	\$35,675	\$35,675	\$359	\$0	\$0
	5504	ID101413	✘	Region 5	Psychiatric Services Behavioral Health Clinic, Inc.	493 Eastland Drive	Twin Falls	ID	83303	\$12,192	\$12,192	\$9,174	\$0	\$0
	4520	ID100884	✘	Region 1	Rathdrum Counseling Center	14954 Coeur d'Alene Street	Rathdrum	ID	83858	\$27,852	\$27,852	\$2,992	\$0	\$0
	7371	ID101132	✔	Region 1	Rawlings Community Counseling	6807 Cody Street	Bonnars Ferry	ID	83805	\$17,403	\$17,403	\$3,695	\$0	\$0
	7012	ID100404	✔	Region 7	Reach Beyond	756 Oxford Drive	Idaho Falls	ID	83401	\$3,121	\$3,121	\$2,261	\$0	\$0
	Prev2011-49	X	✘	Region 4	REACH Club Inc.	75 S. 1st W.	Elk City	ID	83525	\$1,207	\$0	\$0	\$1,207	\$0
	4771	ID100989	✘	Statewide	Recovery 4 Life	8950 W Emerald Street	Boise	ID	83704	\$170,519	\$170,519	\$39,693	\$0	\$0

6654	ID100341	✘	Statewide	Redford Counseling and Family Center	1501 Bench Road	Pocatello	ID	83201	\$63,599	\$63,599	\$5,036	\$0	\$0
3895	ID100796	✘	Region 1	Restored Paths	2205 Ironwood Place	Coeur d'Alene	ID	83815	\$60,672	\$60,672	\$2,878	\$0	\$0
Prev2017-41	X	✘	Region 7	ReVisions Community Social Services	1223 South Railroad Avenue, Suite 2	Salmon	ID	83448	\$76,135	\$0	\$0	\$76,135	\$0
7298	ID100037	✔	Statewide	Rising Sun Sober Living	8050 Ustick Road	Boise	ID	83704	\$72,042	\$72,042	\$20,048	\$0	\$0
13	ID100668	✘	Region 2	Riverside Recovery	1720 18th Avenue	Lewiston	ID	83501	\$102,208	\$102,208	\$13,222	\$0	\$0
10	ID100620	✘	Statewide	Road to Recovery Inc.	343 East Bonneville Street	Pocatello	ID	83201	\$12,566	\$12,566	\$892	\$0	\$0
7167	ID100438	✘	Region 4	Sage Recovery	2995 North Cole Road, Suite 255	Boise	ID	83704	\$4,145	\$4,145	\$2,050	\$0	\$0
2248	ID100463	✘	Region 7	Salmon Mental Health Clinic	111 Lillian Street Suite 101	Salmon	ID	83467	\$171	\$171	\$0	\$0	\$0
Prev2011-50	X	✘	Region 7	Salmon School District #291	907 Sharkey	Salmon	ID	83467	\$6,887	\$0	\$0	\$6,887	\$0
6561	ID100531	✘	Statewide	Sequel Alliance Family Services	1200 Ironwood Drive Suite 101	Coeur d Alene	ID	83814	\$92,067	\$92,067	\$2,391	\$0	\$0
Prev2017-30	X	✘	Region 5	St. Jerome's Catholic Community/Multi Cultural Plaza	414 N Lincoln, Suite #1	Jerome	ID	83338	\$7,732	\$0	\$0	\$7,732	\$0
7272	ID100482	✘	Region 7	Stewards of Recovery	482 Constitution Way, Suite 110	Idaho Falls	ID	83402	\$123	\$123	\$0	\$0	\$0
Prev2011-54	X	✘	Region 6	Still Waters Outreach	755 W. Center	Pocatello	ID	83204	\$94,754	\$0	\$0	\$94,754	\$0
Prev2011-55	X	✘	Region 6	Still Waters Outreach TND+	755 W. Center	Pocatello	ID	83204	\$40,800	\$0	\$0	\$40,800	\$0
6748	ID100360	✔	Region 7	Sullivan Mental Health Services	1904 Jennie Lee Drive	Idaho Falls	ID	83404	\$3,311	\$3,311	\$0	\$0	\$0
2140	ID100383	✘	Statewide	Supportive Housing & Innovative Partnerships	1843 South Broadway Avenue Suite 101-A	Boise	ID	83706	\$25,365	\$25,365	\$6,900	\$0	\$0
2353	ID101439	✘	Region 2	Susan Call's Case Management Inc.	313 D Street	Lewiston	ID	83501	\$184	\$184	\$0	\$0	\$0
4898	ID100997	✘	Region 1	Tamarack Treatment and Counseling Center	101 North Boyer	Sandpoint	ID	83864	\$6,402	\$6,402	\$288	\$0	\$0
6332	ID100305	✘	Region 6	Therapy in Motion Inc	165 West Main Street	Lava Hot Springs	ID	83246	\$201,979	\$201,979	\$86,566	\$0	\$0
5441	ID100278	✘	Region 7	Tibbitts Transportation	772 North 4000 East	Rigby	ID	83442	\$6,105	\$6,105	\$816	\$0	\$0
4967	ID101026	✘	Statewide	Tueller Counseling Services Inc.	2275 West Broadway Suite G	Idaho Falls	ID	83402	\$9,905	\$9,905	\$1,303	\$0	\$0
4139	ID101434	✘	Region 5	Twin Falls Treatment and Recovery Clinic	233 Gooding Street North	Twin Falls	ID	83301	\$36,950	\$36,950	\$3,266	\$0	\$0
2230	ID100238	✔	Region 4	United Drug Testing Lab	1010 North Orchard Suite 8	Boise	ID	83706	\$1,623	\$1,623	\$352	\$0	\$0
8132	ID100913	✘	Region 7	Upper Valley Resource & Counseling (UVRCC)	1223 South Railroad Avenue	Sugar City	ID	83448	\$30,889	\$30,889	\$0	\$0	\$0
7229	ID100466	✔	Region 4	Ustick House	2267 Hervey Street	Boise	ID	83705	\$121	\$121	\$0	\$0	\$0

7053	ID100425		Region 5	Valley Community Counseling	1092 Eastland Drive North, Suite C	Twin Falls	ID	83301	\$6,175	\$6,175	\$1,943	\$0	\$0
Prev2017-27	X		Region 4	Valley County Prevention Services	35 Atkin Lane	Cascade	ID	83611	\$20,535	\$0	\$0	\$20,535	\$0
Prev2011-61	X		Region 3	Vallivue School District #139	18070 Santa Ana Avenue	Nampa	ID	83687	\$65,810	\$0	\$0	\$65,810	\$0
IT0020	ID750085		Region 5	Walker Center	605 11th Avenue East	Gooding	ID	83330	\$745,885	\$745,885	\$184,341	\$0	\$0
Prev2011-63	X		Region 5	Walker Center for Alcoholism and Drug Abuse Inc.	762 Falls Avenue	Twin Falls	ID	83331	\$78,268	\$0	\$0	\$78,268	\$0
31	ID100546		Region 2	Weeks & Vietri	818 South Washington Street	Moscow	ID	83843	\$21,671	\$21,671	\$971	\$0	\$0
Prev2011-66	X		Region 4	Women's and Children's Alliance Inc.	720 W. Washington	Boise	ID	83702	\$13,189	\$0	\$0	\$13,189	\$0
5692	ID100017		Region 7	WW Counseling Services, PC	545 Shoup	Idaho Falls	ID	83402	\$768	\$768	\$0	\$0	\$0
Total									\$8,217,571	\$6,726,473	\$1,032,030	\$1,491,098	\$0

* Indicates the imported record has an error.

Footnotes:

III: Expenditure Reports

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$18,797,704	
SFY 2016 (2)	\$18,994,219	\$18,895,962
SFY 2017 (3)	\$19,147,929	

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

SFY 2015 Yes X No _____
 SFY 2016 Yes X No _____
 SFY 2017 Yes X No _____

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

Yes _____ No X

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

If yes, SFY: _____

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? _____

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 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 is included as an attachment named "Table 8a Explanation F".

12.20.2017 Update: Idaho has reviewed their expenditure report and discovered additional funds were expended. The table has been updated as of 12.20.2017 and an updated explanation has been attached as "Table 8a Explanation Revised 12.20.17".

Footnotes:
 As requested in a Revision Request dated December 11, 2017, for "Table 8a - Maintenance of Effort for State Expenditures for SAPT", Idaho would like to confirm that the reported expenditures are accurate.

 12.20.2017 Update: Idaho has reviewed their expenditure report and discovered additional funds were expended. The table has been

updated as of 12.20.2017 and an updated explanation has been attached as "Table 8a Explanation Revised 12.20.17".

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

Expenditure Period: State Fiscal Year 2017

Explanation: Idaho used the FY 2013 process to generate the data entered into Table 8a for the FY 2017 Report. The funds previously appropriated to the Department of Health and Welfare for the delivery of substance abuse services were in State Fiscal Year 2011, were re-distributed, by the Idaho Legislature, and appropriated to four state agencies and a branch of government (the Idaho Office of Drug Policy, Idaho Supreme Court, Idaho Department of Correction, Idaho Department of Juvenile Corrections and the Idaho 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 2017 is pasted below.

Agency	Amount Expended
Department of Health & Welfare	\$ 3,401,965
Idaho Supreme Court	\$ 5,122,000
Department of Juvenile Corrections	\$ 3,176,751
Department of Correction (Adult)	\$ 7,151,908
TOTAL	\$18,852,624

Table 8a Revision Request: Based upon the expenditures reported, the state appears to have a shortfall amount of \$43,338. Please verify if this is accurate by 12/27/17.

Idaho Response

A review of the methodology employed to collect state expenditure data discovered that Idaho Office of Drug Policy state fund expenditures were not included in the maintenance of effort amount originally reported in the FY 2018 SABG Report. This error has been corrected on the Table 8a form in the BGAS system and in the explanation and calculation for Table 8a which are found below.

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

Expenditure Period: State Fiscal Year 2017

Explanation: Idaho used the FY 2013 process to generate the data entered into Table 8a for the FY 2017 Report. The funds previously appropriated to the Department of Health and Welfare for the delivery of substance abuse services were in State Fiscal Year 2011, were re-distributed, by the Idaho Legislature, and appropriated to three state agencies, an office under the direct supervision of the Governor, and a branch of government (the Idaho Office of Drug Policy, Idaho Supreme Court, Idaho Department of Correction, Idaho Department of Juvenile Corrections and the Idaho 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 2017 is pasted below.

Agency	Amount Expended
Department of Health & Welfare	\$3,401,965
Idaho Supreme Court	\$5,122,000
Department of Juvenile Corrections	\$3,176,751
Idaho Office of Drug Policy	\$295,305
Department of Correction (Adult)	\$7,151,908
TOTAL	\$19,147,929

III: Expenditure Reports

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

Base		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$634,045	

Maintenance		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 2015		\$623,668
SFY 2016		\$1,658,899
SFY 2017		\$732,619
Enter the amount the State plans to expend in 2018 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>650000.00</u>		

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). An explanation of the method used to calculate the total expenditures is included as an attachment named "Table 8d Explanation F".

Footnotes:

Table 8d Explanation

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).

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 Pregnant Women and Women with Dependent Children (PWWDC) program, specific codes were established for each activity. Since the Department's Division of Behavioral Health (DBH) staff, do not deliver PWWDC services directly, this service was included in the Substance Use Disorders Provider Network Management contract. Under this contract, specific providers within the contractor's network were selected to deliver Pregnant Women and Women with Dependent Children Specialty Services. These providers are responsible for directly delivering or providing for access to the full range of services established in the SAPT block grant. 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 Contract Monitor for review and approval. If approved, 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. (unapproved invoices are returned to the provider for correction) 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.

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	3. Media campaigns	3
	5. Radio and TV public service announcements	1
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	1. Parenting and family management	18
	2. Ongoing classroom and/or small group sessions	47
	6. Preschool ATOD prevention programs	1
	3. Alternatives	
	1. Drug free dances and parties	1
	3. Community drop-in centers	5
	4. Community service activities	1
	4. Problem Identification and Referral	
	4. Modified Project Towards no Drug Abuse programming for indicated population	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
	5. Social Host Ordinance Advocacy	1

Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

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	98	98	\$761	\$882	\$245
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	332	329	\$3,508	\$4,410	\$1,648
5. Long-term (over 30 days)	32	30	\$10,747	\$7,144	\$6,455
AMBULATORY (OUTPATIENT)					
6. Outpatient	1568	1419	\$1,137	\$807	\$1,079
7. Intensive Outpatient	1182	1047	\$1,340	\$836	\$1,627
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: Population and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

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	16	5	6	0	0	0	0	0	0	0	0	0	0	3	2	7	5	1	3
2. 18 - 24	741	317	202	9	1	0	1	4	0	17	12	24	13	115	26	383	234	101	23
3. 25 - 44	2352	1050	862	15	12	3	5	5	1	44	28	47	57	148	75	1160	957	153	82
4. 45 - 64	760	417	238	6	1	0	0	0	0	14	4	14	9	38	19	454	252	36	18
5. 65 and Over	27	13	8	1	0	0	0	0	0	1	1	1	0	1	1	16	9	1	1
6. Total	3896	1802	1316	31	14	3	6	9	1	76	45	86	79	305	123	2020	1457	292	127
7. Pregnant Women	33		30		0		0		0		1		1		1		29		4
Number of persons served who were admitted in a period prior to the 12 month reporting period		452																	
Number of persons served outside of the levels of care described on Table 10		0																	

Footnotes:

IV: Population and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

Footnotes:

Idaho is not a designated state and is not required to complete this form.

IV: Population and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

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 substance use disorder (SID) applicants are screened by independent clinicians prior to admission to treatment. Once an applicant has been determined to be eligible for DBH-funded SUD treatment, 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 deliver 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 applicant and informs the applicant 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]	141	142
Total number of clients with non-missing values on employment/student status [denominator]	539	539
Percent of clients employed or student (full-time and part-time)	26.2 %	26.3 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		514
Number of CY 2016 discharges submitted:		569
Number of CY 2016 discharges linked to an admission:		557
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		539
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		539

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	6	8
Total number of clients with non-missing values on employment/student status [denominator]	41	41
Percent of clients employed or student (full-time and part-time)	14.6 %	19.5 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		30
Number of CY 2016 discharges submitted:		45
Number of CY 2016 discharges linked to an admission:		43
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		41

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	41
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
 [Records received through 2/1/2018]

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]	2,071	2,218
Total number of clients with non-missing values on employment/student status [denominator]	3,369	3,369
Percent of clients employed or student (full-time and part-time)	61.5 %	65.8 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		1,371
Number of CY 2016 discharges submitted:		4,039
Number of CY 2016 discharges linked to an admission:		3,748
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,369
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		3,369

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
 [Records received through 2/1/2018]

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]	701	771
Total number of clients with non-missing values on employment/student status [denominator]	1,759	1,759
Percent of clients employed or student (full-time and part-time)	39.9 %	43.8 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		803
Number of CY 2016 discharges submitted:		2,182
Number of CY 2016 discharges linked to an admission:		2,042
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,759

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

1,759

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	453	453
Total number of clients with non-missing values on living arrangements [denominator]	538	538
Percent of clients in stable living situation	84.2 %	84.2 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		514
Number of CY 2016 discharges submitted:		569
Number of CY 2016 discharges linked to an admission:		557
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		539
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		538

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	36	37
Total number of clients with non-missing values on living arrangements [denominator]	41	41
Percent of clients in stable living situation	87.8 %	90.2 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		30
Number of CY 2016 discharges submitted:		45
Number of CY 2016 discharges linked to an admission:		43
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		41

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	41
---	----

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	3,273	3,285
Total number of clients with non-missing values on living arrangements [denominator]	3,365	3,365
Percent of clients in stable living situation	97.3 %	97.6 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		1,371
Number of CY 2016 discharges submitted:		4,039
Number of CY 2016 discharges linked to an admission:		3,748
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,369
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		3,365

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	1,638	1,633
Total number of clients with non-missing values on living arrangements [denominator]	1,757	1,757
Percent of clients in stable living situation	93.2 %	92.9 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		803
Number of CY 2016 discharges submitted:		2,182
Number of CY 2016 discharges linked to an admission:		2,042
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,759

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

1,757

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	402	536
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	557	557
Percent of clients without arrests	72.2 %	96.2 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		514
Number of CY 2016 discharges submitted:		569
Number of CY 2016 discharges linked to an admission:		557
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		557
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		557

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	34	43
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	43	43
Percent of clients without arrests	79.1 %	100.0 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		30
Number of CY 2016 discharges submitted:		45
Number of CY 2016 discharges linked to an admission:		43
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		43

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	43
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
 [Records received through 2/1/2018]

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]	3,472	3,337
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,713	3,713
Percent of clients without arrests	93.5 %	89.9 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		1,371
Number of CY 2016 discharges submitted:		4,039
Number of CY 2016 discharges linked to an admission:		3,748
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,713
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		3,713

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
 [Records received through 2/1/2018]

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]	1,781	1,734
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,024	2,024
Percent of clients without arrests	88.0 %	85.7 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		803
Number of CY 2016 discharges submitted:		2,182
Number of CY 2016 discharges linked to an admission:		2,042
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,024

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

2,024

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	451	504
All clients with non-missing values on at least one substance/frequency of use [denominator]	557	557
Percent of clients abstinent from alcohol	81.0 %	90.5 %

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]		65
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	106	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		61.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		439
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	451	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.3 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	514
Number of CY 2016 discharges submitted:	569
Number of CY 2016 discharges linked to an admission:	557
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	557
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	557

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	25	36
All clients with non-missing values on at least one substance/frequency of use [denominator]	43	43
Percent of clients abstinent from alcohol	58.1 %	83.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		12
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	18	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		66.7 %

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]		24
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	25	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.0 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	30
Number of CY 2016 discharges submitted:	45
Number of CY 2016 discharges linked to an admission:	43
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	43
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	43

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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)
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Number of clients abstinent from alcohol [numerator]	3,090	2,872
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,703	3,703
Percent of clients abstinent from alcohol	83.4 %	77.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		337
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	613	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		55.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,535
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	3,090	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		82.0 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:		1,371
Number of CY 2016 discharges submitted:		4,039
Number of CY 2016 discharges linked to an admission:		3,748
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,713
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		3,703

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
 [Records received through 2/1/2018]

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]	1,509	1,502
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,009	2,009

Percent of clients abstinent from alcohol	75.1 %	74.8 %
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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]		239
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	500	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		47.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,263
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,509	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		83.7 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	803
Number of CY 2016 discharges submitted:	2,182
Number of CY 2016 discharges linked to an admission:	2,042
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,024
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	2,009

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	86	349
All clients with non-missing values on at least one substance/frequency of use [denominator]	557	557
Percent of clients abstinent from drugs	15.4 %	62.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		279
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	471	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [$\#T2 / \#T1 \times 100$]		59.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		70
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	86	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [$\#T2 / \#T1 \times 100$]		81.4 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	514
Number of CY 2016 discharges submitted:	569
Number of CY 2016 discharges linked to an admission:	557
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	557
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	557

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	12	23
All clients with non-missing values on at least one substance/frequency of use [denominator]	43	43
Percent of clients abstinent from drugs	27.9 %	53.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		14
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	31	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [$\#T2 / \#T1 \times 100$]		45.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		9
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	12	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [$\#T2 / \#T1 \times 100$]		75.0 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	30
Number of CY 2016 discharges submitted:	45
Number of CY 2016 discharges linked to an admission:	43
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	43
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	43

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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)
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Number of clients abstinent from drugs [numerator]	2,737	2,430
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,703	3,703
Percent of clients abstinent from drugs	73.9 %	65.6 %

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]		494
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	966	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		51.1 %

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]		1,936
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,737	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		70.7 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	1,371
Number of CY 2016 discharges submitted:	4,039
Number of CY 2016 discharges linked to an admission:	3,748
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,713
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	3,703

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	1,068	1,122
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,009	2,009

Percent of clients abstinent from drugs	53.2 %	55.8 %
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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]		411
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	941	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		43.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		711
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,068	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		66.6 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	803
Number of CY 2016 discharges submitted:	2,182
Number of CY 2016 discharges linked to an admission:	2,042
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,024
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	2,009

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
 [Records received through 2/1/2018]

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]	8	25
Total number of clients with non-missing values on self-help attendance [denominator]	38	38
Percent of clients attending self-help programs	21.1 %	65.8 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	44.7 %	
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		514
Number of CY 2016 discharges submitted:		569
Number of CY 2016 discharges linked to an admission:		557
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		557
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		38

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	4	9
Total number of clients with non-missing values on self-help attendance [denominator]	9	9
Percent of clients attending self-help programs	44.4 %	100.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	55.6 %	
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		30
Number of CY 2016 discharges submitted:		45

Number of CY 2016 discharges linked to an admission:	43
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	43
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	9

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	505	663
Total number of clients with non-missing values on self-help attendance [denominator]	1,616	1,616
Percent of clients attending self-help programs	31.3 %	41.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	9.8 %	

Notes (for this level of care):

Number of CY 2016 admissions submitted:	1,371
Number of CY 2016 discharges submitted:	4,039
Number of CY 2016 discharges linked to an admission:	3,748
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,713
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,616

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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]	320	385
Total number of clients with non-missing values on self-help attendance [denominator]	921	921
Percent of clients attending self-help programs	34.7 %	41.8 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.1 %	

Notes (for this level of care):

Number of CY 2016 admissions submitted:	803
Number of CY 2016 discharges submitted:	2,182
Number of CY 2016 discharges linked to an admission:	2,042
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,024
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	921

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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	11	3	4	5
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	45	27	36	53
5. Long-term (over 30 days)	67	38	59	88
AMBULATORY (OUTPATIENT)				
6. Outpatient	132	65	110	175
7. Intensive Outpatient	115	48	87	150
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	0	0	0	0
10. ORT Outpatient	134	66	117	181

Level of Care	2016 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	99	97
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	569	557
5. Long-term (over 30 days)	45	43
AMBULATORY (OUTPATIENT)		
6. Outpatient	4039	3720
7. Intensive Outpatient	2182	2042
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	0
10. ORT Outpatient	0	28

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 2/1/2018]

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	<p>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.]</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	10.6	
	Age 18+ - CY 2015	48.4	
2. 30-day Cigarette Use	<p>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.]</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	5.5	
	Age 18+ - CY 2015	18.0	
3. 30-day Use of Other Tobacco Products	<p>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.]</p> <p>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).</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. 30-day Use of Marijuana	<p>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.]</p> <p>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	7.6	
	Age 18+ - CY 2015	6.2	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p>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]</p> <p>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).</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

[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:

This table had not fully pre-populated with data as of November 28, 2017.

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	<p>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.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
2. Perception of Risk From Cigarettes	<p>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.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
3. Perception of Risk From Marijuana	<p>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.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

Footnotes:

This table had not fully pre-populated with data as of November 28, 2017.

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	<p>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.]</p> <p>Outcome Reported: Average age at first use of alcohol.</p>		
	Age 12 - 17 - CY 2015	13.2	
	Age 18+ - CY 2015	17.1	
2. Age at First Use of Cigarettes	<p>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.]</p> <p>Outcome Reported: Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2015	13.5	
	Age 18+ - CY 2015	16.0	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>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.]</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. Age at First Use of Marijuana or Hashish	<p>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.]</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2015	14.0	
	Age 18+ - CY 2015	18.2	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	<p>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.]</p> <p>Outcome Reported: Average age at first use of other illegal drugs.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

[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:

This table had not fully pre-populated with data as of November 28, 2017.

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	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	92.5	
2. Perception of Peer Disapproval of Cigarettes	<p>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]"</p> <p>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2015	91.1	
3. Disapproval of Using Marijuana Experimentally	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	76.7	
4. Disapproval of Using Marijuana Regularly	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	75.4	
5. Disapproval of Alcohol	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	88.9	

Footnotes:

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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	<p>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]"</p> <p>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 18+ - CY 2015		
	Age 12 - 17 - CY 2015		

Footnotes:

This table had not fully pre-populated with data as of November 28, 2017.

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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	<p>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.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2015	91.2	

Footnotes:

This table had not fully pre-populated with data as of November 28, 2017.

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 2015	31.7	

Footnotes:

This table had not fully pre-populated with data as of November 28, 2017.

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	29.4	

Footnotes:

This table had not fully pre-populated with data as of November 28, 2017.

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)	<p>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]"</p> <p>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2015	59.9	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>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]"</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2015	90.4	

[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 2015	89.3	

[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:

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

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

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2014	6/30/2015
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2014	6/30/2015
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2014	6/30/2015
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2014	6/30/2015
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	7/1/2014	6/30/2015

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

In FY2015, Idaho used the Kit Solutions KPS data management system. This system was a web-based, password protected system used by grantees to enter NOMs data.

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.

In the Kit Solutions KPS data management system, the individual providers reported whether an individual was "More than One Race." Only one racial selection was allowed. The state added those participants to the "More than One Race" category.

Footnotes:

Due to the data management system used, the Idaho Office of Drug Policy (ODP) can only report on fiscal year for FY2015. Beginning January of 2017, ODP will be able report calendar.

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	148
5-11	12207
12-14	10495
15-17	1129
18-20	90
21-24	44
25-44	431
45-64	92
65 and over	12
Age Not Known	465
Gender	
Male	12752
Female	11841
Gender Unknown	520
Race	
White	19619
Black or African American	227
Native Hawaiian/Other Pacific Islander	61
Asian	308
American Indian/Alaska Native	392
More Than One Race (not OMB required)	543

Race Not Known or Other (not OMB required)	3963
Ethnicity	
Hispanic or Latino	4696
Not Hispanic or Latino	19880
Ethnicity Unknown	537

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

In FY2015, Idaho used the Kit Solutions KPS data management system. This system was a web-based, password protected system used by grantees to enter NOMs data.

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.

In the Kit Solutions KPS data management system, the individual providers reported whether an individual was "More than One Race." Only one racial selection was allowed. The state added those participants to the "More than One Race" 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	124646
5-11	184670
12-14	88082
15-17	82122
18-20	72510
21-24	94519
25-44	643643
45-64	522799
65 and over	235649
Age Not Known	8199
Gender	
Male	871818
Female	1184995
Gender Unknown	26
Race	
White	1884827
Black or African American	12979
Native Hawaiian/Other Pacific Islander	2337
Asian	26859
American Indian/Alaska Native	25426
More Than One Race (not OMB required)	52641

Race Not Known or Other (not OMB required)	51770
Ethnicity	
Hispanic or Latino	248757
Not Hispanic or Latino	1808030
Ethnicity Unknown	52

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	23105	N/A
2. Universal Indirect	N/A	2056839
3. Selective	1643	N/A
4. Indicated	365	N/A
5. Total	25113	2056839

Footnotes:

V: Performance Indicators and Accomplishments

Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

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

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

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

The 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 rated as such 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, to be reviewed by the EBP to ensure positive effects. 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?

Action plans, which are submitted as part of provider’s grant application, are reviewed in conjunction with self-reported data inputted into the Kit Solutions KPS data management 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	48	3	51	26	6	83

2. Total number of Programs and Strategies Funded	48	3	51	26	6	83
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %

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 # 48	\$ 809578.00
Universal Indirect	Total # 3	\$ 363708.00
Selective	Total # 26	\$ 265599.00
Indicated	Total # 6	\$ 138586.00
	Total EBPs: 83	Total Dollars Spent: \$1577471.00

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2016 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: