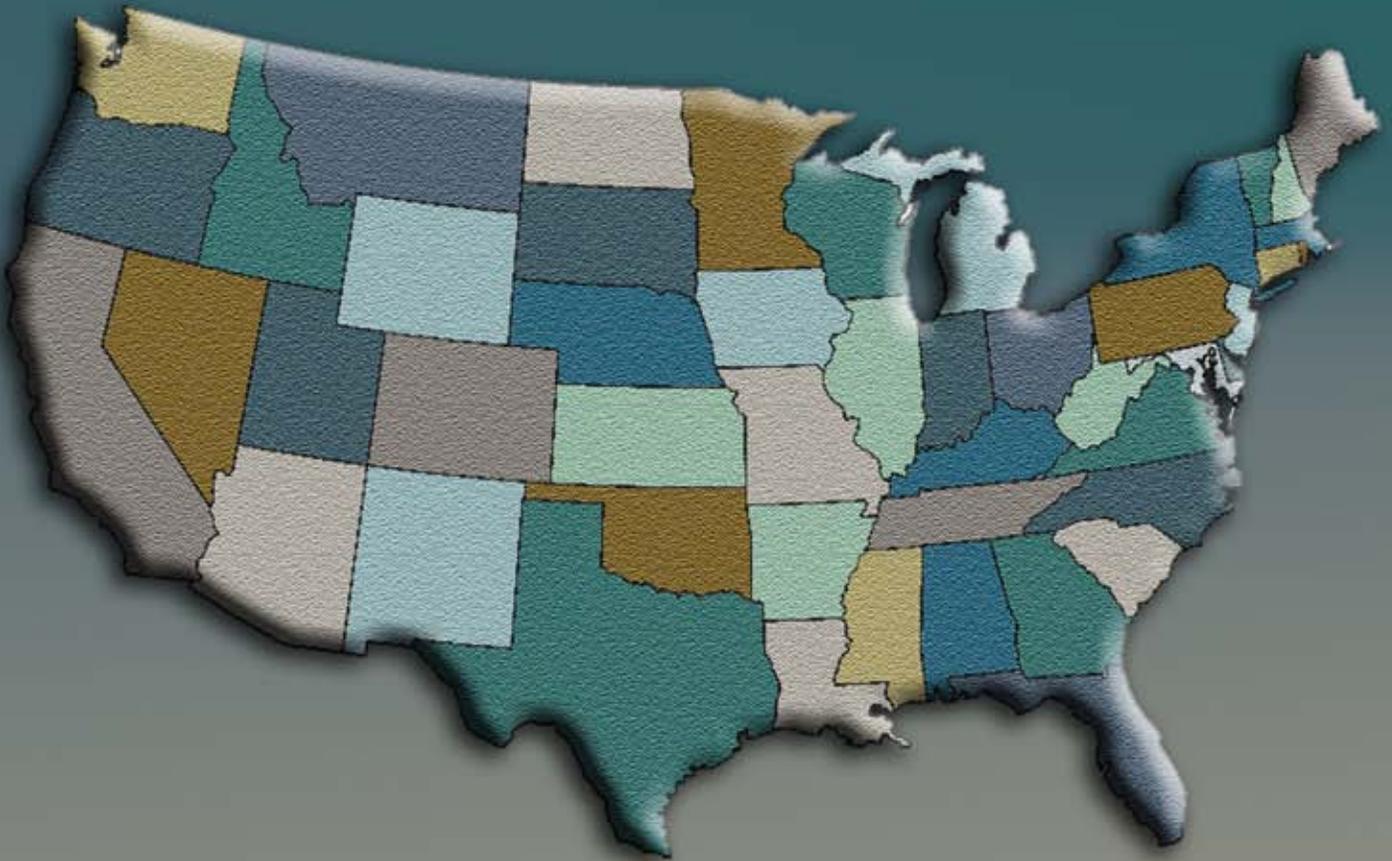


INVENTORY of STATE SUBSTANCE ABUSE PREVENTION and TREATMENT ACTIVITIES and EXPENDITURES

November 2006



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY



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Executive Summary

This document describes how States spend the funds allocated to them by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Block Grant Program for substance abuse prevention and treatment services and how States allocate their own funding for these services. Policy officials can use the information in this document to assist in the review of the effectiveness of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Reviewing expenditures data can contribute to the development of policy formulation for future expenditures.

While recognizing the significant time lag associated with some of the data in this document—the actual expenditures that States report in their Block Grant application cover a period of time that occurred 3 years prior to the submission year—there remains utility in analyzing this information. It provides a wealth of details on how the States implement and fund prevention and treatment programs. For example, substance abuse prevention efforts vary widely by State. Medicaid funding is being used for treatment services by 27 States. Some States are not contributing their own funds to prevention efforts.

One policy issue of concern is how best to get States to spend formula grant money effectively and to replicate their own best efforts. In addition, policymakers are interested in information from the States that conduct evaluations and analyze outcomes. Policy officials are concerned with identifying and promoting effective programs. For example, SAMHSA's National Outcomes Measures (NOMS) initiative is beginning to provide outcome data on prevention and treatment programs funded by the Block Grant.

It is hoped that policy officials at the State and Federal level will find this document useful as they examine and review programs and make future funding decisions.

Overview

This 2006 *Inventory of State Substance Abuse Prevention and Treatment Activities and Expenditures* provides a succinct, State-by-State overview of SAPT Block Grant and other funding and activities. It updates and expands ONDCP's initial 1999 *Inventory of State Prevention Activities Funded Under the 20 Percent Block Grant Prevention Set-Aside* prepared by the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Specifically, it contains State profiles and aggregate findings that highlight expenditure distributions for substance abuse prevention and treatment activities from the Substance Abuse Prevention and Treatment (SAPT) Block Grant and other funding sources for the 50 States and the District of Columbia¹. The State profiles and Aggregate Findings also describe States' prevention and treatment services and delivery systems; treatment clients with regard to modality, treatment gap, and rate of co-occurring disorder; and States' resource development activities, such as needs assessment and planning, evaluation, and training and assistance. The Inventory captures activities funded wholly or partially by the Block Grant and, in some cases, other funding sources. Expenditure information is taken from the SAPT Block Grant applications for State fiscal year (FY) 2003 through FY 2006. Narrative information about the Single State Agency (SSA) structure, services, and activities reflects the most recent information available, unless otherwise indicated.

NASADAD contributed to this Inventory by providing feedback and suggestions regarding which data and information to include in the State profiles, how to approach States for feedback and review of profiles, and selecting initial States with which to pilot the review process and the profiles. The Substance Abuse Mental Health Services Administration (SAMHSA) contributed to the Inventory by

¹ The Inventory does not include expenditure or financial information from private third-party payers such as commercial health insurers.

providing access to needed data, and in particular, the State SAPT Block Grant applications, and by reviewing a final draft of this Inventory.

Single State Agency Structure and Function

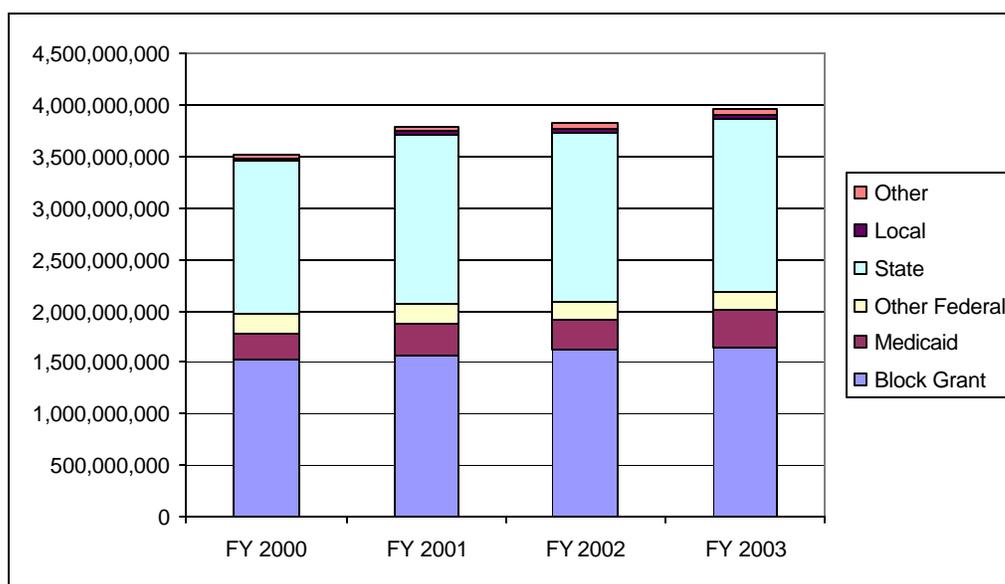
Most SSAs are located in departments of health or human services, but some are located in departments of mental health or are independent State agencies. SSAs continue to contract with substate entities, such as community substance abuse/mental health centers, county governments, regional State authorities, private nonprofit or for-profit organizations, and tribal entities, to provide services at regional, county, and local levels. By working with these localized entities, SSAs are able to facilitate the development of prevention and treatment programs that are designed to address specific regional and local concerns and issues.

Single State Agency Funding Overview

SSAs receive funds for substance abuse prevention and treatment from a variety of sources including the Substance Abuse Mental Health Services Administration (SAMHSA) SAPT Block Grant, other SAMHSA funds, other Federal funds, State funds, Medicaid, and local funds. In addition to dispersing Block Grant funds to States and territories, SAMHSA supports substance abuse prevention and treatment efforts through a broad range of competitive discretionary grants awards. Several of the grants awarded through the Center for Substance Abuse Prevention (CSAP) or the Center for Substance Abuse Treatment (CSAT) support the National Drug Control Strategy and are designated Programs of Regional and National Significance (PRNS). These programs include the Strategic Prevention Framework State Incentive Grant (SPF SIG), Access to Recovery (ATR), and State Brief Intervention, Referral, and Treatment (SBIRT), and are highlighted in the Aggregate Findings section of this Inventory.

Nationally, SSA expenditures increased 13 percent between FYs 2000 and 2003 from \$3.5 to \$4.0 billion (figure 1). The proportions of SSA expenditures from differing funding sources remained stable during this time. Expenditures from Block Grant and from State funds were roughly equal with the Block Grant contributing between 41 and 43 percent of total expenditures and State funds consistently contributing 42 to 44 percent of expenditures.

Figure 1. Sum of Funding Sources (in billions of dollars) for All States and the District of Columbia, FYs 2000–2003 (n=51)



While the cumulative snapshot of States show a roughly even split between expenditures of Block Grant and State funds, individual States varied greatly in the proportion of expenditures by funding source (table 1). For example, in FY 2003, 19 States reported that most (50 percent or more) of their total expenditures derived from the SAPT Block Grant, and 13 States reported that most (50 percent or more) derived from State funds:

- States indicating that the majority of their expenditures came from Block Grant funds included Wisconsin (for which Block Grant funds accounted for 87 percent of total expenditures), Texas (86 percent), Alabama (77 percent), and Mississippi (75 percent). States using the smallest proportions of Block Grant funds, when compared with other States, included Wyoming and Alaska (at 13 percent each) and the District of Columbia (18 percent).
- States indicating that the majority of their expenditures derived from State funds included New York, the District of Columbia, and Alaska (for which State funds accounted for 69 percent of total expenditures), and Connecticut (65 percent). States spending the smallest proportions of State funds, when compared with other States, included Texas (12 percent), Wisconsin (13 percent), and Alabama (15 percent).
- One-half of the States reported spending Medicaid funds in their Block Grant application, and half did not. For those that did not report Medicaid expenditures, it is possible that their Medicaid funds flowed through a different State agency, other than the SSA. For the 25 States reporting Medicaid expenditures along with their Block Grant and other funds, the States spending the highest proportions of Medicaid funds, when compared with other States, included Vermont (for which Medicaid accounted for 41 percent of total expenditures), Oregon (37 percent), Arizona (36 percent), and Kansas (32 percent). Those reporting the smallest proportions included Oklahoma (less than 1 percent) and Alaska, Colorado, and Maryland (at 1 percent each).

Table 1. Single State Agency Expenditures From All Funding Sources, FY 2003

State	Block Grant		Medicaid		State		All Other*		Total
	\$	%	\$	%	\$	%	\$	%	\$
Alabama	23,970,196	77	2,548,051	8	4,726,255	15	0	0	31,244,502
Alaska	4,492,456	13	181,547	1	23,476,081	69	5,816,294	17	33,966,378
Arizona	30,548,743	39	28,092,326	36	14,750,878	19	5,473,374	7	78,865,321
Arkansas	12,169,977	63	0	0	5,561,349	29	1,538,451	8	19,269,777
California	250,772,440	44	115,743,764	21	191,858,917	34	5,419,284	1	563,794,405
Colorado	23,366,008	66	341,854	1	11,039,209	31	565,836	2	35,312,907
Connecticut	16,879,723	21	0	0	52,773,004	65	12,074,646	15	81,727,373
Delaware	6,577,245	34	0	0	12,163,775	63	458,511	2	19,199,531
Dist. of Columbia	6,266,666	18	0	0	24,177,215	69	4,446,944	13	34,890,825
Florida	95,064,189	50	7,490,671	4	68,182,836	36	19,826,826	10	190,564,522
Georgia	47,462,679	49	0	0	46,378,871	48	2,407,940	3	96,249,490
Hawaii	7,083,900	39	0	0	9,045,643	49	2,252,096	12	18,381,639
Idaho	6,787,163	62	0	0	3,819,401	35	379,476	3	10,986,040
Illinois	67,994,327	28	45,445,971	19	121,083,194	50	6,914,612	3	241,438,104
Indiana	33,446,723	73	0	0	10,594,118	23	1,682,810	4	45,723,651
Iowa	12,915,707	28	12,459,958	27	15,552,074	34	4,783,870	10	45,711,609
Kansas	12,343,401	39	10,265,226	32	7,742,315	24	1,417,371	4	31,768,313
Kentucky	20,752,134	57	0	0	13,991,159	38	1,717,358	5	36,460,651
Louisiana	25,959,665	45	0	0	22,605,911	39	9,176,686	16	57,742,262
Maine	6,462,370	21	7,535,560	24	10,857,890	35	5,959,290	19	30,815,110
Maryland	32,114,739	29	1,509,383	1	65,241,515	59	12,206,447	11	111,072,084
Massachusetts	34,174,108	41	0	0	45,637,409	55	3,047,432	4	82,858,949
Michigan	58,143,061	51	28,144,755	25	21,923,111	19	5,131,953	5	113,342,880
Minnesota	21,783,707	22	2,014,998	2	58,088,886	58	17,582,485	18	99,470,076
Mississippi	14,139,924	75	0	0	4,184,548	22	499,409	3	18,823,881
Missouri	26,268,669	33	22,346,941	28	28,046,792	35	3,815,059	5	80,477,461
Montana	6,577,245	48	1,200,971	9	3,830,948	28	1,962,639	14	13,571,803
Nebraska	7,926,182	38	2,109,870	10	10,314,101	49	779,312	4	21,129,465
Nevada	12,860,149	68	0	0	3,651,093	19	2,424,466	13	18,935,708
New Hampshire	6,577,245	50	0	0	6,038,503	46	440,972	3	13,056,720
New Jersey	47,139,236	44	0	0	56,553,000	53	2,602,085	2	106,294,321
New Mexico	8,614,912	25	0	0	22,243,367	63	4,226,704	12	35,084,983
New York	115,999,936	25	0	0	318,739,459	69	29,545,085	6	464,284,480
North Carolina	38,135,024	41	0	0	50,884,907	55	4,126,931	4	93,146,862
North Dakota	4,984,093	30	3,133,330	19	6,721,455	40	1,931,534	12	16,770,412
Ohio	66,942,269	40	34,174,236	20	58,286,164	35	7,355,204	4	166,757,873
Oklahoma	17,788,840	40	189,727	0	22,564,922	51	3,402,519	8	43,946,008
Oregon	16,098,172	35	17,236,406	37	11,360,557	24	1,676,494	4	46,371,629
Pennsylvania	59,336,807	52	0	0	41,976,000	37	12,759,980	11	114,072,787
Rhode Island	6,577,245	24	5,099,558	18	12,451,874	45	3,636,268	13	27,764,945
South Carolina	20,661,633	57	875,635	2	7,128,044	20	7,337,061	20	36,002,373
South Dakota	4,608,895	48	0	0	3,302,009	35	1,645,246	17	9,556,150
Tennessee	29,391,224	70	0	0	7,966,574	19	4,615,891	11	41,973,689
Texas	133,322,329	86	0	0	18,467,532	12	3,358,783	2	155,148,644
Utah	16,914,130	53	0	0	11,488,452	36	3,320,604	10	31,723,186
Vermont	4,927,888	27	7,368,676	41	5,259,682	29	440,872	2	17,997,118
Virginia	42,526,592	52	0	0	39,859,035	48	0	0	82,385,627
Washington	35,125,673	30	31,346,544	27	48,253,834	41	2,437,558	2	117,163,609
West Virginia	8,564,801	53	0	0	7,577,063	47	0	0	16,141,864
Wisconsin	25,877,350	87	0	0	3,897,323	13	0	0	29,774,673
Wyoming	3,193,795	13	678,589	3	6,770,302	28	13,595,841	56	24,238,527

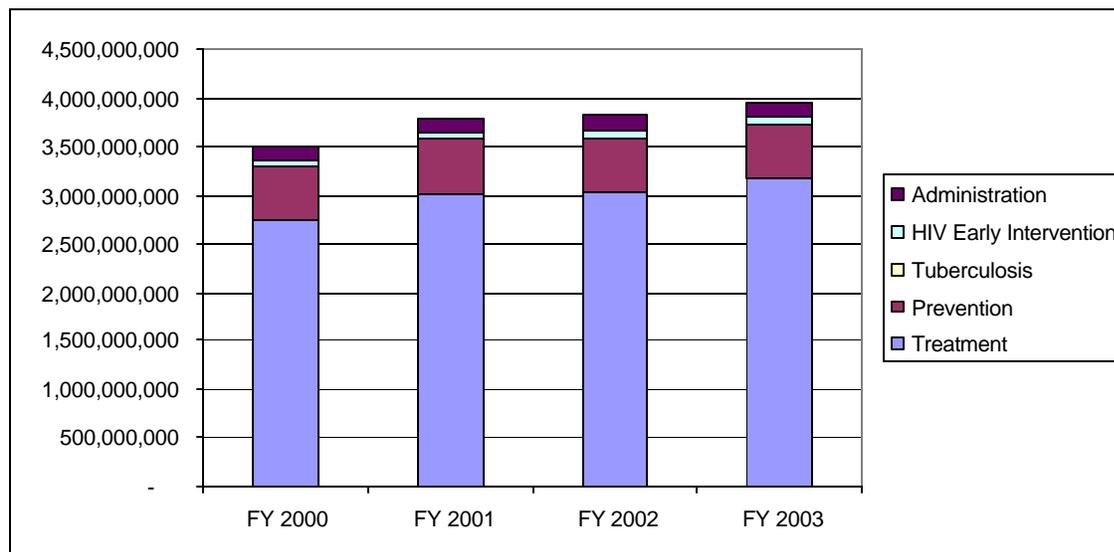
SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*Other funding sources include other Federal, local, and other sources such as private foundations and the tobacco Master Settlement Agreement.

Expenditures and Activities from All Funding Sources

Nationally, the majority of SSA expenditures went toward treatment and rehabilitation services, accounting for 79 to 80 percent of total expenditures between FYs 2000 and 2003 (figure 2). Prevention services consistently accounted for 14 to 15 percent of expenditures during this time period, and administrative costs and HIV early intervention received 4 percent and 2 percent, respectively.

Figure 2. National Expenditures From All Funding Sources by Activity, FYs 2000–2003 (n=51)



All States, with the exception of Alaska, spent most of their funding on treatment and rehabilitation services in FY 2003² (range 39 to 93 percent)(table 2). While all States met the 20 percent set-aside requirement by spending 20 percent or more of Block Grant funds for primary prevention activities³, prevention expenditures from *all funding sources* (including State, other Federal, and other sources) comprised a substantially smaller proportion. In fact, most States spent less than 20 percent of their funds from all sources on prevention services (range 5 to 29 percent) and less than 10 percent on other services or activities (range 0 to 33 percent). Specifically:

- States spending the highest proportions of funds *from all sources* on prevention services, when compared with other States, included Wyoming (29 percent), Alaska (28 percent), and Maine and Rhode Island (at 27 percent each). States spending the lowest proportions of funds from all sources on prevention services included Minnesota (5 percent), Maryland (7 percent), and Arizona (8 percent).
- States spending the highest proportion of funds from all sources on treatment and rehabilitation services included Minnesota (93 percent), Arizona (89 percent), North Dakota (88 percent), and Vermont (88 percent). States spending the lowest proportion on treatment services included Alaska (33 percent), Wyoming (63 percent), and New Mexico (63 percent).

² On the FY 2006 SAPT Block Grant application, Form 4, Alaska indicated spending 39 percent of funds on treatment services, 33 percent on administrative activities, and 28 percent on prevention services in FY 2003.

³ DHHS Block Grant 45 CFR Section 96.124 (2005)

Table 2. Single State Agency Expenditures From All Funding Sources by Activity, FY 2003

State	Treatment and Rehabilitation		Prevention		Other*		Total
	\$	%	\$	%	\$	%	\$
Alabama	24,129,432	77	4,930,210	16	2,094,860	7	31,154,502
Alaska	13,157,654	39	9,510,064	28	11,298,660	33	33,966,378
Arizona	70,096,302	89	6,261,531	8	2,507,488	3	78,865,321
Arkansas	15,280,827	79	2,406,920	12	1,582,030	8	19,269,777
California	481,632,747	85	61,791,700	11	20,369,958	4	563,794,405
Colorado	28,963,031	82	6,181,247	18	168,629	0	35,312,907
Connecticut	65,261,577	80	15,154,964	19	1,310,832	2	81,727,373
Delaware	14,530,937	76	4,075,557	21	593,037	3	19,199,531
District of Columbia	28,268,893	81	4,681,009	13	1,940,923	6	34,890,825
Florida	153,859,450	81	27,493,129	14	9,211,943	5	190,564,522
Georgia	79,868,994	83	13,244,426	14	3,136,070	3	96,249,490
Hawaii	12,301,075	67	4,117,265	22	1,963,299	11	18,381,639
Idaho	8,357,348	76	2,413,305	22	215,387	2	10,986,040
Illinois	208,006,565	86	21,734,501	9	11,697,038	5	241,438,104
Indiana	34,210,952	75	8,667,531	19	2,845,168	6	45,723,651
Iowa	37,161,700	81	6,948,442	15	1,601,487	4	45,711,629
Kansas	27,020,852	85	3,732,685	12	1,014,776	3	31,768,313
Kentucky	26,168,067	72	8,967,526	25	1,325,058	4	36,460,651
Louisiana	49,954,362	87	5,191,933	9	2,595,967	4	57,742,262
Maine	20,344,891	66	8,323,201	27	2,147,018	7	30,815,110
Maryland	96,230,477	87	7,885,787	7	6,955,820	6	111,072,084
Massachusetts	72,270,519	87	7,825,701	9	2,762,729	3	82,858,949
Michigan	85,880,552	76	17,953,763	16	9,508,565	8	113,342,880
Minnesota	92,788,214	93	5,465,144	5	1,216,718	1	99,470,076
Mississippi	14,359,497	76	2,827,985	15	1,636,399	9	18,823,881
Missouri	67,434,569	84	8,311,621	10	4,731,271	6	80,477,461
Montana	10,913,500	80	1,980,822	15	677,481	5	13,571,803
Nebraska	18,050,881	85	2,576,895	12	501,689	2	21,129,465
Nevada	12,730,406	67	4,918,396	26	1,286,906	7	18,935,708
New Hampshire	9,145,582	70	2,729,283	21	1,181,855	9	13,056,720
New Jersey	90,709,111	85	11,332,318	11	4,253,165	4	106,294,594
New Mexico	22,203,382	63	7,588,143	22	5,293,458	15	35,084,983
New York	357,775,191	77	74,922,798	16	31,586,491	7	464,284,480
North Carolina	75,522,116	81	9,947,685	11	7,731,061	8	93,200,862
North Dakota	14,874,104	88	2,044,914	12	31,394	0	16,950,412
Ohio	130,209,265	78	24,806,999	15	11,741,609	7	166,757,873
Oklahoma	35,627,533	81	5,510,949	13	2,807,526	6	43,946,008
Oregon	40,399,863	87	5,166,858	11	804,908	2	46,371,629
Pennsylvania	73,283,402	64	21,223,136	19	19,566,249	17	114,072,787
Rhode Island	18,261,896	66	7,403,938	27	2,099,111	8	27,764,945
South Carolina	26,948,891	75	7,953,854	22	1,099,628	3	36,002,373
South Dakota	7,554,638	79	1,495,705	16	505,807	5	9,556,150
Tennessee	29,062,010	69	9,228,890	22	3,682,789	9	41,973,689
Texas	105,369,967	68	38,564,386	25	11,214,291	7	155,148,644
Utah	22,749,973	72	7,955,561	25	1,017,652	3	31,723,186
Vermont	15,830,540	88	1,727,071	10	439,507	2	17,997,118
Virginia	69,711,951	85	8,511,634	10	4,162,042	5	82,385,627
Washington	102,176,682	87	10,095,235	9	4,891,692	4	117,163,609
West Virginia	14,000,418	87	1,784,561	11	358,885	2	16,143,864
Wisconsin	22,430,769	75	7,244,160	24	99,744	0	29,774,673
Wyoming	15,351,449	63	6,976,763	29	1,910,315	8	24,238,527

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*Other activities include HIV early intervention, TB services, and administrative costs.

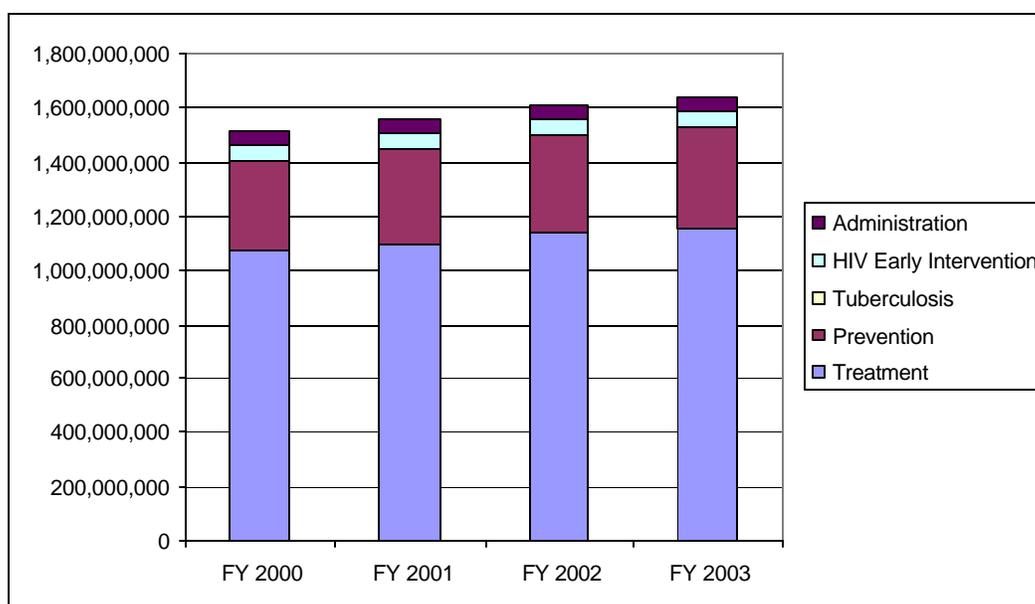
Expenditures of Block Grant and State Funds

Nationally, States spent a greater proportion of State funds on treatment services (88 percent) than they did Block Grant funds (70 percent). Conversely, States spent more Block Grant funds on prevention services (23 percent) than they did State funds (6 percent).

Expenditures of Block Grant Funds

Nationally, the majority of Block Grant expenditures went toward treatment and rehabilitation services, accounting for 70 to 71 percent of total Block Grant expenditures from FYs 2000 to 2003 (figure 3). Block Grant expenditures for treatment services increased steadily during this time from \$1.1 billion nationwide in FY 2000 to \$1.2 billion in FY 2003. Expenditures on prevention services accounted for 21 to 23 percent of Block Grant expenditures and increased from \$324 million in FY 2000 to \$372 million in FY 2003. On average, States spent between 3 and 4 percent of expenditures each on HIV early intervention services and administrative costs.

Figure 3. National Expenditures of Block Grant Funds by Activity, FYs 2000–2003 (n=51)



Examination of individual State expenditures is similar to the national average. SSAs spent an average of 70 percent of Block Grant funds on treatment and rehabilitation services (range 61 to 80 percent), 23 percent on prevention services (range 20 to 31 percent), 7 percent on other services and activities (range 0 to 14 percent) in FY 2003 (table 3). Specific findings include the following:

- All States met the SAPT Block Grant 20-percent set-aside requirement: all States spent 20 percent or more on primary prevention services.
- Thirty-three States exceeded the 20-percent set-aside requirement for 2003 expenditures. States spending a greater proportion of Block Grant funds on prevention services included Idaho (31 percent), Hawaii (29 percent), and Kentucky, Nebraska, Connecticut, New Mexico, and Texas (27 percent each).
- Eighteen States met the 20 percent set-aside requirement, but did not exceed it.

Table 3. Single State Agency Expenditures of Block Grant Funds by Activity, FY 2003

State	Treatment		Prevention		HIV Early Intervention*		Other**		BG Total
	\$	%	\$	%			\$	%	\$
Alabama	17,152,741	72	4,930,210	21	1,249,858	5	637,387	3	23,970,196
Alaska	3,408,015	76	899,135	20	0	0	185,306	4	4,492,456
Arizona	22,343,290	73	6,115,130	20	1,527,437	5	562,886	2	30,548,743
Arkansas	9,192,448	76	2,406,920	20	0	0	570,609	5	12,169,977
California	176,162,084	70	57,199,375	23	12,187,398	5	5,223,583	2	250,772,440
Colorado	18,280,906	78	4,916,473	21	0	0	168,629	1	23,366,008
Connecticut	11,418,255	68	4,617,482	27	843,986	5	0	0	16,879,723
Delaware	4,469,272	68	1,514,936	23	328,862	5	264,175	4	6,577,245
Dist. of Columbia	4,398,806	70	1,330,593	21	120,016	2	417,251	7	6,266,666
Florida	63,319,338	67	24,719,689	26	4,753,209	5	2,271,953	2	95,064,189
Georgia	33,490,123	71	10,836,486	23	2,484,821	5	651,249	1	47,462,679
Hawaii	4,341,242	61	2,080,096	29	360,071	5	302,491	4	7,083,900
Idaho	4,484,320	66	2,087,456	31	0	0	215,387	3	6,787,163
Illinois	47,434,191	70	13,768,851	20	3,399,717	5	3,391,568	5	67,994,327
Indiana	24,620,121	74	7,185,330	21	0	0	1,641,272	5	33,446,723
Iowa	9,543,565	74	2,726,377	21	0	0	645,785	5	12,915,707
Kansas	8,973,931	73	2,852,110	23	0	0	517,360	4	12,343,401
Kentucky	15,197,700	73	5,550,682	27	0	0	3,752	0	20,752,134
Louisiana	18,171,765	70	5,191,933	20	1,297,984	5	1,297,983	5	25,959,665
Maine	4,870,969	75	1,363,847	21	0	0	227,554	4	6,462,370
Maryland	22,480,317	70	6,422,948	20	1,605,737	5	1,605,737	5	32,114,739
Massachusetts	23,660,678	69	7,825,701	23	1,490,933	4	1,196,796	4	34,174,108
Michigan	42,021,077	72	13,249,022	23	0	0	2,872,962	5	58,143,061
Minnesota	16,324,664	75	4,610,981	21	0	0	848,062	4	21,783,707
Mississippi	9,897,947	70	2,827,985	20	706,996	5	706,996	5	14,139,924
Missouri	19,841,893	76	5,253,735	20	0	0	1,173,041	4	26,268,669
Montana	4,913,384	75	1,316,159	20	0	0	347,702	5	6,577,245
Nebraska	5,545,248	70	2,134,625	27	0	0	246,309	3	7,926,182
Nevada	8,999,740	70	2,573,503	20	643,008	5	643,898	5	12,860,149
New Hampshire	4,895,715	74	1,352,668	21	0	0	328,862	5	6,577,245
New Jersey	32,660,983	69	10,679,913	23	2,356,962	5	1,441,378	3	47,139,236
New Mexico	5,882,851	68	2,343,564	27	0	0	388,497	5	8,614,912
New York	83,470,927	72	23,845,680	21	5,800,010	5	2,883,319	2	115,999,936
North Carolina	25,017,161	66	7,954,361	21	1,960,751	5	3,256,751	9	38,135,024
North Dakota	3,970,641	80	1,013,452	20	0	0	0	0	4,984,093
Ohio	47,461,285	71	16,270,812	24	0	0	3,210,172	5	66,942,269
Oklahoma	13,341,630	75	3,557,768	20	0	0	889,442	5	17,788,840
Oregon	12,073,630	75	3,219,634	20	0	0	804,908	5	16,098,172
Pennsylvania	41,341,898	70	12,627,524	21	3,178,073	5	2,189,312	4	59,336,807
Rhode Island	4,738,905	72	1,727,982	26	0	0	110,358	2	6,577,245
South Carolina	15,429,544	75	4,136,827	20	1,033,082	5	62,180	0	20,661,633
South Dakota	3,450,509	75	927,941	20	0	0	230,445	5	4,608,895
Tennessee	19,452,248	66	6,973,848	24	1,514,511	5	1,450,617	5	29,391,224
Texas	87,289,044	65	35,844,543	27	6,666,557	5	3,522,185	3	133,322,329
Utah	12,690,265	75	3,693,865	22	0	0	530,000	3	16,914,130
Vermont	3,695,916	75	985,578	20	0	0	246,394	5	4,927,888
Virginia	29,852,916	70	8,511,634	20	2,126,330	5	2,035,712	5	42,526,592
Washington	24,587,971	70	9,118,562	26	0	0	1,419,140	4	35,125,673
West Virginia	6,468,098	76	1,784,561	21	0	0	312,142	4	8,564,801
Wisconsin	19,496,217	75	6,281,389	24	0	0	99,744	0	25,877,350
Wyoming	2,376,379	74	637,139	20	0	0	180,277	6	3,193,795

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

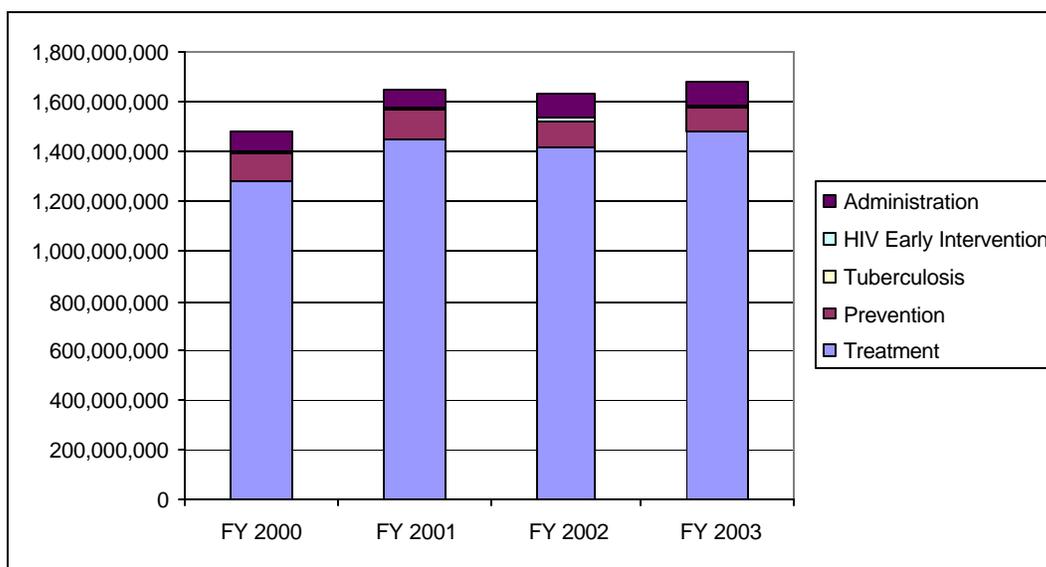
*States with a specified HIV/AIDS case rate of 10 or more per 100,000 must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

**Other activities include HIV early intervention, TB services, and administrative costs.

Expenditures of State Funds

Nationally, SSA expenditures of State funds increased from \$1.5 billion in FY 2000 to \$1.7 billion in FY 2003 (figure 4). The largest proportion of expenditures consistently went toward treatment and rehabilitation activities, accounting for 86 to 88 percent of State funding, and increasing from \$1.3 billion in FY 2000 to \$1.4 billion in FY 2003. Expenditures on prevention services consistently accounted for 6 to 8 percent of total State funding during this time period, and administrative costs accounted for 5 to 6 percent of total State expenditures.

Figure 4. National Expenditures of State Funds by Activity, FYs 2000–2003 (n=51)



Examination of individual State data shows greater variation in the distribution of expenditures from State sources than from the Block Grant. In FY 2003, SSAs spent an average of 88 percent of State funds on treatment and rehabilitation services (range 37 to 100 percent), 6 percent on prevention services (range 0 to 25 percent), and 6 percent on other services including administrative costs, HIV early intervention, and tuberculosis services (table 4). Specific findings include:

- Only three SSAs spent 20 percent or more of State funds on prevention services (table 4). These States included Wisconsin (25 percent), Tennessee (23 percent), and Rhode Island (20 percent).
- Seventeen SSAs spent 0 percent of State funds on prevention services (including three SSAs that expended so little, it accounted for 0 percent). States spending 0 percent of State funds on prevention services are indicated in bold on table 4.

Table 4. Single State Agency Expenditures of State Funds by Activity, FY 2003*

State	Treatment		Prevention		Other**		Total
	\$	%	\$	%	\$	%	\$
Alabama	4,518,640	96	0	0	207,615	4	4,726,255
Alaska	8,691,771	37	3,670,956	16	11,113,354	47	23,476,081
Arizona	14,604,477	99	146,401	1	0	0	14,750,878
Arkansas	4,641,505	83	0	0	919,844	17	5,561,349
California	189,402,376	99	274,836	0	2,181,705	1	191,858,917
Colorado	10,340,271	94	698,938	6	0	0	11,039,209
Connecticut	49,250,158	93	3,056,000	6	466,846	1	52,773,004
Delaware	10,061,665	83	2,102,110	17	0	0	12,163,775
District of Columbia	21,262,226	88	1,607,513	7	1,307,476	5	24,177,215
Florida	64,407,293	94	1,588,762	2	2,186,781	3	68,182,836
Georgia	46,378,871	100	0	0	0	0	46,378,871
Hawaii	7,959,833	88	25,000	0	1,060,810	12	9,045,643
Idaho	3,819,401	100	0	0	0	0	3,819,401
Illinois	110,833,082	92	6,234,718	5	4,015,394	3	121,083,194
Indiana	9,590,831	91	35,838	0	967,449	9	10,594,118
Iowa	14,173,390	91	945,924	6	432,760	3	15,552,074
Kansas	6,408,370	83	864,529	11	469,416	6	7,742,315
Kentucky	10,892,858	78	1,776,995	13	1,321,306	9	13,991,159
Louisiana	22,605,911	100	0	0	0	0	22,605,911
Maine	7,756,371	71	1,183,963	11	1,917,556	18	10,857,890
Maryland	60,455,542	93	1,462,839	2	3,323,134	5	65,241,515
Massachusetts	45,562,409	100	0	0	75,000	0	45,637,409
Michigan	11,334,531	52	4,115,363	19	6,473,217	30	21,923,111
Minnesota	56,866,067	98	854,163	1	368,656	1	58,088,886
Mississippi	4,088,372	98	0	0	96,176	2	4,184,548
Missouri	24,292,141	87	773,017	3	2,981,634	11	28,046,792
Montana	3,541,745	92	0	0	289,203	8	3,830,948
Nebraska	9,969,310	97	89,411	1	255,380	2	10,314,101
Nevada	3,609,093	99	42,000	1	0	0	3,651,093
New Hampshire	4,186,535	69	998,975	17	852,993	14	6,038,503
New Jersey	55,445,770	98	652,405	1	454,825	1	56,553,000
New Mexico	14,074,316	63	3,677,961	17	4,491,090	20	22,243,367
New York	253,564,695	80	42,507,362	13	22,667,402	7	318,739,459
North Carolina	48,371,348	95	0	0	2,513,559	5	50,884,907
North Dakota	6,690,061	100	0	0	31,394	0	6,721,455
Ohio	47,325,308	81	3,263,239	6	7,697,617	13	58,286,164
Oklahoma	19,786,536	88	860,302	4	1,918,084	9	22,564,922
Oregon	10,375,167	91	985,390	9	0	0	11,360,557
Pennsylvania	26,653,952	63	5,057,069	12	10,264,979	24	41,976,000
Rhode Island	8,400,066	67	2,473,724	20	1,578,084	13	12,451,874
South Carolina	7,123,678	100	0	0	4,366	0	7,128,044
South Dakota	3,056,701	93	0	0	245,308	7	3,302,009
Tennessee	5,536,445	69	1,843,963	23	586,166	7	7,966,574
Texas	16,934,997	92	673,295	4	859,240	5	18,467,532
Utah	10,059,708	88	941,092	8	487,652	4	11,488,452
Vermont	4,332,636	82	741,493	14	185,553	4	5,259,682
Virginia	39,859,035	100	0	0	0	0	39,859,035
Washington	44,325,677	92	976,673	2	2,951,484	6	48,253,834
West Virginia	7,532,320	99	0	0	46,743	1	7,577,063
Wisconsin	2,934,552	75	962,771	25	0	0	3,897,323
Wyoming	5,854,362	86	378,773	6	537,167	8	6,770,302

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*States spending 0 percent of State funds on prevention services are indicated in bold.

**Other activities include HIV early intervention, TB services, and administrative costs.

Prevention Services

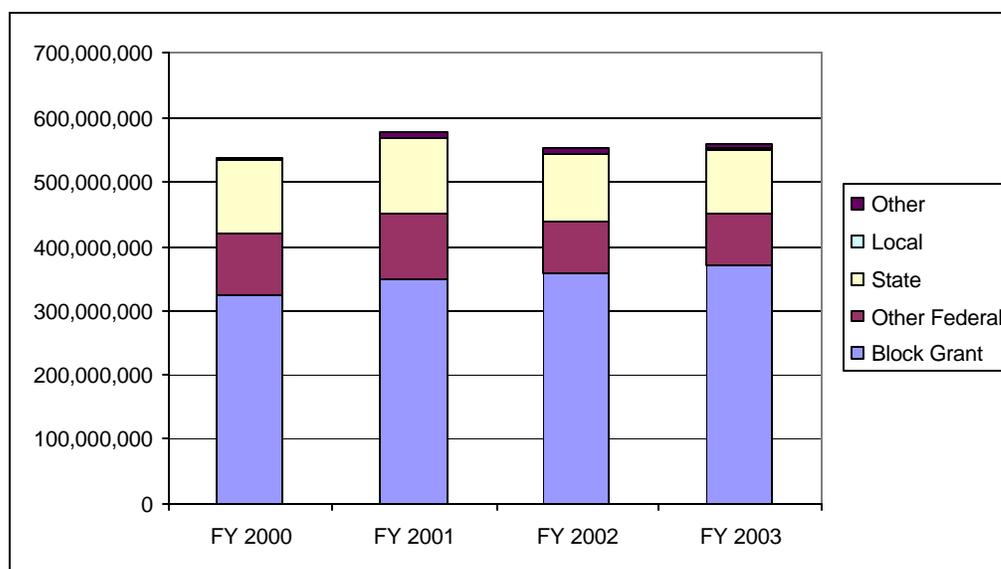
The SSA is the agency responsible for administering substance abuse prevention programs across any given State. Most States incorporate a risk- and protective-factor-focused theoretical framework. States increasingly use the Strategic Prevention Framework (SPF) tool to strengthen prevention systems. Many States also use the Institute of Medicine classification system to select and implement strategies and ensure that they address “universal,” “selective,” and “indicated” populations.

Prevention Funding and Expenditures

SSA expenditures on prevention activities remained fairly stable from FY 2000 through FY 2003 and increased slightly over time from \$538 million in FY 2000 to \$560 million in FY 2003 (figure 5). The majority of prevention expenditures derived from the Block Grant, which accounted for 60 to 67 percent of total prevention expenditures during this time period (increasing from \$324 million in FY 2000 to \$372 million in FY 2003). Expenditures from State funds accounted for 18 to 21 percent of total prevention expenditures, and other Federal funds accounted for 14 to 18 percent.

Some States were awarded a PRNS grant through CSAP, including the SPF SIG. Expenditures from these sources are generally reported by States as other Federal expenditures.

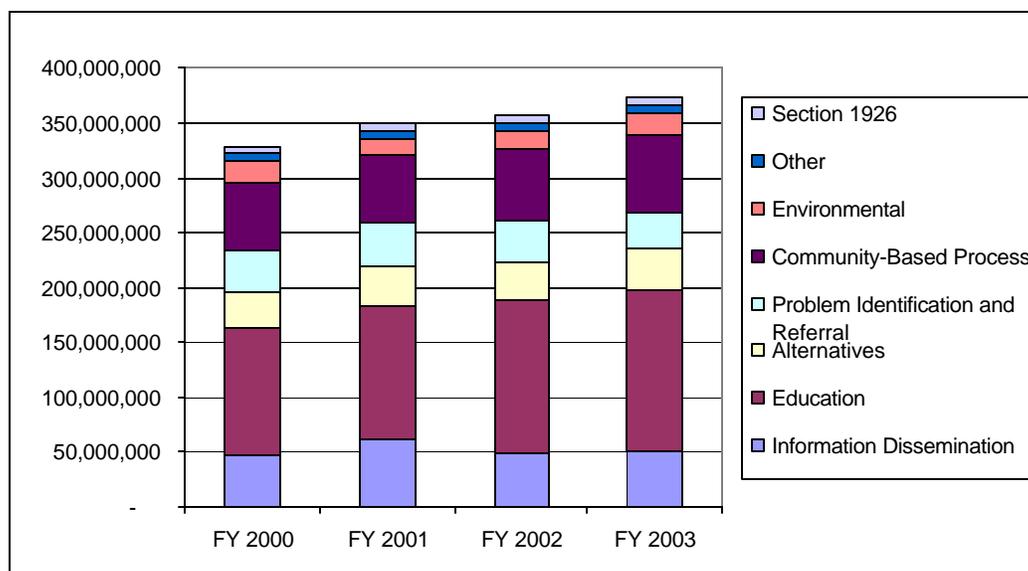
Figure 5. National Expenditures for Prevention Services by Funding Source, FYs 2000–2003 (n=51)



For seven SSAs, all (100 percent) of their prevention expenditures came from the Block Grant. These States included Alabama, Arkansas, Louisiana, Massachusetts, Mississippi, Virginia, and West Virginia.

Core Strategies

Nationally, Block Grant expenditures for CSAP prevention core strategies rose steadily from \$328 million in FY 2000 to \$372 million in FY 2003 (figure 6). The distribution of expenditures remained relatively stable during this period. Expenditures on education activities consistently accounted for 35 to 40 percent of total expenditures during this period, and community-based processes accounted for 17 to 19 percent of expenditures.

Figure 6. National Expenditures of Block Grant Funds by Core Strategy, FYs 2000–2003 (n=51)

Treatment and Rehabilitation Services

Most States use a regional configuration to provide substance abuse treatment services, but the treatment service delivery method varies widely across States. Some States administer services themselves, contract with regional or local entities to provide services, or contract with other entities to plan for, manage, and implement services. Many States have both publicly and privately funded treatment programs, and others contract out all or most of their treatment services. Generally, State-funded services are available to individuals who have low incomes, are indigent, or cannot afford treatment for alcohol or drug addiction. All States are required to provide a continuum of care that includes outreach, early identification and intervention, assessment, placement, and movement within appropriate levels of treatment, as well as continuing care and support services during the recovery phase.

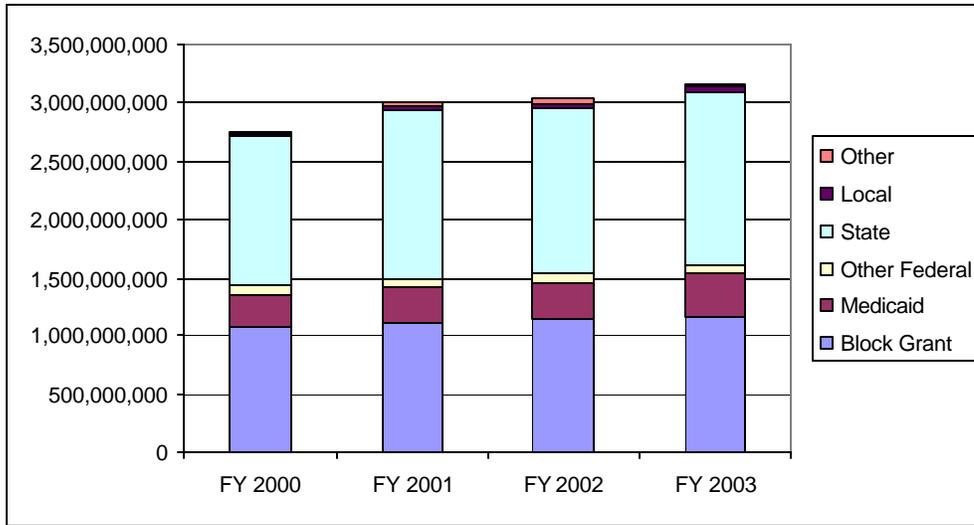
Treatment Funding and Expenditures

Nationally, expenditures on treatment and rehabilitation activities increased from \$2.7 billion in FY 2000 to \$3.2 billion in FY 2003⁴ (figure 7). The proportion of expenditures from the different funding sources remained stable during this time. State funds consistently accounted for 46 to 48 percent of total expenditures on treatment (ranging from \$1.3 billion in FY 2000 to \$1.5 billion in FY 2003). Block Grant funds accounted for 37 to 39 percent of total expenditures on treatment services, and Medicaid accounted for 10 to 12 percent of expenditures.

Some States were awarded a PRNS grant through CSAT, including ATR and SBIRT. Expenditures from these sources are generally reported by States as other Federal expenditures.

⁴ The Inventory does not include expenditure or financial information from private third-party payers such as commercial health insurers.

Figure 7. National Expenditures for Treatment Services by Funding Source, FYs 2000–2003 (n=51)

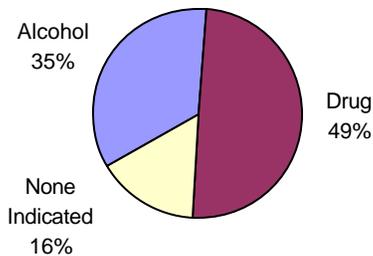


Admissions

Treatment programs in 48 responding States totaled more than 2 million admissions in 2002. Half of the persons admitted for treatment and rehabilitation services had a primary diagnosis of drug problems, and more than one-third had a primary diagnosis of an alcohol problem (figure 8).

Nationally, the largest number of admissions, by far, was for outpatient (non-methadone) treatment services which accounted for 66 percent of total admissions, followed by detoxification admissions (at 18 percent)(figure 9).

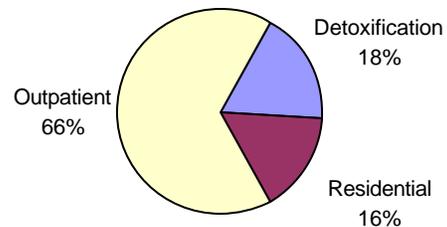
Figure 8. Percentage of Admissions by Primary Diagnosis, FY 2002



n=2.1 million admissions

SOURCE: FY 2005 SAPT Block Grant Application, Form 7a; reported data from State FY 2002

Figure 9. Percentage of Clients by Type of Treatment, FY 2002

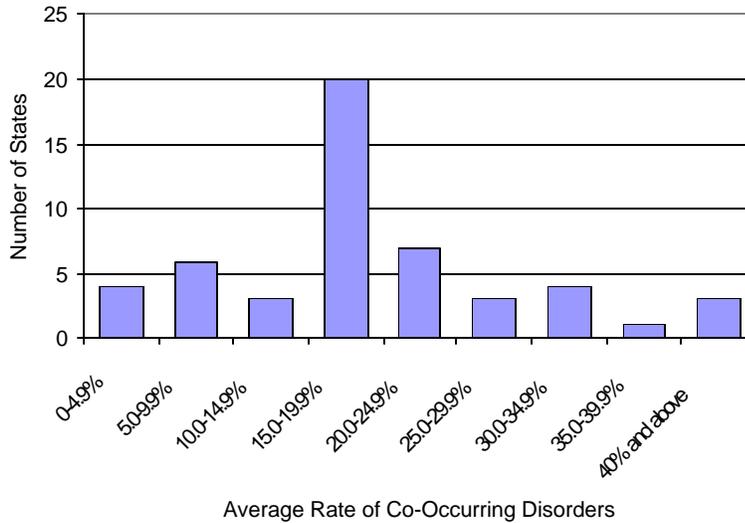


n=2.1 million admissions

SOURCE: FY 2005 SAPT Block Grant Application, Form 7a; reported data from State FY 2002

The treatment clients in one-quarter of the States had average rates of co-occurring disorders between 15 and 20 percent, and nearly one-fifth of States had average rates of co-occurring disorders between 20 and 25 percent (figure 10).

Figure 10. Number of States by Rate of Co-Occurring Disorders Among Treatment Clients, FY 2002

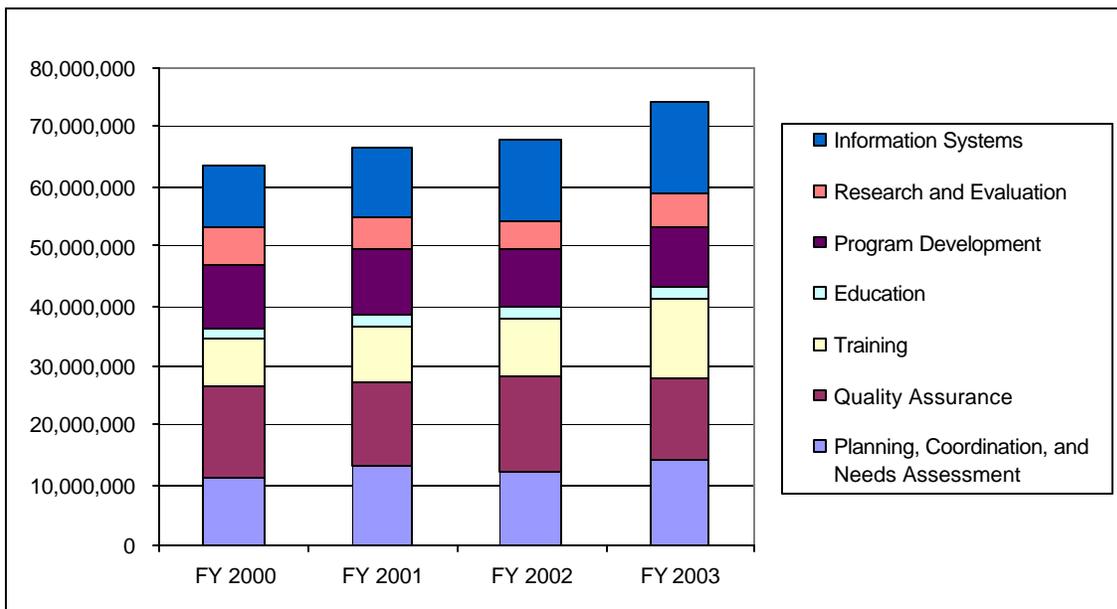


SOURCE: Treatment Episode Data Set (TEDS), 2002

Resource Development Activities

Nationally, SSA expenditures for resource development activities from the SAPT Block Grant increased from \$64 to \$74 million between FYs 2000 and 2003 (figure 11). Expenditures were in various areas: planning, coordinating, and needs assessment; training; information technology; and quality assurance.

Figure 11. National Expenditures of Block Grant Funds by Resource Development Activity, FYs 2000–2003 (n=51)



Discretionary Awards

In addition to dispersing Block Grant funds to States and territories, SAMHSA supports substance abuse prevention and treatment efforts through a broad range of the competitive discretionary grants awards. Several of the grants awarded through CSAP or CSAT support the National Drug Control Strategy and are designated PRNS. These programs include the SPF SIG, ATR, and SBIRT.

Center for Substance Abuse Prevention

In FY 2004, CSAP dispersed monies through 23 discretionary grants programs. Overall, CSAP awarded 994 awards totaling \$193 million to the 50 States and the District of Columbia. These programs addressed prevention areas, such as the following: enhancing an agency's infrastructure to deliver prevention services; focusing on specific drugs such as methamphetamine and ecstasy; providing trainings, conferences, and resource-related grants; and combining substance abuse and HIV prevention.

Center for Substance Abuse Treatment

In FY 2004, CSAT dispersed monies through 30 discretionary grants programs. Overall, CSAT awarded 564 awards totaling nearly \$344 million to the 50 States and the District of Columbia. These programs addressed treatment areas, including the following: enhancing an agency's capacity to deliver treatment services; providing treatment to specific populations such as homeless persons, pregnant/post-partum women, or persons with co-occurring disorders; and enhancing data systems and other infrastructure to improve delivery of treatment services. ATR, a CSAT grant program, is a presidential initiative to increase capacity and provide client choice.

Section I: Introduction

This document describes how States spend the funds allocated to them by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Block Grant Program for substance abuse prevention and treatment services and how States allocate their own funding for these services. Policy officials can use the information in this document to assist in the review of the effectiveness of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Reviewing expenditures data can contribute to the development of policy formulation for future expenditures.

While recognizing the significant time lag associated with some of the data in this document—the actual expenditures that States report in their Block Grant application cover a period of time that occurred 3 years prior to the submission year—there remains utility in analyzing this information. It provides a wealth of details on how the States implement and fund prevention and treatment programs. For example, substance abuse prevention efforts vary widely by State. Medicaid funding is being used for treatment services by 27 States. Some States are not contributing their own funds to prevention efforts.

One policy issue of concern is how best to get States to spend formula grant money effectively and to replicate their own best efforts. In addition, policymakers are interested in information from the States that conduct evaluations and analyze outcomes. Policy officials are concerned with identifying and promoting effective programs. For example, SAMHSA's National Outcomes Measures (NOMS) initiative is beginning to provide outcome data on prevention and treatment programs funded by the Block Grant.

It is hoped that policy officials at the State and Federal level will find this document useful as they examine and review programs and make future funding decisions.

ONDCP and the National Drug Control Strategy

Congress has long recognized that substance abuse is a problem with profound consequences for individuals and families and the long-term well-being and stability of the Nation. In 1988, with the passage of the Anti-Drug Abuse Act, Congress established the White House Office of National Drug Control Policy (ONDCP).⁵ The principal purpose of ONDCP is to coordinate the anti-drug efforts of the various agencies and departments of the Federal government, to consult with States and localities and assist their anti-drug efforts, and to formulate and promote the National Drug Control Strategy.

As part of his first National Drug Control Strategy in 2002, President Bush established 2- and 5-year goals to reduce drug use among both youth and adults by 10 percent in 2 years and by 25 percent in 5 years. Data for youth use show that efforts are succeeding and that the Nation is on track to achieve the 5-year goal this year.

The 2006 National Drug Control Strategy⁶ retains these specific goals and focuses on three priorities for achieving them—stopping illegal drug use before it starts, treating America's drug users, and disrupting the market supply of illegal drugs. This balance of prevention, drug treatment, and supply reduction highlights the multiple avenues of effort needed to achieve the single goal of reducing drug use.

⁵ ONDCP Food and Drugs 21 CFR Section 1401.2 (2006)

⁶ Office of National Drug Control Policy, The White House, February 2006. *The President's National Drug Control Strategy*.

Substance Abuse Prevention and Treatment

Single State Agencies (SSAs) have the major responsibility for overseeing the delivery of substance abuse prevention and treatment services using an array of funding sources. The federally funded Substance Abuse Prevention and Treatment (SAPT) Block Grant program allocates funds on a formula basis for the prevention and treatment of alcohol, tobacco, and other drug abuse. This mechanism allows SSAs to use SAPT Block Grant resources on the basis of local need while holding States responsible for addressing clear requirements. The SAPT Block Grant program has been the foundation for building the States' capacity to plan for, develop, and support the policies and services necessary to address community needs.

States apply for SAPT Block Grant funds each year. They provide a comprehensive plan for meeting specific grant program requirements, and they report on expenditures and activities undertaken in previous years. Grant program requirements include expending at least 20 percent of grant funds on primary prevention activities, expending at least 5 percent on substance abuse treatment services for pregnant women and women with dependent children, and providing substance abuse treatment services for injection drug users.

In addition to SAPT, funds from Medicaid, State and local sources, and discretionary awards from the Substance Abuse and Mental Health Services Administration (SAMHSA) generally flow through SSAs as part of the overall SSA budget.

Documenting Anti-drug Efforts

A key ONDCP responsibility is to document how Federal and other funding resources are used to prevent and treat substance abuse. The Administration has also set a high priority on performance results. Program information and key indicators of performance are increasingly assessed to understand how SSAs expend Federal, State, and other resources to reduce substance abuse. Programs and efforts that do not reduce substance abuse may be restructured or eliminated to ensure that taxpayer money is used wisely.

This 2006 *Inventory of State Substance Abuse Prevention and Treatment Activities and Expenditures* provides a succinct, State-by-State overview of SAPT Block Grant and other funding and activities. It updates ONDCP's initial 1999 *Inventory of State Prevention Activities Funded Under the 20 Percent Block Grant Prevention Set-Aside* prepared by the National Association of State Alcohol and Drug Abuse Directors by providing current substance abuse prevention expenditure and activity information reported in SAPT Block Grant applications for fiscal years 2003–2006. It also expands the scope of the previous Inventory by incorporating information for treatment services, clients, activities, and expenditures, as well as SAMHSA demonstration and discretionary grant funding.

The substance abuse expenditure data are supplemented with descriptions of State strategies, services, and performance information. For each State profile, the Inventory includes:

- An overview of the structure and function of the State agency responsible for delivering substance abuse prevention and treatment services
- A brief overview of substance abuse prevention and treatment services in the State
- Expenditures on treatment and prevention activities from various funding sources, including the SAPT Block Grant, Other Federal, State funds, Medicaid, and other sources⁷
- SAPT Block Grant Expenditures on CSAP six core prevention strategies and on resource development activities for prevention and treatment

⁷ This Inventory does not include expenditure or financial information from private third-party payers such as commercial health insurers.

- Treatment statistics by admission, type of program, and need for service
- A brief description of resource and infrastructure development activities, including planning and needs assessment, evaluation, and training

Preceding the State profiles is a section on Aggregate Findings which outlines trends in State substance abuse prevention and treatment expenditures funded by the SAPT Block Grant and other funding sources; a snapshot of prevention and treatment services and activities; resource development strategies; and treatment client information. The Aggregate Findings section provides policymakers and other interested parties with a concise perspective on the national substance abuse prevention and treatment system and offers a picture of the substantial resources being committed across the Nation to reduce the level of substance abuse. This section also highlights the array of substance abuse prevention and treatment strategies and services in place. By looking across communities, we can better assess the existing structural, program, and funding strengths and the remaining needs.

The 2006 *State Substance Abuse Prevention and Treatment Block Grant Inventory* is designed to share information about our national substance abuse prevention and treatment system and to be a reference guide for Federal and State officials, service providers, and members of the public with an interest in the resources and services offered. Hopefully, the information contained in this Inventory will benefit those who plan for and build the system and, ultimately, those it must effectively serve.

Section II: Aggregate Findings

Structure and Function

Typically, the Single State Agency (SSA) is designated to receive and administer the Substance Abuse Prevention and Treatment (SAPT) Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Most SSAs are located in departments of health and/or human services, but some SSAs are located in departments of mental health or are independent State agencies. Some SSAs work closely with the Governor's office and other State agencies, whereas others work more independently.

Most SSAs do not deliver treatment and prevention services directly. Rather, SSAs usually deliver their services through a substate delivery system at a regional, county, and/or local level. Substate entities include geographically determined planning districts, regional community substance abuse/mental health centers, public/private planning and action councils, county government, regional State authorities, private nonprofit or for-profit organizations, community-based agencies or coalitions, colleges and universities, and tribal entities.

Pennsylvania oversees a system of 49 single county authorities (SCAs) to provide publicly funded prevention and treatment services. SCAs are responsible for program planning and service provision throughout Pennsylvania's 67 counties and often contract with local programs to deliver services.

South Carolina contracts with 33 county alcohol and drug abuse authorities to provide direct services to citizens in all 46 counties. It also partners with public, private, and social sector organizations to provide quality ATOD services.

The substate entities receiving funding from the SSAs maintain an important role in planning, implementing, and evaluating substance abuse prevention and treatment programs. States either contract exclusively with regional or local entities or contract with a combination of State, regional, and local entities. Although SSAs do not generally provide direct services, they do provide training and technical assistance to their substate providers to plan for, deliver, and monitor the alcohol, tobacco and other drug (ATOD) services.

Additional information regarding the structure and function of SSAs can be found in the prevention, treatment, and resource development sections of this report.

SSAs have multiple funding streams, including the SAPT Block Grant, SAMHSA discretionary grants, other Federal monies, State funds, private foundations, and other sources. The next section summarizes SSA funding sources and distribution of funds by activity.

Indiana has local coordinating councils in each of its 92 counties that are responsible for planning ATOD prevention, treatment, and law enforcement-related services.

Single State Agency Funding Overview

Nationally, SSA expenditures increased steadily from FYs 2000 to 2003 from \$3.5 to \$4.0 billion, and the proportion of expenditures from the different funding sources remained stable¹ (figures 2.1–2.3, table 2.1). The expenditures from the Block Grant and from State funds were roughly equal, with the Block Grant contributing between 41 and 43 percent of total expenditures (and increasing from \$1.5 billion in FY 2000 to \$1.6 billion in FY 2003) and State funds consistently contributing 42 to 44 percent of expenditures (increasing from \$1.5 to \$1.7 billion during the same period).

Figure 2.1. Expenditures by Funding Source, FY 2000

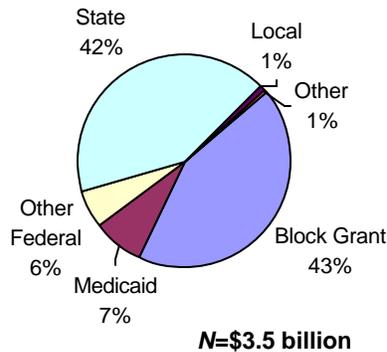


Figure 2.2. Expenditures by Funding Source, FY 2003

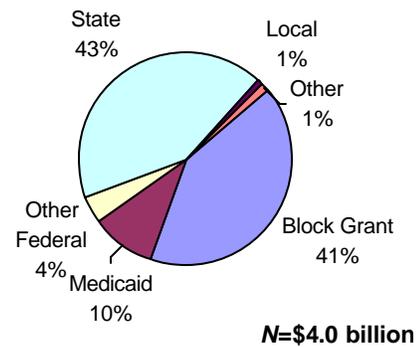
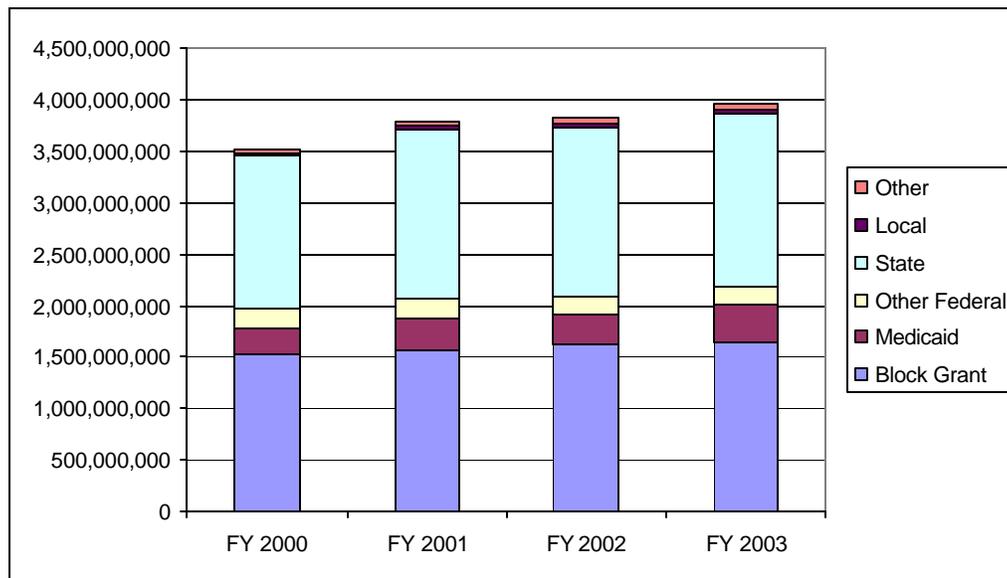


Figure 2.3. National Expenditures for All Single State Agencies by Funding Source, FYs 2000–2003 (n=51)



¹ The Inventory does not include expenditure or financial information from private third-party payers such as commercial health insurers.

Table 2.1. Sum of Expenditures for All Single State Agencies by Funding Source, FYs 2000–2003

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Block Grant	1,513,832,485	43	1,554,930,564	41	1,608,109,297	42	1,638,665,605	41
Medicaid	262,845,138	7	306,791,483	8	322,400,472	8	387,624,547	10
Other Federal	199,884,140	6	206,855,944	5	170,311,286	4	164,681,453	4
State	1,484,216,227	42	1,651,132,311	44	1,630,772,174	43	1,679,088,556	43
Local	27,896,629	1	35,990,172	1	40,185,629	1	40,632,387	1
Other	22,229,354	1	38,765,827	1	49,079,776	1	43,081,669	1
TOTAL*	3,510,903,973	100	3,794,466,301	100	3,820,858,634	100	3,953,774,217	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

NOTE: Not all FY 2006 Block Grant applications were approved by SAMHSA at time of publication.

* Totals may not equal 100 percent due to rounding.

While the cumulative snapshot of States show a roughly even split between expenditures of Block Grant and State funds, individual States varied greatly in the proportion of expenditures by funding source (table 2.2). For example, in FY 2003, 19 States reported that most (50 percent or more) of their total expenditures derived from the SAPT Block Grant, and 13 States reported that most (50 percent or more) derived from State funds:

- States indicating that the vast majority (75 percent or more) of their expenditures came from Block Grant funds included Wisconsin (for which Block Grant funds accounted for 87 percent of total expenditures), Texas (86 percent), Alabama (77 percent), and Mississippi (75 percent). States spending the smallest proportion of Block Grant funds, when compared with other States, included Wyoming and Alaska (at 13 percent each), and the District of Columbia (18 percent).
- States indicating that the majority of their expenditures derived from State funds included New York, the District of Columbia, and Alaska (for which State funds accounted for 69 percent of total expenditures), and Connecticut (65 percent). States spending the smallest proportions of State funds included Texas (12 percent), Wisconsin (13 percent), and Alabama (15 percent).
- One-half of the States reported spending Medicaid funds on substance abuse treatment in their Block Grant application and half did not. For those that did not report Medicaid expenditures, it is possible that their Medicaid funds flowed through a different State agency, other than the SSA. For the 25 States reporting Medicaid expenditures along with their Block Grant and other funds, the States spending the highest proportions of Medicaid funds, when compared with other States, included Vermont (for which Medicaid accounted for 41 percent of total expenditures), Oregon (37 percent), Arizona (36 percent), and Kansas (32 percent). Those reporting the smallest proportions included Oklahoma (less than 1 percent), and Alaska, Colorado, and Maryland (at 1 percent each).
- Several of the States had a substantial proportion of funds coming from other sources, including other Federal, local, and other sources. States with the higher proportion of funds coming from other sources included Wyoming (56 percent, of which 38 percent were from tobacco settlement monies and 18 percent were from other Federal sources), South Carolina (20 percent from other Federal and other sources), Maine (19 percent from other Federal sources), and Minnesota (18 percent from local and other sources).

Table 2.2. Single State Agency Expenditures From All Funding Sources, FY 2003

State	Block Grant		Medicaid		State		All Other*		Total
	\$	%	\$	%	\$	%	\$	%	\$
Alabama	23,970,196	77	2,548,051	8	4,726,255	15	0	0	31,244,502
Alaska	4,492,456	13	181,547	1	23,476,081	69	5,816,294	17	33,966,378
Arizona	30,548,743	39	28,092,326	36	14,750,878	19	5,473,374	7	78,865,321
Arkansas	12,169,977	63	0	0	5,561,349	29	1,538,451	8	19,269,777
California	250,772,440	44	115,743,764	21	191,858,917	34	5,419,284	1	563,794,405
Colorado	23,366,008	66	341,854	1	11,039,209	31	565,836	2	35,312,907
Connecticut	16,879,723	21	0	0	52,773,004	65	12,074,646	15	81,727,373
Delaware	6,577,245	34	0	0	12,163,775	63	458,511	2	19,199,531
Dist. of Columbia	6,266,666	18	0	0	24,177,215	69	4,446,944	13	34,890,825
Florida	95,064,189	50	7,490,671	4	68,182,836	36	19,826,826	10	190,564,522
Georgia	47,462,679	49	0	0	46,378,871	48	2,407,940	3	96,249,490
Hawaii	7,083,900	39	0	0	9,045,643	49	2,252,096	12	18,381,639
Idaho	6,787,163	62	0	0	3,819,401	35	379,476	3	10,986,040
Illinois	67,994,327	28	45,445,971	19	121,083,194	50	6,914,612	3	241,438,104
Indiana	33,446,723	73	0	0	10,594,118	23	1,682,810	4	45,723,651
Iowa	12,915,707	28	12,459,958	27	15,552,074	34	4,783,870	10	45,711,609
Kansas	12,343,401	39	10,265,226	32	7,742,315	24	1,417,371	4	31,768,313
Kentucky	20,752,134	57	0	0	13,991,159	38	1,717,358	5	36,460,651
Louisiana	25,959,665	45	0	0	22,605,911	39	9,176,686	16	57,742,262
Maine	6,462,370	21	7,535,560	24	10,857,890	35	5,959,290	19	30,815,110
Maryland	32,114,739	29	1,509,383	1	65,241,515	59	12,206,447	11	111,072,084
Massachusetts	34,174,108	41	0	0	45,637,409	55	3,047,432	4	82,858,949
Michigan	58,143,061	51	28,144,755	25	21,923,111	19	5,131,953	5	113,342,880
Minnesota	21,783,707	22	2,014,998	2	58,088,886	58	17,582,485	18	99,470,076
Mississippi	14,139,924	75	0	0	4,184,548	22	499,409	3	18,823,881
Missouri	26,268,669	33	22,346,941	28	28,046,792	35	3,815,059	5	80,477,461
Montana	6,577,245	48	1,200,971	9	3,830,948	28	1,962,639	14	13,571,803
Nebraska	7,926,182	38	2,109,870	10	10,314,101	49	779,312	4	21,129,465
Nevada	12,860,149	68	0	0	3,651,093	19	2,424,466	13	18,935,708
New Hampshire	6,577,245	50	0	0	6,038,503	46	440,972	3	13,056,720
New Jersey	47,139,236	44	0	0	56,553,000	53	2,602,085	2	106,294,321
New Mexico	8,614,912	25	0	0	22,243,367	63	4,226,704	12	35,084,983
New York	115,999,936	25	0	0	318,739,459	69	29,545,085	6	464,284,480
North Carolina	38,135,024	41	0	0	50,884,907	55	4,126,931	4	93,146,862
North Dakota	4,984,093	30	3,133,330	19	6,721,455	40	1,931,534	12	16,770,412
Ohio	66,942,269	40	34,174,236	20	58,286,164	35	7,355,204	4	166,757,873
Oklahoma	17,788,840	40	189,727	0	22,564,922	51	3,402,519	8	43,946,008
Oregon	16,098,172	35	17,236,406	37	11,360,557	24	1,676,494	4	46,371,629
Pennsylvania	59,336,807	52	0	0	41,976,000	37	12,759,980	11	114,072,787
Rhode Island	6,577,245	24	5,099,558	18	12,451,874	45	3,636,268	13	27,764,945
South Carolina	20,661,633	57	875,635	2	7,128,044	20	7,337,061	20	36,002,373
South Dakota	4,608,895	48	0	0	3,302,009	35	1,645,246	17	9,556,150
Tennessee	29,391,224	70	0	0	7,966,574	19	4,615,891	11	41,973,689
Texas	133,322,329	86	0	0	18,467,532	12	3,358,783	2	155,148,644
Utah	16,914,130	53	0	0	11,488,452	36	3,320,604	10	31,723,186
Vermont	4,927,888	27	7,368,676	41	5,259,682	29	440,872	2	17,997,118
Virginia	42,526,592	52	0	0	39,859,035	48	0	0	82,385,627
Washington	35,125,673	30	31,346,544	27	48,253,834	41	2,437,558	2	117,163,609
West Virginia	8,564,801	53	0	0	7,577,063	47	0	0	16,141,864
Wisconsin	25,877,350	87	0	0	3,897,323	13	0	0	29,774,673
Wyoming	3,193,795	13	678,589	3	6,770,302	28	13,595,841	56	24,238,527

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*Other funding sources include other Federal, local, and other sources such as private foundations and the tobacco Master Settlement Agreement.

Expenditures and Activities from All Funding Sources

Nationally, the majority of SSA expenditures went toward treatment and rehabilitation services, accounting for 79 to 80 percent of total expenditures between FYs 2000 and 2003 (figures 2.4–2.6, table 2.3). Prevention services consistently accounted for 14 to 15 percent of expenditures during this time period, and administrative costs and HIV early intervention received 4 percent and 2 percent, respectively.

Figure 2.4. Expenditures by Activity, FY 2000

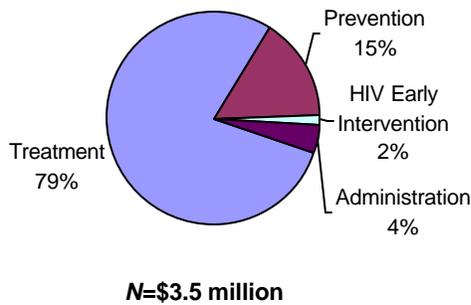


Figure 2.5. Expenditures by Activity, FY 2003

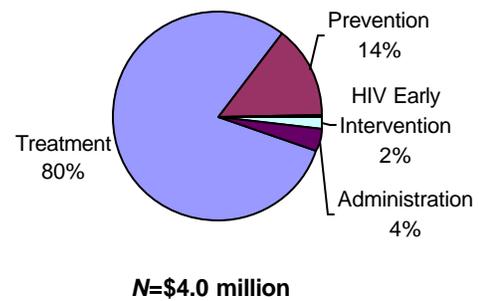


Figure 2.6. National Expenditures From All Funding Sources by Activity, FYs 2000–2003 (n=51)

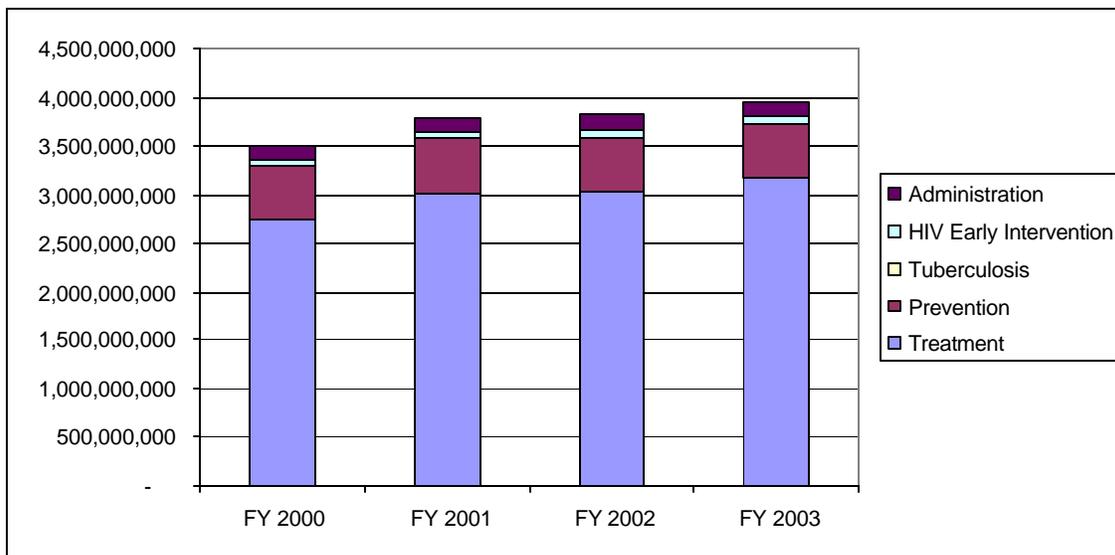


Table 2.3. Sum of Expenditures (in billions of dollars) for All Single State Agencies by Activity, FYs 2000–2003 (n=51)

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment	2,753,404,373	79	3,003,554,843	79	3,034,892,821	79	3,168,430,731	80
Prevention	538,163,654	15	575,751,775	15	552,362,815	14	559,967,101	14
Tuberculosis	2,405,072	0	2,601,125	0	2,375,284	0	2,385,672	0
HIV Early Intervention	64,332,629	2	64,588,100	2	68,807,191	2	68,089,871	2
Administration	152,598,245	4	147,970,458	4	162,420,523	4	154,900,842	4
TOTAL*	3,510,903,973	100	3,794,466,301	100	3,820,858,634	100	3,953,774,217	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

All States, with the exception of Alaska, spent most of their funding on treatment and rehabilitation services² in FY 2003 (range 39 to 93 percent)(table 2.4). While all States met the 20 percent set-aside requirement by spending 20 percent or more of Block Grant funds for primary prevention activities³, prevention expenditures from *all funding sources* (including State, other Federal, and other sources) comprised a substantially smaller proportion. In fact, most States spent less than 20 percent of their funds from all sources on prevention services (range 5 to 29 percent) and less than 10 percent on other services or activities (range 0 to 33 percent). Specifically:

- States spending the highest proportion of funds *from all sources* on prevention services, when compared with other States, included Wyoming (29 percent), Alaska (28 percent), and Maine and Rhode Island (at 27 percent each). States spending the lowest proportions of funds from all sources on prevention services included Minnesota (5 percent), Maryland (7 percent), and Arizona (8 percent).
- States spending the highest proportion of funds from all sources on treatment and rehabilitation services included Minnesota (93 percent), Arizona (89 percent), North Dakota (88 percent), and Vermont (88 percent). States spending the lowest proportion on treatment services included Alaska (33 percent), Wyoming (63 percent), and New Mexico (63 percent).
- Most States spent less than 10 percent on other activities, and only 4 States indicated spending more than 10 percent on other activities. These States included Alaska (which spent 33 percent on administrative activities), Pennsylvania (which spent 14 percent on administration and 3 percent on HIV early intervention), New Mexico (which spent 15 percent on administration), and Hawaii (which spent approximately 7 percent on administration and 3 percent on HIV early intervention).

² On the FY 2006 SAPT Block Grant application, Form 4, Alaska indicated spending 39 percent of funds on treatment services, 33 percent on administrative activities, and 28 percent on prevention services in FY 2003.

³ DHHS Block Grant 45 CFR Section 96.124 (2005)

Table 2.4 Single State Agency Expenditures From All Funding Sources by Activity, FY 2003

State	Treatment and Rehabilitation		Prevention		Other*		Total
	\$	%	\$	%	\$	%	\$
Alabama	24,129,432	77	4,930,210	16	2,094,860	7	31,154,502
Alaska	13,157,654	39	9,510,064	28	11,298,660	33	33,966,378
Arizona	70,096,302	89	6,261,531	8	2,507,488	3	78,865,321
Arkansas	15,280,827	79	2,406,920	12	1,582,030	8	19,269,777
California	481,632,747	85	61,791,700	11	20,369,958	4	563,794,405
Colorado	28,963,031	82	6,181,247	18	168,629	0	35,312,907
Connecticut	65,261,577	80	15,154,964	19	1,310,832	2	81,727,373
Delaware	14,530,937	76	4,075,557	21	593,037	3	19,199,531
District of Columbia	28,268,893	81	4,681,009	13	1,940,923	6	34,890,825
Florida	153,859,450	81	27,493,129	14	9,211,943	5	190,564,522
Georgia	79,868,994	83	13,244,426	14	3,136,070	3	96,249,490
Hawaii	12,301,075	67	4,117,265	22	1,963,299	11	18,381,639
Idaho	8,357,348	76	2,413,305	22	215,387	2	10,986,040
Illinois	208,006,565	86	21,734,501	9	11,697,038	5	241,438,104
Indiana	34,210,952	75	8,667,531	19	2,845,168	6	45,723,651
Iowa	37,161,700	81	6,948,442	15	1,601,487	4	45,711,629
Kansas	27,020,852	85	3,732,685	12	1,014,776	3	31,768,313
Kentucky	26,168,067	72	8,967,526	25	1,325,058	4	36,460,651
Louisiana	49,954,362	87	5,191,933	9	2,595,967	4	57,742,262
Maine	20,344,891	66	8,323,201	27	2,147,018	7	30,815,110
Maryland	96,230,477	87	7,885,787	7	6,955,820	6	111,072,084
Massachusetts	72,270,519	87	7,825,701	9	2,762,729	3	82,858,949
Michigan	85,880,552	76	17,953,763	16	9,508,565	8	113,342,880
Minnesota	92,788,214	93	5,465,144	5	1,216,718	1	99,470,076
Mississippi	14,359,497	76	2,827,985	15	1,636,399	9	18,823,881
Missouri	67,434,569	84	8,311,621	10	4,731,271	6	80,477,461
Montana	10,913,500	80	1,980,822	15	677,481	5	13,571,803
Nebraska	18,050,881	85	2,576,895	12	501,689	2	21,129,465
Nevada	12,730,406	67	4,918,396	26	1,286,906	7	18,935,708
New Hampshire	9,145,582	70	2,729,283	21	1,181,855	9	13,056,720
New Jersey	90,709,111	85	11,332,318	11	4,253,165	4	106,294,594
New Mexico	22,203,382	63	7,588,143	22	5,293,458	15	35,084,983
New York	357,775,191	77	74,922,798	16	31,586,491	7	464,284,480
North Carolina	75,522,116	81	9,947,685	11	7,731,061	8	93,200,862
North Dakota	14,874,104	88	2,044,914	12	31,394	0	16,950,412
Ohio	130,209,265	78	24,806,999	15	11,741,609	7	166,757,873
Oklahoma	35,627,533	81	5,510,949	13	2,807,526	6	43,946,008
Oregon	40,399,863	87	5,166,858	11	804,908	2	46,371,629
Pennsylvania	73,283,402	64	21,223,136	19	19,566,249	17	114,072,787
Rhode Island	18,261,896	66	7,403,938	27	2,099,111	8	27,764,945
South Carolina	26,948,891	75	7,953,854	22	1,099,628	3	36,002,373
South Dakota	7,554,638	79	1,495,705	16	505,807	5	9,556,150
Tennessee	29,062,010	69	9,228,890	22	3,682,789	9	41,973,689
Texas	105,369,967	68	38,564,386	25	11,214,291	7	155,148,644
Utah	22,749,973	72	7,955,561	25	1,017,652	3	31,723,186
Vermont	15,830,540	88	1,727,071	10	439,507	2	17,997,118
Virginia	69,711,951	85	8,511,634	10	4,162,042	5	82,385,627
Washington	102,176,682	87	10,095,235	9	4,891,692	4	117,163,609
West Virginia	14,000,418	87	1,784,561	11	358,885	2	16,143,864
Wisconsin	22,430,769	75	7,244,160	24	99,744	0	29,774,673
Wyoming	15,351,449	63	6,976,763	29	1,910,315	8	24,238,527

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*Other activities include HIV early intervention, TB services, and administrative costs.

Expenditures of Block Grant and State Funds

Nationally, States spent a greater proportion of State funds on treatment services (88 percent) than they did Block Grant funds (70 percent). Conversely, States spent more Block Grant funds on prevention services (23 percent) than they did State funds (6 percent).

Expenditures of Block Grant Funds

Nationally, the majority of Block Grant expenditures went toward treatment and rehabilitation services, accounting for 70 to 71 percent of total Block Grant expenditures from FY 2000 to 2003 (figures 2.7–2.8). Block Grant expenditures for treatment services increased steadily during this time from \$1.1 billion nationwide in FY 2000 to \$1.2 billion in FY 2003 (figure 2.9, table 2.5). Expenditures on prevention services accounted for 21 to 23 percent of Block Grant expenditures and increased from from \$324 million in FY 2000 to \$372 million in FY 2003. On average, States spent between 3 and 4 percent of expenditures each on HIV early intervention services and administrative costs.

Figure 2.7. Expenditures of Block Grant Funds by Activity, FY 2000

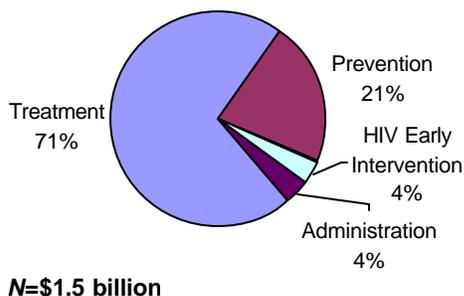


Figure 2.8. Expenditures of Block Grant Funds by Activity, FY 2003

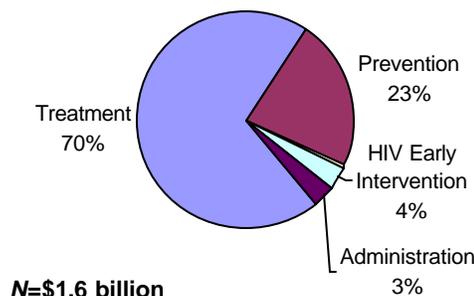


Figure 2.9. National Expenditures of Block Grant Funds by Activity, FYs 2000–2003 (n=51)

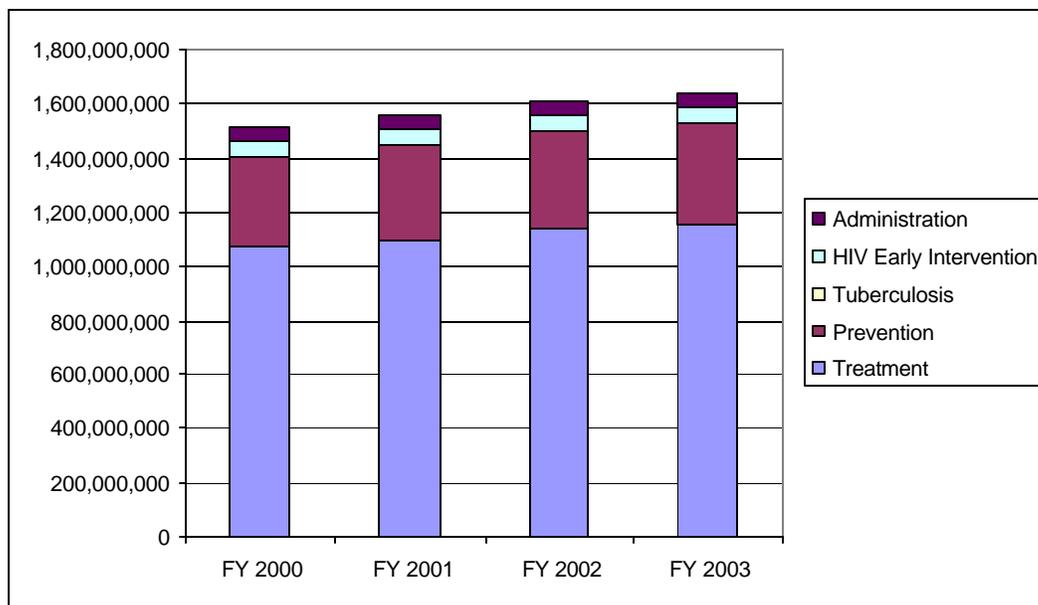


Table 2.5. Sum of Block Grant Expenditures for All Single State Agencies by Activity, FYs 2000–2003 (n=51)

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment	1,077,449,834	71	1,096,467,378	71	1,140,561,755	71	1,154,602,763	70
Prevention	324,333,222	21	351,498,950	23	357,719,619	22	371,997,015	23
Tuberculosis	1,910,753	0	1,872,945	0	1,791,262	0	1,772,419	0
HIV Early Intervention	56,500,716	4	55,529,386	4	55,956,302	3	57,636,309	4
Administration	53,637,960	4	49,561,905	3	52,080,359	3	52,657,099	3
TOTAL*	1,513,832,485	100	1,554,930,562	100	1,608,109,297	100	1,638,665,605	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV Early Intervention activities.

*Totals may not equal 100 percent due to rounding.

Examination of individual State expenditures is similar to the national average. SSAs spent an average of 70 percent of Block Grant funds on treatment and rehabilitation services (range 61 to 80 percent), 23 percent on prevention services (range 20 to 31 percent), 7 percent on other services and activities (range 0 to 14 percent) in FY 2003 (table 2.6). Specific findings include the following:

- All States met the SAPT Block Grant 20-percent set-aside requirement: all States spent 20 percent or more of Block Grant funds on primary prevention activities.
- Thirty-three States exceeded the 20-percent set-aside requirement for 2003 expenditures. States spending a greater proportion of Block Grant funds on prevention services when compared with other States included Idaho (31 percent), Hawaii (29 percent), and Kentucky, Nebraska, Connecticut, New Mexico, and Texas (27 percent each).
- Eighteen States met the 20 percent set-aside requirement, but did not exceed it.
- States spending the greatest proportions of Block Grant expenditures on treatment, when compared with other States, included North Dakota (80 percent), Colorado (78 percent), and Alaska, Arkansas, Missouri, and West Virginia (76 percent each). States spending the smallest proportions included Hawaii (61 percent), Texas (65 percent), and Tennessee, North Carolina, and Idaho (66 percent each).
- Twenty-one States spent 5 percent or more of Block Grant funds on HIV early intervention in FY 2003.

Table 2.6. Single State Agency Expenditures of Block Grant Funds by Activity, FY 2003

State	Treatment		Prevention		HIV Early Intervention*		Other**		BG Total
	\$	%	\$	%			\$	%	\$
Alabama	17,152,741	72	4,930,210	21	1,249,858	5	637,387	3	23,970,196
Alaska	3,408,015	76	899,135	20	0	0	185,306	4	4,492,456
Arizona	22,343,290	73	6,115,130	20	1,527,437	5	562,886	2	30,548,743
Arkansas	9,192,448	76	2,406,920	20	0	0	570,609	5	12,169,977
California	176,162,084	70	57,199,375	23	12,187,398	5	5,223,583	2	250,772,440
Colorado	18,280,906	78	4,916,473	21	0	0	168,629	1	23,366,008
Connecticut	11,418,255	68	4,617,482	27	843,986	5	0	0	16,879,723
Delaware	4,469,272	68	1,514,936	23	328,862	5	264,175	4	6,577,245
Dist. of Columbia	4,398,806	70	1,330,593	21	120,016	2	417,251	7	6,266,666
Florida	63,319,338	67	24,719,689	26	4,753,209	5	2,271,953	2	95,064,189
Georgia	33,490,123	71	10,836,486	23	2,484,821	5	651,249	1	47,462,679
Hawaii	4,341,242	61	2,080,096	29	360,071	5	302,491	4	7,083,900
Idaho	4,484,320	66	2,087,456	31	0	0	215,387	3	6,787,163
Illinois	47,434,191	70	13,768,851	20	3,399,717	5	3,391,568	5	67,994,327
Indiana	24,620,121	74	7,185,330	21	0	0	1,641,272	5	33,446,723
Iowa	9,543,565	74	2,726,377	21	0	0	645,785	5	12,915,707
Kansas	8,973,931	73	2,852,110	23	0	0	517,360	4	12,343,401
Kentucky	15,197,700	73	5,550,682	27	0	0	3,752	0	20,752,134
Louisiana	18,171,765	70	5,191,933	20	1,297,984	5	1,297,983	5	25,959,665
Maine	4,870,969	75	1,363,847	21	0	0	227,554	4	6,462,370
Maryland	22,480,317	70	6,422,948	20	1,605,737	5	1,605,737	5	32,114,739
Massachusetts	23,660,678	69	7,825,701	23	1,490,933	4	1,196,796	4	34,174,108
Michigan	42,021,077	72	13,249,022	23	0	0	2,872,962	5	58,143,061
Minnesota	16,324,664	75	4,610,981	21	0	0	848,062	4	21,783,707
Mississippi	9,897,947	70	2,827,985	20	706,996	5	706,996	5	14,139,924
Missouri	19,841,893	76	5,253,735	20	0	0	1,173,041	4	26,268,669
Montana	4,913,384	75	1,316,159	20	0	0	347,702	5	6,577,245
Nebraska	5,545,248	70	2,134,625	27	0	0	246,309	3	7,926,182
Nevada	8,999,740	70	2,573,503	20	643,008	5	643,898	5	12,860,149
New Hampshire	4,895,715	74	1,352,668	21	0	0	328,862	5	6,577,245
New Jersey	32,660,983	69	10,679,913	23	2,356,962	5	1,441,378	3	47,139,236
New Mexico	5,882,851	68	2,343,564	27	0	0	388,497	5	8,614,912
New York	83,470,927	72	23,845,680	21	5,800,010	5	2,883,319	2	115,999,936
North Carolina	25,017,161	66	7,954,361	21	1,960,751	5	3,256,751	9	38,135,024
North Dakota	3,970,641	80	1,013,452	20	0	0	0	0	4,984,093
Ohio	47,461,285	71	16,270,812	24	0	0	3,210,172	5	66,942,269
Oklahoma	13,341,630	75	3,557,768	20	0	0	889,442	5	17,788,840
Oregon	12,073,630	75	3,219,634	20	0	0	804,908	5	16,098,172
Pennsylvania	41,341,898	70	12,627,524	21	3,178,073	5	2,189,312	4	59,336,807
Rhode Island	4,738,905	72	1,727,982	26	0	0	110,358	2	6,577,245
South Carolina	15,429,544	75	4,136,827	20	1,033,082	5	62,180	0	20,661,633
South Dakota	3,450,509	75	927,941	20	0	0	230,445	5	4,608,895
Tennessee	19,452,248	66	6,973,848	24	1,514,511	5	1,450,617	5	29,391,224
Texas	87,289,044	65	35,844,543	27	6,666,557	5	3,522,185	3	133,322,329
Utah	12,690,265	75	3,693,865	22	0	0	530,000	3	16,914,130
Vermont	3,695,916	75	985,578	20	0	0	246,394	5	4,927,888
Virginia	29,852,916	70	8,511,634	20	2,126,330	5	2,035,712	5	42,526,592
Washington	24,587,971	70	9,118,562	26	0	0	1,419,140	4	35,125,673
West Virginia	6,468,098	76	1,784,561	21	0	0	312,142	4	8,564,801
Wisconsin	19,496,217	75	6,281,389	24	0	0	99,744	0	25,877,350
Wyoming	2,376,379	74	637,139	20	0	0	180,277	6	3,193,795

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

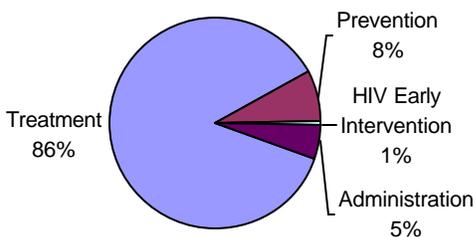
*States with a specified HIV/AIDS case rate of 10 or more per 100,000 must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

**Other activities include HIV early intervention, TB services, and administrative costs.

Expenditures of State Funds

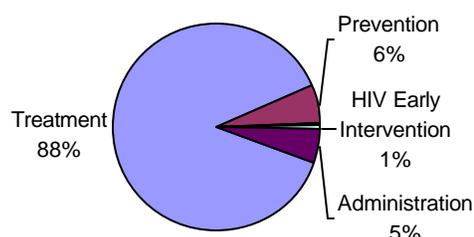
Nationally, SSA expenditures of State funds increased from \$1.5 billion in FY 2000 to \$1.7 billion in FY 2003 (figure 2.12, table 2.7). The largest proportion of expenditures consistently went toward treatment and rehabilitation activities, accounting for 86 to 88 percent of State funding, and increasing from \$1.3 billion in FY 2000 to \$1.4 billion in FY 2003 (figures 2.10–2.11). Expenditures on prevention services consistently accounted for 6 to 8 percent of total State funding during this time period, and administrative costs accounted for 5 to 6 percent of total State expenditures.

Figure 2.10. Expenditures of State Funds by Activity, FY 2000



N=\$1.5 billion

Figure 2.11. Expenditures of State Funds by Activity, FY 2003



N=\$1.7 billion

Figure 2.12. National Expenditures of State Funds by Activity, FYs 2000–2003 (n=51)

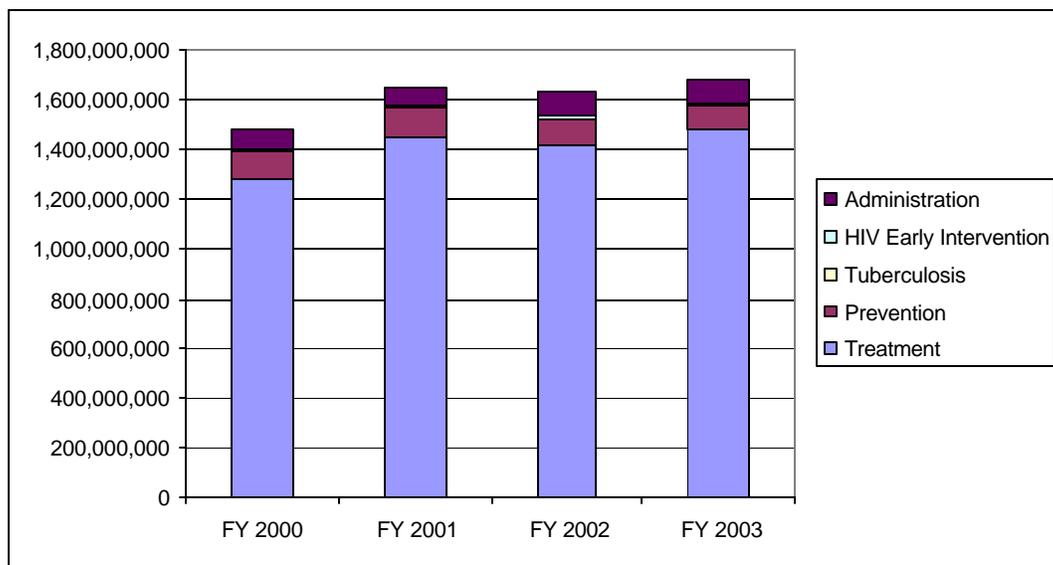


Table 2.7. Expenditures of State Funds for All Single State Agencies by Activity, FYs 2000–2003 (n=51)

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment	1,284,639,457	86	1,449,613,033	88	1,420,400,518	87	1,479,740,375	88
Prevention	112,766,350	8	115,746,768	7	103,749,822	6	98,543,763	6
Tuberculosis	453,050	0	578,437	0	532,669	0	564,241	0
HIV Early Intervention	7,449,812	1	8,657,897	1	12,632,048	1	9,913,994	1
Administration	78,907,558	5	76,536,176	5	93,457,117	6	90,326,183	5
TOTAL*	1,484,216,227	100	1,651,132,311	100	1,630,772,174	100	1,679,088,556	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Examination of individual State data shows greater variation in the distribution of expenditures from State sources than from the Block Grant. In FY 2003, SSAs spent an average of 88 percent of State funds on treatment and rehabilitation services (range 37 to 100 percent), 6 percent on prevention services (range 0 to 25 percent), and 6 percent on other services including administrative costs, HIV early intervention, and tuberculosis services (table 2.8). Specific findings include:

- Only three SSAs spent 20 percent or more of State funds on prevention services. These States included Wisconsin (25 percent), Tennessee (23 percent), and Rhode Island (20 percent). Other SSAs spending a larger proportion of State funds on prevention activities included Michigan (19 percent), Delaware, New Hampshire, and New Mexico (at 17 percent each).
- Seventeen SSAs spent 0 percent of State funds on prevention services (including three SSAs that expended so little, it accounted for 0 percent). States spending 0 percent of State funds on prevention services are indicated in bold on table 2.8.
- The majority of SSAs (43 of the 50 States and the District of Columbia) spent 75 percent or more of State funds on treatment and rehabilitation services, of which 7 SSAs spent all (100 percent) of their State funds on treatment. The seven States spending 100 percent were Georgia, Idaho, Louisiana, Massachusetts, North Dakota, South Carolina, and Virginia. Other SSAs spending a large proportion of State funds on treatment included Arizona, California, Nevada, and West Virginia (at 99 percent each). States spending the smallest proportions included Alaska (37 percent), Michigan (52 percent), and Pennsylvania and New Mexico (at 63 percent each).
- Most States spent less than 20 percent of State funds on other activities. SSAs indicating spending the greatest proportions of State funds on other activities included Alaska (which spent 47 percent on administration), Michigan (which spent 20 percent on administration and 10 percent on HIV early intervention), Pennsylvania (which spent 24 percent on administration), New Mexico (which spent 20 percent on administration), Maine (which spent 15 percent on administration and 3 percent on HIV early intervention), and Arkansas (which spent 17 percent on administration). Ten SSAs did not spend State funds on other activities.

Table 2.8. Single State Agency Expenditures of State Funds by Activity, FY 2003*

State	Treatment		Prevention		Other**		Total
	\$	%	\$	%	\$	%	\$
Alabama	4,518,640	96	0	0	207,615	4	4,726,255
Alaska	8,691,771	37	3,670,956	16	11,113,354	47	23,476,081
Arizona	14,604,477	99	146,401	1	0	0	14,750,878
Arkansas	4,641,505	83	0	0	919,844	17	5,561,349
California	189,402,376	99	274,836	0	2,181,705	1	191,858,917
Colorado	10,340,271	94	698,938	6	0	0	11,039,209
Connecticut	49,250,158	93	3,056,000	6	466,846	1	52,773,004
Delaware	10,061,665	83	2,102,110	17	0	0	12,163,775
District of Columbia	21,262,226	88	1,607,513	7	1,307,476	5	24,177,215
Florida	64,407,293	94	1,588,762	2	2,186,781	3	68,182,836
Georgia	46,378,871	100	0	0	0	0	46,378,871
Hawaii	7,959,833	88	25,000	0	1,060,810	12	9,045,643
Idaho	3,819,401	100	0	0	0	0	3,819,401
Illinois	110,833,082	92	6,234,718	5	4,015,394	3	121,083,194
Indiana	9,590,831	91	35,838	0	967,449	9	10,594,118
Iowa	14,173,390	91	945,924	6	432,760	3	15,552,074
Kansas	6,408,370	83	864,529	11	469,416	6	7,742,315
Kentucky	10,892,858	78	1,776,995	13	1,321,306	9	13,991,159
Louisiana	22,605,911	100	0	0	0	0	22,605,911
Maine	7,756,371	71	1,183,963	11	1,917,556	18	10,857,890
Maryland	60,455,542	93	1,462,839	2	3,323,134	5	65,241,515
Massachusetts	45,562,409	100	0	0	75,000	0	45,637,409
Michigan	11,334,531	52	4,115,363	19	6,473,217	30	21,923,111
Minnesota	56,866,067	98	854,163	1	368,656	1	58,088,886
Mississippi	4,088,372	98	0	0	96,176	2	4,184,548
Missouri	24,292,141	87	773,017	3	2,981,634	11	28,046,792
Montana	3,541,745	92	0	0	289,203	8	3,830,948
Nebraska	9,969,310	97	89,411	1	255,380	2	10,314,101
Nevada	3,609,093	99	42,000	1	0	0	3,651,093
New Hampshire	4,186,535	69	998,975	17	852,993	14	6,038,503
New Jersey	55,445,770	98	652,405	1	454,825	1	56,553,000
New Mexico	14,074,316	63	3,677,961	17	4,491,090	20	22,243,367
New York	253,564,695	80	42,507,362	13	22,667,402	7	318,739,459
North Carolina	48,371,348	95	0	0	2,513,559	5	50,884,907
North Dakota	6,690,061	100	0	0	31,394	0	6,721,455
Ohio	47,325,308	81	3,263,239	6	7,697,617	13	58,286,164
Oklahoma	19,786,536	88	860,302	4	1,918,084	9	22,564,922
Oregon	10,375,167	91	985,390	9	0	0	11,360,557
Pennsylvania	26,653,952	63	5,057,069	12	10,264,979	24	41,976,000
Rhode Island	8,400,066	67	2,473,724	20	1,578,084	13	12,451,874
South Carolina	7,123,678	100	0	0	4,366	0	7,128,044
South Dakota	3,056,701	93	0	0	245,308	7	3,302,009
Tennessee	5,536,445	69	1,843,963	23	586,166	7	7,966,574
Texas	16,934,997	92	673,295	4	859,240	5	18,467,532
Utah	10,059,708	88	941,092	8	487,652	4	11,488,452
Vermont	4,332,636	82	741,493	14	185,553	4	5,259,682
Virginia	39,859,035	100	0	0	0	0	39,859,035
Washington	44,325,677	92	976,673	2	2,951,484	6	48,253,834
West Virginia	7,532,320	99	0	0	46,743	1	7,577,063
Wisconsin	2,934,552	75	962,771	25	0	0	3,897,323
Wyoming	5,854,362	86	378,773	6	537,167	8	6,770,302

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*States spending 0 percent of State funds on prevention services are indicated in bold.

**Other activities include HIV early intervention, TB services, and administrative costs.

Prevention Services

The SSA is responsible for administering prevention programs across the State. Most States have systems in place to select or develop, implement, monitor, and evaluate prevention programs that address ATOD issues. Most States also have a theoretical framework that focuses on risk and protective factors with the aim of reducing risk factors and increasing protective factors related to substance abuse among individuals and their peers, families, schools, and communities. Some States also mention using other theoretical frameworks, most notably, those focusing on assets and resiliency. Generally, States indicate wanting to help their residents build healthy lifestyles and acquire skills that reduce their risk of later developing alcohol or drug dependence. States indicate implementing programs to develop strong, positive self-images among their residents and to educate residents about the dangers of alcohol and drugs among children, adolescents, and adults.

Arizona - Over the past decade, Arizona's prevention system has evolved into a research-based, comprehensive system based on a risk and protective factor framework. Arizona employs a logic model to identify appropriate targets for prevention, select strategies, and evaluate outcomes. The State has integrated prevention services into the treatment and rehabilitation continuum; this integration stretches resources to serve more people with appropriate services.

Many States mention using the Institute of Medicine classification system for selecting and

Virginia - The Prevention Service Unit Manager is part of the Governor's Office for Substance Abuse Prevention Collaborative, which is developing and maintaining a statewide, cross-system social data indicator and youth survey database and developing a statewide prevention plan. The collaborative includes the State prevention directors in the departments of education, social services, juvenile justice, criminal justice, motor vehicles, and health; the Alcohol Beverage Control Board; the Virginia Tobacco Settlement Foundation; and the National Guard.

implementing strategies and ensuring that they address "universal," "selective," and "indicated" populations. States also mention making sure that prevention is integrated into the treatment and rehabilitation continuum and support early intervention strategies for those who have participated in illegal use of ATOD to determine whether behavior can be reversed through education. Most SSAs partner and/or collaborate with other State agencies such as departments of police, education, justice, highway safety, health, and transportation; the National Guard; and Safe and Drug-Free Schools to deliver prevention services.

States are recognizing the Center for Substance Abuse Prevention (CSAP) shift to using the Strategic Prevention Framework (SPF) as a tool to strengthen prevention systems and are becoming more actively engaged in implementing the steps of the SPF, which include (1) conducting a comprehensive needs assessment to assess population needs and to measure resources and readiness to meet those needs; (2) building capacity among the prevention workforce to deliver prevention services and strategies; (3) planning a comprehensive approach to prevention programs, policies, and strategies to have the most impact; (4) implementing programs that have proved to be effective; and (5) evaluating the chosen policies, strategies, and programs and their impact on program recipients and communities. CSAP has awarded SPF State Incentive Grants (SIGs) to 17 States to help States strengthen their prevention infrastructure to deliver prevention services.

New Mexico - New Mexico maintains the philosophy that prevention strategies and programs are best formulated at the local level. Therefore, the system is designed to empower local communities and prevention providers. Programs located throughout New Mexico provide a wide variety of prevention services, and are required to submit a community needs assessment, a community plan, an implementation plan, and an outcome evaluation plan.

Single State Agency Responsibilities

The SSA responsibilities for prevention activities generally involve one or more of the following:

- Conducting statewide needs assessment and planning or assisting substate entities in conducting needs assessment and planning for prevention services
- Marketing prevention to policymakers and State leaders; developing and implementing a policy that addresses ATOD prevention
- Procuring and managing funding, including the SAPT Block Grant, the SIG/SPF SIG, SAMHSA discretionary grants, State monies, and other funds
- Procuring, contracting for, and managing substance abuse prevention contracts
- Selecting, implementing, monitoring, and evaluating prevention programs and strategies
- Fostering networks and/or collaboration with other State agencies and among substate entities
- Selecting and supporting strategies to train and maintain an effective prevention workforce
- Meeting Synar requirements related to youth access to tobacco

Wisconsin - The Brighter Futures Initiative (BFI) is a legislatively created initiative that funds 10 youth development programs, with the goal to assist youth and families in becoming safe, healthy, self-sufficient members of their community. BFI grantees receive enhanced technical assistance and access to current research on best practices in community, youth, and family development strategies to achieve their stated goals and benchmarks.

System Configuration

The configuration of State prevention services delivery systems varies. States administer programs at the State level or contract with other entities at the regional, county, or local level. States may select public, private, for-profit, not-for-profit, or a mix of such agencies to deliver services. As such, States or substate entities are responsible for an array of activities, including one or more of the following:

- Sponsoring/providing conferences, training, and/or technical assistance to providers and others; workforce development training for providers, State and substate staff, and others involved in prevention efforts; workplace development; community coalition building; and youth mentoring
- Providing technical assistance to contractors on evidence-based programs, building infrastructure, conducting needs assessment, and/or developing coalitions
- Selecting and implementing evidence- and research-based programs targeting outcomes and/or intervening variables such as risk and protective factors
- Partnering and/or collaborating with community coalitions, community task forces and policy boards, universities and colleges, and school districts
- Implementing nonscience-based strategies such as information dissemination and participating at health fairs, community festivals, conferences, and other large public gatherings

Rhode Island - Key to the State's prevention strategy and infrastructure is the Student Assistance Plan (SAP), which operates in 21 high schools and 25 junior and middle schools throughout the State. SAP places student assistance counselors in every secondary school to assess and educate students. SAP's design is built on a research foundation, has been a core component of Rhode Island's prevention system for more than two decades, and is nationally recognized for its effectiveness.

Most States indicate that their primary target population is youth. Others mention targeting children of people who abuse substances, parents, school personnel, housing authority staff and residents, senior citizens, college or university students, employees, participants in juvenile and adult probation programs, and the disabled community. Some States mention targeting specific ethnic minorities, including Native Americans, African Americans, and/or Hispanics/Latinos.

South Dakota - The two-tiered Diversion Program refers juveniles entering the court system for alcohol- or drug-related offenses to either the Primary Prevention Program (10 hours) or the Intensive Prevention Program (30 hours). Each includes a family component and an early intervention strategy.

Prevention Funding and Expenditures

SSA expenditures on prevention activities remained fairly stable from FY 2000 through FY 2003 and increased slightly over time from \$538 million in FY 2000 to \$560 million in FY 2003 (figure 2.15, table 2.9). The majority of prevention expenditures derived from the Block Grant, which accounted for 60 to 67 percent of total prevention expenditures (increasing from \$324 million in FY 2000 to \$372 million in FY 2003)(figures 2.13–2.14). Expenditures from State funds accounted for 18 to 21 percent of total prevention expenditures, and other Federal funds accounted for 14 to 21 percent.

Some States were awarded a Program of Regional and National Significance (PRNS) grant through CSAP, including the SPF SIG. Expenditures from these sources are generally reported by States as other Federal expenditures. Additional information on PRNS and the SPF SIG is found in the Discretionary Funding portion of the Aggregate Findings.

Figure 2.13. Expenditures on Prevention Services by Funding Source, FY 2000

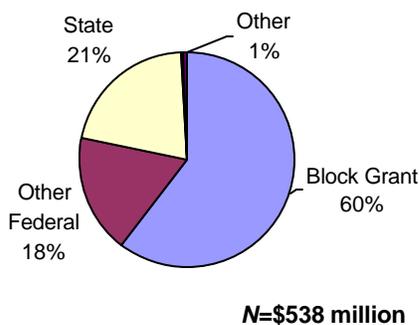


Figure 2.14. Expenditures on Prevention Services by Funding Source, FY 2003

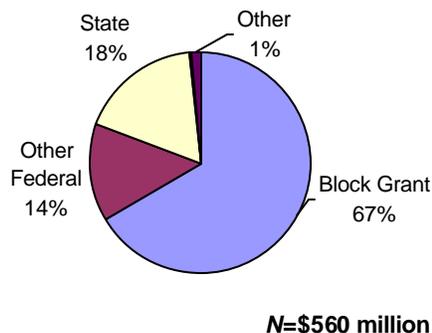
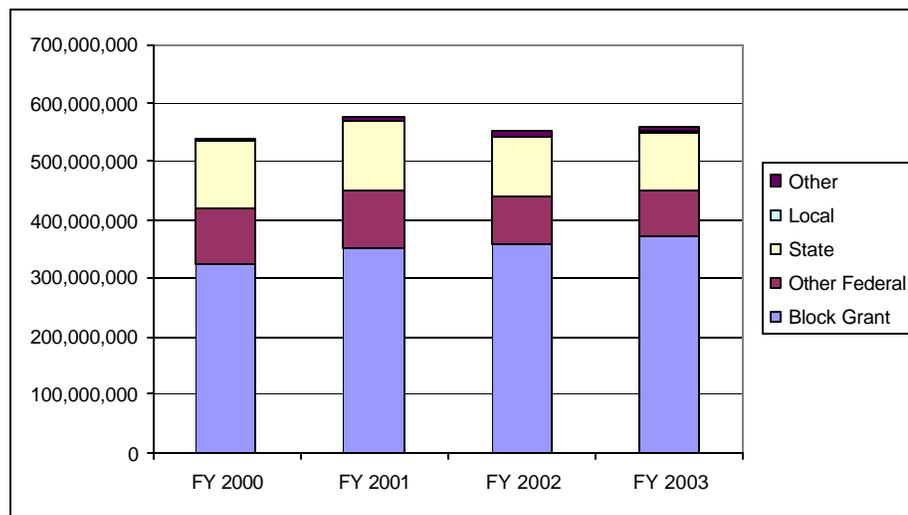


Figure 2.15. National Expenditures for Prevention Services by Funding Source, FYs 2000–2003 (n=51)**Table 2.9. Single State Agency Expenditures for Prevention Services From All Funding Sources, FYs 2000–2003**

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Block Grant	324,333,222	60	351,498,950	61	357,719,619	65	371,997,015	67
Other Federal	96,615,991	18	100,978,133	18	80,817,742	15	80,170,874	14
State	112,766,350	21	115,746,768	20	103,749,822	19	98,543,763	18
Local	880,632	0	1,000,170	0	965,623	0	1,026,142	0
Other	3,567,459	1	6,527,754	1	9,110,009	2	8,229,307	1
TOTAL*	538,163,654	100	575,751,775	100	552,362,815	100	559,967,101	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

In 2003, 67 percent of national expenditures on prevention services came from Block Grant funds (range 9 to 100 percent), 18 percent came from the State (range 0 to 57 percent), 14 percent came from other Federal sources (range 0 to 69 percent), and 1 percent came from local and other sources (range 0 to 30 percent) (table 2.10). Specific highlights include the following:

- Seven SSAs received all (100 percent) of their prevention funds from the Block Grant. These States included Alabama, Arkansas, Louisiana, Massachusetts, Mississippi, Virginia, and West Virginia. Other States spending a higher proportion Block Grant funds on prevention services, when compared with other States, included Arizona (98 percent), New Jersey (94 percent), and California and Texas (93 percent each). SSAs for which Block Grant funds constituted the smallest proportions included Wyoming and Alaska (at 9 percent), Maine (16 percent), and Rhode Island (23 percent).
- Seventeen SSAs spent 0 percent of State funds on prevention services (including three SSAs that expended so little, it accounted for 0 percent). States spending 0 percent of State funds on prevention services are indicated in bold on table 2.8.
- States spending the largest proportion of State funds on prevention services, when compared with other States, included New York (57 percent), Delaware (52 percent), New Mexico (48 percent), and Vermont (43 percent).

- States spending the largest proportion of funds from other Federal sources, when compared with other States, included Maine (69 percent), Wyoming (56 percent), Alaska (52 percent), and North Dakota (50 percent). Fifteen States received no prevention funding from other Federal sources.
- Eight States spent local and other funds for prevention activities in FY 2003. These States included Connecticut (30 percent), Wyoming (30 percent), and Pennsylvania (5 percent).

Per Capita Expenditures of Block Grant Funds for Prevention Services

On average, per capita Block Grant funding for primary prevention activities increased steadily for the United States as a whole, from \$1.15 in FY 2000 to \$1.28 in FY 2003 (figure 2.16).

Examination of individual State-level data show that States varied somewhat in their Block Grant expenditures per capita on prevention services (range \$0.88 to \$2.39 for FY 2003). Specific findings for FY 2003 include the following:

- States spending the greatest amount of Block Grant funds per capita on prevention activities included the District of Columbia (\$2.39 per capita), Delaware (\$1.85), Hawaii (\$1.67) and Texas (\$1.62).
- States with the lowest rate of Block Grant funding per capita were Arkansas (\$0.88 per capita), Oregon (\$0.90), Minnesota (\$0.91), and Missouri (\$0.92). See figure 2.17 and Appendix A for details.

Figure 2.16. Block Grant Expenditures on Prevention Services Per Capita, FYs 2001–2003 (n=51)

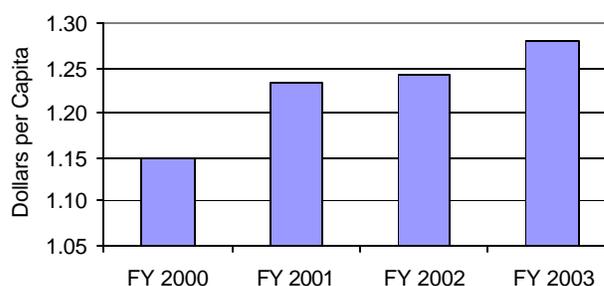
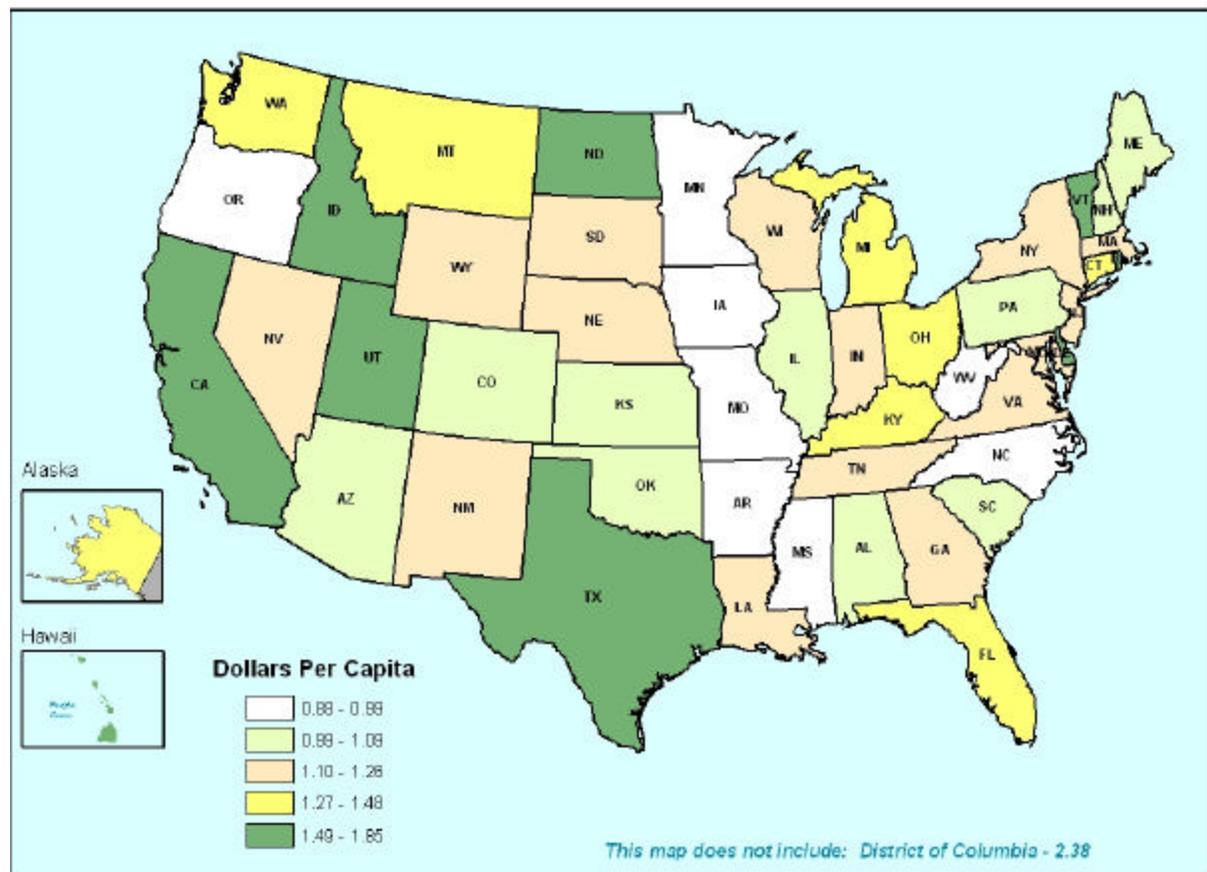


Table 2.10. Expenditures for Prevention Services by From All Funding Sources, FY 2003

State	Block Grant		Other Federal		State		Local and Other		Total
	\$	%	\$	%	\$	%	\$	%	\$
Alabama	4,930,210	100	0	0	0	0	0	0	4,930,210
Alaska	899,135	9	4,939,973	52	3,670,956	39	0	0	9,510,064
Arizona	6,115,130	98	0	0	146,401	2	0	0	6,261,531
Arkansas	2,406,920	100	0	0	0	0	0	0	2,406,920
California	57,199,375	93	4,317,489	7	274,836	0	0	0	61,791,700
Colorado	4,916,473	80	565,836	9	698,938	11	0	0	6,181,247
Connecticut	4,617,482	30	2,993,489	20	3,056,000	20	4,487,993	30	15,154,964
Delaware	1,514,936	37	458,511	11	2,102,110	52	0	0	4,075,557
District of Columbia	1,330,593	28	1,742,903	37	1,607,513	34	0	0	4,681,009
Florida	24,719,689	90	0	0	1,588,762	6	1,184,678	4	27,493,129
Georgia	10,836,486	82	2,407,940	18	0	0	0	0	13,244,426
Hawaii	2,080,096	51	2,012,169	49	25,000	1	0	0	4,117,265
Idaho	2,087,456	86	325,849	14	0	0	0	0	2,413,305
Illinois	13,768,851	63	1,730,932	8	6,234,718	29	0	0	21,734,501
Indiana	7,185,330	83	1,446,363	17	35,838	0	0	0	8,667,531
Iowa	2,726,377	39	3,276,141	47	945,924	14	0	0	6,948,442
Kansas	2,852,110	76	16,046	0	864,529	23	0	0	3,732,685
Kentucky	5,550,682	62	1,639,849	18	1,776,995	20	0	0	8,967,526
Louisiana	5,191,933	100	0	0	0	0	0	0	5,191,933
Maine	1,363,847	16	5,775,391	69	1,183,963	14	0	0	8,323,201
Maryland	6,422,948	81	0	0	1,462,839	19	0	0	7,885,787
Massachusetts	7,825,701	100	0	0	0	0	0	0	7,825,701
Michigan	13,249,022	74	589,378	3	4,115,363	23	0	0	17,953,763
Minnesota	4,610,981	84	0	0	854,163	16	0	0	5,465,144
Mississippi	2,827,985	100	0	0	0	0	0	0	2,827,985
Missouri	5,253,735	63	2,284,869	27	773,017	9	0	0	8,311,621
Montana	1,316,159	66	664,663	34	0	0	0	0	1,980,822
Nebraska	2,134,625	77	494,934	18	89,411	3	36,925	1	2,755,895
Nevada	2,573,503	52	2,299,133	47	42,000	1	3,760	0	4,918,396
New Hampshire	1,352,668	50	377,640	14	998,975	37	0	0	2,729,283
New Jersey	10,679,913	94	0	0	652,405	6	0	0	11,332,318
New Mexico	2,343,564	31	1,566,618	21	3,677,961	48	0	0	7,588,143
New York	23,845,680	32	8,569,756	11	42,507,362	57	0	0	74,922,798
North Carolina	7,954,361	80	1,993,324	20	0	0	0	0	9,947,685
North Dakota	1,013,452	50	1,031,462	50	0	0	0	0	2,044,914
Ohio	16,270,812	66	5,272,948	21	3,263,239	13	0	0	24,806,999
Oklahoma	3,557,768	65	1,092,879	20	860,302	16	0	0	5,510,949
Oregon	3,219,634	62	961,834	19	985,390	19	0	0	5,166,858
Pennsylvania	12,627,524	59	2,549,326	12	5,057,069	24	989,217	5	21,223,136
Rhode Island	1,727,982	23	3,202,232	43	2,473,724	33	0	0	7,403,938
South Carolina	4,136,827	52	3,801,608	48	0	0	15,419	0	7,953,854
South Dakota	927,941	62	567,764	38	0	0	0	0	1,495,705
Tennessee	6,973,848	76	411,079	4	1,843,963	20	0	0	9,228,890
Texas	35,844,543	93	1,587,694	4	673,295	2	458,854	1	38,564,386
Utah	3,693,865	46	3,320,604	42	941,092	12	0	0	7,955,561
Vermont	985,578	57	0	0	741,493	43	0	0	1,727,071
Virginia	8,511,634	100	0	0	0	0	0	0	8,511,634
Washington	9,118,562	90	0	0	976,673	10	0	0	10,095,235
West Virginia	1,784,561	100	0	0	0	0	0	0	1,784,561
Wisconsin	6,281,389	87	0	0	962,771	13	0	0	7,244,160
Wyoming	637,139	9	3,882,248	56	378,773	5	2,078,603	30	6,976,763

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

Figure 2.17. Block Grant Expenditures Per Capita on Prevention Services, FY 2003



SOURCE: FY 2006 SAPT Block Grant applications and U.S. Census estimates

Core Strategies

SAMHSA requires States to submit information about their activities related to CSAP's six core prevention strategies in their Block Grant application which include information dissemination, education, alternatives, problem identification and referral, community-based processes, and environmental strategies⁴. SAMHSA also requests that States document their reported and intended expenditures in the same six areas in the SAPT Block Grant application. A description of the strategies is provided below. To see highlights from States and the District of Columbia, see Appendix B.

Information Dissemination activities provide awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. These activities also provide knowledge and awareness of available prevention resources, programs, and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of information activities include clearinghouses/ information resource centers, media campaigns, brochures, resource directories, radio/TV public service announcements, speaking engagements, and health fairs/health promotion.

⁴ DHHS Block Grant 45 CFR Section 96.124 (2005)

Education activities affect critical life and social skills, including decisionmaking, refusal skills, and critical analysis of media messages. These activities involve two-way communication, with the interaction between the educator/facilitator and the participant being the basis of the activity. Activities under this strategy include classroom and/or small group sessions for youth or other groups, parenting and family management classes, peer leader/helper programs, and groups for children with parents who abuse substances.

Alternative activities provide opportunities for persons from target populations to participate in activities that exclude ATOD use. The underlying assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and drugs. Examples of activities under this strategy include drug-free dances and parties, youth and/or adult leadership activities, community drop-in centers, and community service activities.

Problem identification and referral activities identify persons who have participated in illegal use of tobacco or alcohol and those who have experimented in the first use of illicit drugs to assess whether their behavior can be reversed through education. They do not include any activities to determine whether a person is in need of treatment. Examples of such activities include employee assistance programs, student assistance programs, and driving under the influence (DUI)/driving while intoxicated education programs.

Community-based process strategies enhance the ability and capacity of the community to effectively provide ATOD prevention and treatment services. Activities in this strategy include organizing, conducting needs assessments, planning, enhancing efficiency and effectiveness of service implementation, evaluation, interagency collaboration, coalition building, and networking. Examples of activities used for this strategy include fostering sustainable community coalitions, engaging local stakeholders (government officials, schools, law enforcement, and others), conducting community and volunteer training, systematic planning, procuring funding, and community teambuilding.

Environmental strategies establish or change written and unwritten community standards, codes, attitudes, and norms, thereby influencing incidence and prevalence of ATOD use and abuse in the general population. This strategy is divided into two subcategories to distinguish between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Examples of activities used for this strategy include promoting the establishment and review of ATOD use policies in schools, review and advocacy of laws that limit ATOD use in public places, technical assistance to communities to maximize local enforcement efforts governing availability and distribution of alcohol and tobacco, modifying alcohol and tobacco advertising practices, and product pricing strategies.

While not an original CSAP core strategy, activities that fall under the **Section 1926** category are of interest to and monitored by CSAP. Activities in this category are generally designed to facilitate State compliance of the Synar amendment regulation with the aim of reducing youth access to tobacco products⁵. Activities in Section 1926 may include merchant or community education, or conducting the Synar compliance inspection survey and analyzing the results.

The **other** category that States complete as part of the Block Grant application is designed to capture spending outside the core prevention strategies. Expenditures in this category may include the hiring of contractors to provide specific technical assistance and/or resource development activities, such as quality assurance, research/evaluation, and information systems (this is described in greater detail later in the Aggregate Findings); and other prevention activities that cannot be classified under the six prevention strategies.

⁵ DHHS Block Grant 45 CFR Section 96.130 (2005)

Expenditures of Block Grant Funds for Core Strategies

Nationally, Block Grant expenditures for CSAP prevention core strategies increased steadily from \$328 million in FY 2000 to \$372 million in FY 2003 (figure 2.20, table 2.11). The distribution of expenditures remained relatively stable during this period. Expenditures on education activities accounted for 35 to 40 percent of total expenditures during this period, and community-based process accounted for 17 to 19 percent of funding (figure 2.18–2.19). Problem identification and referral and alternatives each accounted for approximately 10 percent of total funding on core strategies.

Figure 2.18. Expenditures of Block Grant Funds by Core Strategy, FY 2000

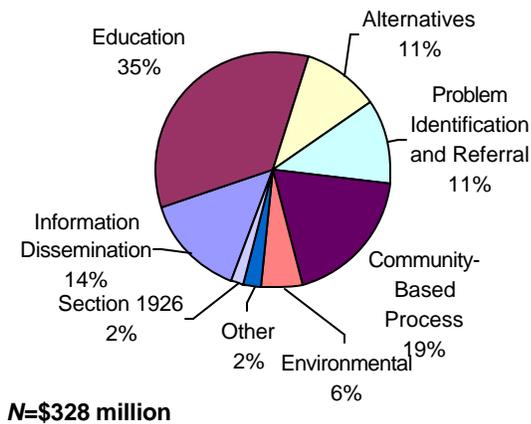


Figure 2.19. Expenditures of Block Grant Funds by Core Strategy, FY 2003

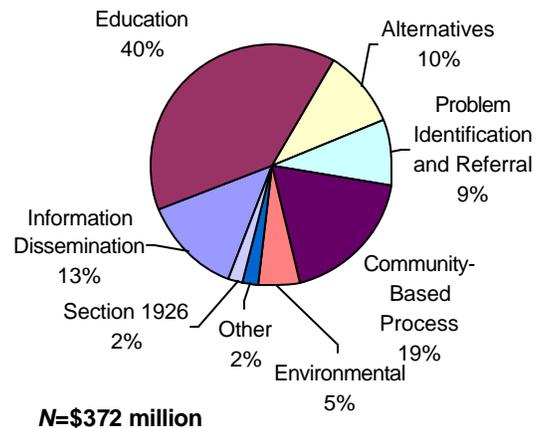


Figure 2.20. National Expenditures of Block Grant Funds by Core Strategies, FYs 2000–2003

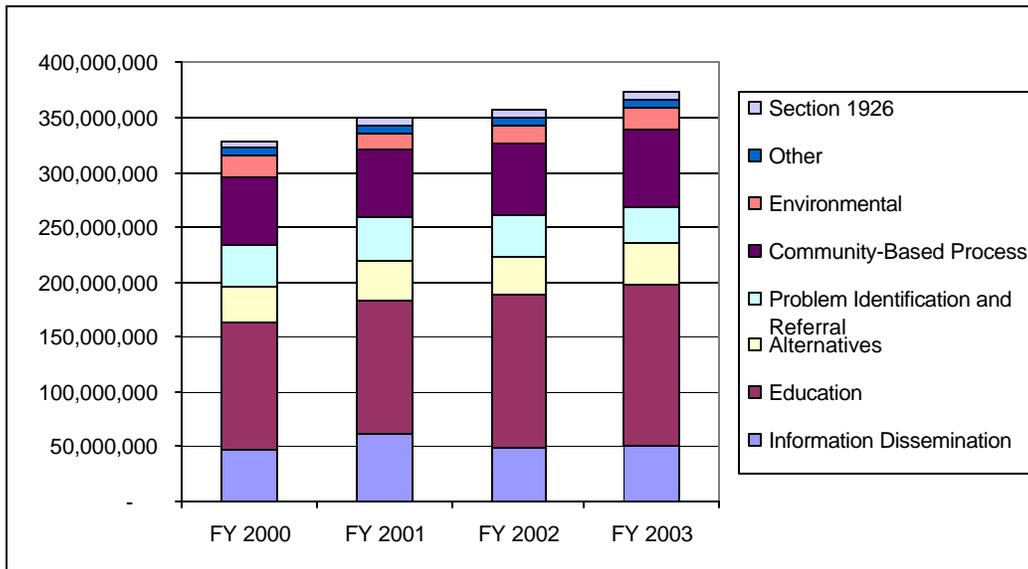


Table 2.11. Single State Agency Expenditures of Block Grant Funds by Core Strategy, FYs 2000–2003

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	46,648,589	14	61,915,036	18	48,985,997	14	50,079,526	13
Education	115,580,653	35	121,616,501	35	140,048,930	39	147,465,094	40
Alternatives	34,603,930	11	36,503,534	10	33,982,248	10	38,653,401	10
Problem Identification and Referral	37,035,536	11	40,184,461	12	37,499,214	11	31,987,165	9
Community-Based Process	62,213,085	19	60,577,797	17	64,809,135	18	70,306,824	19
Environmental	19,210,089	6	15,109,477	4	17,674,906	5	20,332,166	5
Other	6,816,289	2	7,153,152	2	7,269,615	2	6,543,726	2
Section 1926	5,608,827	2	5,819,171	2	5,983,249	2	6,929,228	2
TOTAL*	327,716,998	100	348,879,129	100	356,253,294	100	372,297,130	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding. Dollars spent may not be consistent from table to table due to State reporting discrepancies in the Block Grant applications.

Treatment and Rehabilitation Services

Single State Agency Responsibilities

The primary SSA responsibilities for treatment activities generally involve one or more of the following:

- Conducting statewide needs assessment and planning of treatment services
- Administration of State and Federal funds and compliance with funding requirements
- Development of programs to address the needs of special populations
- Delivery of technical assistance, training, and other workforce development activities for contracted service providers and affiliate agencies
- Quality assurance of contracted services
- Financial support to providers through a competitive bid, grants program, or contracts
- Participation in planning groups and committees concerned with substance abuse, co-occurring substance use and mental disorders, and the treatment system
- Review of provider licensing, including fiscal and data systems reviews

California - Previously the SSA's role in planning and implementing treatment services was largely fiduciary. However, the SSA has revised its role to one in which the State takes the lead in planning, focuses on actual program performance in its monitoring activities, emphasizes evidence-based practices in its technical assistance, and continually improves all the systems that support treatment services.

System Configuration

Most States use a regional configuration to provide substance abuse treatment services. States administer services themselves, contract with regional or local entities to provide services, or contract with other entities to plan for, manage, and implement services. Most States have both publicly and privately funded treatment programs, and some States contract out all or most of their treatment services. Typically, the types of agencies that SSA contract with include the following:

- County governments, which may provide direct services or contract out for services
- Community-based programs
- Hospitals
- Not-for-profit organizations
- For-profit organizations
- Managed care organizations
- Correctional programs
- Operating while intoxicated programs

Kansas – The Kansas treatment system has one point of entry for clients in the four Regional Alcohol and Drug Assessment Centers (RADACs). RADACs provide assessments, outreach, and clinical utilization reviews for persons and families needing substance abuse treatment services in their identified regions, among other things.

Iowa – Iowa has operated under a managed care system since FY 1996. Providers are reimbursed using the SAPT Block Grant, and State appropriations are contracted to deliver substance abuse treatment services to an agreed-on minimum number of clients or covered lives.

Generally, State-funded services are available to individuals who have low incomes, are indigent, or cannot afford treatment for alcohol or drug addiction. All States are required to provide a continuum

of care that includes outreach, early identification and intervention, assessment, placement, and movement within appropriate levels of treatment, as well as continuing care and support services during the recovery phase.

Treatment services are designed to maintain a cost-effective, high-quality continuum of care for rehabilitating individuals who abuse alcohol and drugs. Most States support basic services that include diagnostic evaluation, client motivational counseling, primary treatment, and followup counseling. Substance abuse treatment services generally include opioid substitution, intensive inpatient, long-term residential, outpatient, recovery house, involuntary, youth residential, and youth outpatient services. In addition, States support and promote peer-based programs, such as Alcoholics Anonymous and Narcotics Anonymous to provide support during and after the primary treatment phase.

Crisis services are typically short in duration and provided in inpatient or outpatient settings. Inpatient rehabilitation services include intensive evaluation and services in a medically supervised setting. Residential services offer intensive treatment and rehabilitation, community residential services, and supportive living services. Outpatient services are delivered at different levels of intensity based on the severity of problems presented and include medically supervised services, outpatient rehabilitation services, and nonmedically supervised outpatient services. Methadone treatment programs administer methadone by prescription in conjunction with a variety of other rehabilitative assistance.

Virginia – Virginia's SSA does not provide direct alcohol and drug treatment services. Rather, services are contracted to 40 community services boards (CSBs) located throughout the State, which provide direct substance abuse treatment services or contract for services through local providers. The CSBs vary in their composition, organizational structures, and array of services.

States' target populations for services generally include those who are poor, underinsured, or uninsured. As stipulated in SAPT Block Grant requirements, individuals who are a high priority for admission to treatment services are pregnant women and people who inject drugs. Other populations targeted for treatment services include youth and adults with substance use problems in the criminal justice system, individuals with dual diagnoses, children at risk of substance abuse or with substance use problems, children under the supervision of the State, and older adults with substance use problems. Additionally, some States specify giving priorities to women on welfare, persons with communicable diseases, deaf and hard-of-hearing persons, homeless persons, and social services-involved parents.

Treatment Funding and Expenditures

Nationally, expenditures on treatment and rehabilitation activities increased from \$2.7 billion in FY 2000 to \$3.2 billion in FY 2003 (figure 2.23, table 2.12)⁶. The proportion of expenditures from the different funding sources remained stable during this time (figures 2.21–2.22). State funds consistently accounted for 46 to 48 percent of total expenditures on treatment (ranging from \$1.3 billion in FY 2000 to \$1.5 billion in FY 2003). Block Grant funds accounted for 37 to 39 percent of total expenditures on treatment services, and Medicaid accounted for 10 to 12 percent of expenditures.

Some States were awarded a Program of Regional and National Significance (PRNS) grant through CSAT, including Access to Recovery (ATR) and Screening, Brief Intervention, Referral and Treatment (SBIRT). Expenditures from these sources are generally reported by States as other Federal expenditures. Information about PRNS, ATR, and SBIRT are found in the Discretionary Funding section of the Aggregate Findings.

Figure 2.21. Expenditures on Treatment Services by Funding Source, FY 2000

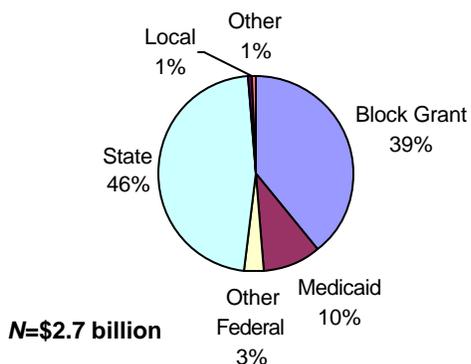


Figure 2.22. Expenditures on Treatment Services by Funding Source, FY 2003

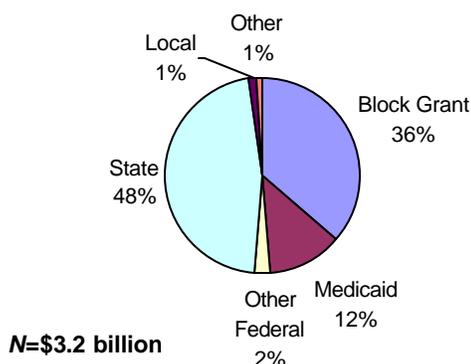
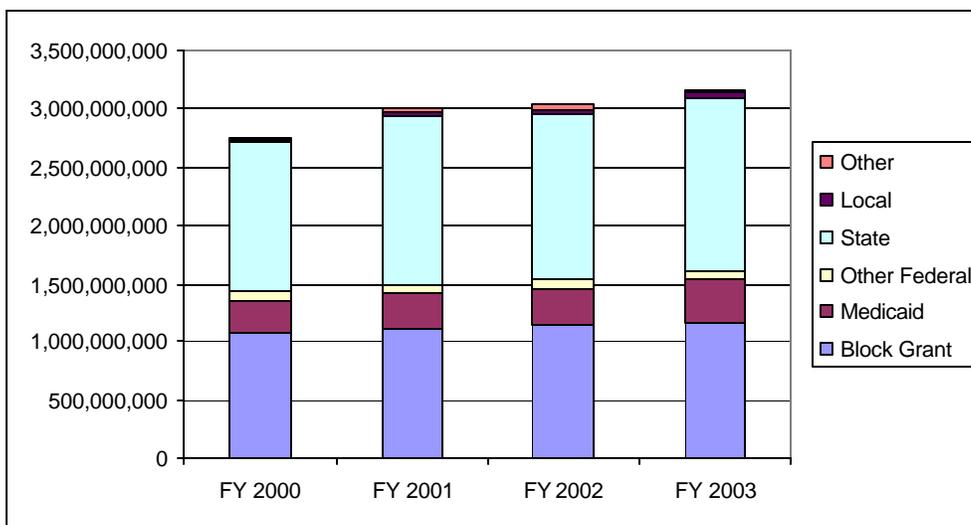


Figure 2.23. National Expenditures for Treatment Services by Funding Source, FYs 2000–2003 (n=51)



⁶ The Inventory does not include expenditure or financial information from private third-party payers such as commercial health insurers.

Table 2.12. Single State Agency Expenditures for Treatment Services From All Funding Sources, FYs 2000–2003 (n=51)

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Block Grant	1,077,449,834	39	1,096,467,378	37	1,140,561,755	38	1,154,602,763	36
Medicaid	262,729,447	10	306,360,660	10	322,250,498	11	387,480,029	12
Other Federal	86,737,787	3	88,890,282	3	77,230,820	3	77,523,265	2
State	1,284,639,457	46	1,449,613,033	48	1,420,400,518	47	1,479,740,375	48
Local	23,674,923	1	31,198,832	1	35,668,926	1	35,783,850	1
Other	18,172,925	1	31,024,658	1	38,780,304	1	33,300,449	1
TOTAL*	2,753,404,373	100	3,003,554,843	100	3,034,892,821	100	3,168,430,731	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Most (48 percent) of the expenditures for treatment and rehabilitation services came from State funds in FY 2003 (range 13 percent to 75 percent), followed by the Block Grant, which accounted for 36 percent of all treatment expenditures (range 15 to 87 percent). For some States, funds from Medicaid contributed to overall treatment expenditures (range 0 to 47 percent)(table 2.13). Specific findings include the following:

- SSAs spending the highest proportions of State funds for treatment services, when compared with other States, included Connecticut (75 percent), the District of Columbia (75 percent), New York (71 percent), and Delaware (69 percent). SSAs spending a smaller proportion of State funds on treatment included Wisconsin and Michigan (13 percent each), Texas (16 percent), and Tennessee and Alabama (19 percent each).
- States spending the highest proportions of Block Grant funds on treatment services, when compared with other States, included Wisconsin (87 percent), Texas (83 percent), and Indiana (72 percent). States spending the smallest proportions of Block Grant funds on treatment included Wyoming (15 percent), District of Columbia (16 percent), and Connecticut (17 percent).
- Half of the SSAs indicated spending Medicaid funds for treatment services. The SSAs spending a higher proportion of Medicaid funds for treatment services included Vermont (47 percent), Oregon (43 percent), and Arizona (40 percent). Half of the SSAs did not indicate using Medicaid funds for treatment services.

Table 2.13. Single State Agency Expenditures for Treatment Services From All Funding Sources, FY 2003

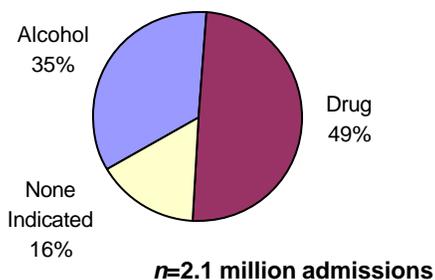
State	Block Grant		Medicaid		State		All Other*		Total
	\$	%	\$	%	\$	%	\$	%	\$
Alabama	17,152,741	71	2,458,051	10	4,518,640	19	0	0	24,129,432
Alaska	3,408,015	26	181,547	1	8,691,771	66	876,321	7	13,157,654
Arizona	22,343,290	32	28,092,326	40	14,604,477	21	5,056,209	7	70,096,302
Arkansas	9,192,448	60	0	0	4,641,505	30	1,446,874	9	15,280,827
California	176,162,084	37	115,743,764	24	189,402,376	39	324,523	0	481,632,747
Colorado	18,280,906	63	341,854	1	10,340,271	36	0	0	28,963,031
Connecticut	11,418,255	17	0	0	49,250,158	75	4,593,164	7	65,261,577
Delaware	4,469,272	31	0	0	10,061,665	69	0	0	14,530,937
Dist. of Columbia	4,398,806	16	0	0	21,262,226	75	2,607,861	9	28,268,893
Florida	63,319,338	41	7,490,671	5	64,407,293	42	18,642,148	12	153,859,450
Georgia	33,490,123	42	0	0	46,378,871	58	0	0	79,868,994
Hawaii	4,341,242	35	0	0	7,959,833	65	0	0	12,301,075
Idaho	4,484,320	54	0	0	3,819,401	46	53,627	1	8,357,348
Illinois	47,434,191	23	45,445,971	22	110,833,082	53	4,293,321	2	208,006,565
Indiana	24,620,121	72	0	0	9,590,831	28	0	0	34,210,952
Iowa	9,543,565	26	12,459,958	34	14,173,390	38	984,787	3	37,161,700
Kansas	8,973,931	33	10,265,226	38	6,408,370	24	1,373,325	5	27,020,852
Kentucky	15,197,700	58	0	0	10,892,858	42	77,509	0	26,168,067
Louisiana	18,171,765	36	0	0	22,605,911	45	9,176,686	18	49,954,362
Maine	4,870,969	24	7,535,560	37	7,756,371	38	181,991	1	20,344,891
Maryland	22,480,317	23	1,509,383	2	60,455,542	63	11,785,235	12	96,230,477
Massachusetts	23,660,678	33	0	0	45,562,409	63	3,047,432	4	72,270,519
Michigan	42,021,077	49	28,144,755	33	11,334,531	13	4,380,189	5	85,880,552
Minnesota	16,324,664	18	2,014,998	2	56,866,067	61	17,582,485	19	92,788,214
Mississippi	9,897,947	69	0	0	4,088,372	28	373,178	3	14,359,497
Missouri	19,841,893	29	22,202,423	33	24,292,141	36	1,098,112	2	67,434,569
Montana	4,913,384	45	1,200,971	11	3,541,745	32	1,257,400	12	10,913,500
Nebraska	5,545,248	31	2,109,870	12	9,969,310	55	426,453	2	18,050,881
Nevada	8,999,740	71	0	0	3,609,093	28	121,573	1	12,730,406
New Hampshire	4,895,715	54	0	0	4,186,535	46	63,332	1	9,145,582
New Jersey	32,660,983	36	0	0	55,445,770	61	2,602,358	3	90,709,111
New Mexico	5,882,851	26	0	0	14,074,316	63	2,246,215	10	22,203,382
New York	83,470,927	23	0	0	253,564,695	71	20,739,569	6	357,775,191
North Carolina	25,017,161	33	0	0	48,371,348	64	2,133,607	3	75,522,116
North Dakota	3,970,641	27	3,313,330	22	6,690,061	45	900,072	6	14,874,104
Ohio	47,461,285	36	34,174,236	26	47,325,308	36	1,248,436	1	130,209,265
Oklahoma	13,341,630	37	189,727	1	19,786,536	56	2,309,640	6	35,627,533
Oregon	12,073,630	30	17,236,406	43	10,375,167	26	714,660	2	40,399,863
Pennsylvania	41,341,898	56	0	0	26,653,952	36	5,287,552	7	73,283,402
Rhode Island	4,738,905	26	5,099,558	28	8,400,066	46	23,367	0	18,261,896
South Carolina	15,429,544	57	875,635	3	7,123,678	26	3,520,034	13	26,948,891
South Dakota	3,450,509	46	0	0	3,056,701	40	1,047,428	14	7,554,638
Tennessee	19,452,248	67	0	0	5,536,445	19	4,073,317	14	29,062,010
Texas	87,289,044	83	0	0	16,934,997	16	1,145,926	1	105,369,967
Utah	12,690,265	56	0	0	10,059,708	44	0	0	22,749,973
Vermont	3,695,916	23	7,368,676	47	4,332,636	27	433,312	3	15,830,540
Virginia	29,852,916	43	0	0	39,859,035	57	0	0	69,711,951
Washington	24,587,971	24	31,346,544	31	44,325,677	43	1,916,490	2	102,176,682
West Virginia	6,468,098	46	0	0	7,532,320	54	0	0	14,000,418
Wisconsin	19,496,217	87	0	0	2,934,552	13	0	0	22,430,769
Wyoming	2,376,379	15	678,589	4	5,854,362	38	6,442,119	42	15,351,449

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

Admissions

States are requested to complete Form 7a, Treatment Utilization Matrix, as part of their Block Grant application. This form instructs States to indicate the number of clients admitted with a primary diagnosis of alcohol or drug use by type of treatment modality. Of the 50 States and the District of Columbia, 48 submitted this form in their 2005 SAPT Block Grant indication⁷.

Figure 2.26. Percentage of Admissions by Primary Diagnosis, FY 2002



SOURCE: FY 2005 SAPT Block Grant Application, Form 7a; reported data from State FY 2002

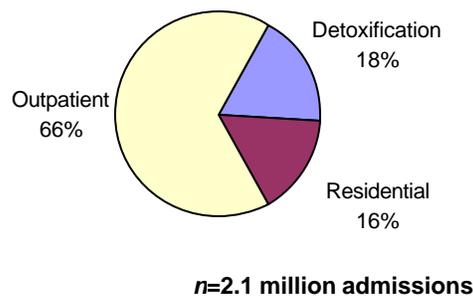
Treatment programs in the 47 responding States totaled more than 2 million admissions. Of these, half were reported as having a primary diagnosis of drug problems and more than a third were reported as having an alcohol problem for their primary diagnosis (figure 2.26).

The majority of admissions (66 percent) were for ambulatory (outpatient) treatment and included methadone and non-methadone outpatient, intensive outpatient, and detoxification treatment services (figures 2.27–2.28, table 2.14). Of these admissions, the largest number (nearly 1.1 million) were for outpatient (non-methadone) treatment.

Eighteen percent of admissions nationwide were for detoxification treatment services (24-hour care) and included hospital inpatient and free-standing residential treatment. Among the detoxification services, most (nearly 350,000 admissions) were admitted for free-standing residential care.

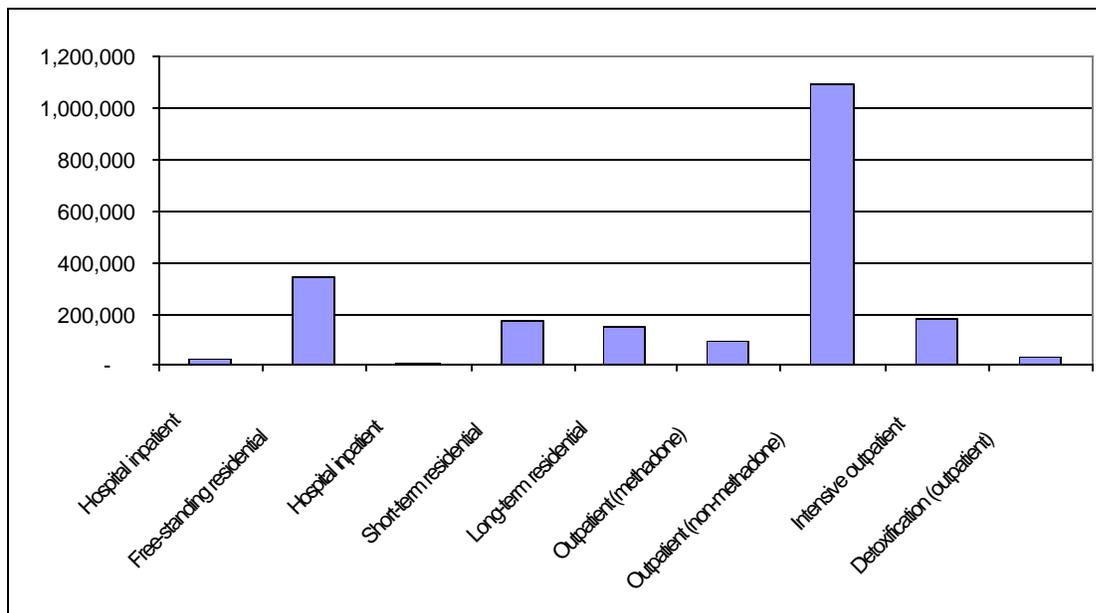
Sixteen percent of admissions were for residential treatment services and included hospital inpatient and short- and long-term residential treatment services. Of these, most admissions were for short-term residential treatment (176,000 admissions), followed by long-term residential treatment (156,000 admissions).

Figure 2.27. Percentage of Admissions by Primary Diagnosis, FY 2002



SOURCE: FY 2005 SAPT Block Grant Application, Form 7a; reported data from State FY 2002

⁷ States not submitting information included Alaska, Virginia, and West Virginia.

Figure 2.28. National Number of Admissions by Type of Care* (N=21 million), FY 2002

SOURCE: FY 2005 SAPT Block Grant Application, Form 7a; reported data for State FY 2002

*47 States completed Form 7a in the FY 2005 Block Grant application and are included in this table. States not included were Alaska, the District of Columbia, Virginia, and West Virginia.

Table 2.14. Total Number of Persons Admitted by Type of Treatment Care, FY 2002 (n=48 States)

Type of Care	Total Admissions by Primary Diagnosis			Total
	Alcohol Problems	Drug Problems	Not Indicated	
Detoxification (24-hour care)				
Hospital inpatient	10,138	11,672	1,156	22,966
Free-standing residential	159,640	140,733	48,188	348,561
Rehabilitation/Residential				
Hospital inpatient (rehabilitation)	2,655	2,869	742	6,266
Short-term residential	52,101	90,893	33,234	176,228
Long-term residential	36,910	85,486	33,758	156,154
Ambulatory (Outpatient)				
Outpatient (methadone)	1,278	73,561	17,789	92,628
Outpatient (non-methadone)	409,327	517,720	164,154	1,091,201
Intensive outpatient	57,264	97,826	30,766	185,856
Detoxification (outpatient)	1,588	28,477	26	30,091
TOTAL	730,901	1,049,237	329,813	2,109,951

SOURCE: FY 2005 SAPT Block Grant Application, Form 7a; reported data for State FY 2002

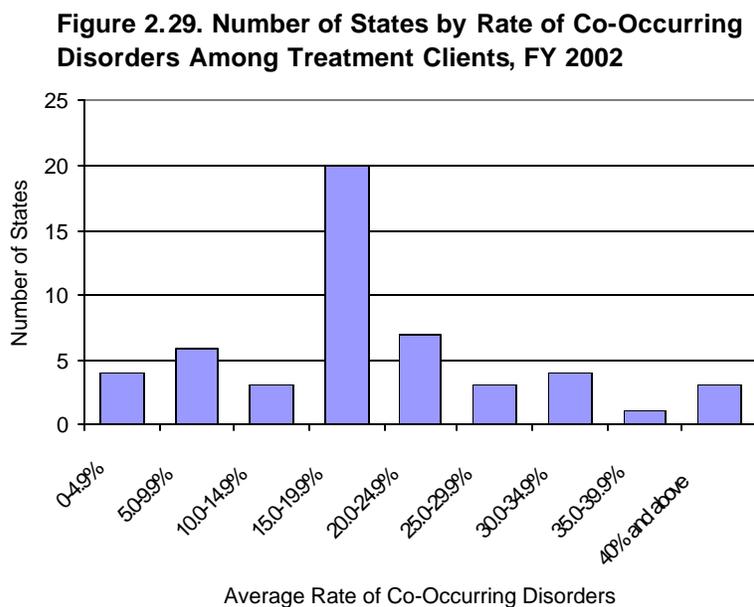
Co-Occurring Disorders

The Treatment Episode Data Set (TEDS) provides information on the demographic and substance abuse characteristics of the Nation's substance abuse treatment facility admissions, as reported through individual State administrative data systems. All 50 States and the District of Columbia submitted data for 2002. Thirty-seven States reported whether clients admitted for substance abuse treatment also had a presenting psychiatric problem. Using data from the 37 States, calculations (with imputation) were conducted to estimate the rates of persons admitted with co-occurring psychiatric problems and substance abuse issues for all States. (See Appendix D for details of the methods used to calculate the rates of co-occurring disorders).

When grouping the States by their average rate of co-occurring disorder (in 5 percent increments), calculations showed that one-quarter of the States had average rates of co-occurring disorders between 15 and 20 percent and nearly one-fifth of States had average rates of co-occurring disorders between 20 and 25 percent (range 0 to 68 percent)(figure 2.29).

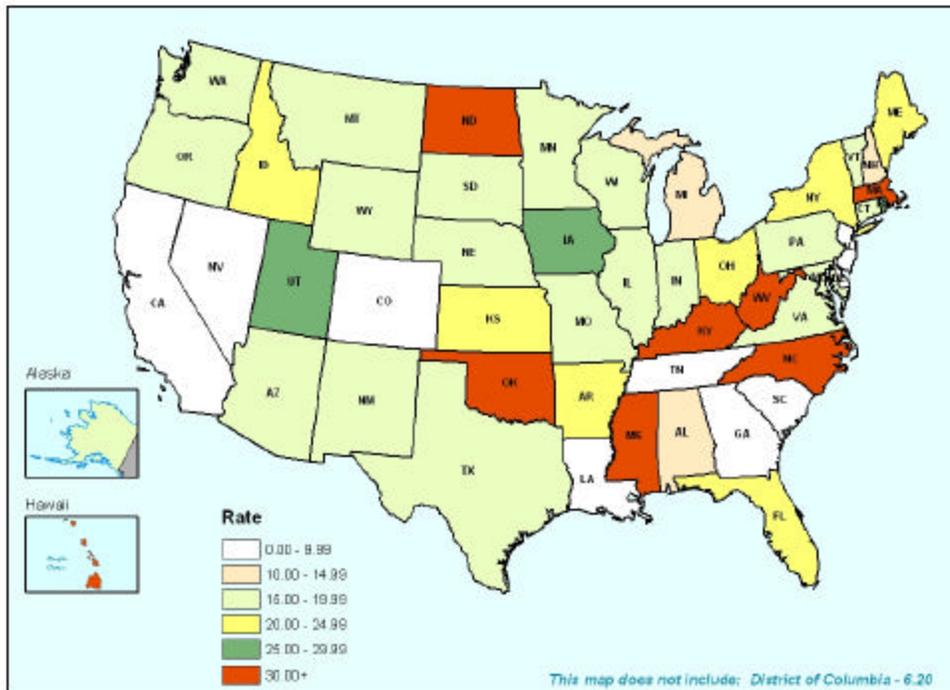
The State rates of co-occurring disorders varied only slightly when separating out clients with a primary diagnosis of alcohol abuse from those with a primary diagnosis of drug abuse in combination with alcohol. Appendix E provides State details.

Figures 2.30–2.31 show the average rate of co-occurring disorder among treatment clients by State for clients admitted as using alcohol only and for those admitted for using alcohol in combination with other drugs.



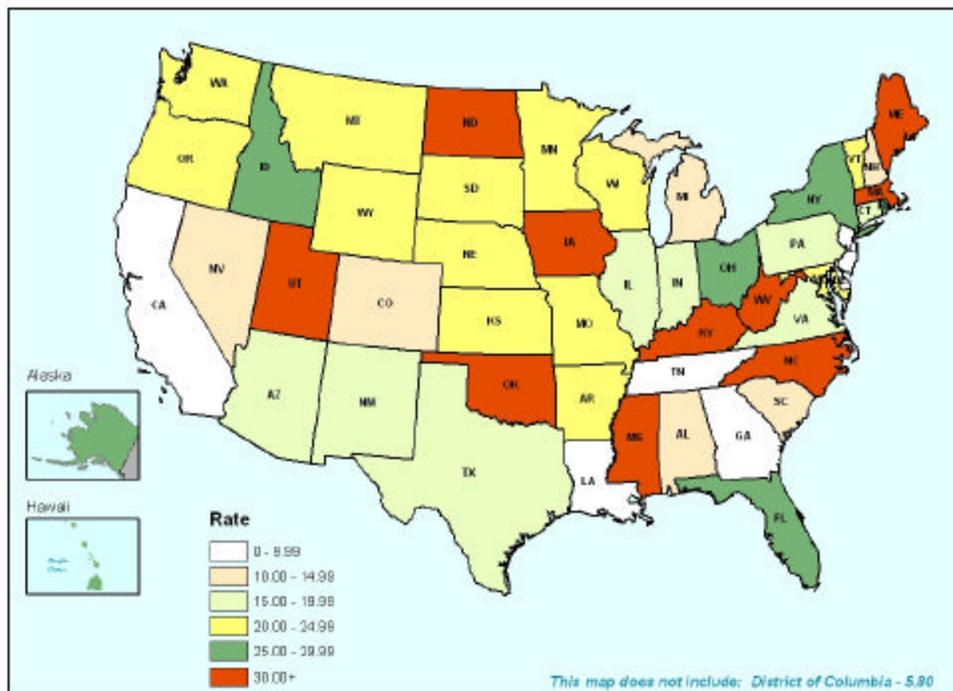
SOURCE: Treatment Episode Data Set, 2002

Figure 2.30. Rate of Co-Occurring Disorders Among Persons Admitted for Alcohol Abuse, 2002



SOURCE: Treatment Episode Data Set, 2002

Figure 2.31. Rate of Co-Occurring Disorders Among Persons Admitted for Illicit Drug Abuse, 2002

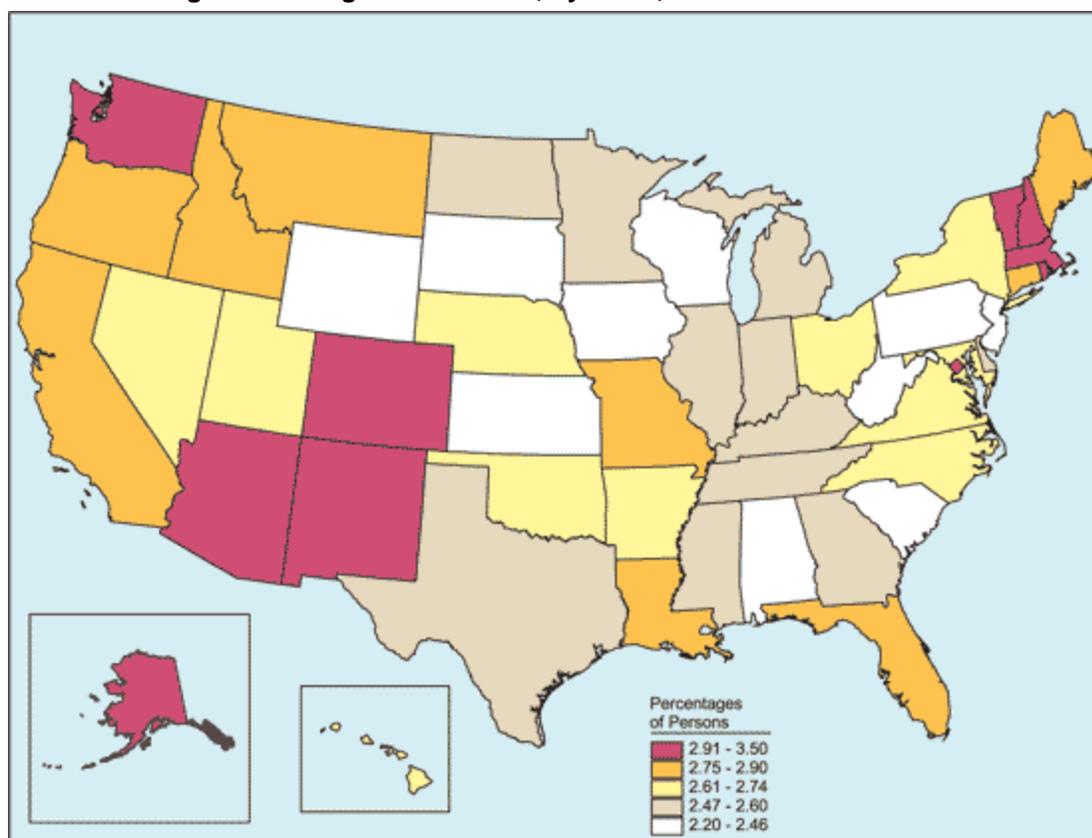


SOURCE: Treatment Episode Data Set, 2002

Illicit Drugs: The definition of a person needing, but not receiving, treatment for an illicit drug problem is that he or she meets the criteria for abuse of or dependence on illicit drugs according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*⁹ but has not received specialty treatment for an illicit drug problem in the past year. Specialty treatment is treatment received at a drug and alcohol rehabilitation facility (inpatient or outpatient), hospital (inpatient only), or mental health center¹⁰.

The percentage of persons aged 12 or older needing, but not receiving, treatment for illicit drug use problems was 2.7 percent in 2002–2003. Persons aged 18 to 25 had the highest rate of needing, but not receiving, treatment (7.5 percent). When examining State averages for persons aged 12 or older, the States with the lowest rates of persons needing, but not receiving, treatment for illicit drug abuse or dependence were Alabama, Kansas, and Pennsylvania (at 2.2 percent each). The States with the highest rates were New Mexico (3.5 percent), Vermont (3.4 percent), and Rhode Island (3.2 percent). Figure 2.33 and Appendix G provide details by State.

Figure 2.33. Percentages of Person Needing, but Not Receiving, Treatment for Illicit Drug Use in Past Year Among Persons Aged 12 or Older, by State, 2002–2003



SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

⁹ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington DC, 2000

¹⁰ SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment Activities

States are moving toward conducting comprehensive needs assessments that use a variety of primary and secondary data sources to determine their populations' need for services, identify resources and gaps in services, and gauge provider and community readiness and capacity to deliver services. States are also becoming more sophisticated in prioritizing their needs and developing plans on how to best meet them. Brief descriptions about how States conduct needs assessments and plan for services are below. To see examples of such activities and State highlights see Appendix H.

Conducting Needs Assessments

Most States use national standardized instruments to assess ATOD prevention and treatment needs that include questions about ATOD use, risk and protective factors, and consequences related to ATOD use¹¹. For most States, these data provide a statewide estimate of need at the State level only. Some States have enhanced the survey methodology and/or developed their own instruments so that they also provide estimates at a regional, county, or local level to facilitate regional or local planning.

States also appear to make good use of information from other sources including archival and social indicator data from other State and local agencies, program monitoring information, and both formal and informal input from community members, providers, local officials, and members from target populations.

States generally make the needs assessment findings available to their substate entities, local providers, and the general public. Methods used to disseminate findings include posting them on State Web sites, creating detailed printed reports, and distributing them via CD-ROM.

Developing Alcohol, Tobacco, and Other Drug Prevention and Treatment Plans

All States conduct ATOD prevention and treatment planning at some level, yet the planning processes and resulting plans vary considerably in scope and content. For some States, planning for prevention and treatment services is a combined process within the SSA resulting in an integrated ATOD prevention and treatment plan. For some States, plans are the result of active collaboration with other State agencies and address a variety of public health issues and health promotion concerns, in addition to ATOD prevention and treatment. Some States may have a stand-alone strategic plan for prevention and another one for treatment. Some States have the active involvement of the Governor's office in their ATOD planning, and in others a structured planning process is mandated by the State legislature to meet a need and/or achieve a desired outcome. Some States require planning by their substate entities, and others require comprehensive planning from their providers.

¹¹ The national instruments and/or data sources most cited include the Youth Risk Behavior Survey, National Survey on Drug Use and Health, Behavior Risk Factor Surveillance Survey, Pregnancy Risk Assessment Monitoring System, Youth Tobacco Survey, Kids Count Survey, and State Treatment Needs Assessment Project data.

Evaluation Activities

States use a variety of methods to monitor and evaluate their ATOD prevention and treatment policies, programs, and strategies, and they assess their providers at a variety of levels including programmatic, fiscal, and compliance and for achievement of goals, objectives, and client outcomes. States are primarily interested in determining whether programs are doing what they said they would do, serving the numbers of persons in the anticipated strategies, and having an intermediate or long-term impact. Brief descriptions about how States monitor and evaluate services are below. To see examples of such activities and State highlights, see Appendix H.

Evaluating Outcomes

States are moving increasingly toward evaluating the outcomes of their services, strategies, programs, and policies. Although most States have a formal process for monitoring their substance abuse prevention and treatment services, not as many are evaluating the long-term results, or outcomes, of their funded programs and strategies. While some States are adept at measuring program-specific outcomes, others are not. The capacity to measure outcomes is becoming more of an issue as States are increasingly being required to collect and analyze population or community-level outcome data. As States move toward collecting and analyzing population-level data, States will increasingly be able to link needs assessment and evaluation activities.

Computerized Management Information Systems

Many States have developed and/or use administrative databases to collect information about the persons served, strategies employed, and other characteristics of their ATOD prevention and treatment systems. Such systems allow States to describe the population served, treatment or prevention strategies delivered, length of delivery, and, depending on the sophistication of the evaluation methodology, performance outcomes.

Training and Technical Assistance Activities

All States indicated wanting to maintain a well-qualified and trained workforce to deliver prevention and treatment services. Most States do not have a written and formal workforce development plan, but many SSAs will only contract with provider agencies that have staff development requirements, require certification or credentialing of provider staff, and offer or support a variety of trainings, workshops, conferences, and institutes. In addition, SSAs collaborate with other agencies such as the Center for the Application of Prevention Technologies (CAPTs), the Addiction Technology Transfer Centers (ATTCs), colleges, universities, and other training entities to strengthen their workforce. SSAs also provide technical assistance to substate entities and providers to enhance skills in delivering effective prevention and treatment services and offer Web-based resources. States also strengthen the prevention and treatment workforces through other methods such as by maintaining a resource clearinghouse or library, working with the college and/or university system to develop the workforce, and using designated Regional Alcohol and Drug Awareness Resources (RADAR) Network Centers to disseminate information and provide assistance. To see examples of training and technical assistance activities and State highlights see Appendix H.

Expenditures of Block Grant Funds for Resource Development Activities

Nationally, Block Grant funding for resource development activities increased from \$64 million in FY 2000 to \$74 million in FY 2003 (figure 2.36, table 2.15). There were slight changes in the distribution of funds: expenditures on quality assurance and program development decreased slightly during this period, from 23 to 19 percent and from 17 to 14 percent respectively, and expenditures on training and information systems increased from 13 to 18 percent and from 16 to 19 percent, respectively (figures 2.34–2.35).

Figure 2.34. Expenditures of Block Grant Funds by Resource Development Activity, FY 2000



Figure 2.35. Expenditures of Block Grant Funds by Resource Development Activity, FY 2003

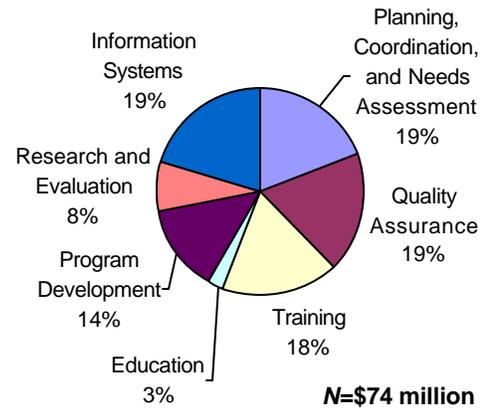


Figure 2.36. Expenditures of Block Grant Funds by Resource Development Activity, FYs 2000–2003

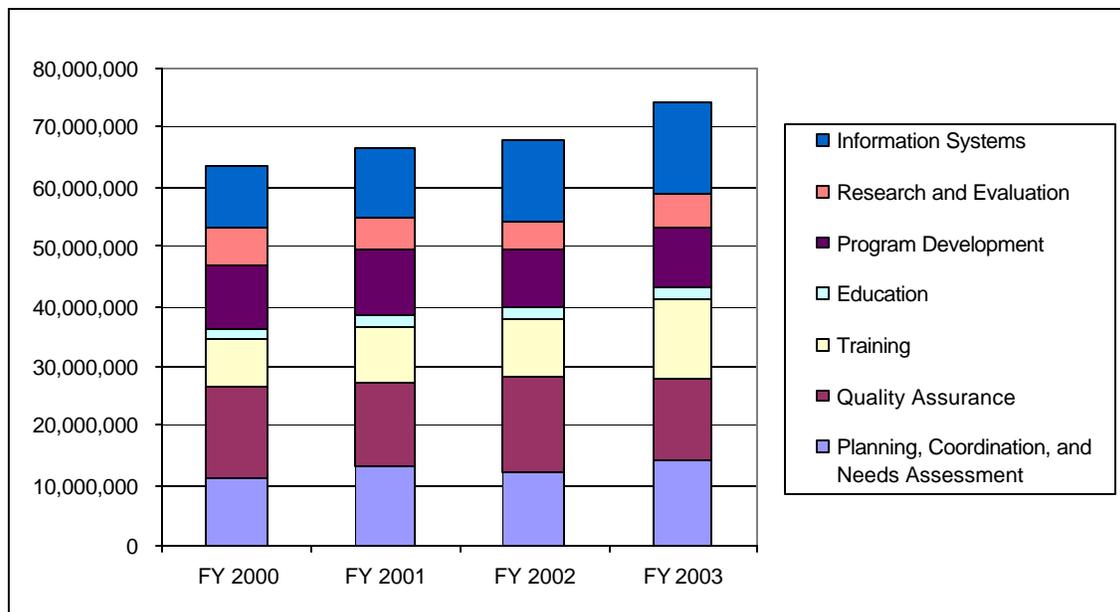


Table 2.15. Single State Agency Expenditures of Block Grant Funds by Resource Development Activity, FYs 2000–2003

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, and Needs Assessment	11,302,508	18	13,041,761	20	12,300,231	18	14,248,411	19
Quality Assurance	15,249,896	23	14,400,483	22	16,065,296	24	13,701,459	19
Training	8,008,501	13	9,045,182	14	9,624,839	14	13,152,565	18
Education	1,593,711	3	2,060,864	3	1,952,244	3	1,877,090	3
Program Development	10,711,161	17	10,897,592	16	9,370,367	14	10,273,517	14
Research and Evaluation	6,547,267	10	5,617,797	8	4,922,473	7	5,706,620	8
Information Systems	10,284,749	16	11,541,230	17	13,731,384	20	14,986,691	19
TOTAL*	63,697,793	100	66,604,909	100	67,966,834	100	73,946,353	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding. Dollars spent may not be consistent from table to table due to State reporting discrepancies in the Block Grant applications.

Discretionary Funding

In addition to dispersing Block Grant funds to States and territories, SAMHSA supports substance abuse prevention and treatment efforts through a broad range of the competitive discretionary grants awards. Discretionary grants permit the Federal Government, according to specific authorizing legislation, to exercise judgment (discretion) in selecting the applicant/recipient organization through a competitive grant process. Several of the grants awarded through CSAP or Center for Substance Abuse Treatment (CSAT) support the National Drug Control Strategy and are designated as PRNS. These programs include the SPF SIG, ATR, and SBIRT, which are described later in this report.

During the grants re-engineering process in 2003, all of SAMHSA's discretionary grant programs were reviewed and most were placed in one of the following four broad categories for funding¹².

- **Services Grants** address gaps in services and/or increase the applicant's ability to meet the needs of specific populations and/or specific geographical areas with serious, emerging problems.
- **Infrastructure Grants** increase the capacity of the mental health and/or substance abuse service systems through needs assessments, the coordination of funding streams, and/or the development of provider networks, workforces, data infrastructure, and so on.
- **Best-Practices Planning and Implementation Grants** help grantees identify substance abuse treatment and prevention and mental health practices that could effectively meet local needs, develop plans for implementation of these practices, and pilot-test practices before full-scale implementation.
- **Service-to-Science Grants** support and evaluate innovative practices that are already in place.

The eligible recipients vary by grant award. Some grants are eligible to specific entities, such as the Governor's office or community coalitions, and others are available to a variety or wider range of entities. Most discretionary grant programs are for multiyear projects, but some may be for 1 year only.

Center for Substance Abuse Prevention

In FY 2004 CSAP dispersed monies through 23 discretionary grants programs. These programs addressed a variety of prevention areas, including enhancing an agency's infrastructure to deliver prevention services, prevention of specific drugs such as methamphetamine and ecstasy, trainings, conferences and resource-related grants, and combined substance abuse and HIV prevention. Overall, CSAP awarded 994 awards to the 50 States and the District of Columbia in FY 2004, totaling nearly \$193 million (table 2.16).

¹² http://alt.samhsa.gov/samhsa_news/VolumeXII_1/article4_1.htm

Table 2.16. Center for Substance Abuse Prevention Discretionary Grants Awarded to States, FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount	Average \$ Amount per Award
American Indian/Alaska Native National Resource Center	1	1,047,050	1,047,050
Anti-Drug Coalition	1	994,100	994,100
Centers for Application of Prevention Technology	1	337,588	337,588
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	17	4,970,052	292,356
CSAP 2004 Earmarks	15	3,588,703	239,247
Drug Free Communities	717	63,448,406	88,492
Drug Free Communities Mentoring	23	1,519,505	66,065
Emergency Response	1	50,000	50,000
Family Strengthening	4	1,657,521	414,380
Fetal Alcohol Syndrome / Effects	1	5,777,580	5,777,580
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	17	1,081,812	63,636
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	15	954,540	63,636
HIV/AIDS Cohort 3 Services	50	16,600,860	332,017
HIV/AIDS Cohort 4 Services	21	7,151,074	340,527
HIV/AIDS Cohort 5 Services	45	11,250,000	250,000
Iowa Methamphetamine Prevention Sole Source	1	399,949	399,949
Prevention of Methamphetamine and Inhalant Use	14	4,720,079	337,149
SAMHSA Conference Grants	6	150,000	25,000
SE Center for the Application of Prevention Technologies	1	481,920	481,920
Single Sole Source Grant to the Iowa Department of Public Health 2004	1	200,000	200,000
State Incentive Cooperative Agreements*	13	24,767,318	1,905,178
Strategic Prevention Framework State Incentive Grants*	17	39,966,405	2,350,965
Youth Transition into the Workplace	12	1,799,771	149,981
TOTAL	994	192,914,233	

SOURCE: www.shamhsa.gov

*Grants were open only to Governors' offices of SSAs.

Examples of Discretionary Awards for Prevention

Cooperative Agreement for Ecstasy and Other Club Drugs Prevention Services

The Cooperative Agreement for Ecstasy and Other Club Drugs Prevention Services grants are intended to expand and strengthen effective, culturally appropriate ecstasy and other club drugs prevention services at the State and local levels. Grant recipients were SSAs or equivalent agencies of tribal governments. Although eligibility is limited to governmental entities, these governmental entities are required to partner with local community organizations (public or private) in developing and implementing the grant project.

CSAP granted 17 awards for a total of nearly \$5 million to 11 State and Native American tribal governments to prevent ecstasy and other club drug use (table 2.17). The dollar amount awarded to the State/entity was a standard amount of \$292,356 per award, although some States received more than one award.

Table 2.17. Number of Awards and Amount Awarded for the Cooperative Agreement for Ecstasy and Other Club Drugs Prevention Services Grant by State, FY 2004

State	Number of Awards	Total \$ Amount
Arizona	1	292,356
California*	2	584,712
Connecticut	1	292,356
Florida	2	584,712
Hawaii	1	292,356
Maryland	1	292,356
Massachusetts	1	292,356
Mississippi	1	292,356
Oregon	2	584,712
Pennsylvania	1	292,356
Texas	4	1,169,424
TOTAL	17	4,970,052

SOURCE: www.samhsa.gov

*Of the two awards to California, one went to the California Department of Alcohol and Drug Programs and one went to the Jamul Indian Village.

State Incentive Cooperative Agreement for Community-Based Action

The SIGs call for Governors to develop and implement a comprehensive statewide substance abuse prevention strategy to optimize the use of State and Federal substance abuse prevention funding streams and resources including the 20-percent primary prevention set-aside from the SAPT Block Grant, the funds from this SIG program, and the additional financial support from Federal agencies, States, and communities. The SIG program has three goals: (1) coordination of funding, (2) development of a comprehensive State prevention system, and (3) assistance in measuring progress in reducing substance use by establishing targets for measures included in the NSDUH.

CSAP awarded 13 State Incentive Cooperative Agreements for Community-Based Action to 13 Governors' or District offices (figure 2.37). The grant amount ranged from \$300,000 (to the District of Columbia) to \$4 million (to California and Texas)(table 2.18).

Figure 2.37. State Incentive Cooperative Agreement for Community-Based Action, FY 2004

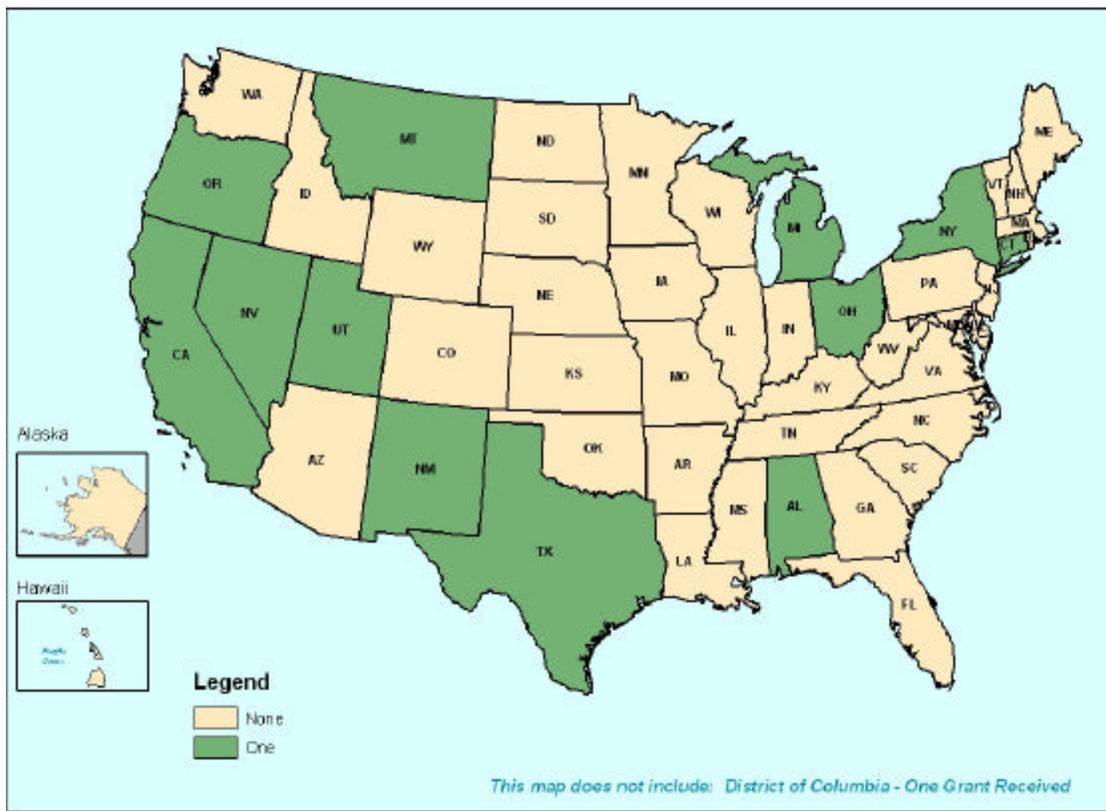


Table 2.18. State and Award Amounts for the State Incentive Cooperative Agreement for Community-Based Action Grant, FY 2004

State	Total \$ Amount
Alabama	3,000,000
California	4,000,000
Connecticut	750,000
District of Columbia	300,000
Michigan	2,967,318
Montana	750,000
New Mexico	750,000
Nevada	3,000,000
New York	750,000
Ohio	3,000,000
Oregon	750,000
Texas	4,000,000
Utah	750,000
TOTAL	24,767,318

SOURCE: www.samhsa.gov

Other Discretionary Awards to Single State Agencies

SSAs, in addition to other types of entities, were eligible to apply for other discretionary grant programs, may have received a sole source award, or were the sole recipient of a grant project. These awards could be awarded for a single year or multiple years. Highlights of these awards for FY 2004 include the following:

- **Alaska** received nearly \$5.8 million for the Comprehensive, Integrated Approach to Fetal Alcohol Syndrome: Prevention, Intervention, and Service Delivery, a 5-year congressionally earmarked project that is jointly funded by CSAP and CSAT to provide prevention activities including education and training of service providers, public school students and their families, and the general public. Interventions will include family planning, alcohol treatment, and other services for women of childbearing age at high risk for having a child with Fetal Alcohol Syndrome/alcohol-related birth defects.
- The **Iowa Department of Public Health** was awarded the Iowa Methamphetamine Prevention Sole Source award for nearly \$400,000 to develop a prevention initiative based on a CSAP model program. Schools and communities receiving funding will have a choice of three model programs: Reconnecting Youth, Strengthening Families, and Life Skills Training. This is part of a 3-year grant.
- The **Iowa Department of Public Health** was awarded the Single Sole Source Grant to the Iowa Department of Public Health for \$200,000 for a 1-year award (no description available).

Center for Substance Abuse Treatment

In FY 2004 CSAT dispursed monies through 30 discretionary grants programs. These programs addressed a variety of areas, including enhancing an agency's capacity to deliver treatment services; providing treatment to specific populations such as homeless persons, pregnant/post-partum women, or persons with co-occurring disorders; and enhancing data systems and other infrastructure to improve delivery of treatment services. Overall, CSAT awarded 564 awards to the 50 States and the District of Columbia, totaling nearly \$344 million (table 2.19).

Table 2.19. Center for Substance Abuse Treatment Discretionary Grants Awarded to States, FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount	Average \$ Amount per Award
Access to Recovery*	15	99,410,000	6,627,333
Addiction Technology Transfer Center	14	9,111,338	650,810
Adult Juvenile and Family Drug Courts	41	15,490,218	377,810
CSAT 2004 Earmarks	24	6,292,653	262,194
DATA Physician Clinical Support System	1	499,681	499,681
Effective Adolescent Treatment	38	9,176,223	241,480
Grants for Accreditation of Opioid Treatment Providers	4	750,000	187,500
Homeless Addictions Treatment	68	32,427,885	476,881
Iowa Methamphetamine Treatment Sole Source, 2003	1	499,963	499,963
Methamphetamine Populations	6	2,965,536	494,256
NASADAD State Collaborative Activity	1	500,000	500,000
Pregnant/Post-Partum Women	20	9,848,190	492,410
Recovery Community Service	21	5,528,195	263,247
Recovery Community Support - Facilitating	3	1,050,000	350,000
Recovery Community Support - Recovery	5	1,747,559	349,512
Rehabilitation and Restitution	1	1,350,000	1,350,000
Residential Substance Abuse Treatment	17	7,829,723	460,572
SAMHSA Conference Grants	8	386,700	48,338
Sole Source for Hawaii	1	297,967	297,967
State Data Infrastructure*	32	3,199,960	99,999
State Targeted Capacity Expansion (TCE) Screening, Brief Intervention, Referral, and Treatment*	7	22,198,826	3,171,261
Strengthening Access and Retention*	13	2,528,580	194,506
Strengthening Communities, Youth	12	8,454,272	704,523
Targeted Capacity, HIV/AIDS	138	63,073,333	457,053
Targeted Capacity Expansion	36	16,803,029	466,751
TCE Innovative Treatment	6	2,940,703	490,117
TCE Minority Populations	6	2,999,755	499,959
TCE Rural Populations	6	2,994,695	499,116
Treatment of Persons With Co-Occurring Substance-Related and Mental Disorders*	7	7,404,167	1,057,738
Youth Offender Reentry Program 2004	12	5,821,671	485,139
TOTAL	564	343,580,822	

SOURCE: www.samhsa.gov

*Grants were open only to Governors' offices or SSAs.

Examples of Discretionary Awards for Treatment

Access to Recovery (ATR)

ATR is a Presidential initiative promoting the use of vouchers to provide client choice among substance abuse treatment and recovery support service providers. It is also intended to expand access to a comprehensive array of clinical treatment and recovery support options and increase substance abuse treatment capacity. Recipient organizations are limited to the chief executive officer (e.g., Governor) in the States, territories, and the District of Columbia or the head of a tribal organization.

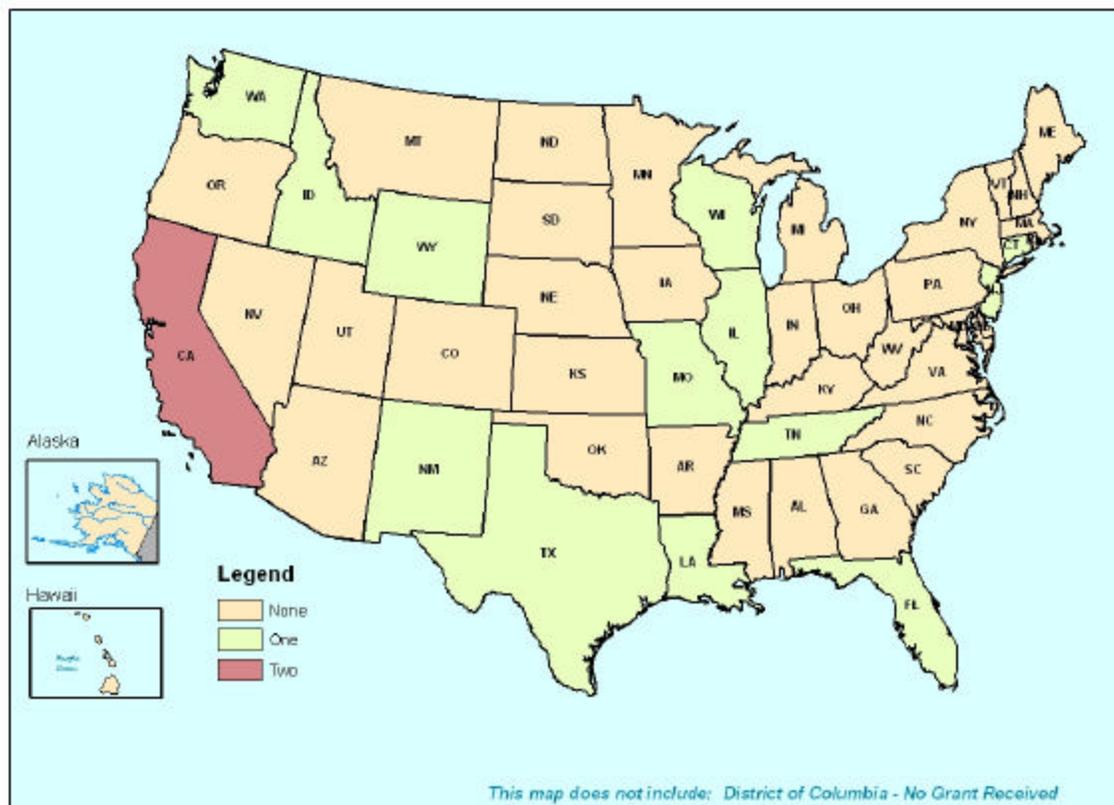
ATR's three key objectives are as follows:

1. Increase the Nation's treatment capacity—States are required to broaden their base of providers.
2. Expand consumer choice—Nonprofit, proprietary, community-based, and faith-based programs that are licensed/certified by the States are eligible providers.
3. Reward performance with financial incentives

The way it works: When a person seeks treatment, professionals assess the individual's needs, offer a voucher for the level of care required, and refer the person to a variety of providers who can offer such services. The individual then selects a provider and "pays" for the treatment with the voucher. The provider redeems the voucher through the organization administering the State's program.

CSAT awarded 15 ATR grants totaling more than \$99 million to 15 entities (figure 2.39). The award amounts ranged from nearly \$1 million (Wyoming) to \$8 million (awarded to 10 States). California received two ATR awards; one was awarded to the governor's office and the other went to the California Rural Indian Health Board.

Figure 2.39. Access to Recovery Awards, FY 2004



Screening, Brief Intervention, Referral, and Treatment (SBIRT)

The purpose of the SBIRT grant program is to expand and enhance State substance abuse treatment service systems by expanding the State's continuum of care to include screening, brief intervention, referral, and brief treatment in general medical and other community settings.

All States, territories, and federally recognized Indian tribes were eligible to apply, but the applicant must be the immediate State Governor's office (for territories and Indian tribes, the office of the chief executive officer).

CSAT awarded seven SBIRT grants to States. Six of the seven awards were for approximately \$3 million, and one was for \$2 million (Alaska)(table 2.19).

Table 2.19. State and Award Amounts for the Screening, Brief Intervention, Referral, and Treatment Grant, FY 2004

State	Total \$ Amount
Alaska	2,176,494
California	3,331,238
Illinois	3,346,000
New Mexico	3,346,000
Pennsylvania	3,307,430
Texas	3,346,000
Washington	3,345,664
TOTAL	22,198,826

SOURCE: www.samhsa.gov

State Data Infrastructure

The primary goal of this program is to help SSAs report performance measures for planned SAPT Block Grant/Performance Partnerships Grants (PPGs). Funds assist States, in collaboration with one another and with CSAT, to develop administrative data infrastructure for collecting and reporting PPG and related information. Funds can also be used to train State staff to collect and analyze performance data.

Applicants are limited to SSAs.

CSAT awarded more than \$3 million to 32 SSAs (figure 2.40). Each award was for approximately \$100,000.

State Incentive Grants (COSIG) for Treatment of Persons With Co-Occurring Substance-Related and Mental Disorders

SAMHSA's Center for Mental Health Services (CMHS) and CSAT jointly fund this program for States to develop and enhance the infrastructure of States and their treatment service systems to increase the capacity for accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services to persons with co-occurring substance use and mental disorders and their families.

Only the immediate State Governors' offices were eligible for this grant because they have the greatest potential to provide the multiagency leadership to develop the State's infrastructure/treatment service systems.

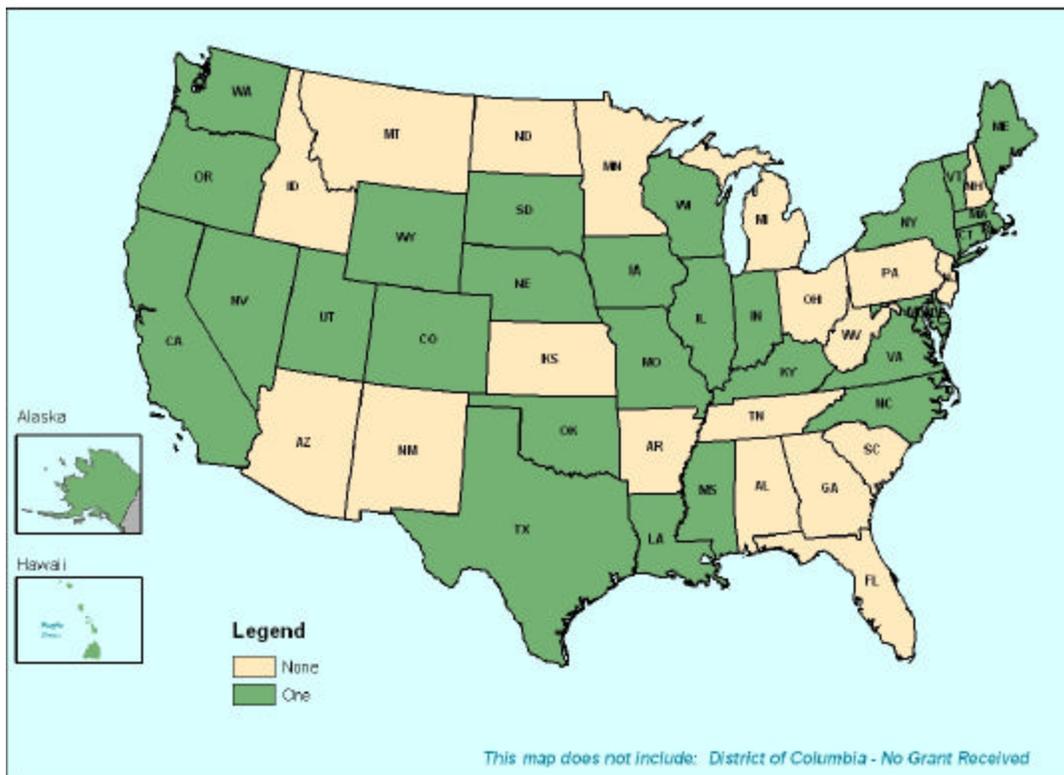
CSAT/CMHS awarded seven COSIG grants to seven States for a total of more than \$7 million for FY 2004 as part of a 5-year grant. Awards ranged from more than \$900,000 (Missouri) to approximately \$1 million (five of seven States)(table 2.20).

Table 2.20. State and Award Amounts for the State Incentive Grant for Treatment of Persons with Co-Occurring Substance-Related and Mental Disorders, FY 2004

State	Total \$ Amount
Alaska	1,071,750
Arkansas	1,100,000
Hawaii	1,009,743
Louisiana	1,095,298
Missouri	931,722
Pennsylvania	1,095,654
Texas	1,100,000
TOTAL	7,404,167

SOURCE: www.samhsa.gov

Figure 2.40. State Data Infrastructure Awards, FY 2004



SOURCE: www.samhsa.gov

Other Discretionary Awards to Single State Agencies

SSAs, in addition to other types of entities, were eligible to apply for other discretionary grant programs, may have received a sole source award, or were the sole recipient of a grant project. These awards could be awarded for a single year or multiple years. Highlights of these awards for FY 2004 included the following:

- The **Iowa Department of Public Health** was awarded the Iowa Methamphetamine Treatment Sole Source grant for nearly \$500,000 to expand the service capacity for adults who abuse methamphetamine in the central Iowa area through targeted case management and to assist clients in accessing treatment and continuing care services.
- The **Ohio Department of Alcohol and Drug Addiction Services** was awarded \$1.35 million for Rehabilitation and Restitution. Although awarded to the State, this program will operate in Cuyahoga County in collaboration with the county's Department of Justice Affairs. This program will provide substance abuse treatment and supportive services for more than 5 years to persons who are charged with certain first-time nonviolent felonies to improve treatment retention and outcome, reduce the stigma of past substance abuse and nonviolent criminal activity, and reduce criminal activity. The project promotes multisystem collaboration and provides linkages to substance treatment, educational and vocational services, restitution and community services, and gender-specific family support services.
- **Nebraska** was awarded a SAMHSA Conference Grant in the amount of \$50,000 to provide the most current information on problem gambling and co-occurring substance abuse from the leading experts in the field.

Section III: Explanation and Layout of State Profiles

The State profiles are organized in the following manner:

State Contact Information

[1] The name and contact information for the Single State Agency (SSA) director is presented. This person is the individual designated as the primary contact for the State alcohol, tobacco, and other drug (ATOD) agency.

Structure and Function

[2] This narrative portion describes the overall structure, role, and responsibilities of the State agencies that are charged with receiving and administering the Substance Abuse Prevention and Treatment (SAPT) Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and other ATOD monies. Information summarizes the State hierarchical structure of ATOD services in the State.

[3] An organization chart that depicts the SSA hierarchical structure is also presented.

MISSOURI
State SSA Director
 M. Michael Coyle, Director
 Division of Alcohol and Drug Abuse
 Missouri Department of Mental Health
 P.O. Box 6803
 Jefferson City, MO 65102
 Phone: 573-751-0459
 Fax: 573-751-3914
 E-mail: michael.coyle@dmh.mo.gov
 Web site: www.dmh.mo.gov/ada/ssadirector

Structure and Function

The Missouri Department of Mental Health (DMH) is the Single State Agency (SSA) responsible for substance abuse treatment and prevention services in the State. DMH oversees the Division of Alcohol and Drug Abuse (DADA), among others.

DADA administers services for substance abuse prevention and treatment, the Substance Abuse Treatment, Outreach Program (SATOP), the Comprehensive Gambling Treatment Program, training initiatives, and statewide planning efforts. Operating sections within DADA include the following eight units: treatment, clinical review (conducts utilization reviews of client clinical plans), prevention, administration, Out-of-House charges funds for groups exhibiting residential housing for recovering clients, staff development and training, planning, and district administration.

Single State Agency Structure

```

    graph TD
      DMH[Department of Mental Health (DMH)] --> DADA[Division of Alcohol and Drug Abuse (DADA)]
      DADA --> Prevention[Prevention (DADA)]
      DADA --> Clinical[Clinical Review]
      DADA --> Treatment[Treatment]
      DADA --> Admin[Administration and Training]
      DADA --> Admin2[Administration]
      DADA --> OutHouse[Out-of-House Charges]
      DADA --> Staff[Staff Development and Training]
      DADA --> Planning[Planning]
      Admin2 --> Operations[Operations]
      Admin2 --> Contracts[Contract and Vendor Contracts]
      Admin2 --> SATOP[Substance Abuse Treatment/Outreach Program (SATOP)]
      Admin2 --> ResSub[Residential Substance]
    
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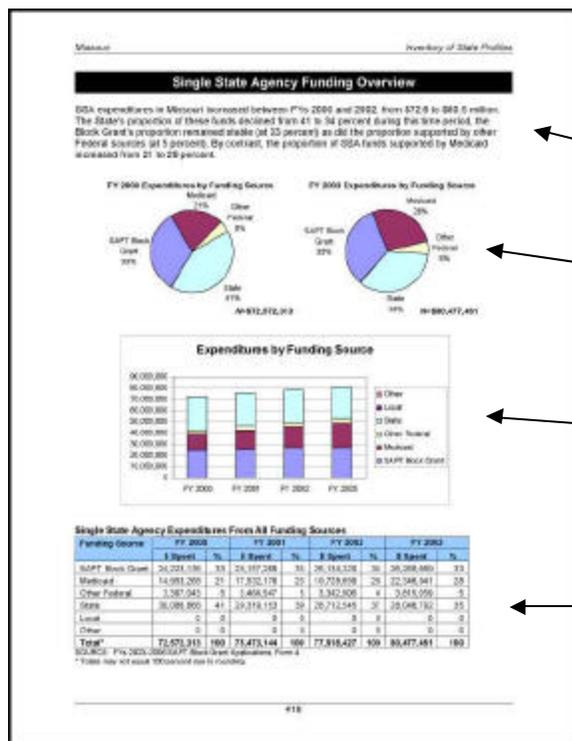
Funding Overview

[4] This section discusses overall ATOD expenditures in the State for FYs 2000 through 2003 broken down by sources (including Block Grant, Medicaid, other Federal, State, local, and other source contributions).

[5] Pie charts depict total SSA expenditures for FYs 2000 and 2003 broken down by funding source in terms of each funding source as a proportion of overall funds.

[6] The bar graph shows SSA expenditures broken down by funding source in terms of dollar amount for FYs 2000 through 2003.

[7] The table depicts SSA expenditures broken down by funding source in exact dollar amounts for FYs 2000 through 2003.



Missouri Inventory of State Profiles

Prevention Services

The five components of the DADA's prevention system (Community 2000, specialized initiatives, community-based services for youth and others, regional support centers (RSCs), and the statewide training and resource center) combine to create a continuum of prevention services available to all populations and all regions of the State.

Highlights of these unique components follow:

- Community 2000 is a network of volunteer, community teams focusing on reducing the incidence of substance use and abuse in their communities and changing community norms toward substance use by youth and others.
- RSCs are the primary source of technical assistance support for the Community 2000 teams. Each RSC has a mobilizer or prevention specialist who works directly with the teams in his or her area and assists with the development of teams and task forces in communities that desire to develop one. Also, through their tobacco retailer education activities, the RSCs play a key role in Missouri's efforts to limit the sales of tobacco products to underage youth.

In addition, the Leadership to Keep Children Accident Free, a unique coalition of Governor's spouses, Federal agencies, and public and private organizations, is an initiative to prevent the use of alcohol by children ages 9 to 15. It is the only national effort that focuses on alcohol use in this age group.

Prevention Funding and Expenditures

Prevention funding increased between FYs 2000 and 2003 from \$7.5 to \$8.3 million. The distribution of these funds remained stable during this time period. In FY 2003, 64 percent of prevention funds came from the Block Grant, 9 percent from the State, and 27 percent from other Federal sources.

Between FYs 2000 and 2003 Block Grant prevention funds ranged from \$0.86 to \$2.82 per capita.

FY 2000 Prevention Expenditures by Funding Source

FY 2003 Prevention Expenditures by Funding Source

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Following this section, with an identical layout of charts, graphs, and tables, are sections with the following information:

- Overall ATOD expenditures from all funding sources by activity (including treatment and rehabilitation, prevention, tuberculosis, HIV early intervention, and administration) for FYs 2000 through 2003
- SAPT Block Grant expenditures by activity for FYs 2000 through 2003
- Expenditure of State funds by activity for FYs 2000 through 2003

Prevention Services

[8] A narrative section provides a brief description of the State's prevention system, services, and strategies.

Prevention Funding and Expenditures

[9] This section describes prevention expenditures in the State for FYs 2000-2003 broken down by funding source (including Block Grant, State, other Federal, Medicaid, local, and other source contributions).

[10] Pie charts depict prevention expenditures for FYs 2000 and 2003 broken down by type of funding source in terms of proportion of overall prevention funds.

[11] The bar graph shows prevention expenditures from FYs 2000 through 2003 broken down by funding source in dollar amounts.

[12] A table depicts prevention expenditures broken down by funding source in exact dollar amounts for FYs 2000 through 2003.

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Inventory of State Profiles Missouri

Expenditures for Prevention Services by Funding Source

Funding Source	FY 2000	FY 2001	FY 2002	FY 2003
SAPT Block Grant	4,688,824	5,813,385	5,226,864	5,255,725
Other Federal	1,714,423	1,861,692	2,219,633	2,284,883
State	898,710	12,308,968	4,308,634	773,017
Local	0	0	0	0
Other	0	0	0	0
Total	7,481,959	7,228,085	8,338,131	8,211,621

SOURCE: FY 2003: 2003 SAPT Block Grant Expenditures, Form 2
* Totals may not equal 100 percent due to rounding.

Core Strategies

Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Intensive Dissemination	Materials distribution occurs at health and prevention fairs, parades, and resource fairs and via presentations and speakers bureaus.
Education	Activities include training and technical assistance, classroom curricula, peer educator recruitment, training resource center conference, and other family and youth programs.
Alternatives	Children activities promote healthy alternatives via youth development activities, rock climbing, cultural activities, and after-school activities.
Community-Based Processes	Funding supports the Regional Alcohol and Drug Assessment Resource (RAGAR) network, 11 Regional Support Centers, and a statewide resource center. The University of Missouri also makes available information to practitioners.
Environmental	Strategies include a newsletter, legislation, fact campaigns, and university coalitions.
Problem Identification and Referral	Funds support children of substance abusers screenings and services, youth substance abuse identification and services, and treating required services and referrals.

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Core Strategies

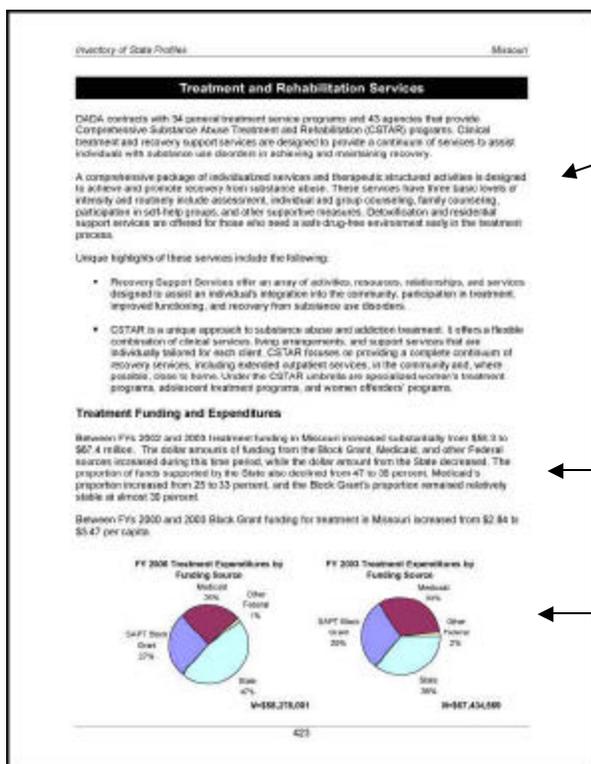
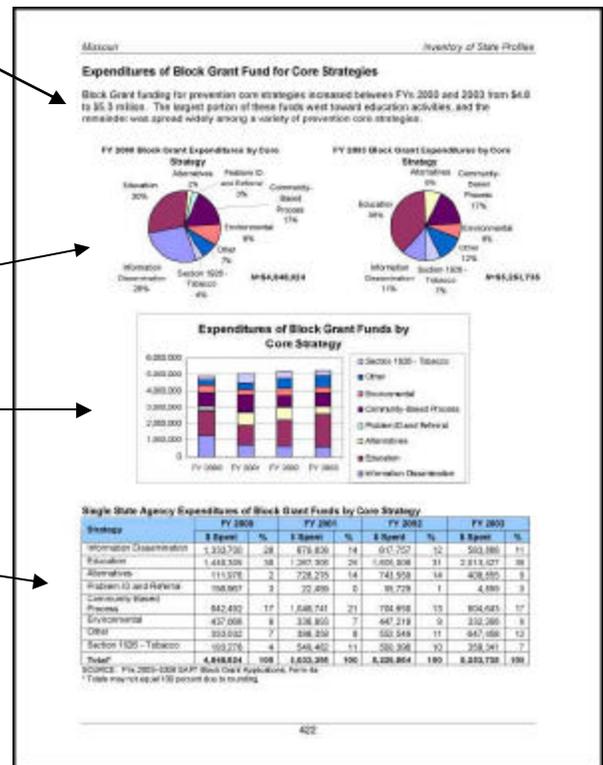
[13] This section provides examples of activities and strategies undertaken by the SSA for each of the Center for Substance Abuse Prevention (CSAP) six core strategies in FY 2004. The six core strategies include information dissemination, education, alternatives, community-based processes, environmental, and problem identification and referral.

Expenditures of Block Grant Funds for Core Strategies

[14] This section describes SAPT Block Grant expenditures for FYs 2000 through 2003 broken down by CSAP prevention core strategies.

[15] Pie charts depict Block Grant expenditures for FYs 2000 and 2003 broken down by CSAP core strategy in terms of core strategy as a proportion of total Block Grant CSAP funds.

[16] The bar graph shows Block Grant expenditures for FYs 2000 through 2003 broken down by CSAP core strategy in dollar amounts.



[17] The table depicts Block Grant expenditures broken down by CSAP core strategy in exact dollar amounts for FYs 2000-2003.

Treatment and Rehabilitation Services

[18] A narrative section provides a brief description of the State's treatment and rehabilitation system, services, and strategies.

Treatment Funding and Expenditures

[19] This section describes treatment funding in the State for FYs 2000-2003 broken down by funding source (including Block Grant, State, other Federal, Medicaid, local, and other source contributions).

[20] Pie charts depict treatment expenditures in FYs 2000 and 2003 broken down by funding source in terms of type of funding sources as a proportion of overall treatment funds.

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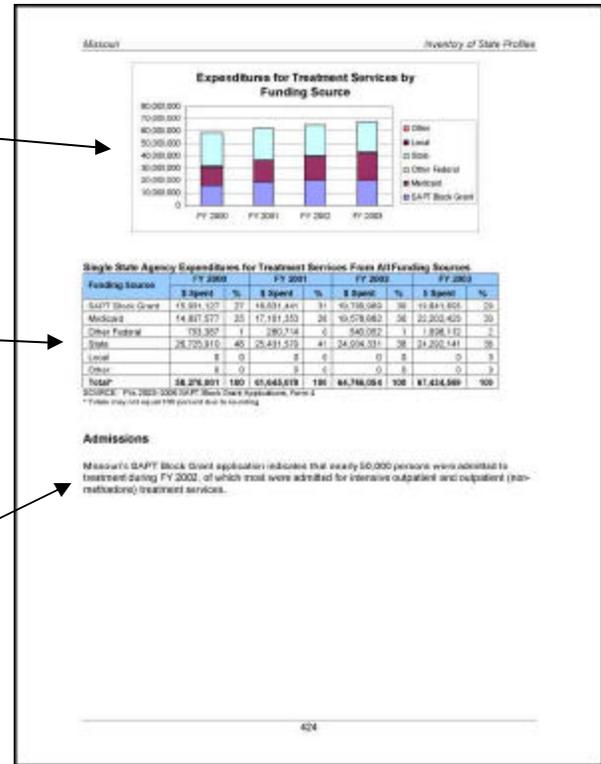
[21] The bar graph shows treatment expenditures from FYs 2000 through 2003 broken down by funding source in dollar amounts.

[22] The table depicts treatment expenditures broken down by source in exact dollar amounts for FYs 2000 through 2003.

Admissions

[23] This section describes the total number of persons admitted to treatment during FY 2002 as well as type of treatment persons received, type of substance abuse problem, and gaps in treatment.

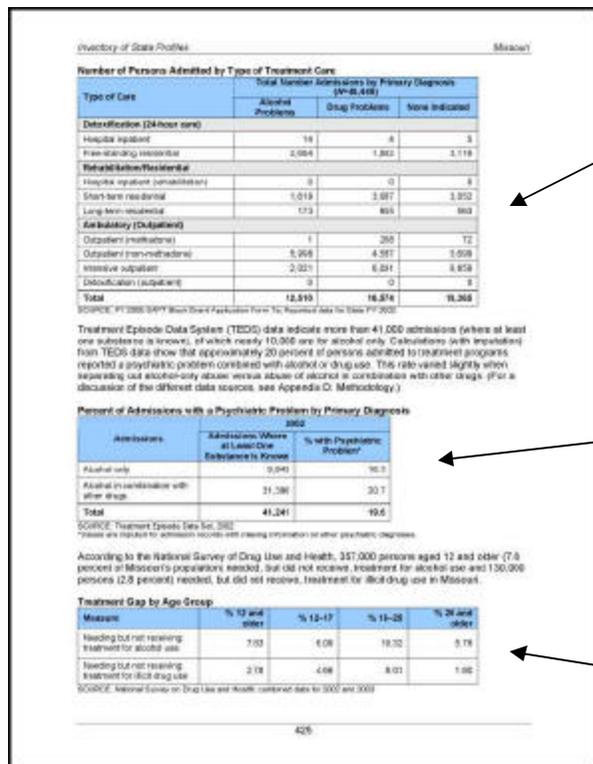
[24] **Admissions:** A table depicts the number of treatment admissions in FY 2002 broken down by type of substance abuse problem (alcohol and illicit drugs) and type of care (including detoxification, rehabilitation/residential, and outpatient).



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[25] **Co-occurring Disorder:** A table depicts the number of treatment admissions in FY 2002 where at least one substance is known broken down by the percentage of those with a co-occurring psychiatric problem.

[26] **Treatment Gap:** A table depicts persons who needed, but did not receive, substance abuse treatment in FYs 2002 and 2003 broken down by age.

Resource Development Activities

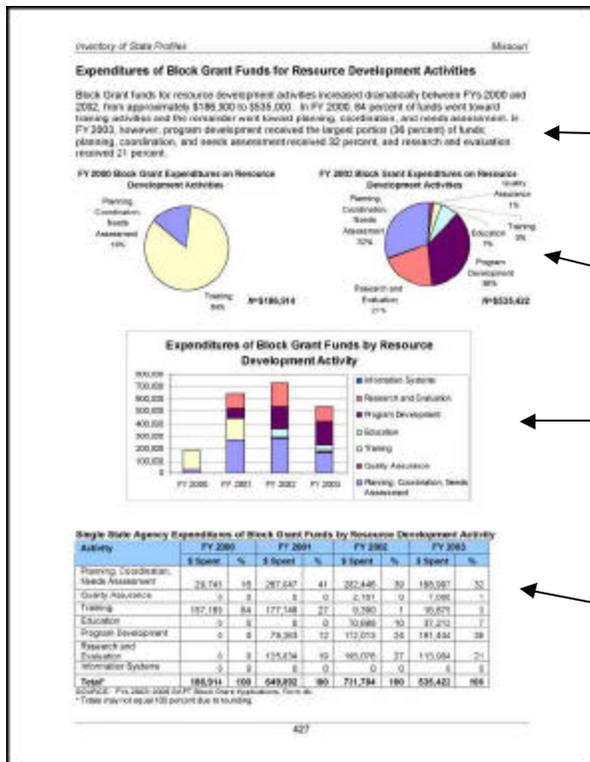
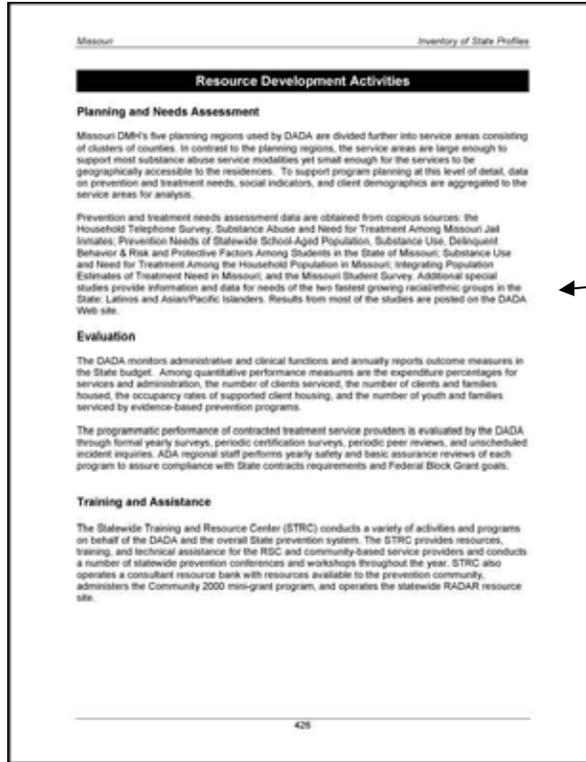
[27] This narrative section describes the State's activities in the infrastructure and resource development areas of planning, needs assessment, evaluation, training, and technical assistance activities.

Expenditures of Block Grant Funds for Resource Development Activities

[28] This section discusses Block Grant expenditures for resource development activities for FYs 2000 through 2003.

[29] Pie charts depict expenditures on resource development activities for FYs 2000 and 2003 broken down by type of activity as a proportion of the total expenditures.

[30] The bar graph shows Block Grant expenditures on resource development activities in FYs 2000 through 2003 broken down by type of activity in terms of dollar amount.



[31] The table depicts Block Grant expenditures on resource development activities by type of activity in exact dollar amount for FYs 2000 through 2003.

Discretionary Funding

Center for Substance Abuse Prevention

[32] This section discusses the amount of CSAP discretionary funds awarded in FY 2004 by type of award.

[33] The table depicts the number of CSAP discretionary awards for FY 2004, as well as the amount and type of each award.

Center for Substance Abuse Treatment

[34] This section discusses the amount of CSAT discretionary funds awarded in FY 2004 by type of award.

[35] The table depicts the number of CSAT discretionary awards for FY 2004, as well as the amount and type of each award.

Inventory of State Profiles

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary funds for prevention totaled \$4.2 million in Missouri in FY 2004. Twelve of the 17 awards were for drug free communities. The largest single award was a Strategic Prevention Framework State Incentive Grant (SPF-SIG) for \$2.3 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total Amount
Drug Free Communities	17	1,103,580
Drug Free Communities Mentoring	1	19,083
HIV/AIDS-Carrier Services	1	308,380
Prevention of Meth and Tobacco Use	1	348,975
Strategic Prevention Framework State Incentive Grants	1	2,350,962
Total	17	4,228,980

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Approximately \$12 million was awarded to Missouri in Center for Substance Abuse Treatment (CSAT) discretionary grants in FY 2004. The largest single award was for the Access to Recovery (ATR) program for \$7.6 million. Other awards included the Addiction Technical Transfer Center, Increase Addictive Treatment and Tapered Capacity—HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total Amount
Access to Recovery	1	7,600,723
Addiction Technical Transfer Center	2	1,208,000
Behavior Assessment Treatment	1	228,088
Increase Addictive Treatment	2	560,200
State Data Infrastructure	1	100,000
Strategic Community Youth	1	467,000
Targeted Capacity - HIV/AIDS	8	1,888,425
Treatment of Patients with Co-Occurring Substance Related and Mental Disorders	1	931,722
Total	13	11,942,658

SOURCE: www.samhsa.gov

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Section IV:
State Profiles

ALABAMA

State SSA Director

Mr. J. Kent Hunt

Associate Commissioner for Substance Abuse

Substance Abuse Services Division

Alabama Department of Mental Health and Mental Retardation

RSA Union Building

P.O. Box 301410

Montgomery, AL 36130-1410

Phone: 334-242-3961

Fax: 334-242-0759

E-mail: kent.hunt@mh.alabama.gov

Web site: www.mh.state.al.us

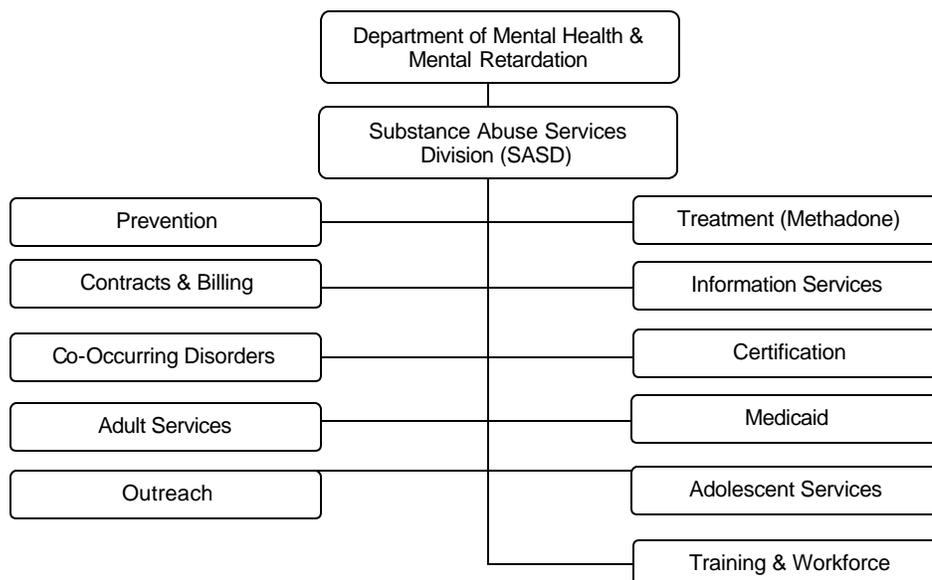
Structure and Function



The Alabama Department of Mental Health and Mental Retardation is the State agency responsible for serving Alabama citizens with mental illness, mental retardation, and substance abuse problems. The Substance Abuse Services Division (SASD) is located within this agency and is the Single State Agency (SSA) responsible for the development, coordination, and management of a comprehensive system of treatment and prevention services for alcoholism/drug addiction and abuse. This responsibility encompasses contracting for services with local providers, monitoring service contracts, evaluating and certifying service programs according to departmental standards for substance abuse programs, and developing models for a continuum of treatment and prevention services.

Specifically, the SASD funds these services through contracts with certified nonprofit providers throughout the 22 catchment areas and 4 regions of Alabama. The catchment areas are governed by planning boards, whose major responsibility is operating Alabama's Community Mental Health Centers (CMHCs), which deliver alcohol, tobacco, and other drug (ATOD) prevention and treatment services.

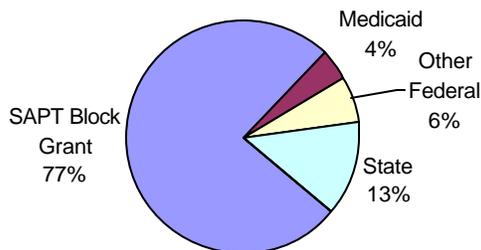
Single State Agency Structure



Single State Agency Funding Overview

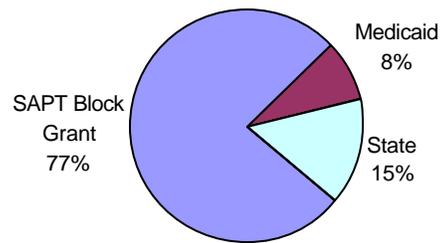
Single State Agency (SSA) funding increased steadily in Alabama from FYs 2000 to 2003. In FY 2003, SSA funds totaled \$31.2 million—up from \$29.2 million in FY 2000. During this time, the distribution of funds changed somewhat. Although funding from the Block Grant remained relatively stable, funding from other Federal sources decreased over time from constituting 6 percent of total funds to providing no funds. Also, Medicaid funding increased from 4 to 8 percent of the total, and State funding increased from 13 to 15 percent.

FY 2000 Expenditures by Funding Source



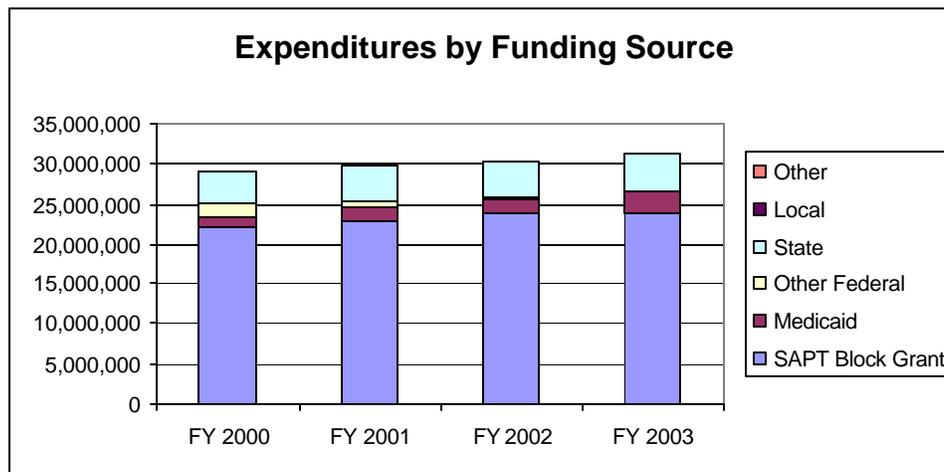
N=\$29,158,534

FY 2003 Expenditures by Funding Source



N=\$31,244,502

Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	22,197,312	76	22,994,659	77	23,828,000	79	23,970,196	77
Medicaid	1,225,143	4	1,596,592	5	1,731,560	6	2,548,051	8
Other Federal	1,826,578	6	821,241	3	265,334	1	0	0
State	3,909,501	13	4,425,304	15	4,478,312	15	4,726,255	15
Local	0	0	0	0	0	0	0	0
Other	0	0	77,566	0	0	0	0	0
Total*	29,158,534	100	29,915,362	100	30,303,206	100	31,244,502	100

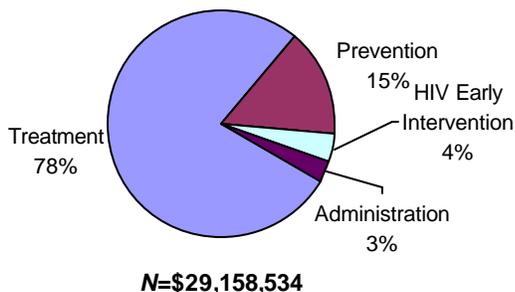
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

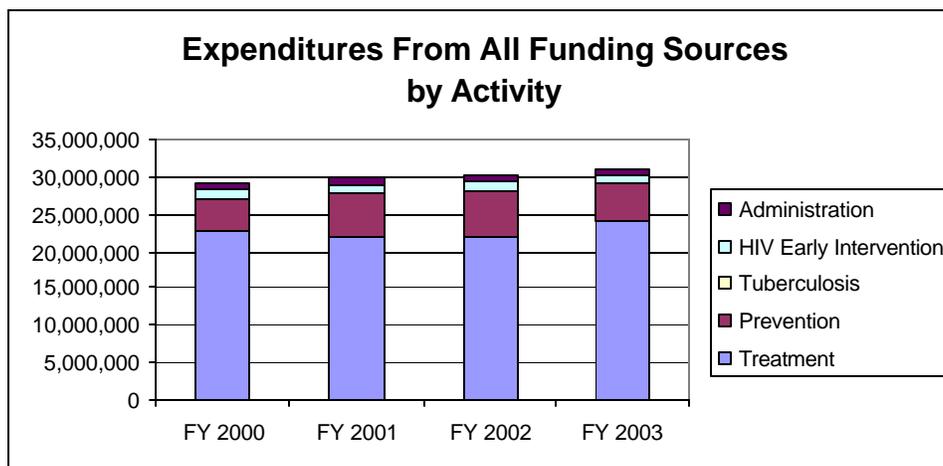
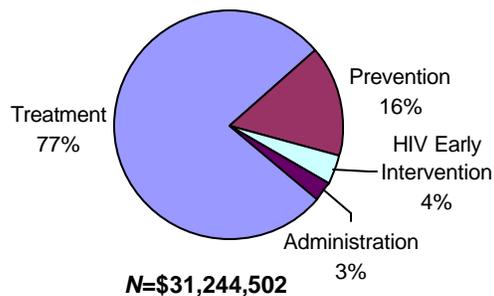
Activities and Expenditures From All Funding Sources

Of the more than \$31.2 million expended in Alabama, more than three-fourths of FY 2003 expenditures (77 percent) in Alabama went toward treatment services, with only 16 percent toward prevention services. This distribution of funds has remained relatively stable since FY 2000.

FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2005	
	\$ Spent	%						
Treatment and Rehabilitation	6,529,483	22	5,641,327	19	21,929,354	72	24,129,432	77
Alcohol Treatment	7,505,963	26	4,986,466	17				
Drug Treatment	8,694,808	30	11,491,829	38				
Prevention	4,439,462	15	5,669,052	19	6,234,537	21	4,930,210	16
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,109,866	4	1,149,733	4	1,191,400	4	1,249,858	4
Administration	878,952	3	976,955	3	947,915	3	845,002	3
Total*	29,158,534	100	29,915,362	100	30,303,206	100	31,244,502	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

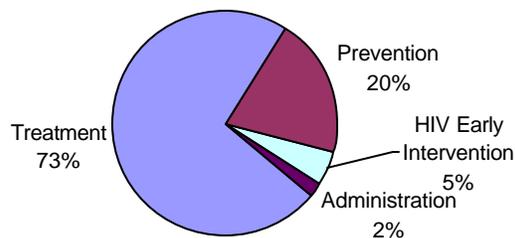
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

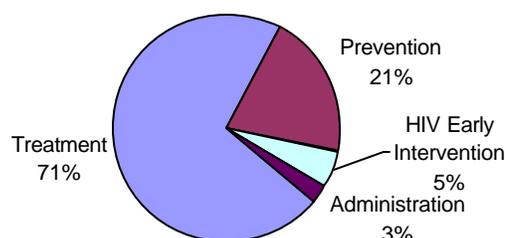
Of the \$24 million in Block Grant expenditures in FY 2003 in Alabama, 71 percent went toward treatment services, 21 percent toward prevention services, and the rest toward HIV early intervention (5 percent) and administration costs (3 percent). This distribution has remained relatively stable since FY 2000.

FY 2000 Block Grant Expenditures by Activity

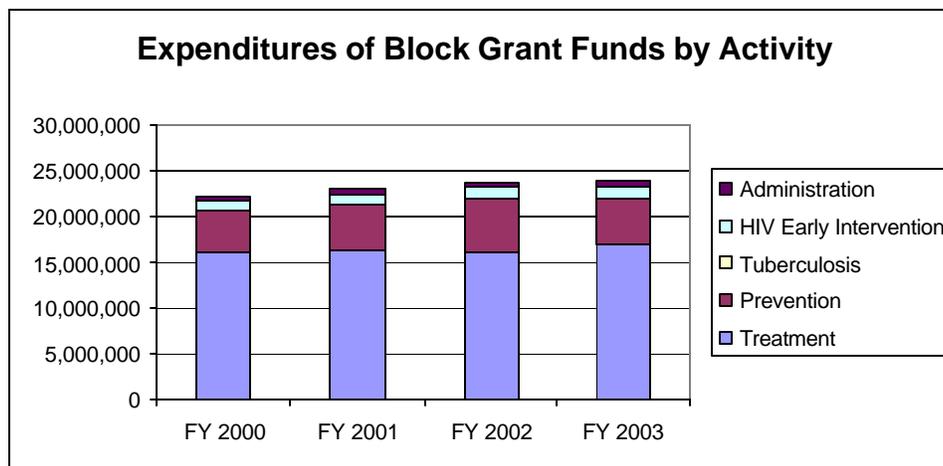


N=\$22,197,312

FY 2003 Block Grant Expenditures by Activity



N=\$23,970,196



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	16,105,288	68	17,152,741	71
Alcohol Treatment	7,505,963	34	4,986,466	22				
Drug Treatment	8,694,808	39	11,491,829	50				
Prevention	4,439,462	20	4,847,811	21	5,969,203	25	4,930,210	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,109,866	5	1,149,733	5	1,191,400	5	1,249,858	5
Administration	447,213	2	518,820	2	562,109	2	637,387	3
Total*	22,197,312	100	22,994,659	100	23,828,000	100	23,970,196	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

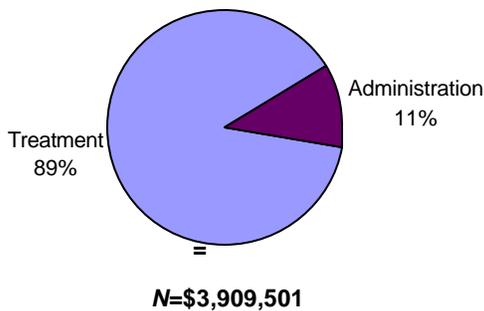
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

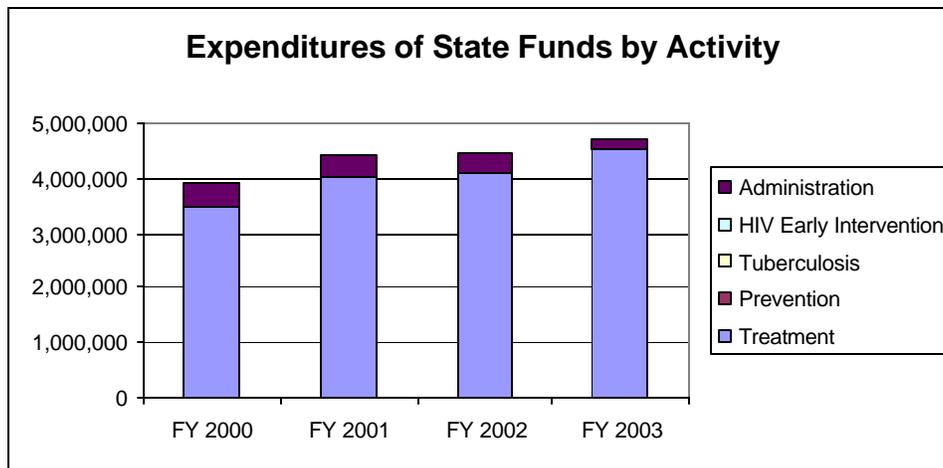
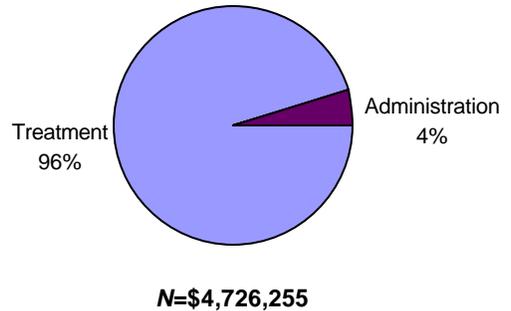
Expenditures of State Funds

Between FYs 2000 and 2003, State ATOD expenditures increased substantially from \$3.9 to \$4.7 million. The distribution of State expenditures during this time period also changed. The proportion of State expenditures allocated for treatment services increased from 89 to 96 percent, and the proportion allocated for administration costs declined from 11 to 4 percent of the total.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	3,477,762	89	4,044,735	91	4,092,506	91	4,518,640	96
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	431,739	11	380,569	9	385,806	9	207,615	4
Total*	3,909,501	100	4,425,304	100	4,478,312	100	4,726,255	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

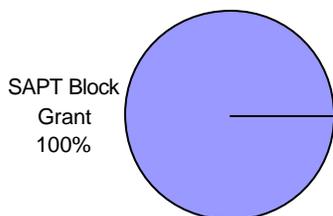
The goal of Alabama’s prevention system is to develop, implement, maintain, and evaluate programs that address ATOD issues. The objectives for reaching this goal include (1) a statewide informational network of regional clearinghouses that support various prevention programs and activities with information and materials, (2) statewide family strengthening programs to provide education activities to members of dysfunctional families in which children are at risk, (3) a statewide system of programs that target at-risk individuals by providing them with opportunities that help to place them in control of some parts of their lives, (4) a statewide system of programs that focus upon the identification of those who have indulged in illegal/age-inappropriate use of ATOD to determine if this behavior can be reversed through education, (5) a training system that allows for community-based training to be tailored to meet the needs identified by respective communities, and (6) a statewide campaign against the use of tobacco and alcohol products by adolescents.

Prevention Funding and Expenditures

Between FYs 2000 and 2003 prevention expenditures in Alabama increased slightly from \$4.4 to \$4.9 million. Since FY 2000 all of prevention spending has been funded by the Block Grant.

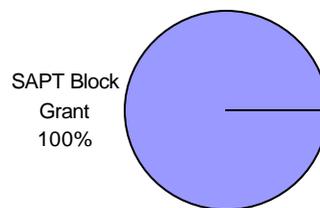
Block Grant funds for prevention services rose between FYs 2000 and 2002 from \$1.00 per capita to \$1.33 per capita. In FY 2003, Block Grant funds for prevention returned closer to the earlier level at \$1.10 per capita.

FY 2000 Prevention Expenditures by Funding Source

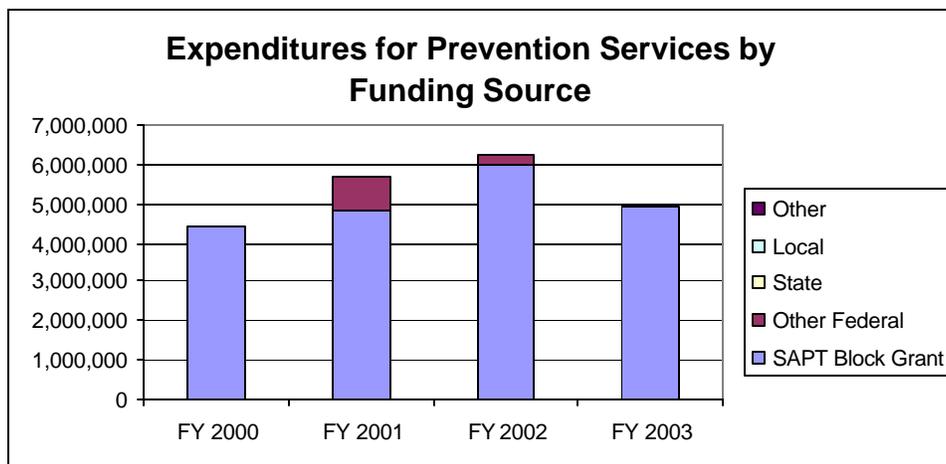


N=\$4,439,462

FY 2003 Prevention Expenditures by Funding Source



N=\$4,930,210



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,439,462	100	4,847,811	86	5,969,203	96	4,930,210	100
Other Federal	0	0	821,241	14	265,334	4	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	4,439,462	100	5,669,052	100	6,234,537	100	4,930,210	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

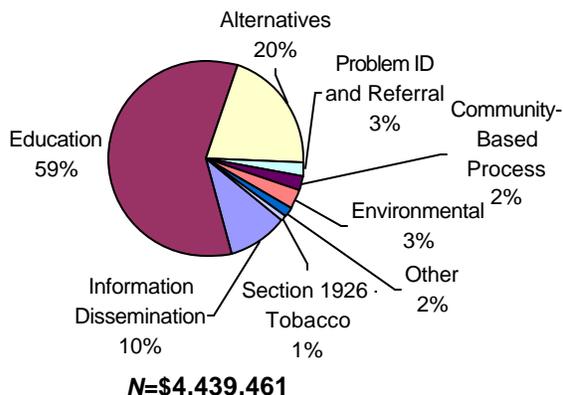
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Regional clearinghouses facilitate community speaking engagements, Health Fairs and other health promotion events, and technical assistance for the general population and various disciplines .
Education	Funds support interactive classroom education, specific programs for high-risk youth within alternative educational centers, family strengthening and parenting programs, and programs for pregnant women and teens .
Alternatives	Programs enhance cultural and education skills coupled with community recreational activities . Funds also support Youth Wilderness Programs and summer and alternative afterschool programs .
Community-Based Processes	Processes include workshops and in-service training modalities . The State partners with other community professionals that interface with children and youth services .
Environmental	Presentations that depict the hidden message contained within the alcohol/tobacco advertisements are continually being developed, distributed, and shown to local civic and parent organizations, youth groups, and all concerned consortiums .
Problem Identification & Referral	Programs are designed to offer specialized services for youth referred by the juvenile justice system and education .

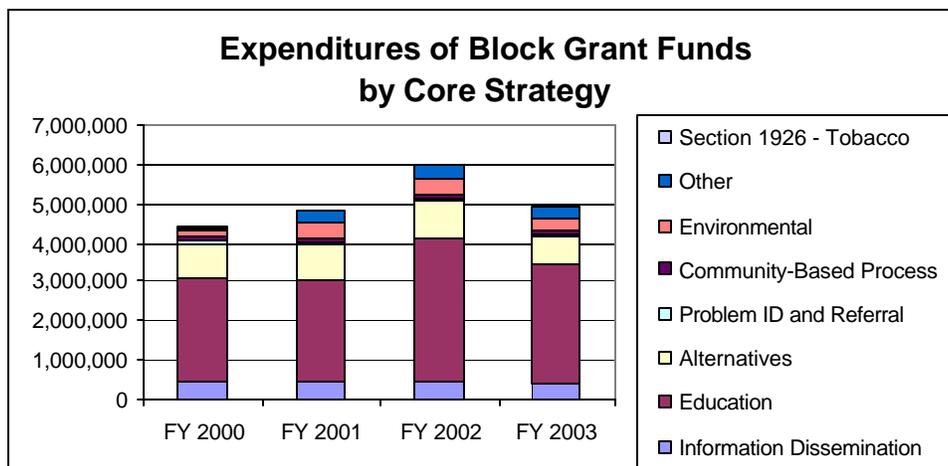
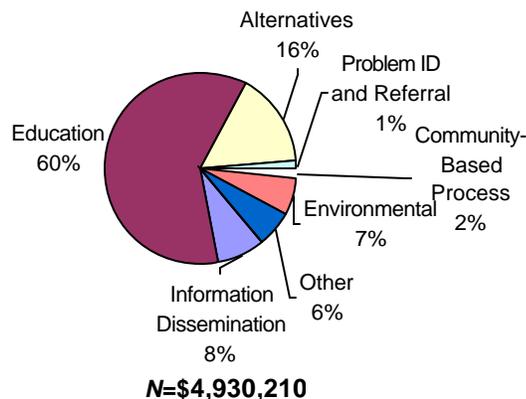
Expenditures of Block Grant Funds for Core Strategies

Expenditures for the prevention core strategies increased slightly from \$4.4 million in FY 2000 to \$4.9 million in FY 2003. Of the Block Grant funds for FY 2003, 60 percent were spent on substance abuse education, followed by alternatives (16 percent), information dissemination (8 percent), and environmental strategies (7 percent). The distribution of funds remained similar over time.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	435,704	10	473,054	10	477,567	8	394,417	8
Education	2,640,987	59	2,568,668	53	3,665,262	61	3,017,288	61
Alternatives	888,108	20	932,647	19	931,196	16	788,834	16
Problem ID and Referral	112,425	3	38,340	1	59,491	1	44,372	1
Community-Based Process	98,809	2	101,373	2	101,476	2	78,883	2
Environmental	150,705	3	395,178	8	393,967	7	325,394	7
Other	76,825	2	338,539	7	340,244	6	281,022	6
Section 1926 - Tobacco	35,898	1	0	0	0	0	0	0
Total*	4,439,461	100	4,847,799	100	5,969,203	100	4,930,210	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

SASD primarily contracts with “310 Boards,” authorized to provide planning, research, and services for substance abuse populations and persons living with mental illness or mental retardation. The 310 Boards, in turn, provide services directly and/or subcontract with nearly 50 agencies and corporations statewide.

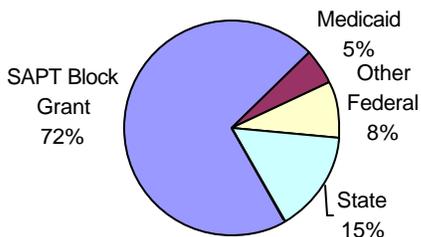
SASD provides residential rehabilitation, residential detoxification, residential treatment for pregnant and postpartum women, residential rehabilitation for pregnant women, inpatient detoxification, outpatient detoxification, intensive outpatient (IOP) program services, IOP/outpatient services, specialized women’s programs, and methadone treatment programs. Additional services include case management; crisis residential; ancillary services; in-home intervention for post partum women; and HIV counseling, medical assessment, and testing.

Treatment Funding and Expenditures

Treatment funding increased over time in Alabama from \$22.7 million in FY 2000 to \$24.1 million in FY 2003. Most (71 percent) of the \$24.1 million spent on treatment services in FY 2003 came from the Block Grant, a similar proportion to the funds spent in FY 2000. Nineteen percent of treatment expenditures came from State funds (an increase from 15 percent in FY 2000), and 10 percent from Medicaid (an increase from 5 percent).

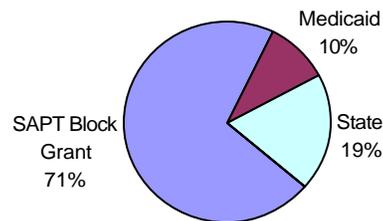
Between FYs 2000 and 2003 Block Grant funds for treatment services rose from \$3.64 per capita to \$3.81 per capita.

FY 2000 Treatment Expenditures by Funding Source

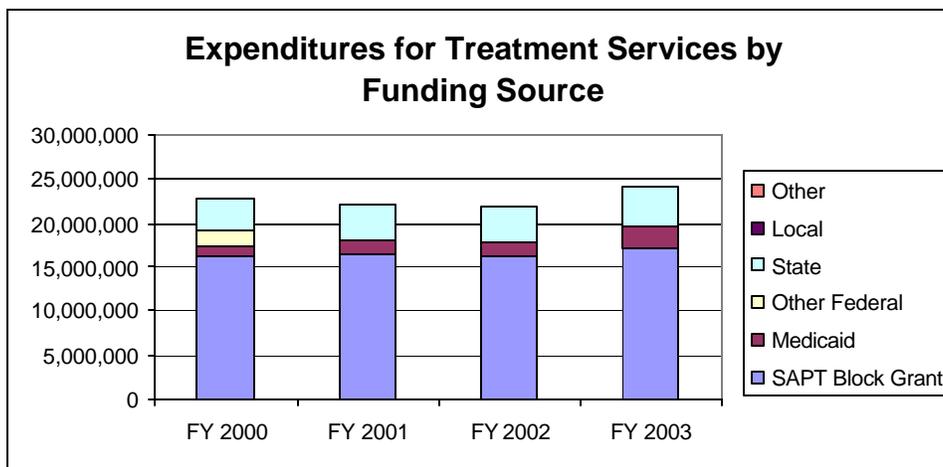


N=\$22,730,254

FY 2003 Treatment Expenditures by Funding Source



N=\$24,129,432



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	16,200,771	72	16,478,295	74	16,105,288	73	17,152,741	71
Medicaid	1,225,143	5	1,596,592	7	1,731,560	8	2,458,051	10
Other Federal	1,826,578	8	0	0	0	0	0	0
State	3,477,762	15	4,044,735	18	4,092,506	19	4,518,640	19
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	22,730,254	100	22,119,622	100	21,929,354	100	24,129,432	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Alabama's SAPT Block Grant application indicates that over 20,000 persons were admitted to treatment during FY 2002, most of which were admitted for intensive outpatient or short-term residential.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=20,445)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	402	617	1
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,121	2,184	66
Long-term residential	560	931	7
Ambulatory (Outpatient)			
Outpatient (methadone)	8	233	3
Outpatient (non-methadone)	0	0	0
Intensive outpatient	4,928	8,774	610
Detoxification (outpatient)	0	0	0
Total	7,019	12,739	687

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 19,000 admissions (where at least one substance was known), of which nearly 4,000 were for alcohol only. Calculations (with imputation) from TEDS data show that 11.5 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	3,815	11.3
Alcohol in combination with other drugs	15,681	11.6
Total	19,496	11.5

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 215,000 persons aged 12 and older (5.8 percent of Alabama's population) needed, but did not receive, treatment for alcohol use and 82,000 persons (2.2 percent) needed, but did not receive treatment, for illicit drug use in Alabama.

Treatment Gap by Age Group

Measure	2002–2003			
	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	5.81	4.65	13.20	4.65
Needing but not receiving treatment for illicit drug use	2.22	4.25	5.94	1.28

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The Management Steering Committee (MSC) is the vehicle for fulfilling State mental health and substance abuse planning purposes. MSC convenes four standing subcommittees, one of which is the Substance Abuse Coordinating Subcommittee (SACS). SACS, which meets monthly, is responsible for coordinating planning processes and making budgetary recommendations to MSC that are related to substance abuse.

Alabama is in the midst of a "Systems Improvement Initiative," which will implement a prevention and treatment outcome evaluation process. Individual client discharge and outcome data will be collected beginning October 1, 2006. System outcome evaluations will be available by September 30, 2007, and will be reported with the 2008 SAPT Block Grant Application.

Evaluation

A community-based planning process is facilitated by mental health boards to assess the risk and protective factors approach to prevention services. Community capacity development is at the forefront to integrate resources and develop a collaborative effort.

It is the overarching goal of prevention services to problem solve and improve the collective well-being of target populations. Community planning goals are to understand the consumption and consequences of patterns that need to be addressed to reach outcome-based prevention.

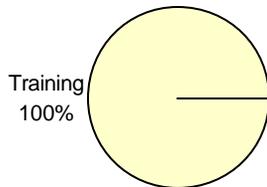
Training and Assistance

SASD operates the Office of Training and Workforce Development to provide training for substance abuse program staff in various locations throughout the State. In 2004, 15 training events reached 462 participants. Trainings included programs on co-occurring disorders, infectious diseases, crisis intervention, case management, and community program standards.

Expenditures of Block Grant Funds for Resource Development Activities

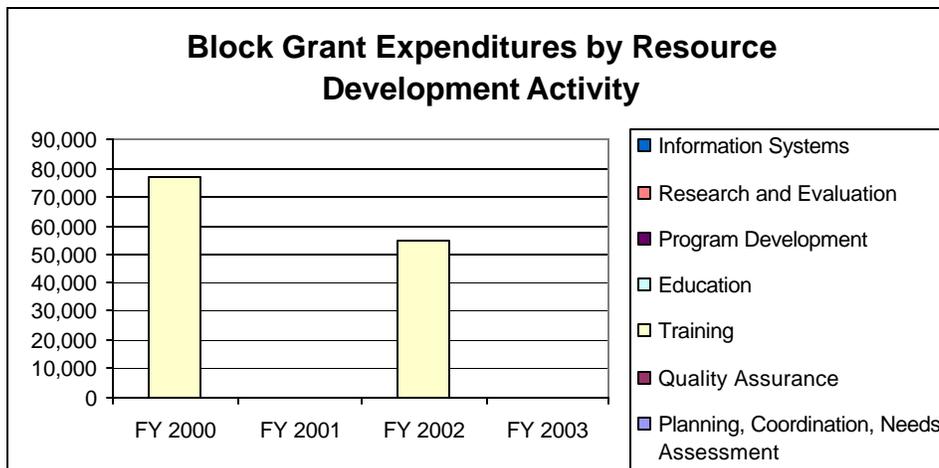
Block Grant expenditures on resource development activities were not consistent in Alabama. In FYs 2000 and 2002, Alabama spent 100 percent of resource development funds on training activities (nearly \$77,000 in FY 2000 and over \$55,000 in FY 2002). Alabama did not spend any funds on resource development activities in FYs 2001 or 2003.

FY 2000 Block Grant Expenditures on Resource Development Activities



N=\$76,823

Alabama did not report any expenditures on resource development activities for FY 2003.



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	N/R**	-	0	0	N/R	-
Quality Assurance	0	0	N/R	-	0	0	N/R	-
Training (post-employment)	76,823	100	N/R	-	55,149	100	N/R	-
Education (pre-employment)	0	0	N/R	-	0	0	N/R	-
Program Development	0	0	N/R	-	0	0	N/R	-
Research and Evaluation	0	0	N/R	-	0	0	N/R	-
Information Systems	0	0	N/R	-	0	0	N/R	-
Total*	76,823	100	N/R	-	55,149	100	N/R	-

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

** N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded \$4.6 million in 15 discretionary grants for prevention services to entities in Alabama during FY 2004. Most (12 of the 15) were for drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Award	Number of Awards	Total \$ Amount
Drug Free Communities	12	1,010,812
HIV/AIDS Cohort 3 Services	1	350,000
HIV/AIDS Cohort 5 Services	1	250,000
State Incentive Cooperative Agreement	1	3,000,000
Total for Prevention	15	4,610,812

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded \$3.2 million in discretionary funds for treatment services to Alabama in FY 2004. Most (nearly \$1.7 million) went to HIV/AIDS targeted capacity grants.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Homeless Addictions Treatment	1	399,392
Pregnant/Post-Partum Women	1	404,052
Strengthening Communities – Youth	1	749,716
Targeted Capacity – HIV/AIDS	4	1,669,624
Total for Treatment	7	3,222,784

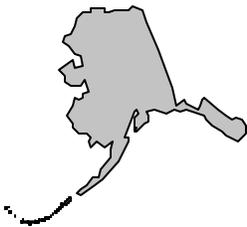
SOURCE: www.samhsa.gov

ALASKA

State SSA Director

Ms. Cristy Willer, Director
Division of Behavioral Health
Alaska Department of Health and Social Services
P.O. Box 110620
Juneau, AK 99811-0620
Phone: 907-269-3410
Fax: 907-465-2668
E-mail: cristy_willer@health.state.ak.us
Web site: www.hss.state.ak.us/dbh

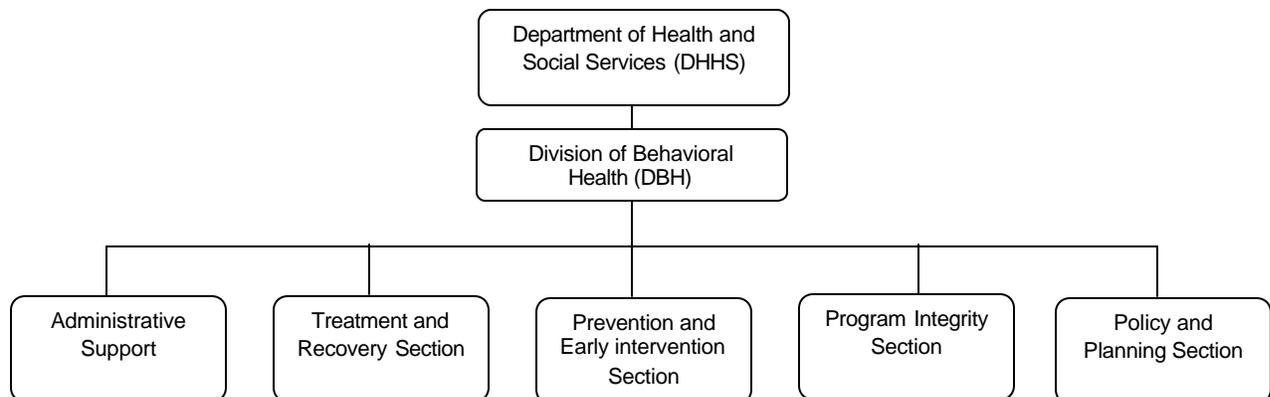
Structure and Function



Alaska's Division of Behavioral Health (DBH) works with children, youth, adults, and families in the areas of substance use, mental health, mental illness, and overall individual health. DBH was created in 2003 when Alaska's Department of Health and Social Services (DHSS) was reorganized. DBH represents the merging of the former Division of Alcoholism and Drug Abuse and the Division of Mental Health. The integration of the two divisions allows Alaska to provide more holistic, comprehensive services to its citizens, particularly those experiencing co-occurring substance abuse and mental health disorders.

DBH's Behavioral Health Integration Project is currently implementing a range of State-level system change strategies to provide even more welcoming, accessible, integrated, continuous, and comprehensive services to Alaskans with co-occurring disorders.

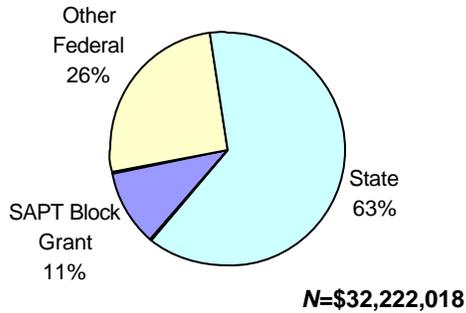
Single State Agency Structure



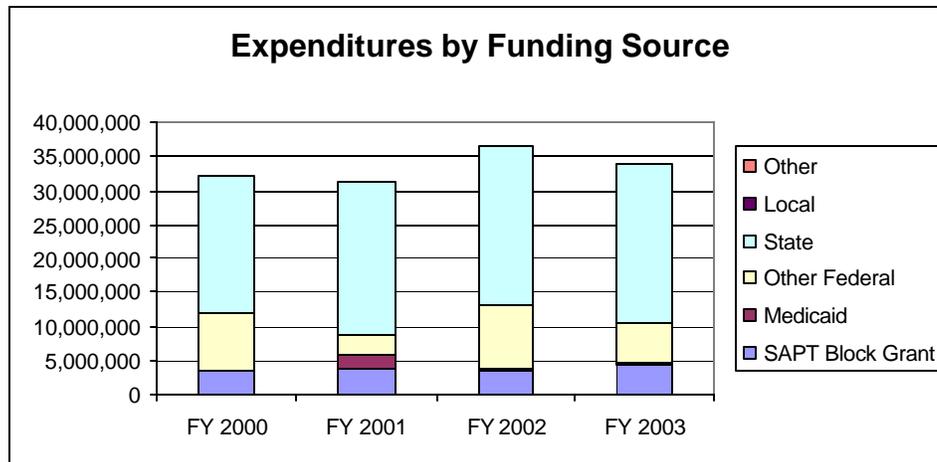
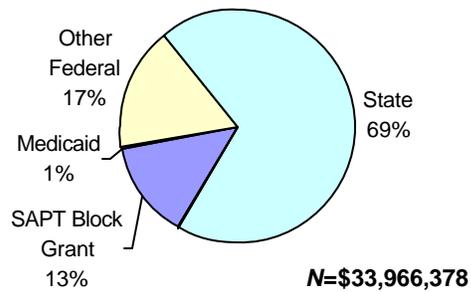
Single State Agency Funding Overview

Alaska's overall Single State Agency (SSA) funding fluctuated between FYs 2000 and 2003 ranging from \$31.4 million in FY 2001 to nearly \$36.5 million in FY 2002. In FY 2003, expenditures decreased to nearly \$34 million. The State provided most (69 percent) of the funding in FY 2003 (up from 63 percent in FY 2000) followed by other Federal sources at 17 percent (down from 26 percent in FY 2000).

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

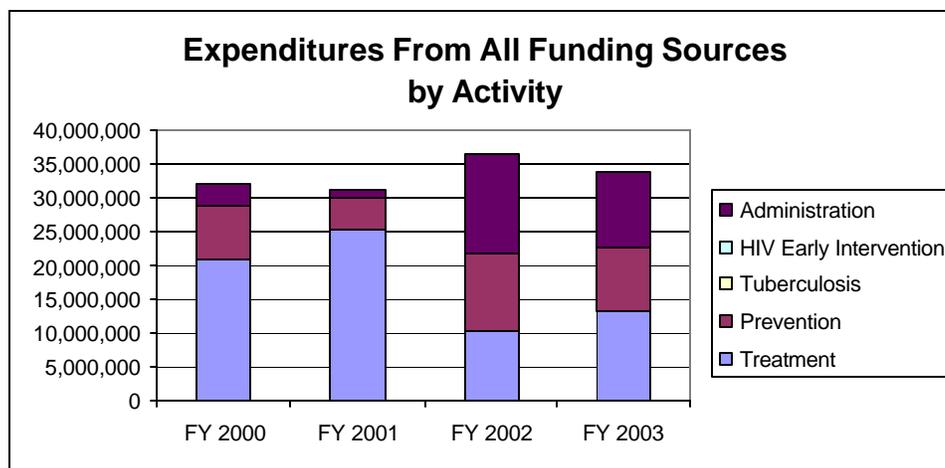
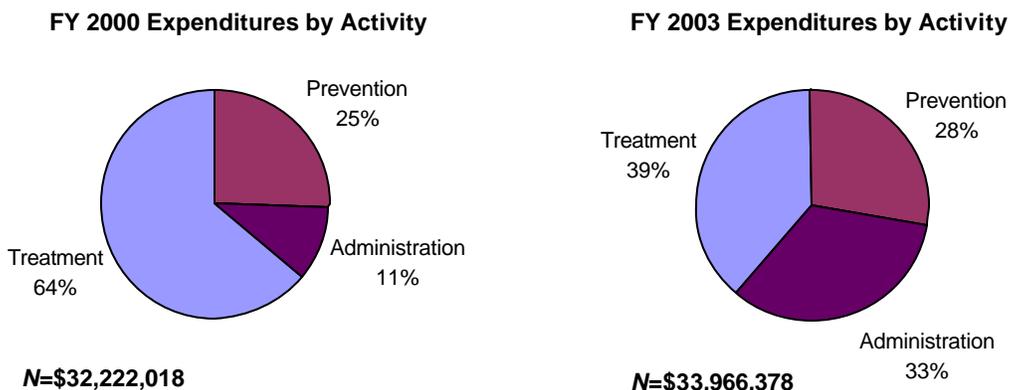
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,440,623	11	3,859,949	12	3,395,857	9	4,492,456	13
Medicaid	0	0	2,050,985	7	486,584	1	181,547	1
Other Federal	8,332,971	26	2,732,800	9	9,116,606	25	5,816,294	17
State	20,448,424	63	22,710,800	72	23,451,740	64	23,476,081	69
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	32,222,018	100	31,354,534	100	36,450,787	100	33,966,378	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

The dollar amount and the proportion allocated the different activities fluctuated dramatically in Alaska between FYs 2000 and 2003. Expenditures on treatment services increased from nearly \$20.7 million in FY 2000, to nearly \$25.4 million in FY 2002, then decreased dramatically to \$10.2 million in FY 2002, and increased slightly to \$13.2 million in FY 2003. Expenditures on prevention services and administrative activities also fluctuated dramatically during this period.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	18,129,717	56	24,332,347	78	10,160,564	28	13,157,654	39
Alcohol Treatment	1,324,474	4	560,400	2				
Drug Treatment	1,204,218	4	460,000	1				
Prevention	8,149,109	25	4,589,290	15	11,606,631	32	9,510,064	28
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	104,070	0	0	0
Administration	3,414,500	11	1,412,497	5	14,579,522	40	11,298,660	33
Total*	32,222,018	100	31,354,534	100	36,450,787	100	33,966,378	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

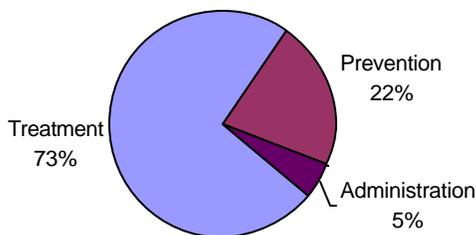
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

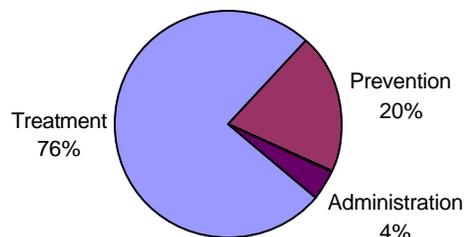
Block Grant funding totaled nearly \$4 million in FY 2003, an increase from over \$3.4 million in FY 2000. Allocation proportions for those funds remained relatively stable over those two periods. However, actual dollars spend on treatment services increased by more than \$1 million.

FY 2000 Block Grant Expenditures by Activity

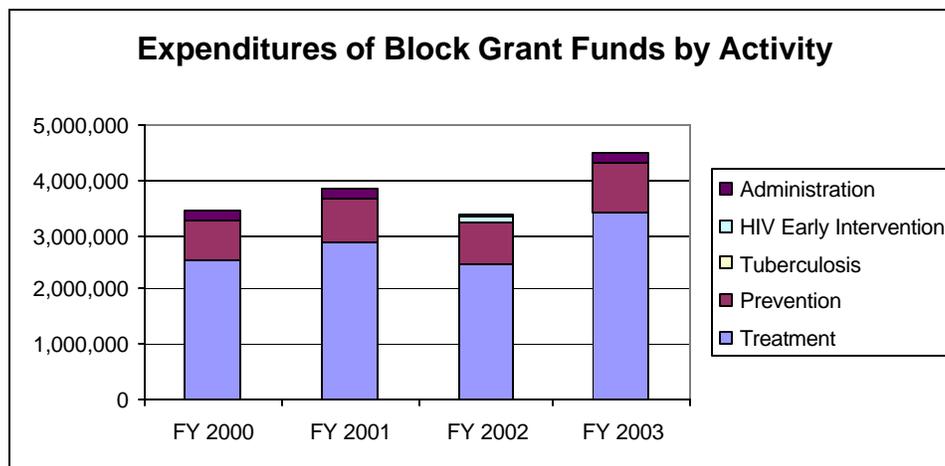


N=\$3,440,623

FY 2003 Block Grant Expenditures by Activity



N=\$4,492,456



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	2,434,962	63	2,438,862	72	3,408,015	76
Alcohol Treatment	1,324,474	38	0	0				
Drug Treatment	1,204,218	35	460,000	12				
Prevention	739,900	22	771,990	20	804,196	24	899,135	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	104,070	3	0	0
Administration	172,031	5	192,997	5	48,729	1	185,306	4
Total*	3,440,623	100	3,859,949	100	3,395,857	100	4,492,456	100

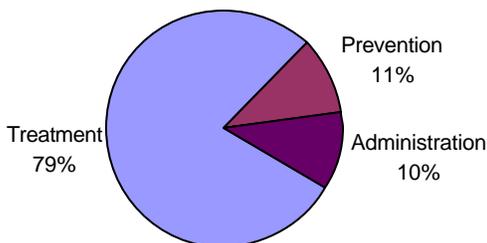
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

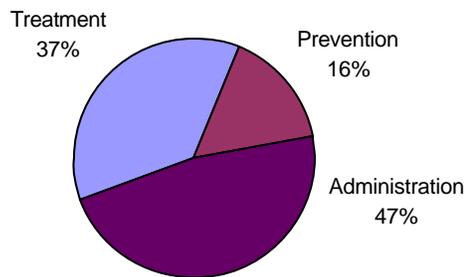
State funds fluctuated dramatically in Alaska between FYs 2000 and 2003. In FY 2003, Alaska contributed nearly \$23.5 million toward SSA activities—a \$3 million increase over its FY 2000 expenditures. During this time period, State funds earmarked for treatment declined from nearly \$16.2 million to \$8.7 million (and the proportion allocated to treatment decreased from 79 percent in FY 2000 to 37 percent in FY 2003). Expenditures on prevention and administrative activities increased during this period, with expenditures on administrative activities more than quadrupling in dollar amount.

FY 2000 State Expenditures by Activity

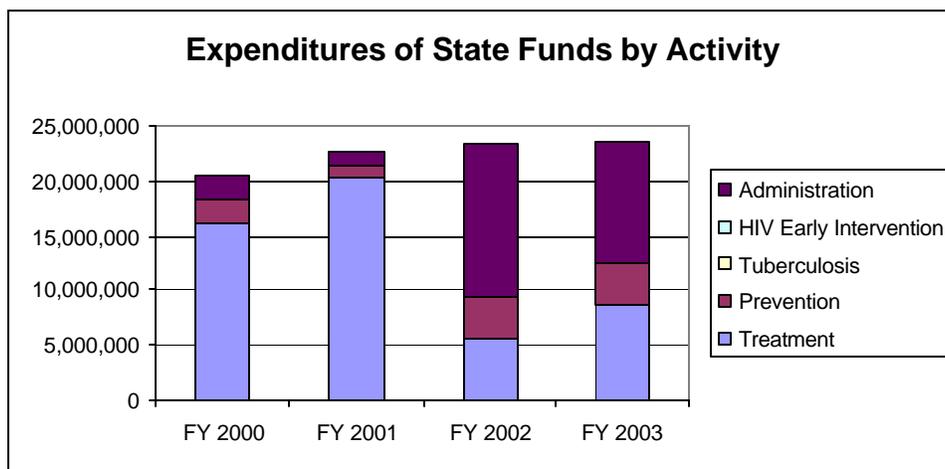


N=\$20,448,424

FY 2003 State Expenditures by Activity



N=\$23,476,081



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	16,187,557	79	19,846,400	87	5,544,019	24	8,691,771	37
Alcohol Treatment	0	0	560,400	2				
Drug Treatment	0	0	0	0				
Prevention	2,161,567	11	1,084,500	5	3,769,882	16	3,670,956	16
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,099,300	10	1,219,500	5	14,137,839	60	11,113,354	47
Total*	20,448,424	100	22,710,800	100	23,451,740	100	23,476,081	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

DBH's Prevention and Early Intervention Services unit has integrated several previously existing programs into a comprehensive approach to health promotion, substance abuse prevention, mental disorder prevention, and early intervention. Toward that end, DBH oversees seven prevention and early intervention programs. These programs utilize environmental and educational strategies to involve communities in prevention efforts, as well as a resiliency model that builds on the knowledge of risk and protective factors. The programs stress culturally appropriate services for Alaskans. Additionally, the State allows for aggressive underage purchasing enforcement for alcohol and tobacco.

DBH recognizes that Alaskans of all ages have one of the highest per capita alcohol consumption rates in the Nation. As a result, the State is very proactive in their prevention efforts, with three DBH prevention programs specifically targeting alcohol prevention: the Alcohol and Drug Information School, the Alcohol Safety Action Program, and the Fetal Alcohol Syndrome (FAS) prevention program.

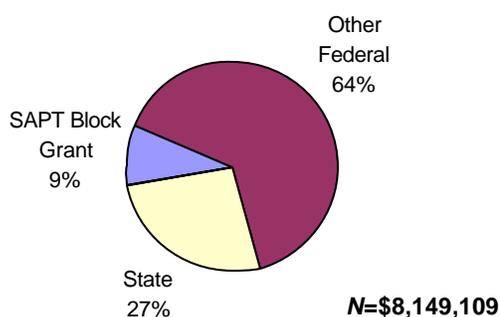
DBH is currently developing a database for easier collection and analysis of prevention data received from agencies throughout the State.

Prevention Funding and Expenditures

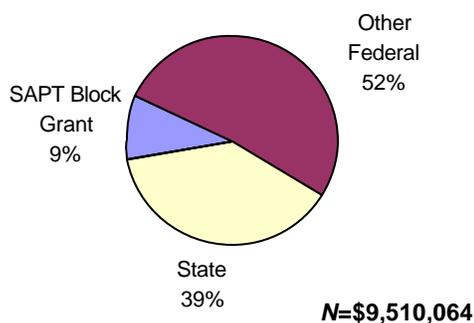
Expenditures on prevention services fluctuated between FYs 2000 and 2003. In particular, funding from other Federal sources and the State varied substantially, while SAPT Block Grant funds remained stable and increased steadily over time. In FY 2003, Alaska's SSA spent more than \$9.5 million on prevention services, of which, 52 percent came from other Federal sources (a decrease from 64 percent in FY 2000), and 39 percent came from the State (an increase from 27 percent in FY 2000).

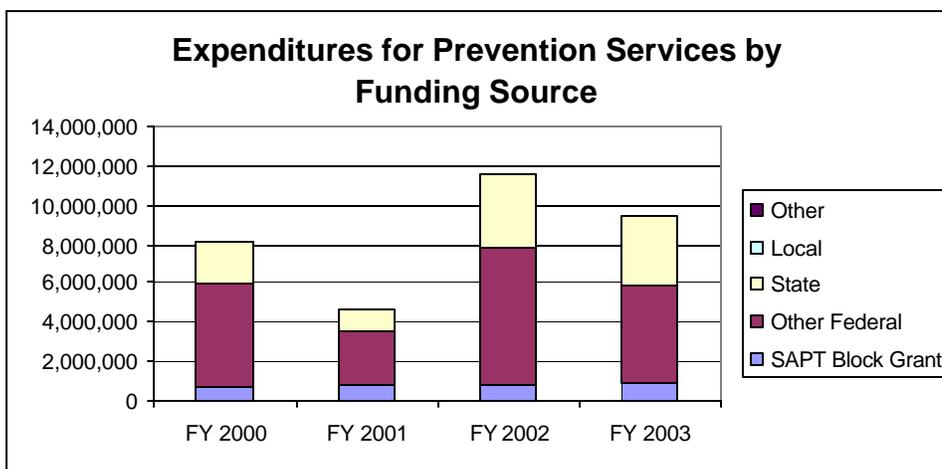
Per capita, SAPT Block Grant funding for prevention services increased from \$1.18 in FY 2000 to \$1.39 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	739,900	9	771,990	17	804,196	7	899,135	9
Other Federal	5,247,642	64	2,732,800	60	7,032,553	61	4,939,973	52
State	2,161,567	27	1,084,500	24	3,769,882	32	3,670,956	39
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	8,149,109	100	4,589,290	100	11,606,631	100	9,510,064	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

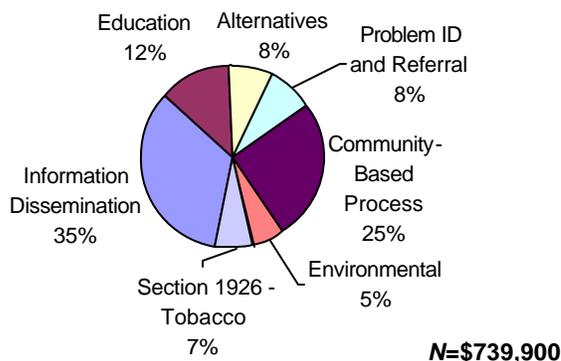
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Akeela, Inc., provides Substance Abuse Prevention Library services including a lending library, resource lists/bibliographies, distribution of free publications issued by DHSS, and a Web site (www.alaskaprevention.org). NCADD is an Alaska Radar site for distribution of Federal publications in Southeast Alaska.
Education	SAPT grant recipients provide ongoing substance use and abuse education through formalized programs and statewide conferences involving youth, adults, families, service providers, and agencies.
Alternatives	The State works closely with community partners and active youth and parent groups to offer recreational alternatives to alcohol and drug use such as family nights, dances, arts and crafts, and teen leadership institutes.
Community-Based Processes	Akeela, Inc., provides technical assistance and training to local communities and community-based organizations to build prevention programming, prevention capacity, and prevention readiness.
Environmental	Environmental strategies include the support of aggressive alcohol and tobacco enforcement at the local level.
Problem Identification and Referral	The Alaska Screening Tool enables mental health providers to screen for substance abuse disorders and to refer or treat based on the results. The Alaska Alcohol Safety Action Program (ASAP) provides substance abuse screening and case management for DWI and other misdemeanor cases.

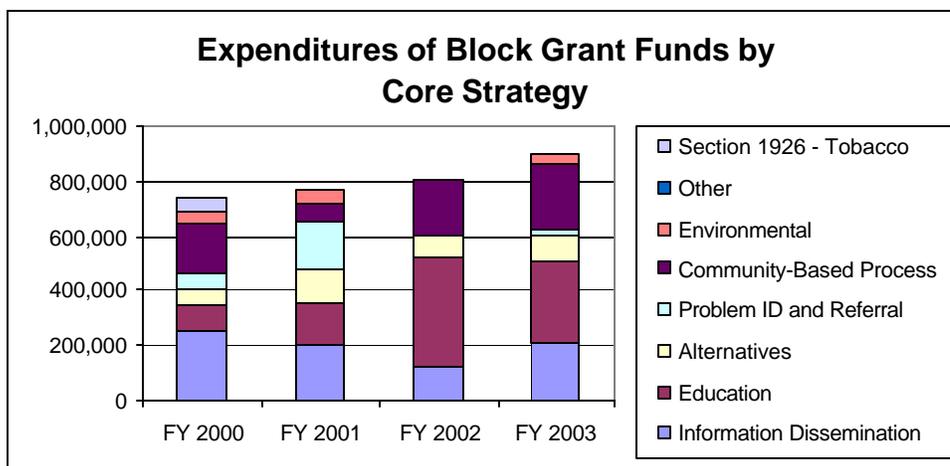
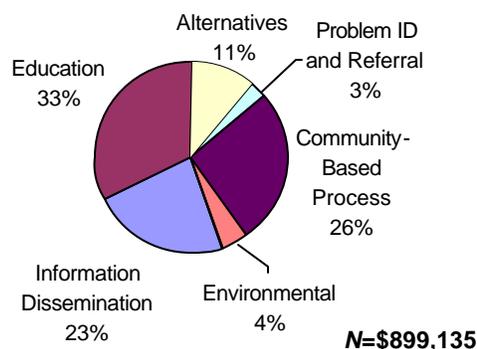
Expenditures of Block Grant Funds for Core Strategies

Overall Block Grant funding for CSAP core prevention strategies increased between FYs 2000 and 2003 from about \$740,000 to nearly \$900,000. Most of the funds in FY 2003 funds were spent on education (33 percent), community-based processes (26 percent), and information dissemination (23 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	251,300	34	200,000	26	120,000	15	207,500	23
Education	92,000	12	150,000	19	398,000	49	297,955	33
Alternatives	60,000	8	125,000	16	85,000	11	97,000	11
Problem ID and Referral	60,175	8	181,990	24	0	0	25,000	3
Community-Based Process	186,425	25	65,000	8	201,196	25	233,680	26
Environmental	40,000	5	50,000	6	0	0	38,000	4
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	50,000	7	0	0	0	0	0	0
Total*	739,900	100	771,990	100	804,196	100	899,135	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 *Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Alaska funds a full range of treatment services, including detoxification, residential, intermediate (interim services), outpatient, aftercare, and methadone maintenance. DBH works with 69 publicly funded and 14 privately funded treatment programs throughout the State. Because of Alaska’s rural nature, a full continuum of care is not available in each community. As a result, the entire extended State continuum of services is available to residents through the use of a pool of transportation funds. Additionally, six programs in Alaska deliver services to pregnant women and women with dependent children.

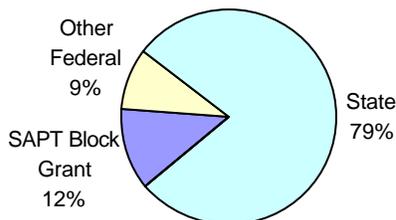
In 2003, Alaska was one of seven States awarded a SAMHSA Co-Occurring State Incentive Grant (COSIG) for infrastructure and service delivery enhancement in treating persons with co-occurring disorders. This award affirmed DBH’s emphasis on the integration of substance abuse and mental health services throughout the State.

Treatment Funding and Expenditures

Expenditures on treatment services in Alaska declined between FYs 2000 and 2003 (from nearly \$20.7 to \$13.2 million). In particular, State funds for treatment services declined by approximately half during this time period, from \$16.2 to \$8.7 million.

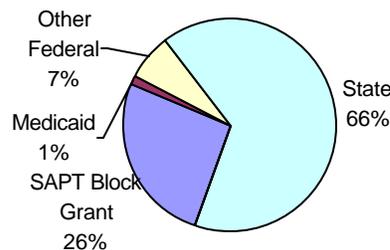
Block Grant funding per capita for treatment services fluctuated in Alaska: it increased from \$4.03 in FY 2000 to \$4.58 in FY 2001, then decreased to \$3.81 in FY 2002, and again increased in FY 2003 to \$5.26.

FY 2000 Treatment Expenditures by Funding Source

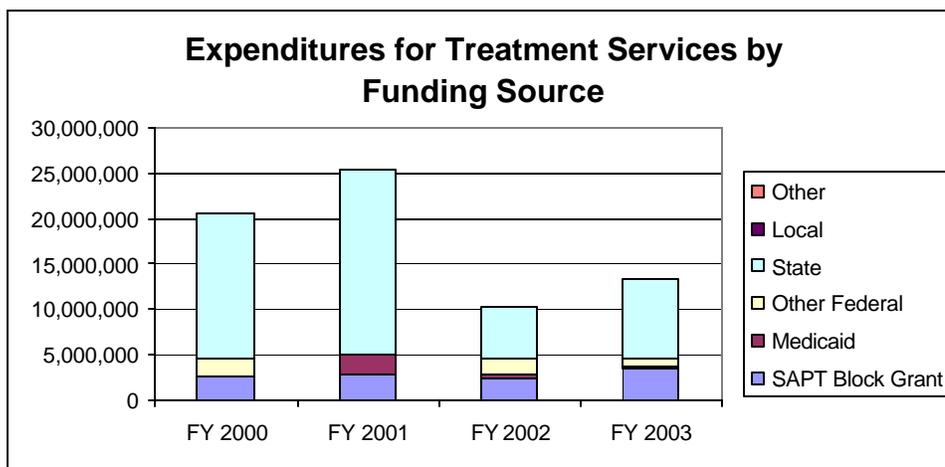


N=\$20,658,409

FY 2003 Treatment Expenditures by Funding Source



N=\$13,157,654



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,528,692	12	2,894,962	11	2,438,862	24	3,408,015	26
Medicaid	0	0	2,050,985	8	486,584	5	181,547	1
Other Federal	1,942,160	9	0	0	1,691,099	17	876,321	7
State	16,187,557	78	20,406,800	80	5,544,019	55	8,691,771	66
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	20,658,409	100	25,352,747	100	10,160,564	100	13,157,654	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

The number of persons admitted by type of treatment care for FY 2002 (Form 7a) was not included in Alaska's FY 2005 Block Grant Application. Treatment Episode Data System (TEDS) data indicate approximately 5,000 admissions (where at least one substance is known), of which nearly 3,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 23 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,705	19.8
Alcohol in combination with other drugs	2,307	26.1
Total	4,976	22.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 39,000 persons aged 12 and older (7.8 percent of Alaska's population) needed, but did not receive, treatment for alcohol use, and 16,000 persons (3.1 percent) needed, but did not receive, treatment for illicit drug use in Alaska.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.76	5.37	18.23	6.44
Needing but not receiving treatment for illicit drug use	3.13	5.55	8.08	1.83

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Alaska is dedicated to developing ongoing processes for collecting service need data, collecting and reviewing annual grantee data, and administering regular surveys for developing clear and accurate statewide needs assessments regarding treatment and prevention for substance use, abuse, and dependency. DBH utilizes nationally available data, such as the Youth Risk Behavior Survey (YRBS), the Behavior Risk Factor Survey (BRFS), the Pregnancy Risk Assessment Monitoring System (PRAMS), and the National Survey of Drug Use and Health (NSDUH). The State also monitors the trends of use, utilization, and requests for service as reported by the statewide prevention and treatment providers.

In 2003, Alaska entered into a partnership with SAMHSA to develop the AKAIMS data collection system, an evolving data collection environment for providing valid information to all behavioral health care service stakeholders. This system will ultimately be replicated with other States.

Additionally, Alaska released two reports in 2002 providing detailed information related to cost and need of prevention and treatment services throughout the State. DHSS also contracted with the Alaska Comprehensive and Specialized Evaluation Services (ACSES) to conduct a needs assessment of the mental health and substance abuse service needs of Alaskan children and youth.

Evaluation

The Program Integrity section of DBH is dedicated to evaluating Alaska's substance abuse prevention and treatment services. Toward that end, the Safety and Quality Assurance Program is a collaborative effort of DBH and the Division of Health Care Services. The collaboration aims to ensure that public funds provided for treatment and services are used as intended and to promote high quality services throughout the State's mental health system. The Safety and Quality Assurance Program provides clinical chart reviews to agencies and evaluates recipient records for standard adherence, service quality, and professional clinical practices.

Additionally, DBH implemented a Behavioral Health Integration Project to help the State incorporate a top-down, bottom-up partnership between each level of the service system in order to provide high-quality, comprehensive services.

Training and Assistance

Alaska is committed to maintaining a highly trained force of substance abuse prevention and treatment professionals. It does so through a variety of conferences and workshops. The Substance Abuse Directors Association of Alaska facilitates a 3-day "Annual School on Addictions" to provide training to addiction professionals, mental health counselors, social workers, rehabilitation counselors, treatment and prevention program directors, community leaders, students, and others. Recently, Akeela, Inc., worked with DBH to "Alaskanize" the Western CAPT's Substance Abuse Prevention Specialist Training and conducted 5-day training sessions across the State. DBH's Quality Assurance Section also provides training and training material to mental health providers upon request, including the GAFTREE workshop.

Expenditures of Block Grant Funds for Resource Development Activities

Alaska did not report any expenditures for resource development activities for FYs 2000 through 2003.

Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	N/R**	-	N/R	-	N/R	-	N/R	-
Quality Assurance	N/R	-	N/R	-	N/R	-	N/R	-
Training	N/R	-	N/R	-	N/R	-	N/R	-
Education	N/R	-	N/R	-	N/R	-	N/R	-
Program Development	N/R	-	N/R	-	N/R	-	N/R	-
Research and Evaluation	N/R	-	N/R	-	N/R	-	N/R	-
Information Systems	N/R	-	N/R	-	N/R	-	N/R	-
Total*	N/R	-	N/R	-	N/R	-	N/R	-

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

** N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$6.5 million in nine discretionary grants to entities in Alaska during FY 2004. The largest single award, for nearly \$5.8 million, was targeted at fetal alcohol syndrome and its effects.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	198,820
Drug Free Communities	7	561,622
Fetal Alcohol Syndrome / Effects	1	5,777,580
Total	9	6,538,022

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$8.8 million in discretionary grants to a wide range of Alaskan entities. The largest awards were granted to State targeted capacity expansion screening-brief intervention referral treatment (for nearly \$2.2 million) and treatment of persons with co-occurring disorders (for over \$1.0 million).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
CSAT 2004 Earmarks	6	1,839,085
Homeless Addictions Treatment	1	400,000
Pregnant/Post-Partum Women	1	499,986
Recovery Community Service	1	220,000
Residential SA TX	1	500,000
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	2,176,494
Targeted Capacity Expansion	4	1,977,149
Treatment of Persons w/Co-Occurring Substance Related and Mental Disorders	1	1,071,750
Total	17	8,784,464

SOURCE: www.samhsa.gov

ARIZONA

State SSA Director

Ms. Christina Dye, Bureau Chief
Bureau of Substance Abuse Treatment and Prevention
Division of Behavioral Health Services
Arizona Department of Health Services
150 North 18th Avenue, Suite 220
Phoenix, AZ 85007-3228
Phone: 602-364-4595
Fax: 602-364-4763
E-mail: dyec@azdhs.gov
Web site: www.azdhs.gov/bhs/index.htm

Structure and Function

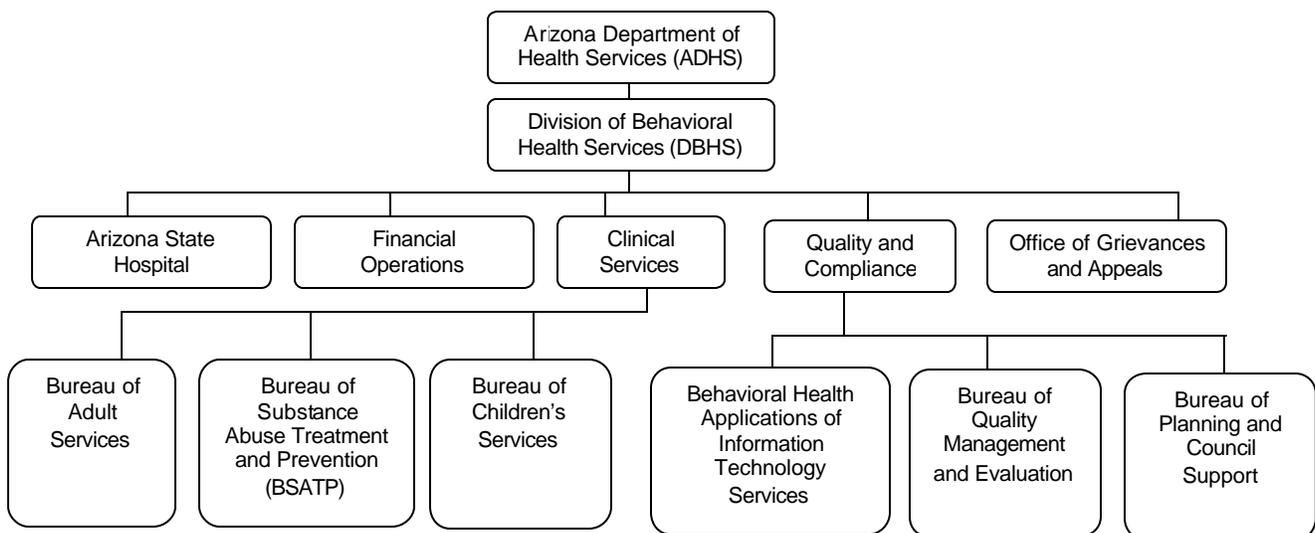


The Arizona Department of Health Services/Division of Behavioral Health (ADHS/DBHS) administers statewide behavioral health programs and services for children, adults, and their families, including treatment, support/preventive care, and emergency and crisis response. Within DBHS, the Bureau for Substance Abuse Treatment and Prevention Services (BSTAP) is responsible for fiscal and programmatic oversight, monitoring, and technical assistance/training for substance abuse service delivery. The agency contracts with five regional

organizations to administer care delivery systems in specific geographic areas (Regional Behavioral Health Authorities [RBHAs]), as well as with three Tribal Behavioral Health Authorities (TBHAs). The RBHAs are capitated managed-care agencies responsible for providing a full range of substance abuse prevention, treatment, and rehabilitation services.

Additionally, the Behavioral Health Planning Council assists DBHS in planning and administering the public treatment system. The Council comprises 30 members from the mental health and substance abuse services field; consumers, parents, and family members; Native Americans and other minority populations; and delegates from the RBHAs/TBHAs and several state agencies.

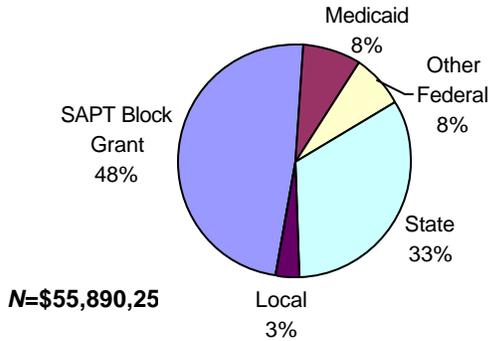
Single State Agency Structure



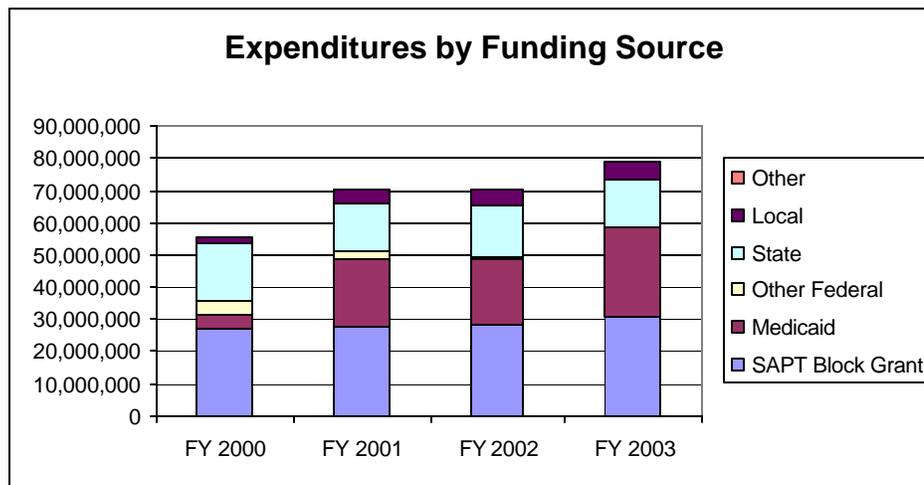
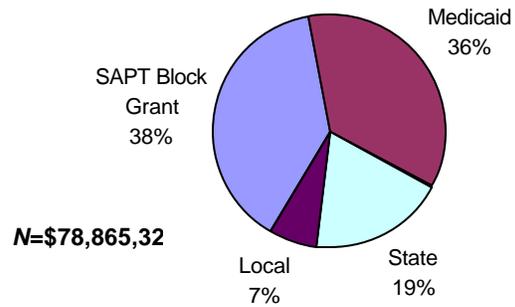
Single State Agency Funding Overview

Between FYs 2000 and 2003 total Single State Agency (SSA) funding in Arizona increased from \$55.9 to \$78.9 million. This large increase was largely driven by an increase in Medicaid funding during that time period, from \$4.3 to \$28.1 million. During these years, the Block Grant as a proportion of total funds declined from 48 to 38 percent, State funds declined from 33 to 19 percent, and other Federal funds declined from 8 to 0 percent. By contrast, Medicaid as a proportion of total funds increased dramatically from 8 to 38 percent.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	27,127,147	48	27,464,395	39	28,117,057	40	30,548,743	38
Medicaid	4,319,789	8	21,265,913	30	20,606,849	29	28,092,326	36
Other Federal	4,243,926	8	2,738,561	4	596,246	1	337,165	0
State	18,270,505	33	14,931,000	21	16,025,660	23	14,750,878	19
Local	1,928,892	3	3,922,383	6	5,312,695	8	5,136,209	7
Other	0	0	0	0	0	0	0	0
Total*	55,890,259	100	70,322,252	100	70,658,507	100	78,865,321	100

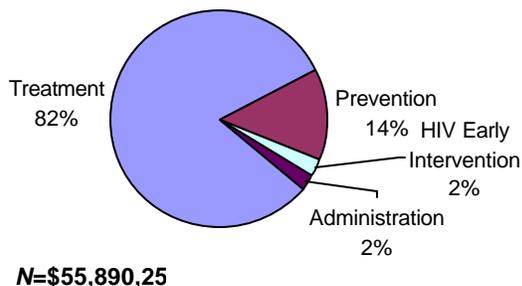
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

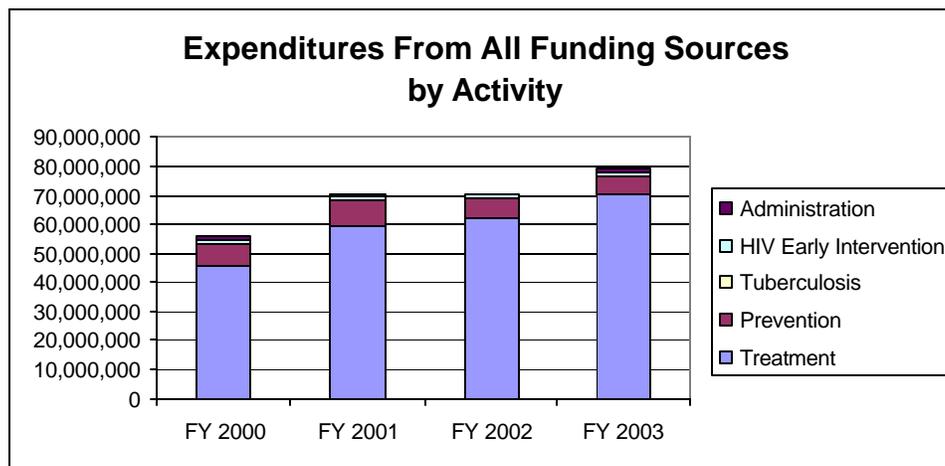
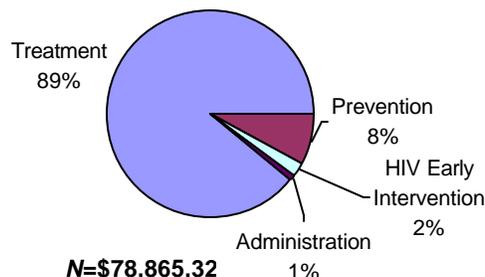
Activities and Expenditures From All Funding Sources

Of the \$78.9 million in SSA expenditures in FY 2003 nearly 90 percent were allocated toward treatment services, and 8 percent toward prevention services. By contrast, in FY 2000, 82 percent of total funds were spent on treatment and 14 percent on prevention.

FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	8,303,815	15	59,580,609	85	62,515,230	88	70,096,302	89
Alcohol Treatment	19,106,184	34	0	0				
Drug Treatment	18,005,136	33	0	0				
Prevention	7,885,779	14	8,599,105	12	6,254,952	9	6,261,531	8
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,356,977	2	1,356,105	2	1,357,221	2	1,527,437	2
Administration	1,232,368	2	786,433	1	531,104	1	980,051	1
Total*	55,890,259	100	70,322,252	100	70,658,507	100	78,865,321	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

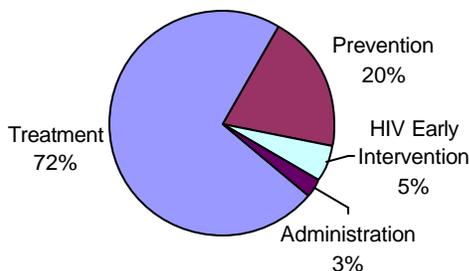
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

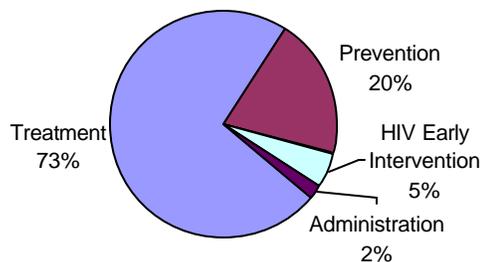
Block Grant expenditures in Arizona increased between FYs 2000 and 2003 from \$27.1 to \$30.5 million. Nearly three-fourths of the Block Grant expenditures were earmarked for treatment, and 20 percent were earmarked for prevention services. This distribution has remained stable since FY 2000.

FY 2000 Block Grant Expenditures by Activity

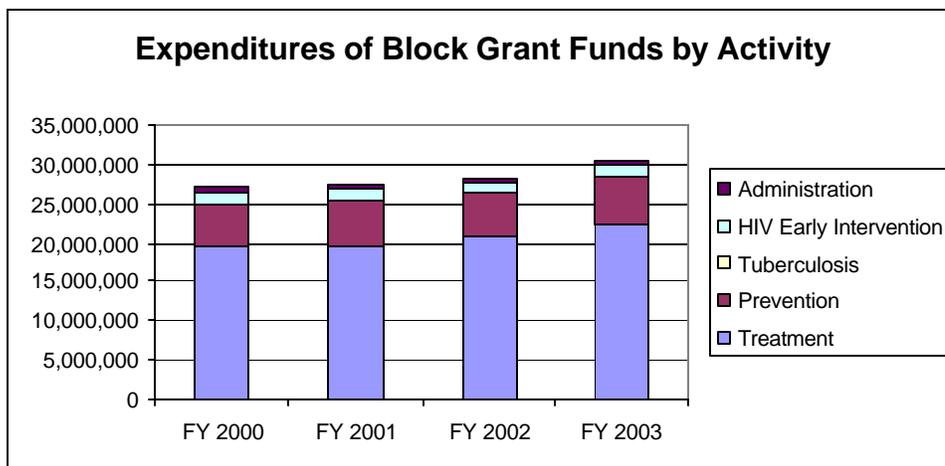


N=\$27,127,147

FY 2003 Block Grant Expenditures by Activity



N=\$30,548,743



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	19,690,054	72	20,807,126	74	22,343,290	73
Alcohol Treatment	7,929,302	29	0	0				
Drug Treatment	11,648,027	43	0	0				
Prevention	5,426,916	20	5,819,691	21	5,635,130	20	6,115,130	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,356,977	5	1,356,105	5	1,357,221	5	1,527,437	5
Administration	765,925	3	598,545	2	317,580	1	562,886	2
Total*	27,127,147	100	27,464,395	100	28,117,057	100	30,548,743	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

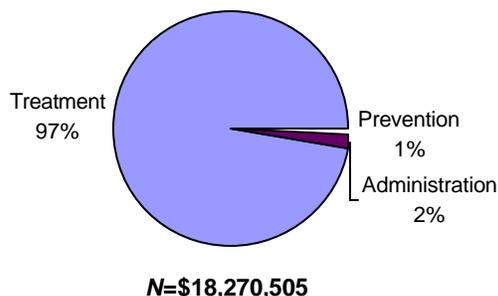
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

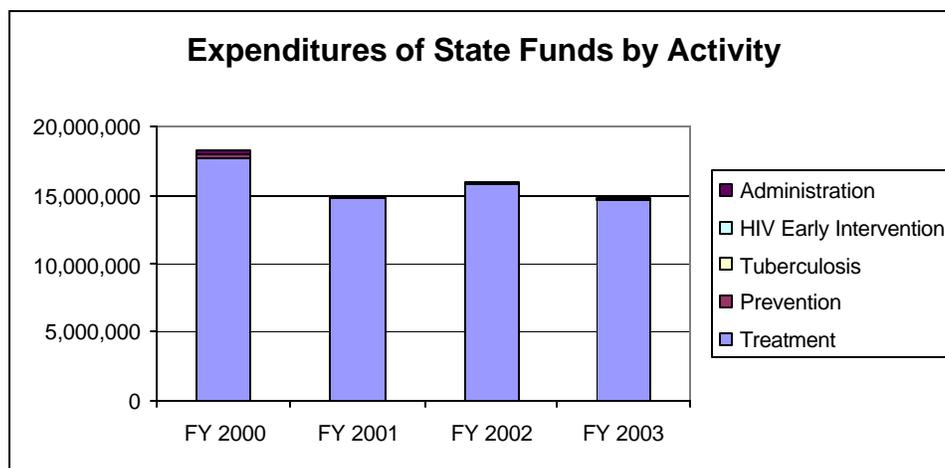
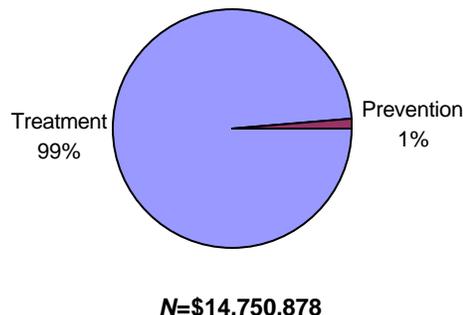
Expenditures of State Funds

Between FYs 2000 and 2003 State expenditures for alcohol and drug abuse services declined from \$18.3 to \$14.8 million. During that time period nearly all State expenditures went toward treatment services.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	2,160,026	12	14,776,500	99	15,868,560	99	14,604,477	99
Alcohol Treatment	9,247,990	51	0	0				
Drug Treatment	6,357,109	35	0	0				
Prevention	154,172	1	154,500	1	157,100	1	146,401	1
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	351,208	2	0	0	0	0	0	0
Total*	18,270,505	100	14,931,000	100	16,025,660	100	14,750,878	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Over the past decade, DBHS' prevention system has evolved into a research-based, comprehensive system based on a risk and protective factor framework. DBHS employs a logic model to identify appropriate targets for prevention, to select strategies, and to evaluate outcomes. The State has also been able to integrate prevention services into the treatment and rehabilitation continuum, which helps to stretch resources to serve more people with appropriate services.

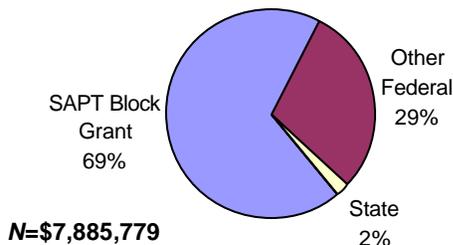
The TBHAs and RBHAs contract with local community providers, through which nearly 400 local communities receive prevention services. DBHS recently created an alternative, non-licensed provider type known as community service agencies (CSAs). CSAs are non-traditional providers that deliver support services to the community, including health promotion, living-skills training, and peer and family support. Each of the RBHAs also maintains satellite Regional Alcohol and Drug Awareness Resources (RADAR) prevention sites, which distribute written materials pertaining to health and wellness issues in both English and Spanish.

Prevention Funding and Expenditures

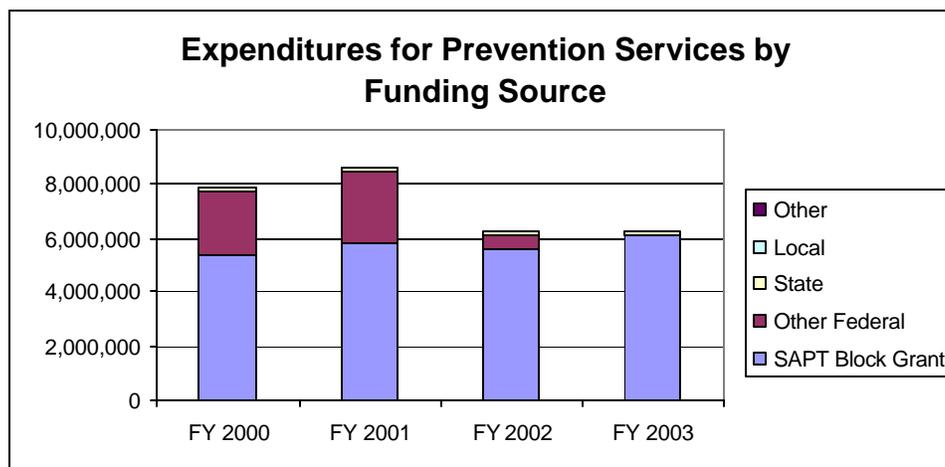
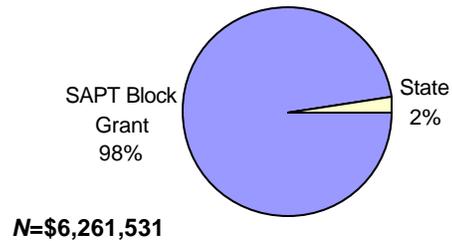
Between FYs 2000 and 2003 prevention funding declined from \$6.3 to \$7.9 million in Arizona. During that time period, the proportion of total prevention funds supported by the Block Grant increased from 69 to 98 percent, and the proportion supported by other Federal sources declined from nearly 30 percent to 0.

Between FYs 2000 and 2003 Block Grant prevention expenditures remained fairly stable, ranging from \$1.04 to \$1.10 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	5,426,916	69	5,819,691	68	5,635,130	90	6,115,130	98
Other Federal	2,304,691	29	2,624,914	31	462,722	7	0	0
State	154,172	2	154,500	2	157,100	3	146,401	2
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,885,779	100	8,599,105	100	6,254,952	100	6,261,531	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

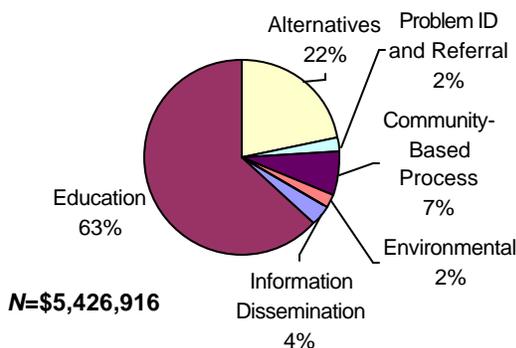
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Satellite prevention sites disseminate information in English and Spanish. DHS distributes the bimonthly "Prevention Bulletin" to healthcare providers. ADHS provided technical assistance for a position paper on prevention.
Education	Activities include classroom-based life skills training, parent support and education; community education, and professional education.
Alternatives	Strategies include afterschool programs, prosocial recreational activities, adventure-based programs, and mentoring programs.
Community-Based Processes	Mobilization efforts include partnerships with Federal, State, and local agencies; schools; health providers; community organizations; teen groups; religious organizations; private corporations; and tribal communities.
Environmental	DBHS participates in community-based coalitions focusing on changing environmental conditions. Tucson youth participated in a prevention program and drafted antibullying legislation ultimately passed by the State legislature.
Problem Identification and Referral	Funds support training to community groups including law enforcement, school staff, and emergency responders.

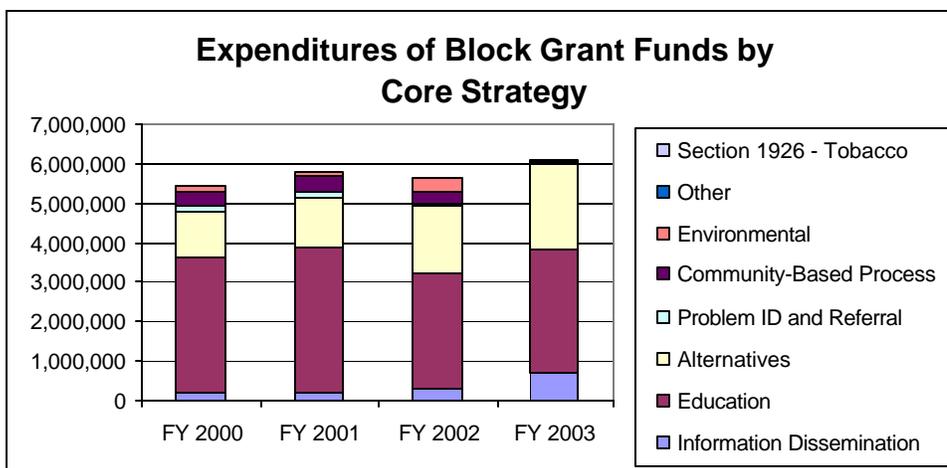
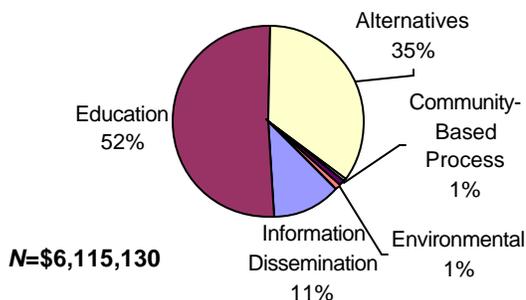
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention core strategies in Arizona rose slightly between FYs 2000 and 2003 from \$5.4 to \$6.1 million. During that time period, education received the largest proportion of CSAP core strategies (63 percent in FY 2000 and 52 percent in FY 2003), followed by alternatives (22 percent in FY 2000 and 35 percent in FY 2003).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	196,306	4	210,513	4	283,439	5	700,000	11
Education	3,421,318	63	3,668,936	63	2,912,048	52	3,140,000	51
Alternatives	1,196,349	22	1,282,935	22	1,752,024	31	2,140,000	35
Problem ID and Referral	135,672	2	145,492	2	45,200	1	25,130	0
Community-Based Process	365,096	7	391,520	7	321,210	6	55,000	1
Environmental	112,175	2	120,295	2	321,209	6	55,000	1
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	5,426,916	100	5,819,691	100	5,635,130	100	6,115,130	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

DBHS contracts for regionalized systems of behavioral health services through the five RBHAs and three TBHAs. The remaining 17 tribal communities are served through the RBHA system. T/RBHAs are responsible for the planning, contracting, monitoring, and delivery of behavioral health services within their region. Through their subcontractors, the RBHAs provide short- and long-term inpatient and residential treatment beds, outpatient and intensive outpatient treatment, rehabilitation services, and 24-hour crisis services, including mobile units, inpatient, and community-based detoxification treatment.

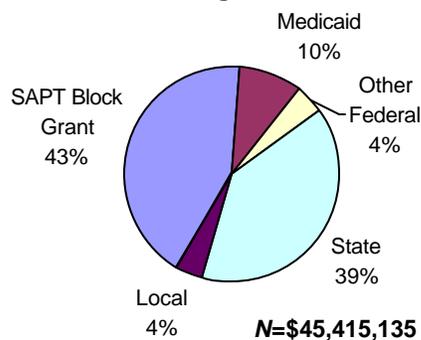
DBHS recently completed the Co-Occurring Disorder Treatment Initiative, which established an evidence-based best practices model for service delivery to adults with multiple behavioral health disorders. The initiative received the Governor’s Award for Excellence. DBHS is also part of a collaborative effort to develop a new service system for individuals with co-occurring substance abuse and psychiatric disorders. DBHS continues to expand its Women’s Treatment Services and Supervision Network, which provides services and diversion opportunities for female offenders.

Treatment Funding and Expenditures

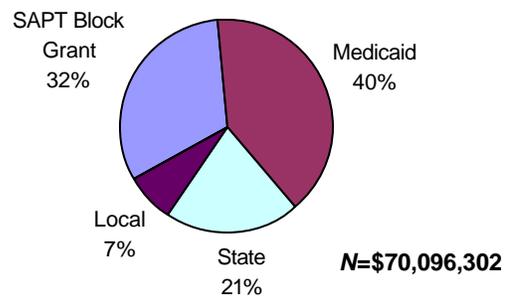
Treatment expenditures in Arizona increased dramatically between FYs 2000 and 2003, from \$45.4 to \$70.1 million. This increase was largely due to a substantial increase in Medicaid funding during this time period. During these years the proportion of treatment funds supported by the Block Grant declined from 43 to 32 percent, as did the proportion provided by the State (from 39 to 21 percent). By contrast, Medicaid’s proportion of treatment funds increased from 10 to 40 percent as did the proportion of local funds (from 4 to 7 percent).

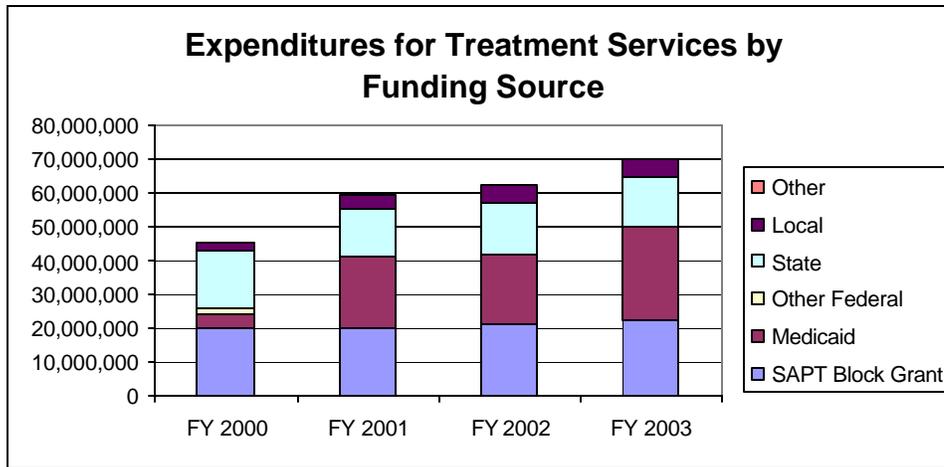
Between FYs 2000 and 2002 Block Grant treatment expenditures in Arizona ranged from \$3.72 to \$3.83 per capita. In FY 2003, per capita treatment expenditures increased to \$4.01.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	19,577,329	43	19,690,054	33	20,807,126	33	22,343,290	32
Medicaid	4,319,789	10	21,265,913	36	20,606,849	33	28,092,326	40
Other Federal	1,824,000	4	0	0	0	0	0	0
State	17,765,125	39	14,776,500	25	15,868,560	25	14,604,477	21
Local	1,928,892	4	3,848,142	6	5,232,695	8	5,056,209	7
Other	0	0	0	0	0	0	0	0
Total*	45,415,135	100	59,580,609	100	62,515,230	100	70,096,302	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Admissions

Arizona's SAPT Block Grant application indicates that over 50,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=50,305)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,054	688	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	123	119	0
Short-term residential	0	0	0
Long-term residential	477	1,049	0
Ambulatory (Outpatient)			
Outpatient (methadone)	93	3,175	0
Outpatient (non-methadone)	15,827	26,308	0
Intensive outpatient	574	818	0
Detoxification (outpatient)	0	0	0
Total	18,148	32,157	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate approximately 2,500 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 18 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	710	15.8
Alcohol in combination with other drugs	1,801	18.8
Total	2,511	18.0

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 399,000 persons aged 12 and older (9.0 percent of Arizona's population) needed, but did not receive, treatment for alcohol use and 142,000 persons (3.2 percent) needed, but did not receive, treatment for illicit drug use in Arizona.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.02	7.16	18.75	7.54
Needing but not receiving treatment for illicit drug use	3.21	6.65	7.80	1.88

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Arizona collects a variety of fiscal, clinical, and qualitative data to drive planning and to monitor substance abuse prevention and treatment services throughout the State. In 2003, DBHS implemented a comprehensive network sufficiency analysis, known as the Arizona Logic Model, which uses data from multiple sources to determine the sufficiency of provider networks.

In 2002, DBHS released a study demonstrating the relationship between risk and outcome variables that predict problem behavior for each county in the State. This study helped localities tailor prevention programs specifically for their communities. The agency also utilizes information from the RBHAs to assess prevention needs relevant to local planning regions.

Additionally, the Arizona Substance Abuse Treatment Needs Assessment Study (AZNAS) generated seven reports on various aspects of substance abuse prevalence in the State among adults, juvenile arrestees, the general household population, and three tribal nations.

Evaluation

DBHS monitors the substance abuse prevention and treatment services on many levels. Evaluation methods include independent case reviews, regular and special data queries and reports, annual administrative reviews of each T/RBHA, reviews of contract deliverables, customer satisfaction surveys, consumer complaints, access to care standards, incidents of seclusion and restraint, and “mystery shoppers.”

Arizona took part in the national Treatment Outcome Prospective Pilot Study (TOPPS I), completed in 1999, and has been selected to participate in the TOPPS II study. This prospective study tracks patient outcomes among adults participating in substance abuse treatment. The agency also recently conducted an evaluation on the effects of a Social Model Detoxification in two successful pilot programs funded by the State tobacco tax. Findings from these initiatives will be incorporated into future evaluations of DBHS services.

Training and Assistance

DBHS provides and supports training and workforce development programs focused on best practices in substance use services. Many are facilitated in collaboration with other organizations, such as the Association of Community Psychiatrists and Child Protective Services. The agency co-sponsors the Annual Summer School on Substance Abuse, which provides training on family centered addictions treatment, adolescent substance abuse treatment, co-occurring disorders, drug courts, cultural competence, and other best practice approaches.

DBHS recently established a specialized Training Unit which provides internal training to DBHS staff and which develops and coordinates training with the T/RBHAs and their providers. The T/RBHAs also offer technical assistance to their providers in applying needs assessment data to their program focus and design. Arizona holds an annual statewide prevention providers meeting, and results from the recent Prevention Needs Assessment serve as a focus of the training.

Expenditures of Block Grant Funds for Resource Development Activities

Arizona did not report any expenditures on resource development activities for FYs 2000 through 2002.

Arizona did not report any expenditures for resource development activities for FYs 2000 through 2003.

Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	N/R**	0	N/R	0	N/R	0	N/R	0
Quality Assurance	N/R	0	N/R	0	N/R	0	N/R	0
Training	N/R	0	N/R	0	N/R	0	N/R	0
Education	N/R	0	N/R	0	N/R	0	N/R	0
Program Development	N/R	0	N/R	0	N/R	0	N/R	0
Research and Evaluation	N/R	0	N/R	0	N/R	0	N/R	0
Information Systems	N/R	0	N/R	0	N/R	0	N/R	0
Total*	N/R	0	N/R	0	N/R	0	N/R	0

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

**N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

Arizona received \$8.3 million in 38 Center for Substance Abuse Prevention (CSAP) discretionary grants in FY 2004. Nineteen of the 38 grants were awarded to drug-free communities (totaling \$1.7 million). The largest single award was a Strategic Prevention Framework State Incentive Grant (SPF SIG) (for nearly \$2.4 million).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
Drug Free Communities	19	1,698,785
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	3	190,908
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	2	127,272
HIV/AIDS Cohort 3 Services	4	1,307,361
HIV/AIDS Cohort 4 Services	3	1,045,434
Prevention of Meth and Inhalant Use	3	943,511
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Youth Transition into the Workplace	2	299,964
Total	38	8,256,556

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, Arizona received \$10.9 million in Center for Substance Abuse Treatment (CSAT) discretionary funds for treatment services. The single largest type of grant was awarded to targeted capacity-HIV/AIDS, which received 5 of the 25 grants at \$2.4 million.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	3	1,193,141
Effective Adolescent Treatment	1	250,000
Grants for Accreditation of OTPs	1	469,168
Homeless Addictions Treatment	2	800,000
Recovery Community Service	3	726,179
Residential SA TX	1	496,369
Strengthening Access and Retention	1	199,998
Strengthening Communities - Youth	2	1,396,169
Targeted Capacity Expansion	3	1,459,985
Targeted Capacity - HIV/AIDS	5	2,407,794
TCE Minority Populations	2	999,986
Youth Offender Reentry Program 2004	1	500,000
Total	25	10,898,789

SOURCE: www.samhsa.gov

ARKANSAS

State SSA Director

Joe M. Hill, Director

Office of Alcohol and Drug Abuse Prevention

Division of Behavioral Health Services

Arkansas Department of Health and Human Services

4313 West Markham Street

Third Floor Administration

Little Rock, AR 72205

Phone: (501) 686-9866

Fax: (501) 686-9035

E-mail: joe.hill@arkansas.gov

Web site: www.state.ar.us/dhs/dmhs

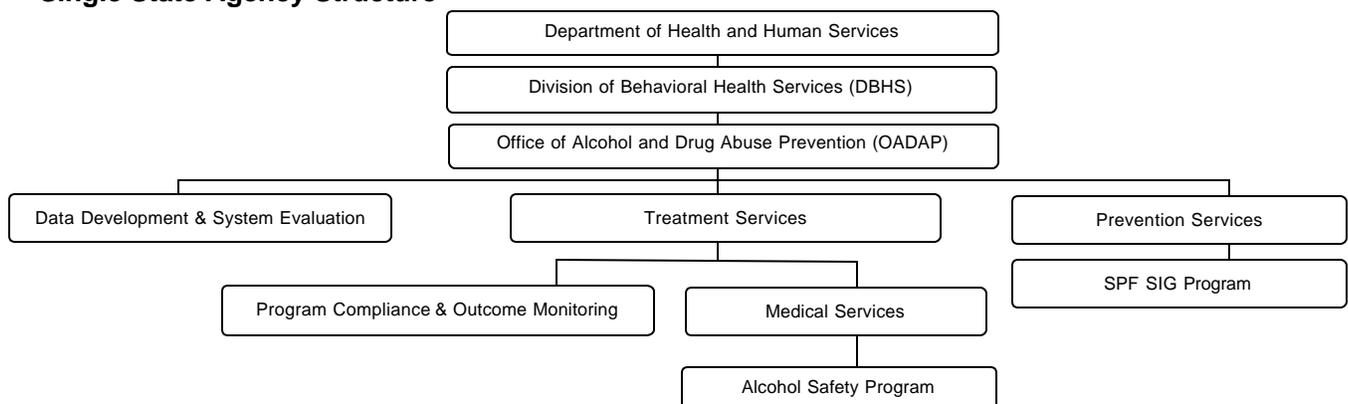
Structure and Function



The mission of the State of Arkansas, Department of Health and Human Services, Division of Behavioral Health Services (DBHS), Office of Alcohol and Drug Abuse Prevention (OADAP) is to help Arkansas citizens live productive lives free from the abuse of alcohol, tobacco, and other drugs. OADAP is the Single State Agency (SSA) for Arkansas and its responsibilities are to fund, license, coordinate, monitor, and provide technical assistance and programming in prevention, education, intervention, treatment, training, and public information related to substance abuse. OADAP comprises the following sections: Administration; Treatment Services Section, which includes the Program Compliance and the Drug and Alcohol Safety Educational Program and Medical Services; Prevention Services Section; Data Management Section; and the Strategic Prevention Framework State Incentive Grant (SPF SIG) Program.

OADAP's goals include the following: (1) to act as a strong advocate for comprehensive alcohol, tobacco, and other drug (ATOD) abuse education, intervention, prevention, and treatment services and to assure that these programs are identified and presented to lawmakers key decisionmakers; (2) to assure the provision of comprehensive treatment and prevention services to citizens who have an ATOD abuse problem or potential problems; (3) to assure that comprehensive services are tailored to the specific needs of individuals within each county and region of the State; (4) to assure that all services provided for the alcohol and drug abuser meet minimum standards required for quality care; (5) to distribute available resources in the most cost efficient and cost effective process available; (6) to coordinate with other entities to maximize utilization of resources and services; (7) to provide comprehensive educational and training resources that are responsive to the changing and diverse needs of ATOD abuse in Arkansas; and (8) to create and sustain a constituency of citizens to act as advocates for substance abuse issues.

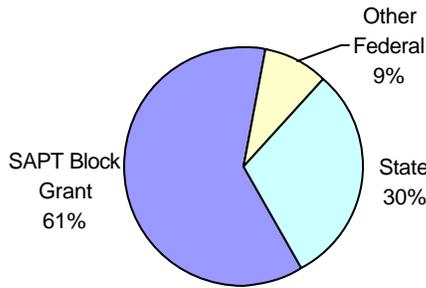
Single State Agency Structure



Single State Agency Funding Overview

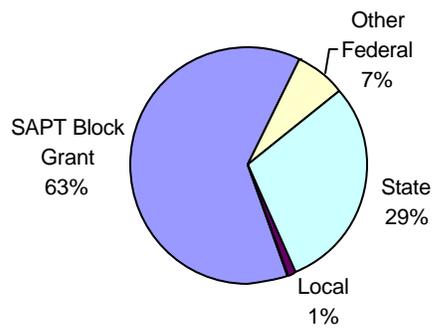
Between FYs 2000 and 2003, total SSA funding increased from \$18.4 to \$19.3 million. Most (63 percent) SSA funding in FY 2003 was provided by the Block Grant, 29 percent by the State, and 7 percent by other Federal sources. These proportions are similar to those in FYs 2000 through 2002.

FY 2000 Expenditures by Funding Source

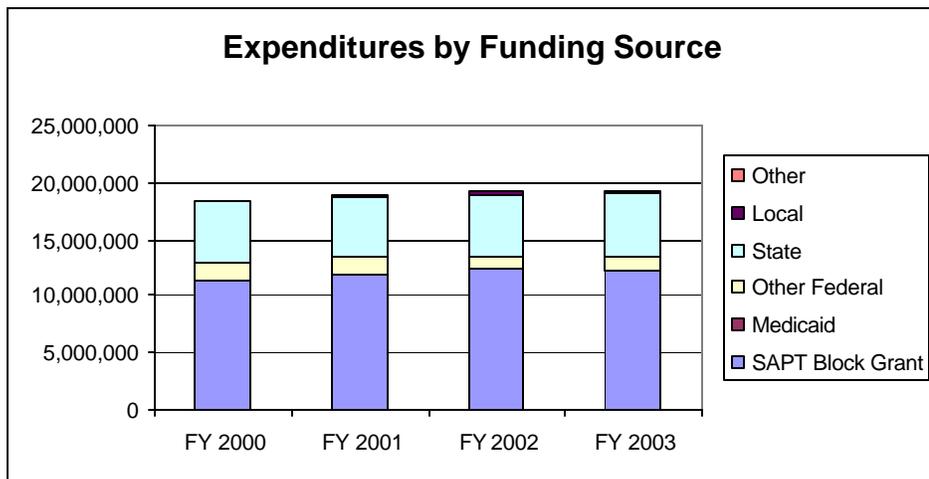


N=\$18,369,468

FY 2003 Expenditures by Funding Source



N=\$19,269,777



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	11,322,249	62	11,867,929	62	12,331,662	64	12,169,977	63
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,585,961	9	1,434,283	8	1,288,509	7	1,337,067	7
State	5,461,258	30	5,412,732	28	5,327,700	28	5,561,349	29
Local	0	0	282,754	1	333,610	2	201,384	1
Other	0	0	0	0	0	0	0	0
Total*	18,369,468	100	18,997,698	100	19,281,481	100	19,269,777	100

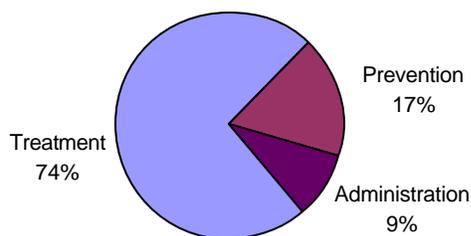
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

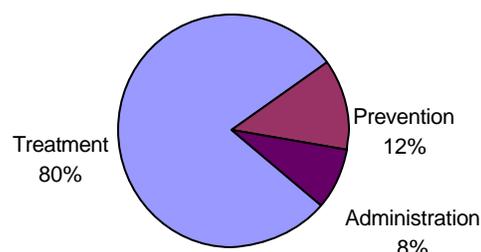
Between FYs 2000 and 2003, the proportion of total SSA funds spent on treatment increased (from 74 to 80 percent), while the proportion spent on prevention declined (from 17 to 12 percent), and the proportion spent on administration costs remained relatively stable (between 8 and 9 percent).

FY 2000 Expenditures by Activity

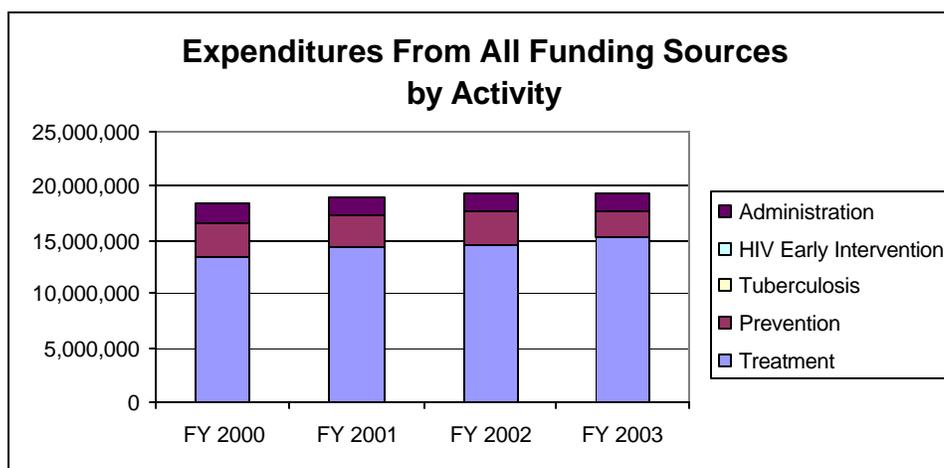


N=\$18,369,468

FY 2003 Expenditures by Activity



N=\$19,269,777



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	14,339,782	75	14,526,525	75	15,280,827	79
Alcohol Treatment	6,652,138	36	0	0				
Drug Treatment	6,894,852	38	0	0				
Prevention	3,108,946	17	3,002,378	16	3,240,669	17	2,406,920	12
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,713,532	9	1,655,538	9	1,514,287	8	1,582,030	8
Total*	18,369,468	100	18,997,698	100	19,281,481	100	19,269,777	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

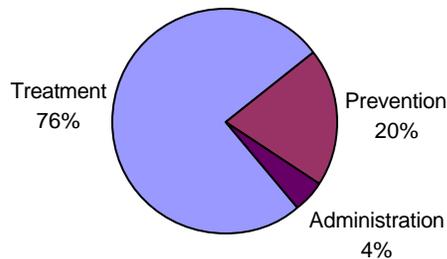
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

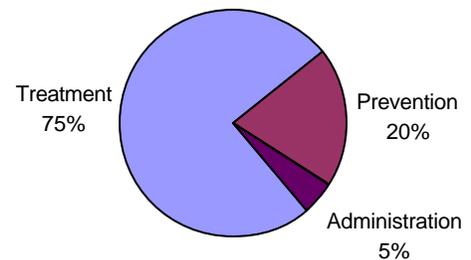
Between FYs 2000 and 2003, Block Grant funds in the State increased from \$11.3 to \$12.2 million. During that time period the allocation of funds remained relatively stable with most (75 to 77 percent) going toward treatment services, 19 to 20 percent toward prevention, and 4 to 5 percent toward administration costs.

FY 2000 Block Grant Expenditures by Activity

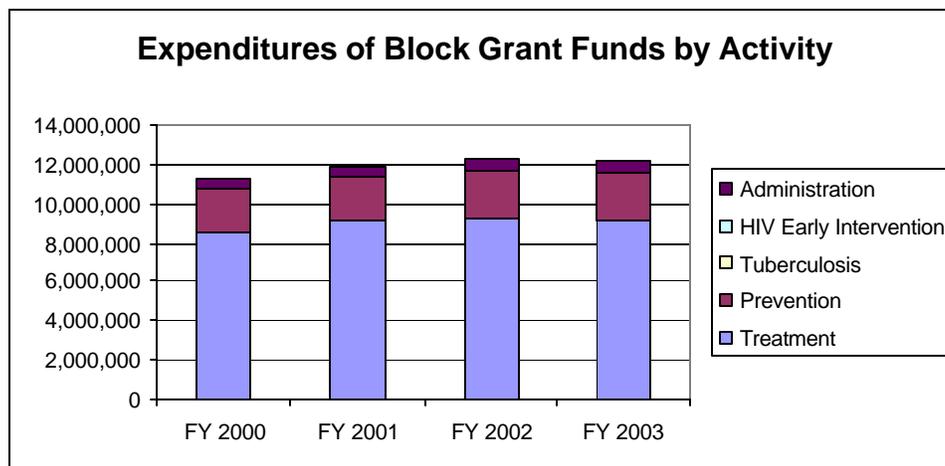


N=\$11,322,249

FY 2003 Block Grant Expenditures by Activity



N=\$12,169,977



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	9,145,761	77	9,248,747	75	9,192,448	76
Alcohol Treatment	4,158,048	37	0	0				
Drug Treatment	4,400,761	39	0	0				
Prevention	2,254,167	20	2,243,910	19	2,466,332	20	2,406,920	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	509,273	4	478,258	4	616,583	5	570,609	5
Total*	11,322,249	100	11,867,929	100	12,331,662	100	12,169,977	100

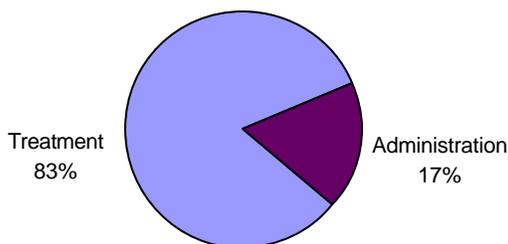
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

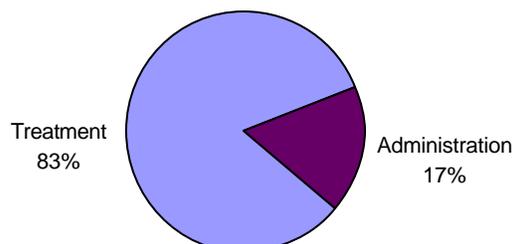
State expenditures for alcohol and drug abuse services remained relatively stable between FYs 2000 and 2003, ranging from \$5.3 to \$5.6 million. The allocation of funds also remained stable during that time period, with most (83 percent in FY 2003) going toward treatment services and 17 percent toward administration costs.

FY 2000 State Expenditures by Activity

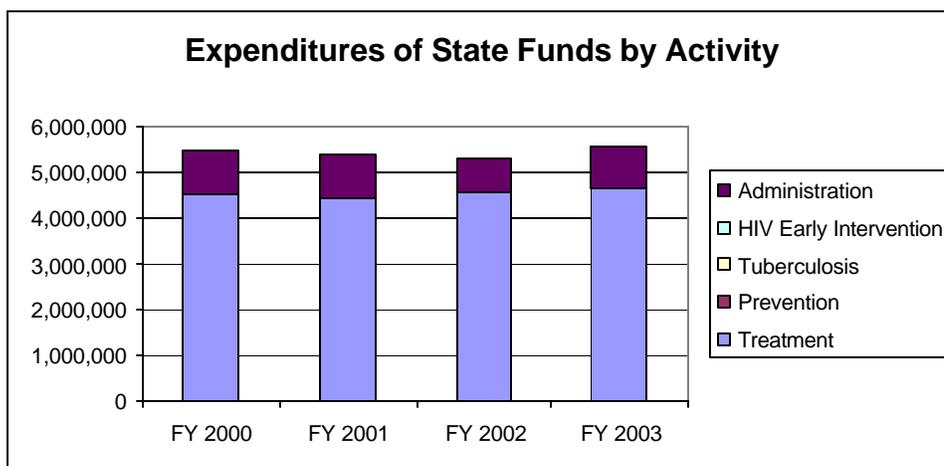


N=\$5,461,258

FY 2003 State Expenditures by Activity



N=\$5,561,349



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	4,458,664	82	4,555,962	86	4,641,505	83
Alcohol Treatment	2,261,701	41	0	0				
Drug Treatment	2,261,702	41	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	937,855	17	954,068	18	771,738	14	919,844	17
Total*	5,461,258	100	5,412,732	100	5,327,700	100	5,561,349	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

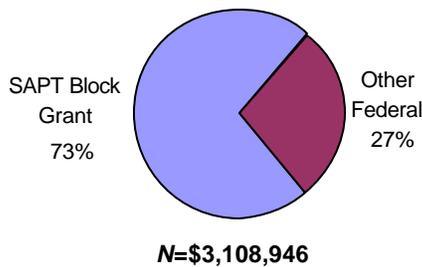
OADAP funds community-based prevention programs to address substance abuse prevention programming at the local level. OADAP supports prevention services statewide through thirteen (13) Prevention Resource Centers (PRCs). The PRCs are responsible for representing ATOD prevention-related issues/needs/concerns to and within their assigned counties and for participating in appropriate efforts of the various prevention-related networks within their designated region. Establishing and maintaining good working relationships is an on-going effort for the PRC. The PRCs are responsible for providing services related to the six primary prevention strategies of Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Processes, and Environmental strategies.

Prevention Funding and Expenditures

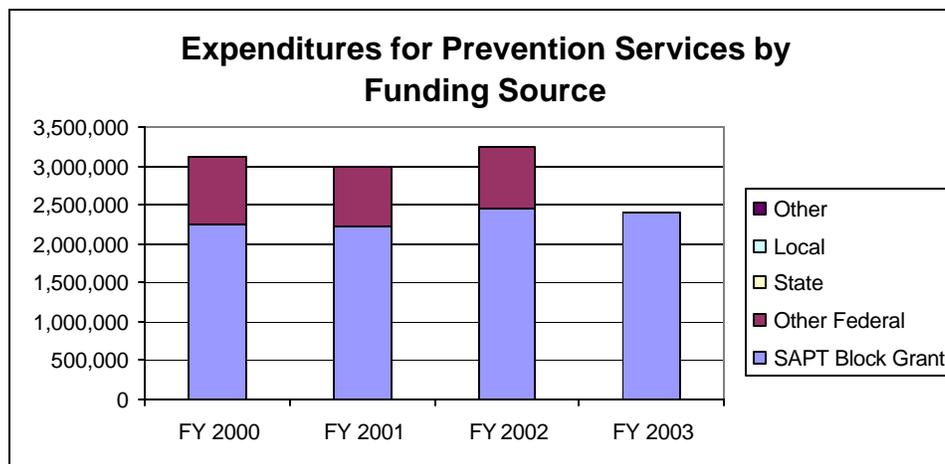
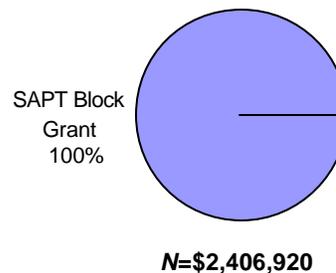
Between FYs 2000 and 2003, prevention funding declined from \$3.1 to \$2.4 million. During that time period, the source of the funds changed dramatically. In FY 2003 all prevention funds were derived from the Block Grant, whereas in FY 2000 only 73 percent came from the Block Grant and 27 percent came from other Federal sources.

Block Grant funding per capita for prevention services remained fairly stable from FY 2000 to FY 2003, and increased slightly. In FY 2000, Block Grant expenditures were \$0.84 per capita and in FY 2003, expenditures were \$0.88 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,254,167	73	2,243,910	75	2,466,332	76	2,406,920	100
Other Federal	854,779	27	758,468	25	774,337	24	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,108,946	100	3,002,378	100	3,240,669	100	2,406,920	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

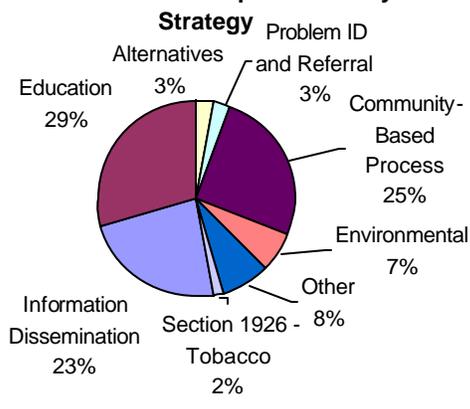
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Information dissemination is conducted via a library, clearinghouse, presentations, newspaper ads, and health fairs, booths at conferences/workshops, and State or national awareness campaigns.
Education	Strategies include the Mid-South Summer School, Prevention Institute, and Teacher Training.
Alternatives	Alternative efforts include community service opportunities, athletic and recreational activities, cultural events/celebrations, retreats, and field trips.
Community-Based Processes	Processes include community volunteer training, action planning for community decisionmakers, leadership/mobilization training, teacher training, interagency collaboration, coalition building, networking, and task force development.
Environmental	Activities center on changing attitudes and norms within the community, including assistance to communities and coalitions in promoting smoke-free restaurants, monitoring the enforcement of laws relative to the sale of alcohol and tobacco to minors and providing alcohol, tobacco education for retailers, and provide opportunities for individual college and university campuses.
Problem Identification and Referral	OADAP developed and updated a resource directory of available services within each region and delivered the Drugs Don't Work Program.

Expenditures of Block Grant Funds for Core Strategies

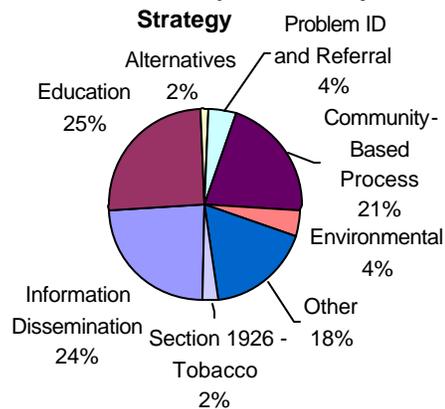
Block Grant funding for prevention core strategies increased slightly between FYs 2000 and 2003 from \$2.3 to \$2.7 million. During that time period these funds were spread across various types of activities, including educational strategies, information dissemination strategies, and community-based processes.

FY 2000 Block Grant Expenditures by Core Strategy

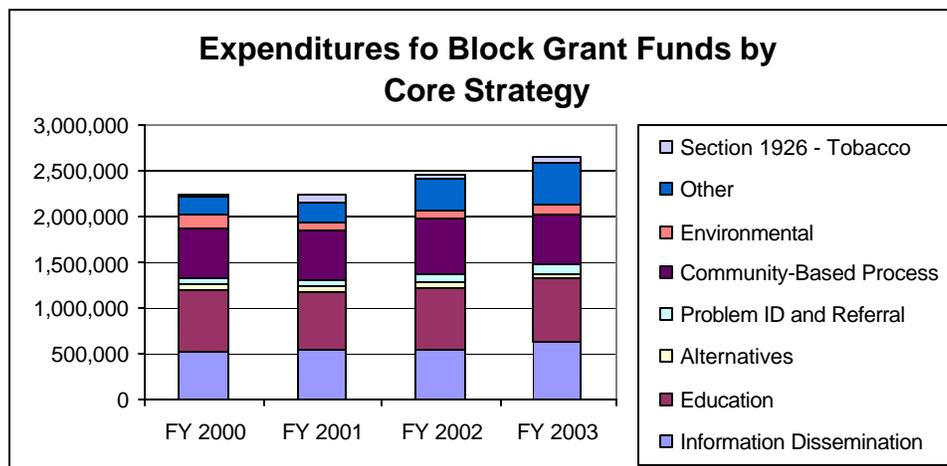


N=\$2,254,167

FY 2003 Block Grant Expenditures by Core Strategy



N=\$2,655,801



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	524,559	23	548,713	24	540,908	22	630,385	24
Education	668,120	30	619,638	28	677,665	27	679,815	26
Alternatives	64,751	3	51,619	2	48,830	2	48,751	2
Problem ID and Referral	62,621	3	70,104	3	93,180	4	106,045	4
Community-Based Process	564,940	25	556,572	25	620,221	25	557,331	21
Environmental	149,327	7	94,343	4	83,727	3	106,045	4
Other	184,225	8	215,317	10	344,400	14	466,832	18
Section 1926 - Tobacco	35,624	2	87,604	4	57,401	2	60,597	2
Total*	2,254,167	100	2,243,910	100	2,466,332	100	2,655,801	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

SAPT Block Grant funds are allocated to local public or non-profit private entities for the provision of priority services including outpatient care, residential care, and subordinate or supportive services and early intervention services. State funds are used to purchase a portion of these services as well as the purchase of medical detoxification. Detoxification services are provided locally through OADAP contracted providers who contract with local hospitals when needed to provide inpatient detoxification services. In addition, OADAP funds statewide specialty programs for injection drug users (IDUs) and pregnant and parenting women. OADAP funds one IDU clinic in conjunction with the University of Arkansas for Medical Sciences. This program provides a comprehensive program of treatment services utilizing prescription methadone as an adjunct to treatment. OADAP funds seven special women’s services programs which provide unique services for pregnant women and women with children. The OADAP administers a contract with the city of Little Rock to provide treatment services for specific populations.

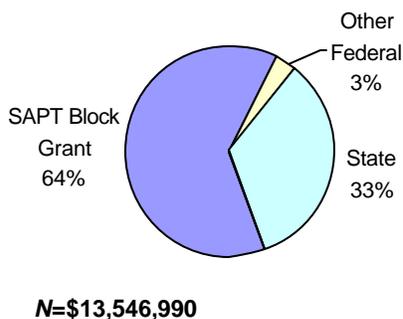
Responsibilities of the Division of Treatment Services include (1) serving as the State methadone authority; (2) allocating treatment funding; (3) developing new programs and protocols, including Regional Alcohol and Drug Detoxification (RADD), dually diagnosed, and involuntary commitments; and (4) coordinating services between DBHS and OADAP providers for dually diagnosed individuals in need of substance abuse services; and (5) licensing authority for all drug and alcohol treatment programs in the State.

Treatment Funding and Expenditures

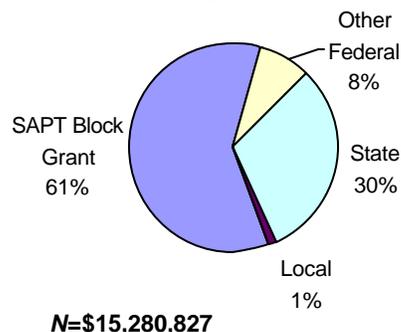
Treatment funds in Arkansas increased between FYs 2000 and 2003 (from \$13.6 to \$15.3 million). During this time period, the Block Grant provided 61 to 64 percent of treatment funds, the State provided approximately one third, and other Federal funds accounted for 3 to 8 percent.

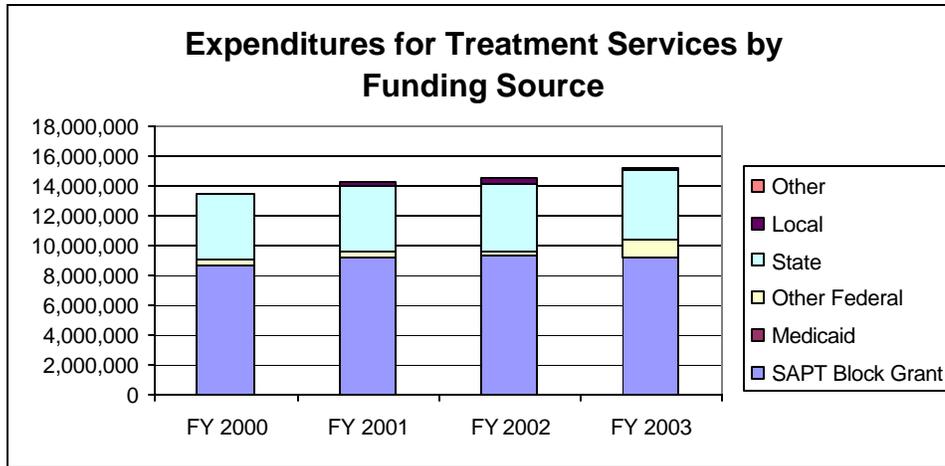
Block Grant treatment expenditures per capita ranged from \$3.20 in FY 2000 to \$3.42 in FY 2002. In FY 2003, Block Grant expenditures for treatment services were \$3.37 per capita.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	8,558,809	64	9,145,761	64	9,248,747	64	9,192,448	61
Medicaid	0	0	0	0	0	0	0	0
Other Federal	464,778	3	452,603	3	388,206	3	1,245,490	8
State	4,523,403	33	4,458,664	31	4,555,962	31	4,641,505	30
Local	0	0	282,754	2	333,610	2	201,384	1
Other	0	0	0	0	0	0	0	0
Total*	13,546,990	100	14,339,782	100	14,526,525	100	15,280,827	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Arkansas's SAPT Block Grant application indicates that nearly 15,000 persons were admitted to treatment during FY 2002, of which most were admitted for short-term residential or outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=14,922)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,076	1,048	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	2,012	5,285	0
Long-term residential	22	162	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	180	0
Outpatient (non-methadone)	1,934	2,949	0
Intensive outpatient	69	185	0
Detoxification (outpatient)	0	0	0
Total	5,113	9,809	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 14,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 23 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary substantially when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,912	20.7
Alcohol in combination with other drugs	10,884	23.3
Total	13,796	22.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 163,000 persons aged 12 and older (7.3 percent of Arkansas's population) needed, but did not receive, treatment for alcohol use, and 60,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in Arkansas.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.33	6.08	17.14	5.76
Needing but not receiving treatment for illicit drug use	2.67	4.75	7.51	1.52

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

OADAP conducts a treatment needs assessment project, helping CSAT achieve one of its outcome measurements for the GPRA project. OADAP will utilize data from the treatment needs assessment project to aid in future planning activities. OADAP conducts the annual Arkansas Prevention Needs Assessment Student Survey using the Communities That Cares instrument. Confidential reports will be provided to the participating school buildings/districts, and public reports compiling data at the county, region, and State levels will be developed and posted on the OADAP Web page. OADAP collects approximately 46 archival data indicators for each of Arkansas' 75 counties and make this information available to communities through the PRC's clearinghouses. This data are provided via printed material, the Web, and a CD-Rom.

Evaluation

Evaluation activities for prevention services are conducted in a variety of ways. A Statement of Work is negotiated and established to determine the expected performance of each contract or grant. OADAP assigns a project officer, who becomes the contact person for activities carried out through the contract, to oversee each contract of grant. Quarterly progress reports are required for prevention grants and submitted to the project officer.

Two data sources are used by OADAP Prevention Section to evaluate the overall progress of the State. These sources are the Arkansas Prevention Needs Assessment Student Survey, conducted annually, and archival risk factor data that captures data from other State agencies that is relevant to substance abuse prevention.

OADAP evaluates its funded treatment programs using the following methods: all alcohol and drug treatment programs are required to enter admission, treatment and discharge data regarding the client treatment episode into the Alcohol and Drug Management Information System, funded programs are required to submit waiting list information, programs are licensed by OADAP, DBHS, conducts yearly sight audits of funded programs, the OADAP auditor conducts periodic service to billing audits of funded programs, funded programs must submit a Continuing Application Package report annually, and program audits must be submitted annually.

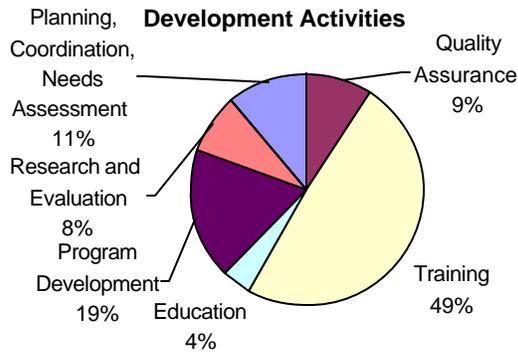
Training and Assistance

The OADAP uses approximately 3 percent of the funds available under the Block Grant for alcohol and drug services to provide training for direct care providers, teachers, criminal justice system personnel, primary care providers, and parents in alcohol and drug abuse information and skill development.

Expenditures of Block Grant Funds for Resource Development Activities

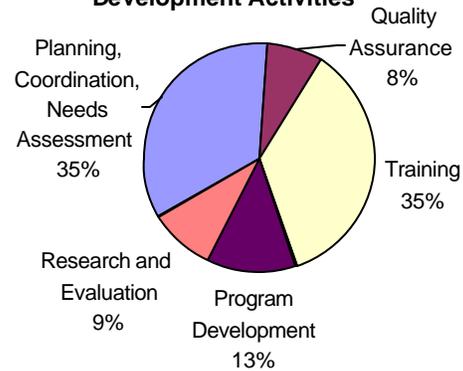
Block Grant funding for resource development activities increased over time from \$422,000 in FY 2000 to \$790,000 in FY 2003. The distribution of these funds changed during this time period, with a greater proportion going towards planning, coordination, and needs assessment in FY 2003.

FY 2000 Block Grant Expenditures on Resource Development Activities

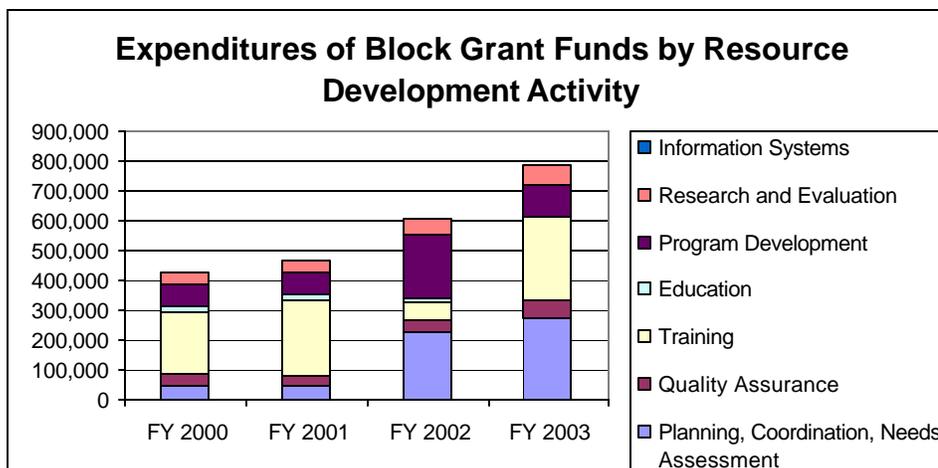


N=\$421,952

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$789,762



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	46,685	11	45,210	10	222,232	36	274,126	35
Quality Assurance	39,957	9	35,871	8	45,583	7	59,423	8
Training	205,010	49	252,484	55	56,416	9	281,076	36
Education	16,115	4	15,765	3	15,795	3	1,500	0
Program Development	78,562	19	76,852	17	214,543	35	102,108	13
Research and Evaluation	35,623	8	34,458	7	57,401	9	71,529	9
Information Systems	0	0	0	0	0	0	0	0
Total*	421,952	100	460,640	100	611,970	100	789,762	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004 Arkansas received six Center for Substance Abuse Prevention (CSAP) discretionary grants (all for drug-free communities) totaling \$597,000.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Drug Free Communities	6	597,836
Total	6	597,836

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Arkansas received \$1.3 million in Center for Substance Abuse Treatment (CSAT) discretionary grants in FY 2004: one for effective adolescent treatment and one for the treatment of persons with co-occurring disorders.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Effective Adolescent Treatment	1	243,884
Treatment of Persons with Co-Occurring Substance Related and Mental Disorders	1	1,100,000
Total	2	1,343,884

SOURCE: www.samhsa.gov

CALIFORNIA

State SSA Director

Ms. Kathryn P. Jett, Director
California Department of Alcohol and Drug Programs
1700 K Street, Fifth Floor
Sacramento, CA 95814
Phone: 916-445-1943
Fax: 916-324-7338
E-mail: kjett@adp.state.ca.us
Web site: www.adp.cahwnet.gov/default.html

Structure and Function



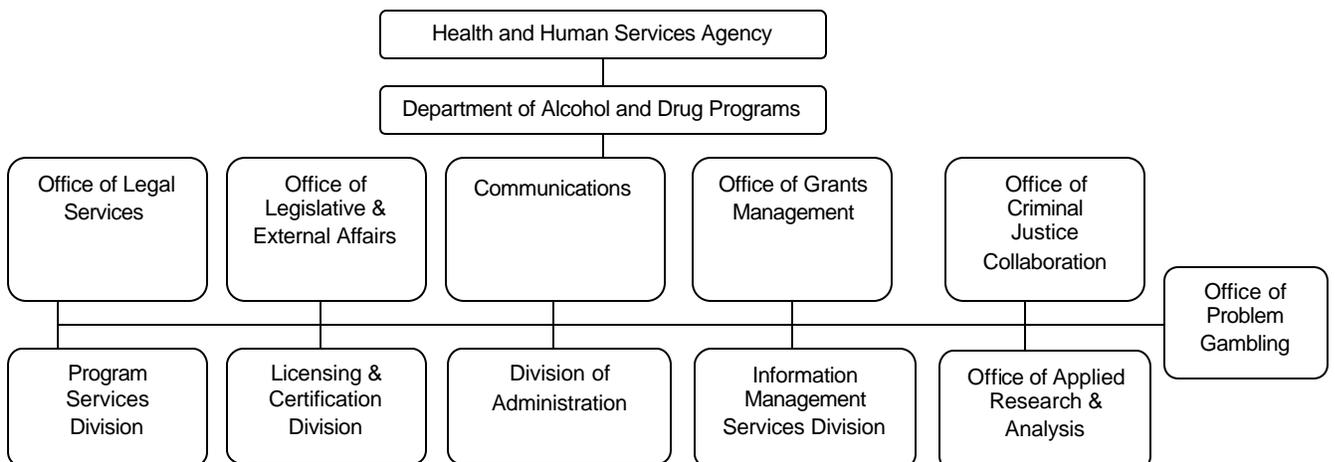
The Department of Alcohol and Drug Programs (ADP), established in 1978, is the Single State Agency (SSA) that leads the State's drug prevention, treatment, and recovery efforts. ADP's vision is healthy individuals and communities free of alcohol and other drug problems. Its mission is to lead California's strategy to reduce alcohol and other drug problems by developing, administering, and supporting prevention and treatment programs. It has six key functions: administer funding to counties who provide alcohol and other drug treatment and prevention services; certify, license, monitor, and audit alcohol and other drug programs; develop and

implement prevention programs and strategies; ensure that clients receive a consistent and acceptable level of service; provide public information on alcohol and other drug problems and programs; and develop a plan to address problem gambling in California and develop a problem gambling prevention program.

ADP is organizationally located under the Secretary of the Health and Human Services Agency and is organized around four program areas: Program Services Division, Licensing and Certification Division, Office of Criminal Justice Collaboration, and Office of Problem Gambling. The four programs receive support from: Administration, Applied Research and Analysis, Communications, Information Management Services, Grants Management, Legal Services, and Legislative and External Affairs.

Three groups provide input to the direction of ADP: The Governor's Prevention Policy Advisory Council, the Director's Advisory Council, and the County Alcohol and Drug Program Administrators Association of California. (CADPAAC). In addition, ADP has established interagency agreements with other State agencies involved in alcohol, tobacco, and other drug (ATOD) treatment, including the California Department of Social Services (CDSS) and the Department of Mental Health (DMH).

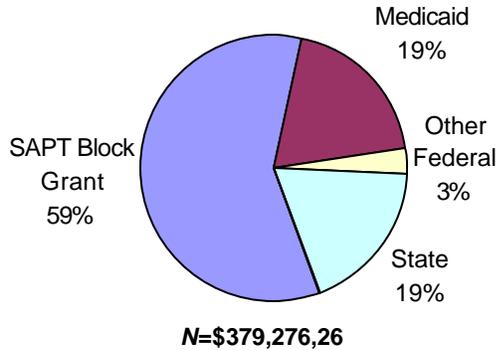
Single State Agency Structure



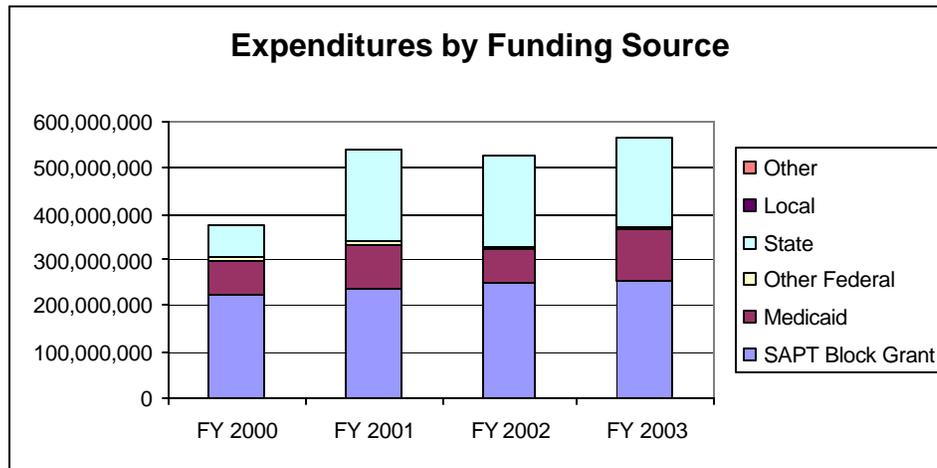
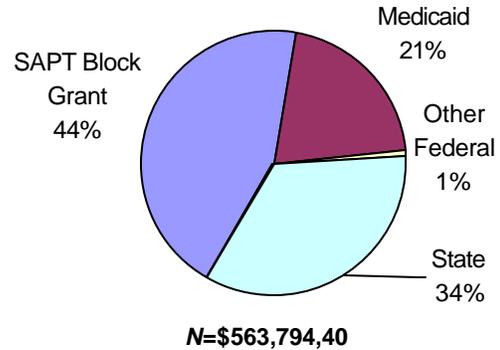
Single State Agency Funding Overview

California's SSA expenditures totaled more than \$563 million in FY 2003, an increase from \$379 million in FY 2000. In FY 2003 most (44 percent) of the expenditures were derived from the Block Grant, followed by 34 percent from the State. This represents a change from FY 2000 when Block Grant funds accounted for more than half of total expenditures (59 percent), followed by State and Medicaid funds, which each accounted for 19 percent of total expenditures.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

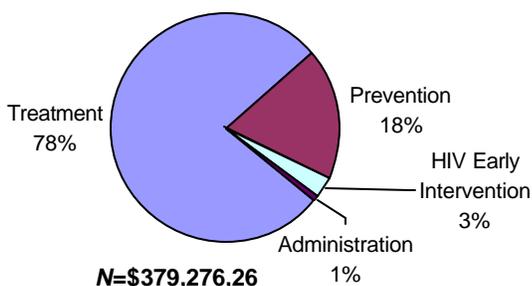
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	222,904,011	59	234,563,653	43	250,004,553	48	250,772,440	44
Medicaid	73,312,027	19	99,484,304	18	76,350,986	15	115,743,764	21
Other Federal	12,751,922	3	9,711,546	2	3,656,739	1	5,419,284	1
State	70,308,307	19	196,371,856	36	196,095,283	37	191,858,917	34
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	379,276,267	100	540,131,359	100	526,107,561	100	563,794,405	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

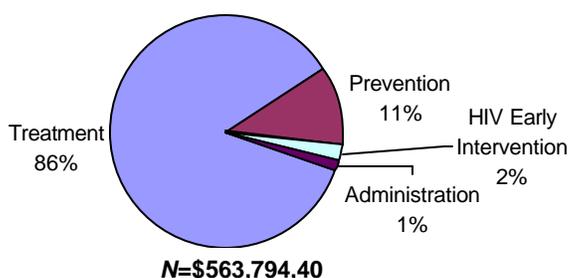
Activities and Expenditures From All Funding Sources

Of the \$563 million in ATOD funding expenditures in California in FY 2003, most (86 percent) went towards treatment services, followed by 11 percent for prevention services. While total dollars for treatment expenditures increased, prevention fund dollars decreased in FY 2003 when compared to FY 2000.

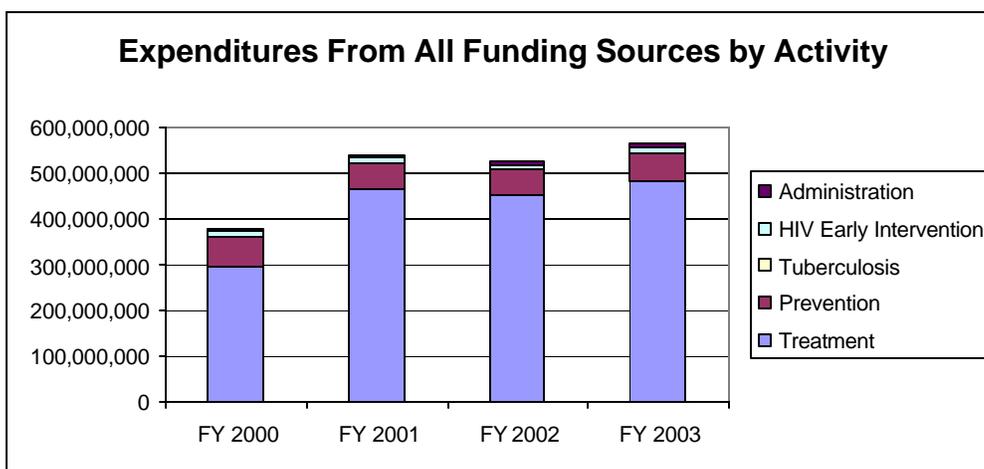
FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Expenditures From All Funding Sources by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	139,052,572	37	465,698,785	86	451,786,994	86	481,632,747	86
Alcohol Treatment	78,016,807	20	826,482	0				
Drug Treatment	78,023,760	21	0	0				
Prevention	69,392,171	18	56,776,831	11	55,777,201	11	61,791,700	11
Tuberculosis	131,508	0	106,497	0	29,078	0	38,372	0
HIV Early Intervention	10,785,533	3	11,618,189	2	12,151,706	2	12,187,398	2
Administration	3,873,916	1	5,104,575	1	6,362,582	1	8,144,188	1
Total*	379,276,267	100	540,131,359	100	526,107,561	100	563,794,405	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

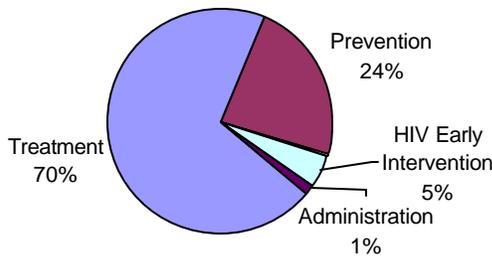
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

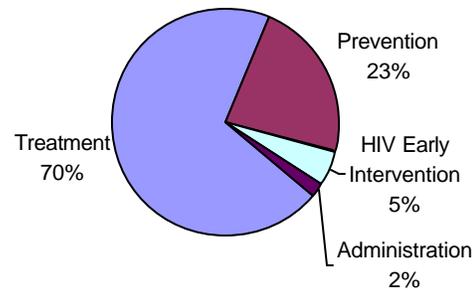
Treatment and rehabilitation activities accounted for 70 percent of the over \$250 million in Block Grant expenditures in FY 2003—similar to their proportion in FY 2000. Dollar and distribution percentages during this time period have remained relatively stable for prevention, HIV early intervention, and administrative activities.

FY 2000 Block Grant Expenditures by Activity

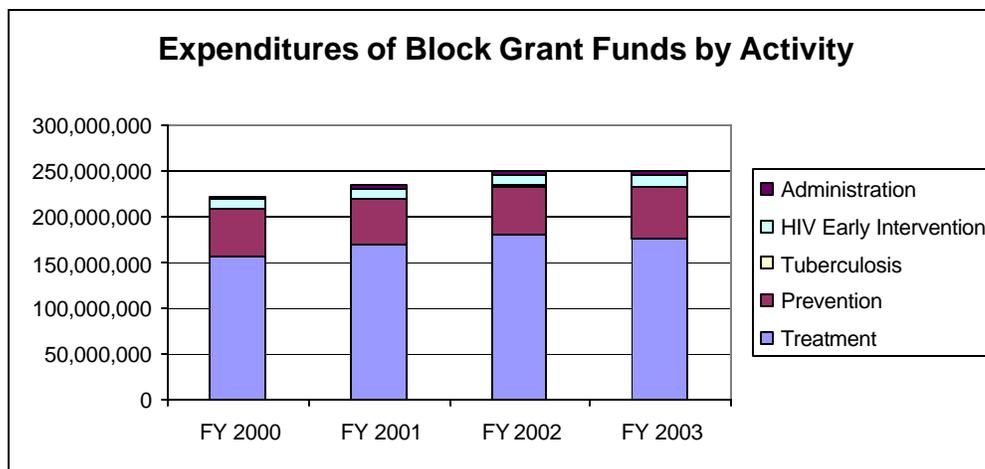


N=\$222,904,01

FY 2003 Block Grant Expenditures by Activity



N=\$250,772,44



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	401,226	0	170,393,194	73	181,154,956	72	176,162,084	70
Alcohol Treatment	78,016,807	35	0	0				
Drug Treatment	78,023,760	35	0	0				
Prevention	52,507,764	24	48,871,293	21	53,013,837	21	57,199,375	23
Tuberculosis	131,508	0	106,497	0	29,078	0	38,372	0
HIV Early Intervention	10,785,533	5	11,618,189	5	12,151,706	5	12,187,398	5
Administration	3,037,413	1	3,574,480	2	3,654,976	1	5,185,211	2
Total*	222,904,011	100	234,563,653	100	250,004,553	100	250,772,440	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

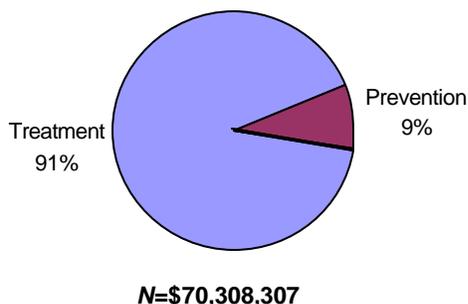
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

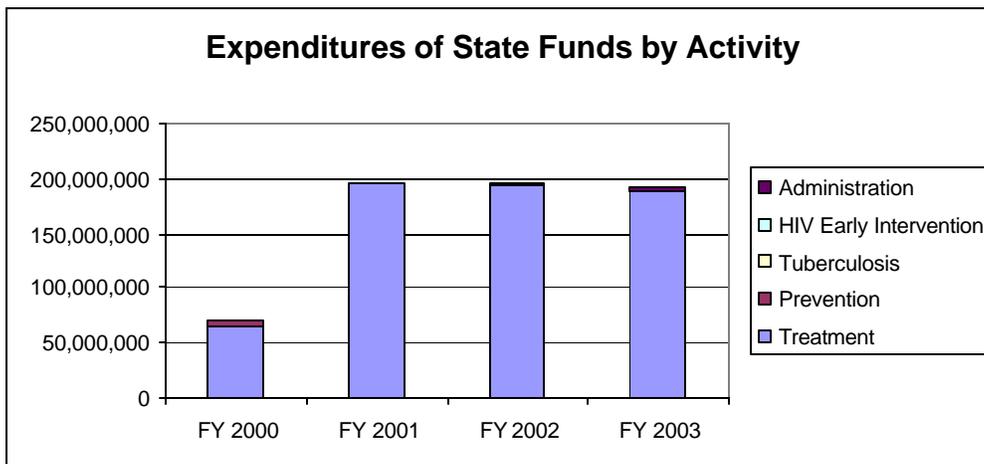
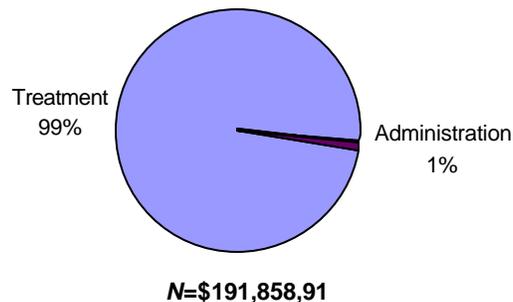
Expenditures of State Funds

Between FYs 2000 and 2003, expenditures of State funds by the SSA for alcohol and drug abuse services increased dramatically (from \$70.3 to \$191.9 million). Nearly all of this funding was directed toward treatment and rehabilitation activities (ranging from 91 percent in FY 2000 to 99 percent in FY 2003).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	64,052,534	91	194,623,560	99	194,033,124	99	189,402,376	99
Alcohol Treatment	0	0	826,482	0				
Drug Treatment	0	0	0	0				
Prevention	6,095,730	9	0	0	346,439	0	274,836	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	160,043	0	921,814	0	1,715,720	1	2,181,705	1
Total*	70,308,307	100	196,371,856	100	196,095,283	100	191,858,917	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The Program Services Division – Prevention is located within the ADP. Prevention is carried out at the local level through counties, which determine how their primary prevention funds best meet identified community needs and priorities. California emphasizes evidence-based community prevention approaches and strategies. ADP has several specific prevention requirements: (1) assess needs with data, (2) prioritize and commit to purpose, (3) establish actions and measurements, (4) use proven prevention actions, and (5) evaluate measured results and make improvements.

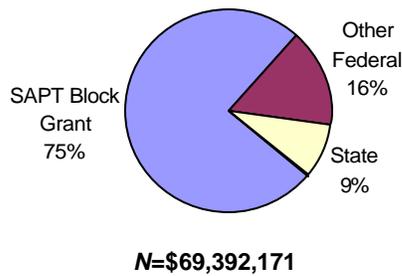
Prevention Services works with the Department of Health Services (DHS) to prevent underage tobacco use, in support of California’s Stop Tobacco Access to Kids Enforcement (STAKE) Act and to meet Synar Requirements. In addition, ADP has a continuing relationship with the California Prevention Collaborative (CPC), an association of more than 200 organizations.

Prevention Funding and Expenditures

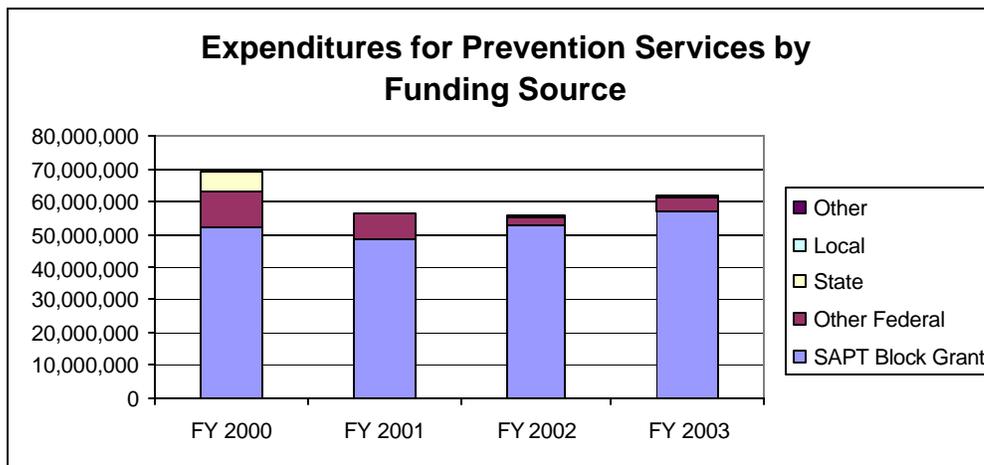
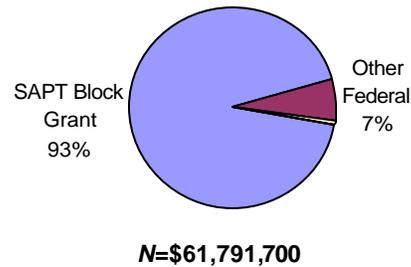
California spent nearly \$62 million on prevention services in FY 2003, a decrease from \$69.3 million in FY 2000. In FY 2003, nearly all (93 percent) of prevention expenditures came from Block Grant funds, with the remainder from other Federal funds. By contrast, in FY 2000, Block Grant funds constituted three quarters (75 percent) of total prevention expenditures, other Federal funds constituted 16 percent of the total, and State funds were 9 percent.

Per capita, the SAPT Block Grant funding for prevention services ranged from \$1.54 to \$1.61 between FYs 2000 and 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	52,507,764	76	48,871,293	86	53,013,837	95	57,199,375	93
Other Federal	10,788,677	16	7,905,538	14	2,416,925	4	4,317,489	7
State	6,095,730	9	0	0	346,439	1	274,836	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	69,392,171	100	56,776,831	100	55,777,201	100	61,791,700	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

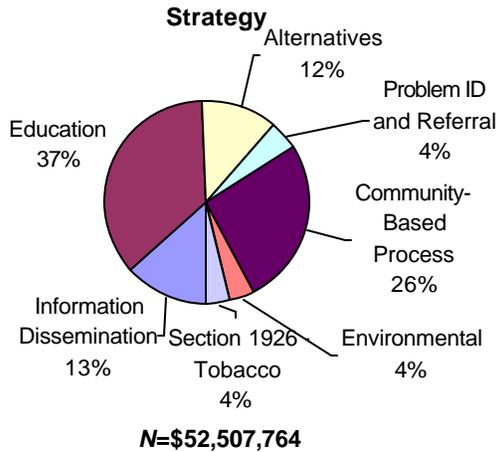
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	The Department Resource Center (DRC) identifies, acquires, and transfers information regarding program development, best practices, alcohol/drug effects, drug-free workplaces, Red Ribbon Week, etc., to the ATOD field. It provides research assistance and referrals through local assistance and staffs information booths at conferences/workshops/events throughout the State. It also provides publications, interacts with the general public, and supports mentoring activities.
Education	Strategies include outreach and training to support youth, communities, and special service populations through technical assistance contractors. Technical assistance is provided for environmental prevention techniques; mentoring for counties, communities, and government agencies; prevention; training to the faith community; and year-round general prevention campaigns.
Alternatives	County alcohol and other drug prevention programs provide infrastructure for statewide youth activities, such as alcohol and drug-free recreation activities and youth/adult leadership activities.
Community-Based Processes	ADP's Prevention Services funds technical assistance for local initiatives identified by community groups, prevention practitioners, schools, neighborhood associations, and county administrators.
Environmental	ADP's Prevention Services funds technical assistance and training, demonstration projects, collaboration, and dissemination of information about environmental approaches. Audiences include city planners, community groups, prevention practitioners, the educational community, neighborhood associations, county administrators, and other public policymakers.
Problem Identification and Referral	ADP's Prevention Services funds opportunities for minority youth to participate in programs by providing programs with technical assistance and expertise in serving minority populations. Prevention Services supports the Governor's Mentoring Partnership programs by promoting quality assurance standards and coordinating the State employee mentor recruitment campaign. Also, efforts are taken to ensure that mentoring is available to special populations.

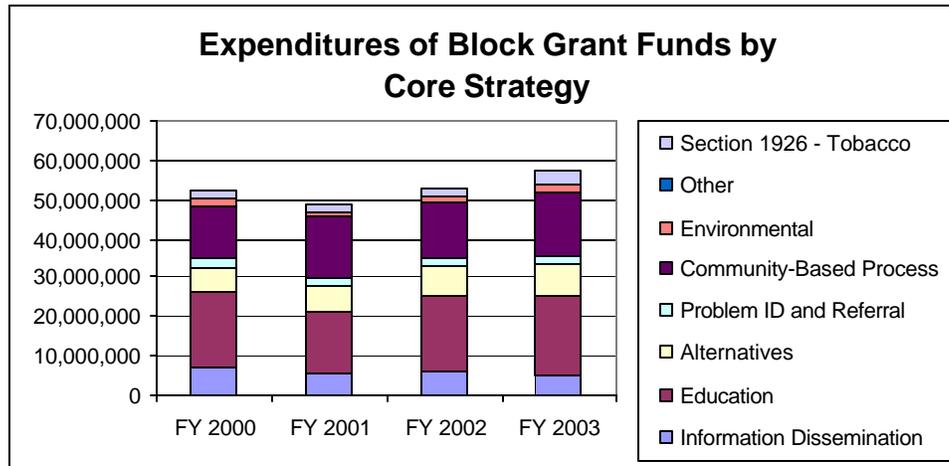
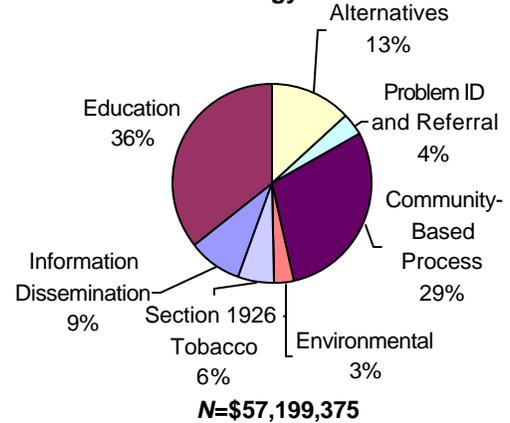
Expenditures of Block Grant Funds for Core Strategies

The \$57.2 million in Block Grant funding for CSAP core strategies in California was distributed widely among the various prevention core strategies. The FY 2003 distribution was nearly identical to FY 2000 allocation percentages: education was the top priority, accounting for 36 percent of funding in FY 2003, followed by community-based process strategies at 29 percent.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	6,945,960	13	5,415,406	11	6,286,213	12	4,990,976	9
Education	19,068,194	36	15,780,085	32	18,970,249	36	20,406,760	36
Alternatives	6,404,361	12	6,509,981	13	7,481,735	14	7,711,899	13
Problem ID and Referral	2,294,159	4	2,195,348	4	2,088,489	4	2,229,269	4
Community-Based Process	13,730,453	26	15,682,340	32	14,442,947	27	16,601,262	29
Environmental	2,064,637	4	1,288,133	3	1,744,205	3	1,964,577	3
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	2,000,000	4	2,000,000	4	2,000,000	4	3,294,632	6
Total*	52,507,764	100	48,871,293	100	53,013,838	100	57,199,375	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

The Program Services Division – Treatment is responsible for the management and monitoring of California’s publicly funded treatment and recovery services. Previously the State’s role in planning and implementing treatment services was largely fiduciary, with ADP allocating funds to counties and monitoring fiscal compliance. ADP is in the process of re-engineering the system and delivery of alcohol and other drug services. The State’s role in planning and implementing treatment services is multifaceted. ADP is initiating a series of changes that will lead to the specification of core program outcomes that originate in a research-based approach to continually improve the ATOD prevention and treatment system and the services provided clients.

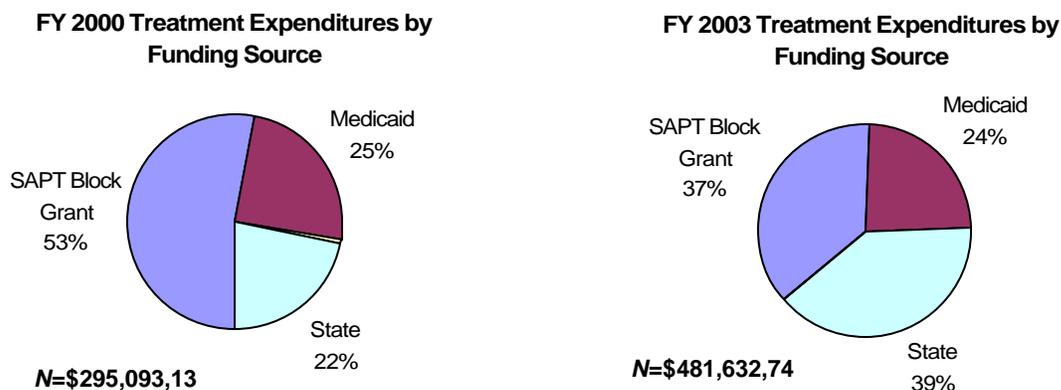
ADP is currently revising the range of services it provides to better reflect the Continuum of Care Model developed by the Institute of Medicine and to improve the health and safety of the citizens of California. Through this approach, ADP anticipates offering a continuum of substance abuse services that responds to the chronic nature of ATOD problems.

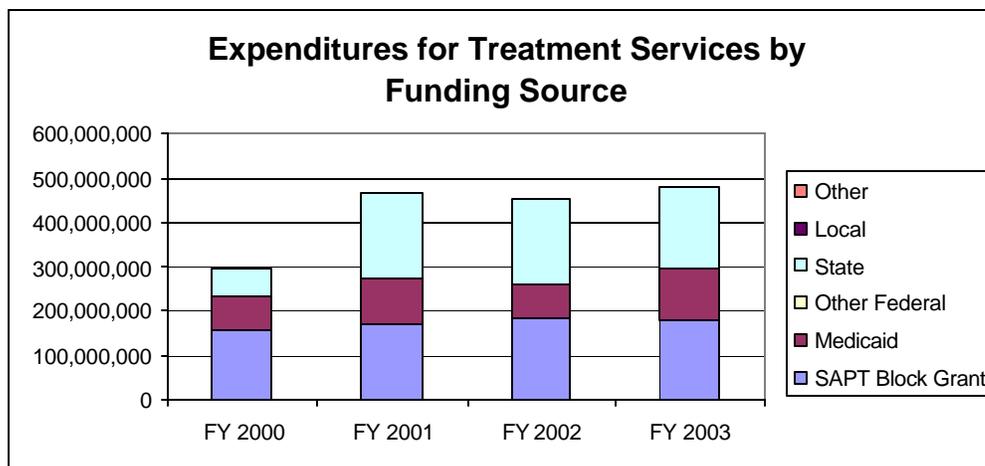
Central to this redesign, ADP is implementing a client data collection system for both prevention and treatment, the California Outcomes Measurement System (CalOMS), in which counties and providers transmit client data electronically to a central data base on a wide range of substance abuse measures. Client treatment questions have been administered since January 1, 2006, at both intake and discharge and are designed to yield data on change while in treatment. As designed, the CalOMS treatment data collection system will not only produce data for the SAMHSA-required National Outcome Measures, but will also yield customized data for counties and providers that describe clients being served and that will identify and facilitate the greater use of successful treatment approaches.

Treatment Funding and Expenditures

Total treatment funding in California increased sharply between FYs 2000 and 2003 (from \$295 million to \$481.6 million). In FY 2003, the largest source of treatment funding came from the State (at 39 percent of the total), with an almost equal 37 percent from Block Grant funds. This distribution represents a change from FY 2000, when the Block Grant funded over half of treatment expenditures.

Block Grant funding per capita for treatment and rehabilitation expenditures increased from \$4.60 in FY 2000 to \$4.97 in FY 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	156,441,793	53	170,393,194	37	181,154,956	40	176,162,084	37
Medicaid	73,312,027	25	99,484,304	21	76,350,986	17	115,743,764	24
Other Federal	1,286,785	0	1,197,727	0	247,928	0	324,523	0
State	64,052,534	22	195,450,042	42	194,033,124	43	189,402,376	39
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	295,093,139	100	466,525,267	100	451,786,994	100	481,632,747	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

California's SAPT Block Grant application indicates that more than 242,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=242,462)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	43	33	0
Free-standing residential	15,134	16,334	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,992	4,422	0
Long-term residential	9,562	29,396	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	14,341	0
Outpatient (non-methadone)	23,976	91,016	0
Intensive outpatient	2,243	11,141	0
Detoxification (outpatient)	37	22,792	0
Total	52,987	189,475	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 212,000 admissions (where at least one substance is known), of which nearly 21,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 5 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	20,735	6.4
Alcohol in combination with other drugs	191,102	4.5
Total	211,837	4.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 1,978,000 persons aged 12 and older (6.9 percent of California's population) needed, but did not receive, treatment for alcohol use and 798,000 persons (2.8 percent) needed, but did not receive, treatment for illicit drug use in California.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.95	5.05	14.54	5.84
Needing but not receiving treatment for illicit drug use	2.81	4.57	7.33	1.72

SOURCE: National Survey on Drug Use and Health; combined data are for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

ADP is actively engaged in planning for the continuous improvement of ATOD service delivery. ADP uses statutory planning requirements and incorporates customer-based input from county providers, consumers, and interested citizens into its quality improvement effort.

ADP uses a wide variety of data for needs assessment including “The Indicators of Alcohol and Drug Abuse,” “The Quarterly Drug and Alcohol Treatment Admissions Report,” “The Drug and Alcohol Treatment Access Report,” and “The California Student Survey.” Furthermore, ADP uses information from past studies (State Treatment Needs Assessment Program and the California Substance Use Survey) to refine estimates of treatment need for the State and counties.

Evaluation

County alcohol and drug program administrators are responsible for continually monitoring and enhancing their local programs and ensuring compliance with all required standards. In addition, the County Monitoring Branch performs annual onsite monitoring of county administrative systems to ensure compliance with SAPT funding requirements.

State licensing and certification staff review residential ATOD treatment programs at least every 2 years. When a complaint is filed, an analyst initiates an investigation within 10 working days of receipt of the complaint. If the complaint is substantiated or deficiencies are noted, a written Notice of Deficiency is issued, and licensees are required to respond in writing with a plan of corrective action.

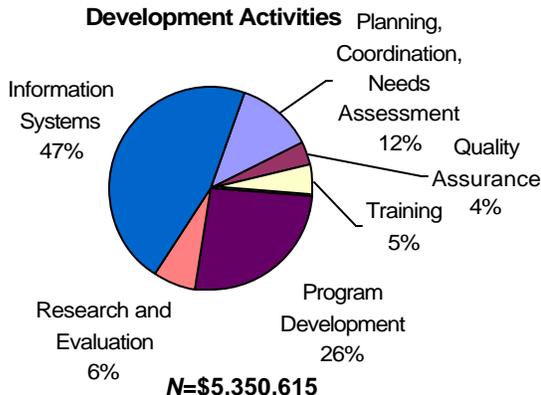
Training and Assistance

As part of its strategic planning and continued enhancement of alcohol and other drug prevention, treatment, and recovery services, ADP provides training and technical assistance through the State Medical Director and technical assistance contractors that assist in designing and implementing the statewide continuum of care. ADP funds statewide technical assistance and training through workshops, symposiums, and training events for staff working in publicly funded prevention and treatment services programs. ADP also provides onsite assistance/services tailored to the needs of constituent groups requesting services.

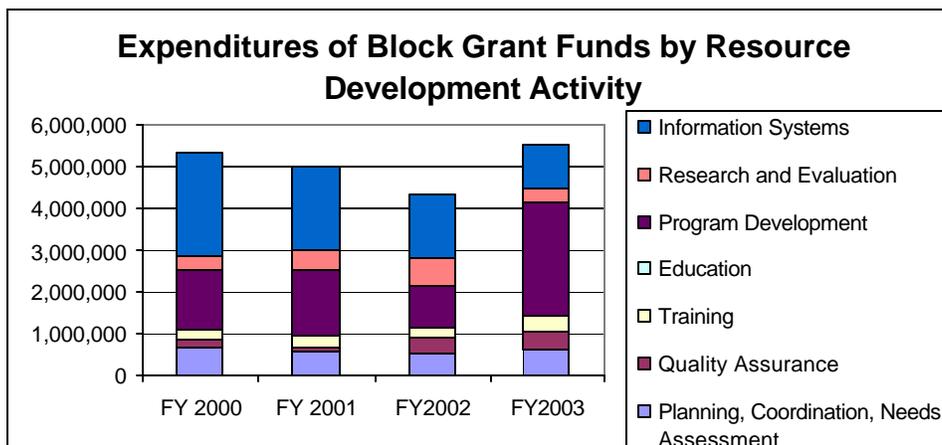
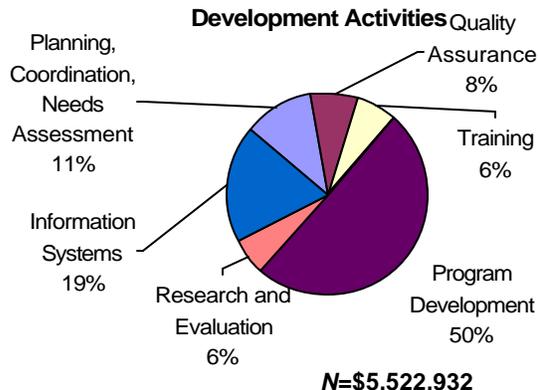
Expenditures of Block Grant Funds for Resource Development Activities

With the exception of FY 2002, SAPT Block Grant funding for resource development activities in California remained over \$5 million from FYs 2000 to 2003. In FY 2003, half (50 percent) of these funds were spent on program development—an increase from FY 2000, when only 26 percent of total funds were spent on this activity. By contrast, the percent of expenditures for information systems decreased over time from 47 percent to 19 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	647,635	12	570,862	11	500,274	12	628,776	11
Quality Assurance	201,084	4	102,608	2	411,544	10	421,569	8
Training	261,245	5	252,940	5	233,038	5	344,104	6
Education	0	0	0	0	0	0	0	0
Program Development	1,394,371	26	1,595,652	32	980,526	23	2,756,126	50
Research and Evaluation	346,280	6	437,573	9	672,524	16	330,997	6
Information Systems	2,500,000	47	2,071,625	41	1,531,969	35	1,041,360	19
Total*	5,350,615	100	5,031,260	100	4,329,875	100	5,522,932	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Center for Substance Abuse Prevention (CSAP) awarded more than \$15 million in 73 discretionary grants to entities in California during FY 2004. More than \$6.5 million (44 percent) of that funding was targeted at HIV/AIDS services. More than a quarter (27 percent) went to State incentive cooperative agreements, and another quarter was awarded to different drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	2	584,712
Drug Free Communities	42	3,819,656
Drug Free Communities Mentoring	1	68,682
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	4	254,544
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	3	190,908
HIV/AIDS Cohort 3 Services	7	2,346,117
HIV/AIDS Cohort 4 Services	5	1,745,220
HIV/AIDS Cohort 5 Services	8	2,000,000
State Incentive Cooperative Agreements	1	4,000,000
Total	73	15,009,839

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) awarded more than \$45.5 million in discretionary grants to a wide range of California entities during FY 2004. The largest awards were targeted at Access to Recovery (ATR) (\$13.3 million), HIV/AIDS targeted capacity (\$8.6 million), and homeless addictions treatment (\$5.8 million).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	2	13,305,261
Addiction Technical Transfer Center	1	663,320
Adult Juvenile and Family Drug Courts	6	2,380,613
Effective Adolescent Treatment	7	1,730,154
Homeless Addictions Treatment	13	5,827,743
Methamphetamine Populations	3	1,496,543
Pregnant/Post-Partum Women	4	1,997,727
Recovery Community Support - Facilitating	1	350,000
Recovery Community Support - Recovery	1	347,559
Residential SA TX	2	1,000,000
SAMHSA Conference Grants	1	50,000
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	3,331,238
Strengthening Access and Retention	1	200,000
Strengthening Communities -Youth	1	749,086
Targeted Capacity Expansion	3	1,485,938
Targeted Capacity - HIV/AIDS	18	8,557,872
TCE Rural Populations	1	499,956
Youth Offender Reentry Program 2004	3	1,444,475
Total	70	45,517,485

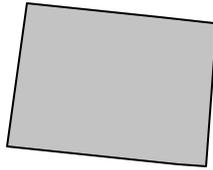
SOURCE: www.samhsa.gov

COLORADO

State SSA Director

Ms. Janet Wood, Director
Alcohol and Drug Abuse Division
Colorado Department of Human Services
4055 South Lowell Boulevard
Denver, CO 80236
Phone: 303-866-7486
Fax: 303-866-7481
E-mail: janet.wood@state.co.us
Web site: www.cdhs.state.co.us

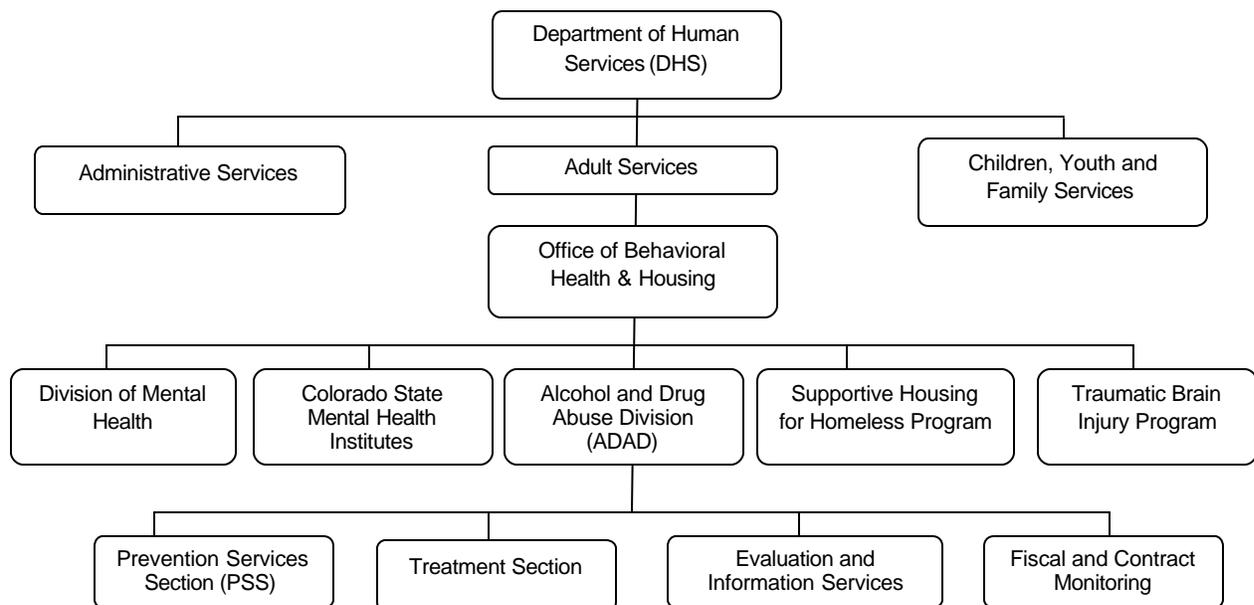
Structure and Function



The Department of Human Services (DHS) is the Single State Agency (SSA) under which the Alcohol and Drug Abuse Division (ADAD) falls. ADAD formulates a comprehensive State plan for alcohol and drug abuse programs, ensures compliance with SAPT Block Grant requirements, conducts surveys of the need for substance abuse services and purchases those services, monitors grants, and implements and enforces rules and conditions that might be imposed on programs and staff that deliver substance abuse services.

To fulfill its mission, ADAD is organized into four sections: Prevention Services Section (PSS), Treatment Section, Evaluation and Information Services (EISS), and Fiscal and Contract Monitoring.

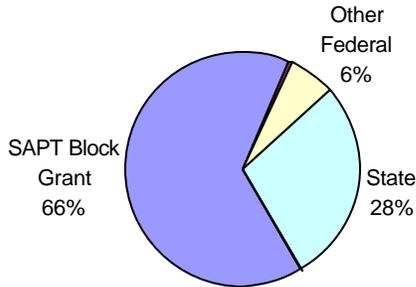
Single State Agency Structure



Single State Agency Funding Overview

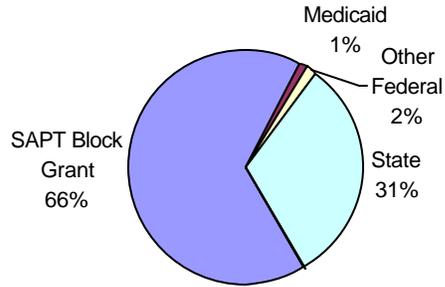
Colorado's overall SSA funding totaled more than \$35.3 million in FY 2003—up from \$31.2 million in FY 2000. The distribution of funds remained fairly stable during this time, with funding from the Block Grant and the State increasing over time. In FY 2003 two-thirds of total SSA funding was provided by the Block Grant, and just under one-third was provided by the State.

FY 2000 Expenditures by Funding Source

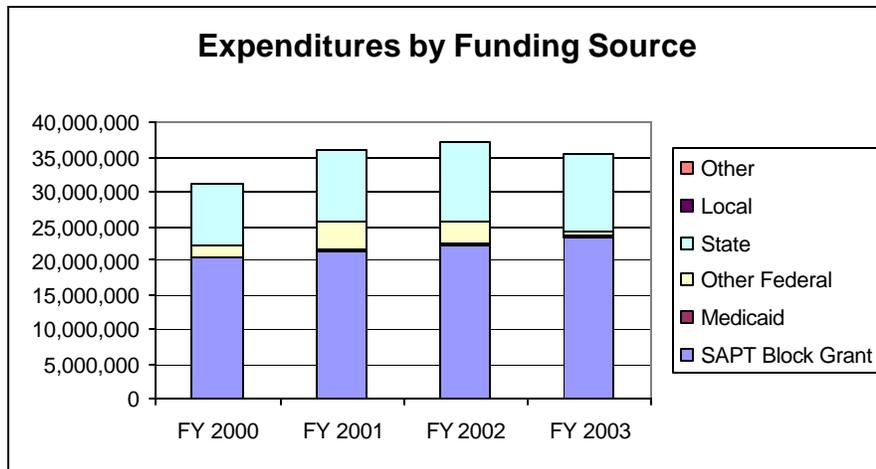


N=\$31,245,576

FY 2003 Expenditures by Funding Source



N=\$35,312,907



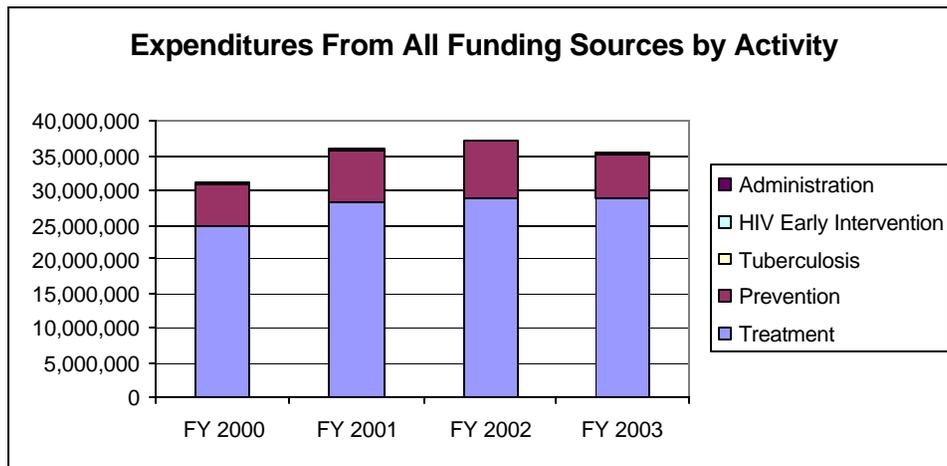
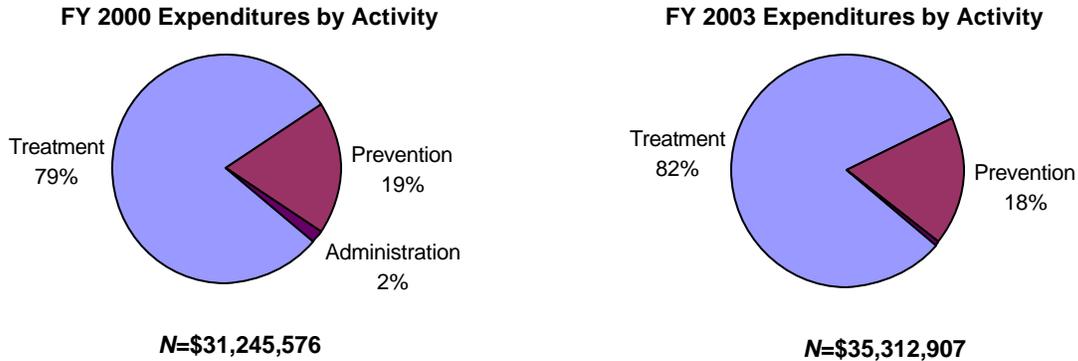
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	20,297,398	65	21,382,601	59	22,213,303	60	23,366,008	66
Medicaid	103,025	0	213,153	1	347,525	1	341,854	1
Other Federal	1,971,198	6	4,013,659	11	3,207,486	9	565,836	2
State	8,873,955	28	10,508,475	29	11,467,444	31	11,039,209	31
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	31,245,576	100	36,117,888	100	37,235,758	100	35,312,907	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Most (82 percent) of Colorado's SSA expenditures went toward treatment services in FY 2003, and 18 percent toward prevention services. This distribution of funds was similar over time from FY 2000 to 2003.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	9,301,717	30	11,828,050	33	28,924,014	78	28,963,031	82
Alcohol Treatment	7,624,481	24	10,585,539	29				
Drug Treatment	7,967,876	26	5,799,845	16				
Prevention	5,820,944	19	7,637,657	21	8,105,021	22	6,181,247	18
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	530,558	2	266,797	1	206,723	1	168,629	0
Total*	31,245,576	100	36,117,888	100	37,235,758	100	35,312,907	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

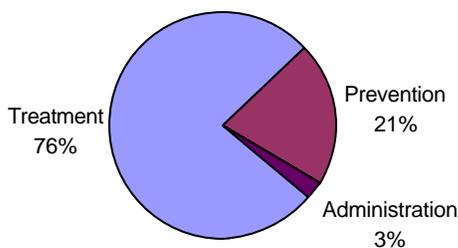
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

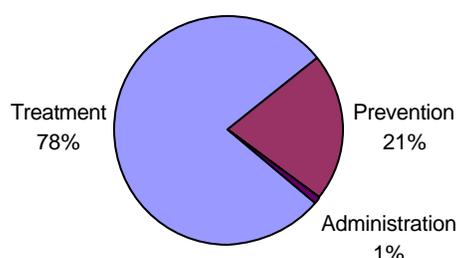
Between FYs 2000 and 2003, Block Grant funding in Colorado rose from \$20.3 to \$23.4 million. The distribution of Block Grant funds over that time period remained relatively stable, with 76 to 78 percent going toward treatment and rehabilitation services, 21 percent toward prevention services, and the remainder toward administration costs.

FY 2000 Block Grant Expenditures by Activity

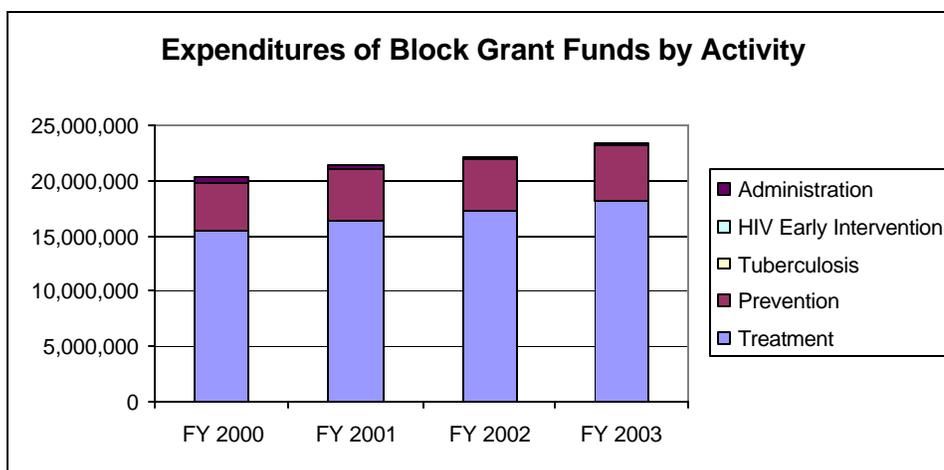


N=\$20,297,398

FY 2003 Block Grant Expenditures by Activity



N=\$23,366,008



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	17,326,013	78	18,280,906	78
Alcohol Treatment	7,624,481	38	10,585,539	50				
Drug Treatment	7,967,876	39	5,799,845	27				
Prevention	4,192,483	21	4,730,420	22	4,680,567	21	4,916,473	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	512,558	3	266,797	1	206,723	1	168,629	1
Total*	20,297,398	100	21,382,601	100	22,213,303	100	23,366,008	100

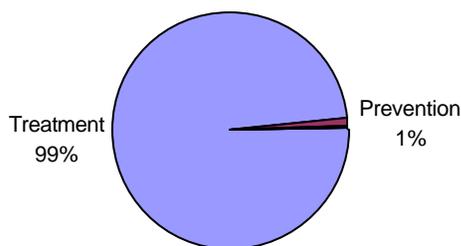
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

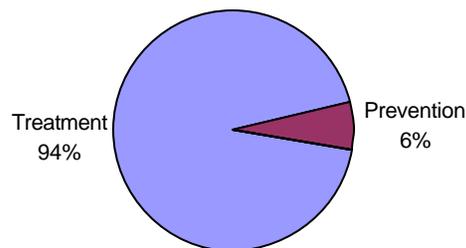
State expenditures on alcohol and drug abuse services in Colorado increased from \$8.9 million in FY 2000 to \$11 million in FY 2003. In FY 2003, nearly all (94 percent) of State funding was spent on treatment services (down slightly from 99 percent in FY 2000) and 6 percent on prevention services (up from only 1 percent in FY 2000).

FY 2000 State Expenditures by Activity

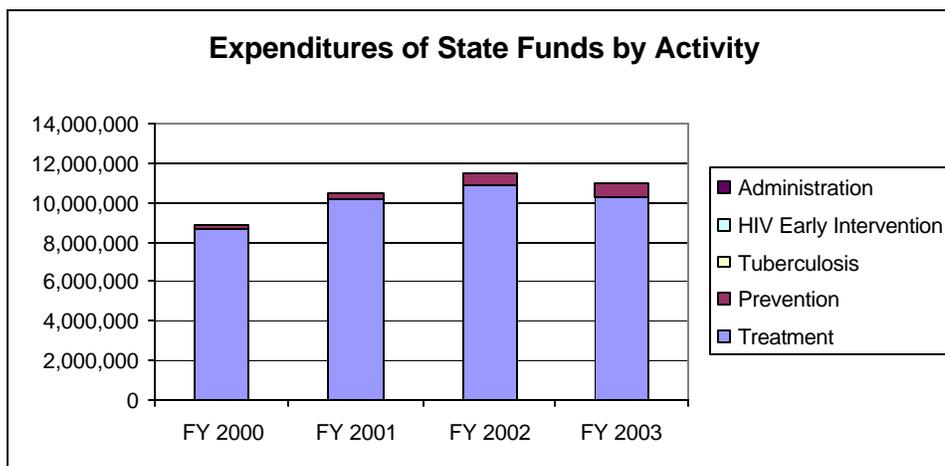


N=\$8,873,955

FY 2003 State Expenditures by Activity



N=\$11,039,209



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	8,738,692	98	10,212,560	97	10,897,258	95	10,340,271	94
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	117,263	1	295,915	3	570,186	5	698,938	6
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	18,000	0	0	0	0	0	0	0
Total*	8,873,955	100	10,508,475	100	11,467,444	100	11,039,209	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The State's primary prevention goals are to develop, implement, maintain, and evaluate, on a statewide basis, prevention programs that address alcohol, tobacco, and other drug (ATOD) issues. This includes reducing risk factors and increasing protective factors related to substance abuse among individuals and their peers, family, school, and community. In order to accomplish this goal and to document results, data are collected from several sources, including ADAD's Prevention Evaluation Partnership (PEP).

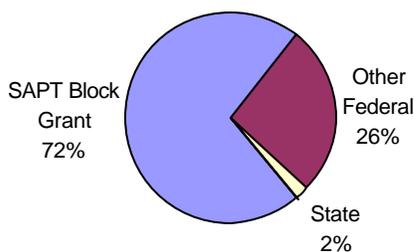
ADAD funds approximately 50 prevention programs across the State by encouraging prevention programs to impact multiple levels of social structures including individuals, families, groups, institutions, and communities of the major ethnic and cultural groups in Colorado. ADAD also encourages programs to promote local ownership, to select ethnically and culturally sensitive approaches, to emphasize short- and long-term outcomes, and to develop a diverse constituency of local professionals, parents, educators, and volunteers.

Prevention Funding and Expenditures

Prevention funding in Colorado increased between FYs 2000 and 2003 from \$5.8 to \$6.2 million. The proportions of funds received from the different funding sources also changed during this time period: the Block Grant increased from 72 percent of total prevention funding to 80 percent, State funds increased from 2 to 11 percent, and other Federal funds decreased from 26 to 9 percent of total funding.

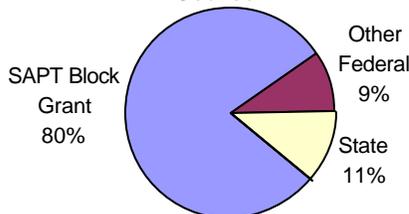
Per capita expenditures for prevention services in Colorado ranged from \$0.97 to \$1.07 between FYs 2000 and 2002. In FY 2003 prevention expenditures rose slightly to \$1.08 per capita.

FY 2000 Prevention Expenditures by Funding Source

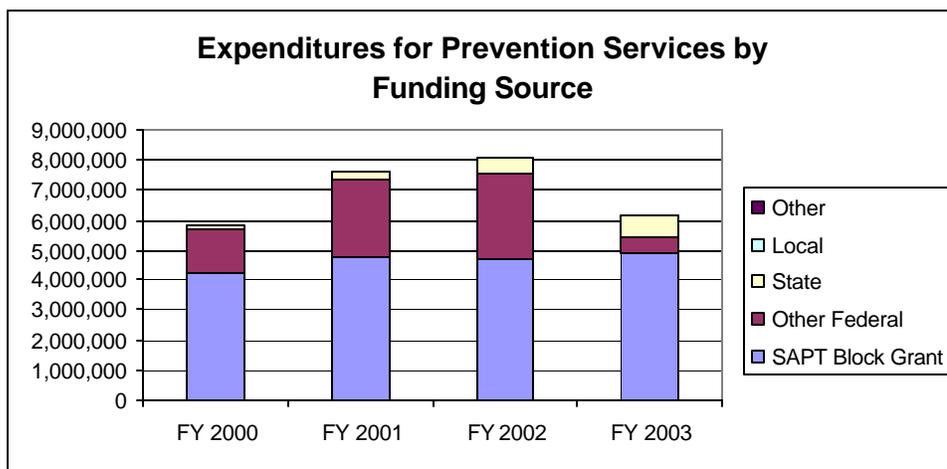


N=\$5,820,944

FY 2003 Prevention Expenditures by Funding Source



N=\$6,181,247



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,192,483	72	4,730,420	62	4,680,567	58	4,916,473	80
Other Federal	1,511,198	26	2,611,322	34	2,854,268	35	565,836	9
State	117,263	2	295,915	4	570,186	7	698,938	11
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	5,820,944	100	7,637,657	100	8,105,021	100	6,181,247	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

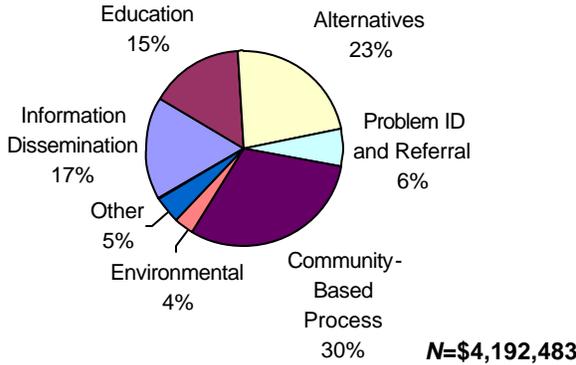
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	The Prevention Information Center (PIC) and Regional Alcohol and Drug Awareness Resources (RADAR) Clearinghouse disseminate a broad collection of videos, curricula, print, posters, CSAP media campaign information, and other resources. In addition, the PIC houses the resources of STEPP, the tobacco prevention office at the Department of Public Health & Environment.
Education	The most frequent service types provided are parenting/family management, educational services for youth groups, and small group sessions. The 12-week Multi-Ethnic Parenting Curriculum continues to be provided to high-risk parents.
Alternatives	Alternative activities target youth of all ethnic groups who participate in programs statewide. A major focus of the strategy is mentoring/significant other programs. Other alternative activities include an "Arts in Prevention" program and seven afterschool or early evening programs.
Community-Based Processes	Community-based activities focus on local communities, including prevention subcontractor-providers, community organizations, task forces, and coalitions. ADAD continues to fund a statewide Regional Prevention Center Services contract to oversee the work of seven Regional Prevention Specialists, based in the seven substate planning areas, to provide training and technical assistance to residents of the respective region.
Environmental	The majority of services focus on preventing underage sale of tobacco/Synar, environmental consultation to communities, and managing public policy efforts.
Problem Identification and Referral	The major focus of adult problem identification and referral involves the development of a group of small and very small businesses that form a consortium to deal with worksite substance abuse problems.

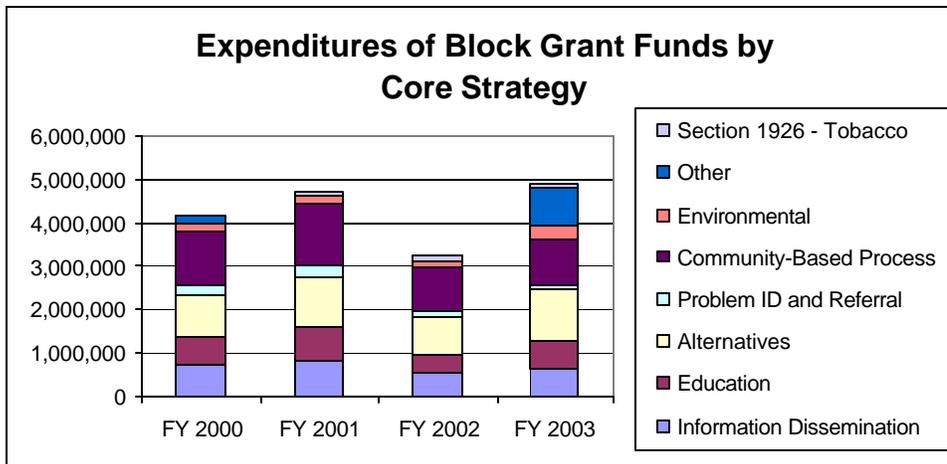
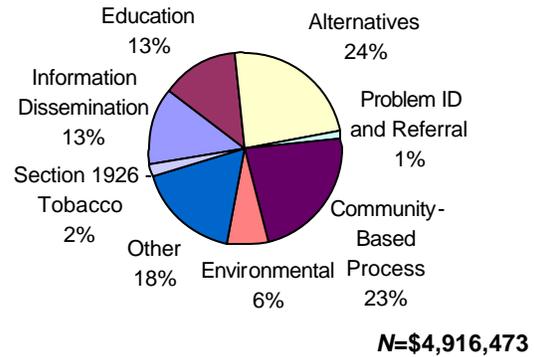
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for CSAP prevention core strategies increased from \$4.2 to \$4.9 million between FYs 2000 and 2003. The distribution of funds remained relatively stable over the years, with community-based processes and alternatives receiving the largest proportions.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	713,620	17	828,856	18	553,907	17	643,918	13
Education	637,873	15	740,877	16	398,331	12	642,653	13
Alternatives	980,570	23	1,139,098	24	844,243	26	1,175,404	24
Problem ID and Referral	231,229	6	268,568	6	151,369	5	68,446	1
Community-Based Process	1,275,746	30	1,481,753	31	1,010,120	31	1,106,912	23
Environmental	147,508	4	171,328	4	151,233	5	306,796	6
Other	205,937	5	0	0	0	0	863,230	18
Section 1926 - Tobacco	0	0	99,940	2	105,936	3	109,114	2
Total*	4,192,483	100	4,730,420	100	3,215,139	100	4,916,473	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

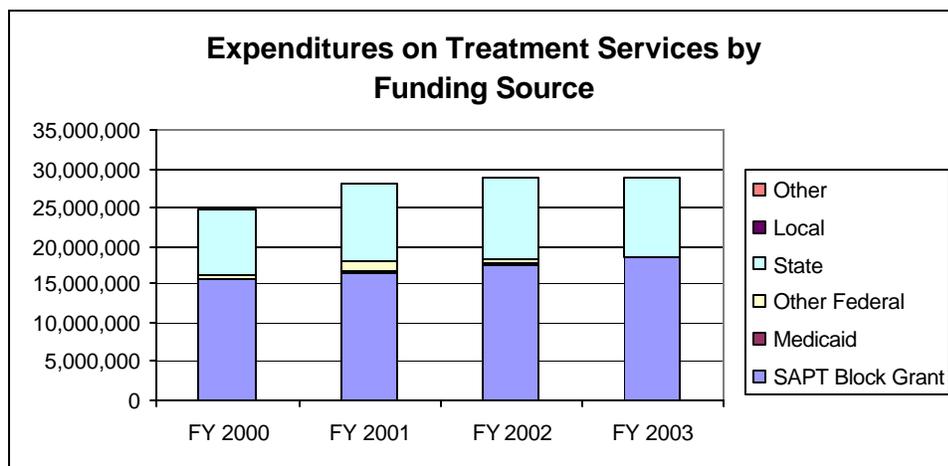
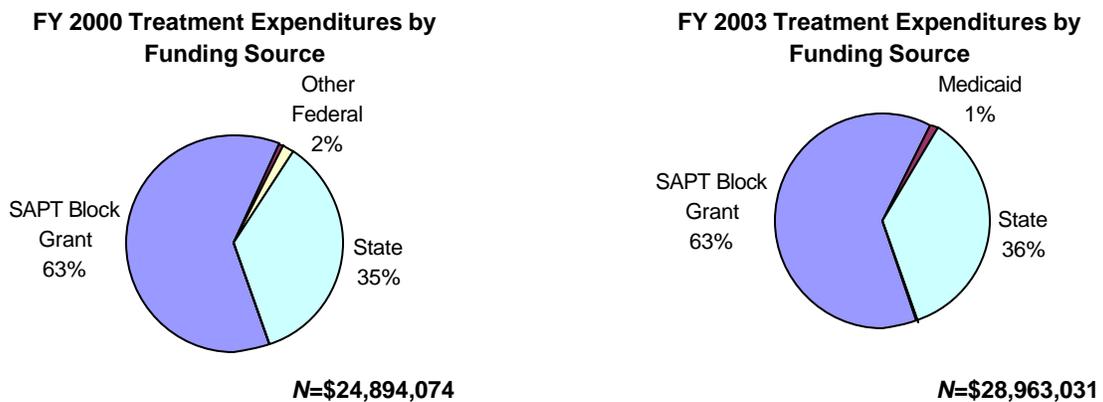
Staffed by a director and nine treatment field managers, the Treatment Section provides oversight to the managed service organizations (MSOs) and to the Special Women's Services (SWS) programs, oversees training and staff development activities for the State's substance abuse workforce, and coordinates adolescent services. The Treatment Section also is responsible for ensuring compliance with SAPT Block Grant requirements, including developing clinical standards that incorporate SAPT Block Grant requirements.

With staff from the licensing component, Treatment Section staff conduct onsite licensing reviews of service providers. Toward that end, Treatment Section staff have been cross-trained to conduct fiscal and data systems reviews. Treatment Section staff collaborate with other provider systems, such as county child welfare agencies, to implement joint programming involving substance-abusing clients.

Treatment Funding and Expenditures

Treatment expenditures in Colorado increased between FYs 2000 and 2003 (from \$24.9 to \$29 million). The proportion of funds from the different funding sources remained stable during that time with the largest proportion coming from the Block Grant (contributing 58 to 63 percent of the total), followed by the State (ranging from 35 to 38 percent).

Block Grant treatment expenditures in Colorado increased from \$3.60 to \$4.02 per capita between FYs 2000 and 2003.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	15,592,357	63	16,385,384	58	17,326,013	60	18,280,906	63
Medicaid	103,025	0	213,153	1	347,525	1	341,854	1
Other Federal	460,000	2	1,402,337	5	353,218	1	0	0
State	8,738,692	35	10,212,560	36	10,897,258	38	10,340,271	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	24,894,074	100	28,213,434	100	28,924,014	100	28,963,031	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Colorado's SAPT Block Grant application indicates that over 68,000 persons were admitted to treatment during FY 2002, of which most were admitted for free-standing residential services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=68,381)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	48,331	2,456	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,368	1,881	0
Long-term residential	53	319	0
Ambulatory (Outpatient)			
Outpatient (methadone)	38	1,375	0
Outpatient (non-methadone)	4,797	6,388	0
Intensive outpatient	584	791	0
Detoxification (outpatient)	0	0	0
Total	55,171	13,210	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data also indicate more than 68,000 admissions (where at least one substance is known), of which nearly 49,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 12 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 7 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 24 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	48,639	7.3
Alcohol in combination with other drugs	18,911	23.9
Total	67,550	11.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 315,000 persons aged 12 and older (8.6 percent of Colorado's population) needed, but did not receive, treatment for alcohol use and 112,000 persons (3.0 percent) needed, but did not receive, treatment for illicit drug use in Colorado.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.55	6.24	20.00	6.87
Needing but not receiving treatment for illicit drug use	3.04	4.72	9.68	1.66

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Using ADAD's Prevention Evaluation Partnership (PEP) Outcome Evaluation System, ADAD determines the number of persons served in each CSAP strategy. PEP collects statistics from every prevention provider on a monthly basis. Funds are targeted to communities and populations at risk for substance abuse and to those with limited or no prevention resources. The CSAP high-risk populations are major targets for Block Grant-funded services in each of the substate planning areas. In addition, all providers and potential providers are required to provide an assessment of need. County-level social indicator data from the Colorado Prevention-Related Indicators Report was also available for determining need for services.

Evaluation

ADAD's treatment dollars are allocated to 4 managed service organizations and their 40 subcontractor providers. Accountability is ensured by a variety of means that include onsite monitoring of providers. The detailed assessment tools contain elements that correspond to each of the terms of the ADAD contracts and subcontracts and specifically address all of the fiscal and clinical Block Grant requirements. The primary focus of the interviews and reviews of program records, including client records, is to examine the administration and delivery of services delivered to Colorado priority populations, which include the five Federal priority populations. The women's treatment coordinator and the controlled substance administrator are involved in all visits, assuring adequate attention to each agency's compliance with admissions, interim services, and other priority population requirements.

ADAD prevention staff does onsite visits to contractor sites every other year. In between visits there is telephone and e-mail communication to assure that everything is on schedule. The focus of the site visits is continuous quality improvement. The regional prevention consultant from the geographic area in which the site is located may also attend. Site visits provide an opportunity to explore strategies for enhancing performance and to ensure that contractual obligations are being met. The contractors receiving the largest amount of prevention funds from ADAD are in the Denver metro area. The Prevention Services Section works with them on a continuous basis, thereby knowing their strengths and challenges and providing technical assistance.

Training and Assistance

In FY 2004 ADAD cosponsored six interagency regional prevention summits held across the State involving a cross-section of health, education, mental health, and substance abuse services providers. These sessions provided valuable information about workforce development needs as participants responded to a series of "Core Competencies" recommendations presented by the Prevention Leadership Council.

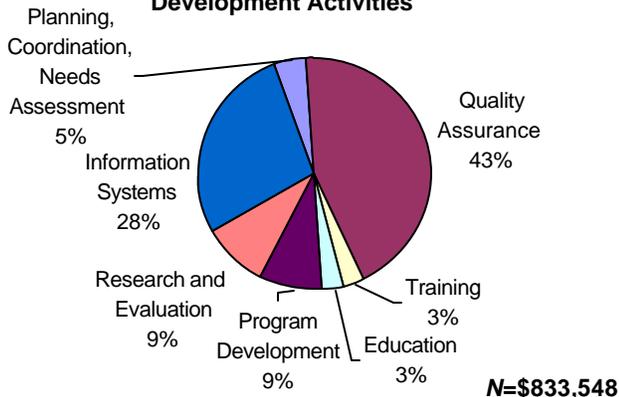
ADAD's prevention services staff actively participate on the PLC workforce development planning group, which in SFY 2004 participated in a Southwest Regional Prevention Workforce Initiative in Houston, Texas, to link workforce competencies with prevention planning.

Other training offered annually includes ADAD Research Forums, Prevention Specialist Training, Annual Detox Subcontractor Provider Training, DUI Treatment Subcontractor Provider Training, Counselor Certification Training, Specialized Women's Services (SWS) Subcontractor Provider Training, and Annual Detox Subcontractor Provider Training.

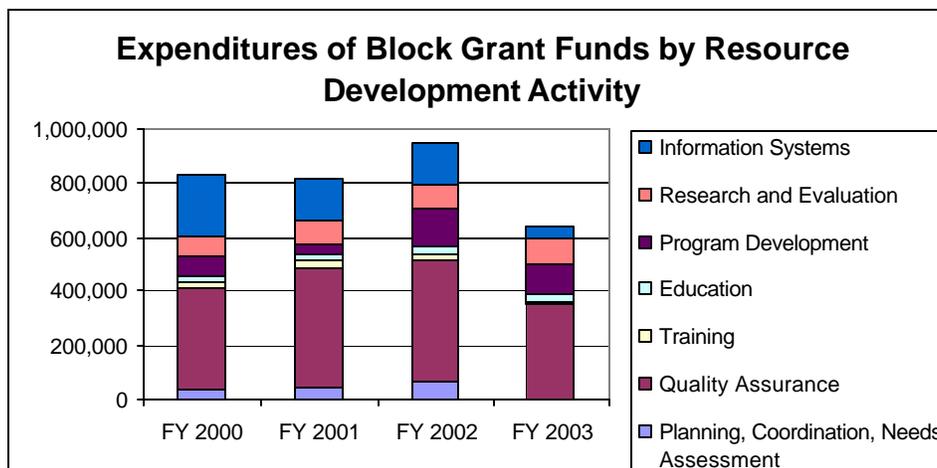
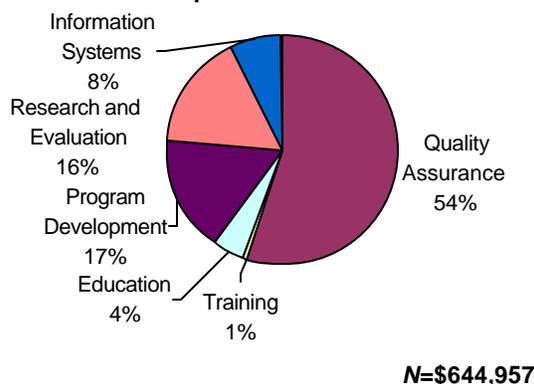
Expenditures of Block Grant Funds for Resource Development Activities

After increasing between FYs 2000 and 2002, Block Grant funding for resource development activities in Colorado declined to \$645,000 in FY 2003. In FY 2003, quality assurance received the largest proportion (54 percent) of these funds, program development received 17 percent, and research and evaluation received 16 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	38,113	5	41,267	5	65,228	7	0	0
Quality Assurance	367,038	44	437,308	53	449,338	47	352,905	55
Training	23,789	3	29,016	4	28,400	3	5,544	1
Education	23,789	3	29,016	4	28,400	3	27,722	4
Program Development	73,717	9	41,485	5	137,679	14	107,081	17
Research and Evaluation	76,225	9	82,534	10	84,872	9	102,915	16
Information Systems	230,877	28	159,992	19	156,415	16	48,790	8
Total*	833,548	100	820,618	100	950,332	100	644,957	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Colorado received more than \$5.5 million in Center for Substance Abuse Prevention (CSAP) discretionary awards in FY 2004. The largest single award was for the Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	18	1,650,952
Drug Free Communities Mentoring	1	70,328
Family Strengthening	1	394,175
HIV/AIDS Cohort 3 Services	1	340,500
HIV/AIDS Cohort 5 Services	2	500,000
SAMHSA Conference Grants	2	50,000
Strategic Prevention Framework State Incentive Grant	1	2,350,965
Youth Transition into the Workplace	1	149,990
Total	27	5,506,941

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) awarded the State \$4.7 million in 13 discretionary grants for treatment services in FY 2004. The largest recipient of funds was homeless addictions treatment at \$1.2 million.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	1	386,740
Effective Adolescent Treatment	2	499,995
Homeless Addictions Treatment	2	1,188,366
Recovery Community Support - Recovery	1	350,000
Residential Substance Abuse Treatment	1	485,845
SAMHSA Conference Grants	1	50,000
State Data Infrastructure	1	100,000
Targeted Capacity Expansion	1	499,735
Targeted Capacity - HIV/AIDS	2	649,201
TCE Minority Populations	1	499,933
Total	13	4,709,815

SOURCE: www.samhsa.gov

CONNECTICUT

State SSA Director

Thomas A. Kirk, Jr., Ph.D., Commissioner
Connecticut Department of Mental
Health and Addiction Services
P.O. Box 341431, MS-14 COM
Hartford, CT 06134

Phone: 860-418-6700

Fax: 860-418-6691

E-mail: thomas.kirk@po.state.ct.us

Web site: www.dmhas.state.ct.us

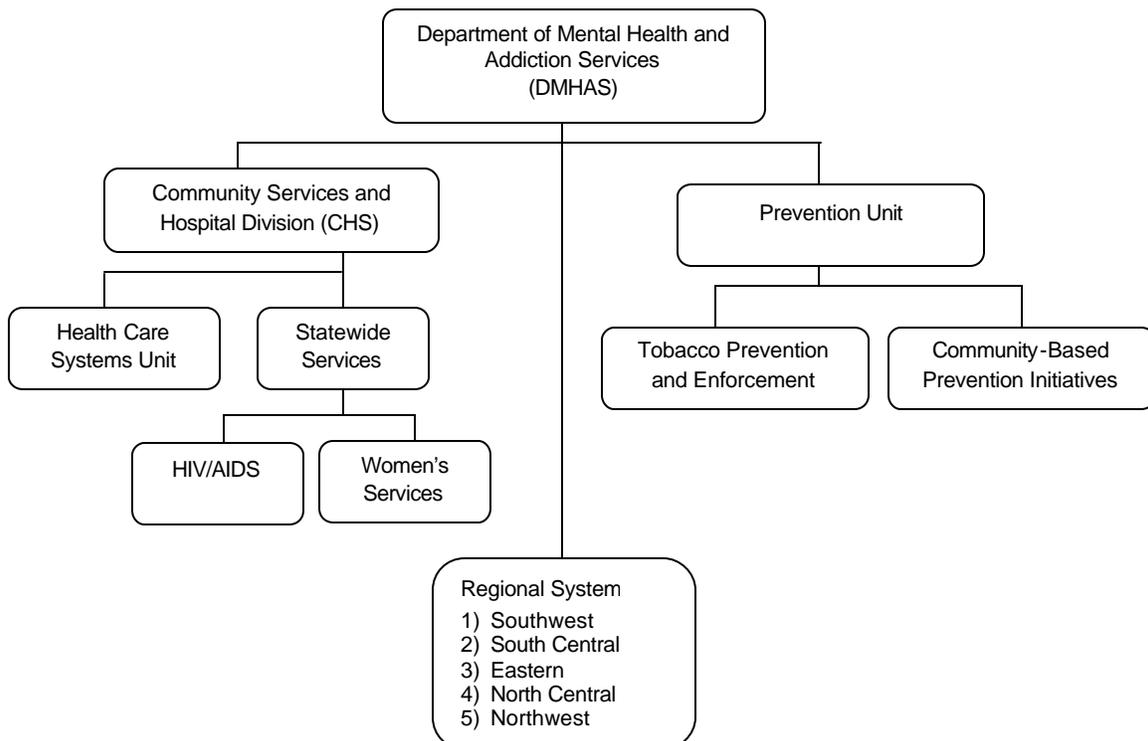
Structure and Function



The Department of Mental Health and Addiction Services (DMHAS) is the designated Single State Agency (SSA) for the prevention and treatment of alcohol and other substance abuse. Its mission is to improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective, and efficient mental health and addiction services that foster self-sufficiency, dignity, and respect. Substance abuse programs funded by DMHAS are organized into five regions. The Department's Prevention Unit oversees the delivery of prevention services through local providers. Treatment programs are administered through the

Health Care Systems Unit within the Division of Community Services and Hospitals (CSH). In addition, CSH has established the Women and Children's Program, and it offers HIV Early Intervention services in the context of substance abuse treatment to clients admitted to particular programs located in area with high rates of AIDS.

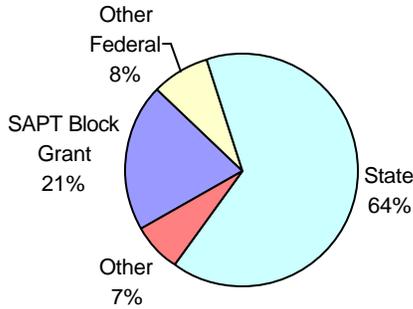
Single State Agency Structure



Single State Agency Funding Overview

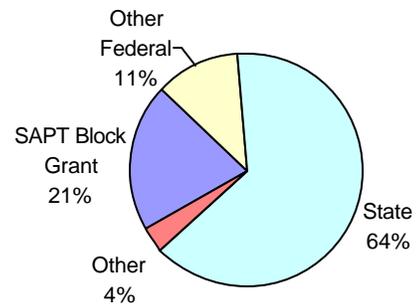
Connecticut's overall Single State Agency (SSA) funding has remained fairly constant over time increasing slightly from \$79.7 million in FY 2000 to \$81.7 million in FY 2003. SAPT Block grant funding has remained relatively stable during this time period, hovering at above \$16 million annually. State funds have consistently accounted for more than half of Connecticut's SSA funding and have consistently represented the largest funding component since FY 2000.

FY 2003 Expenditures by Funding Source

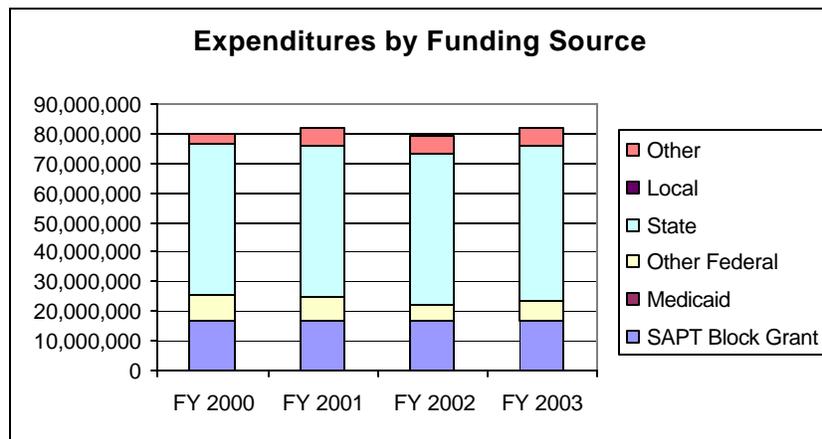


N=\$79,734,913

FY 2000 Expenditures by Funding Source



N=\$81,727,373



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	16,405,660	21	16,609,936	20	16,793,393	21	16,879,723	21
Medicaid	0	0	0	0	0	0	0	0
Other Federal	9,146,800	11	7,894,307	10	5,521,608	7	6,384,922	8
State	51,324,669	64	51,528,852	63	51,037,170	65	52,773,004	64
Local	0	0	0	0	0	0	0	0
Other	2,857,784	4	5,994,077	7	5,689,724	7	5,689,724	7
Total*	79,734,913	100	82,027,172	100	79,041,895	100	81,727,373	100

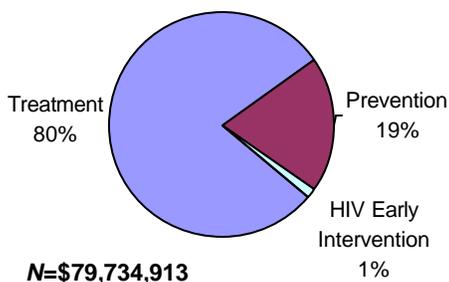
SOURCE: FYs 2003-2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

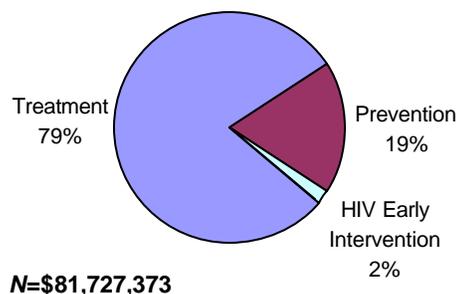
Activities and Expenditures From All Funding Sources

The majority of SSA funding was targeted toward treatment and rehabilitation activities from FY 2000 to 2003. Funding for treatment services remained stable, hovering at about 80 percent of total SSA funds. Funding for services also remained stable, accounting for 19 to 20 percent of total funds during this time period.

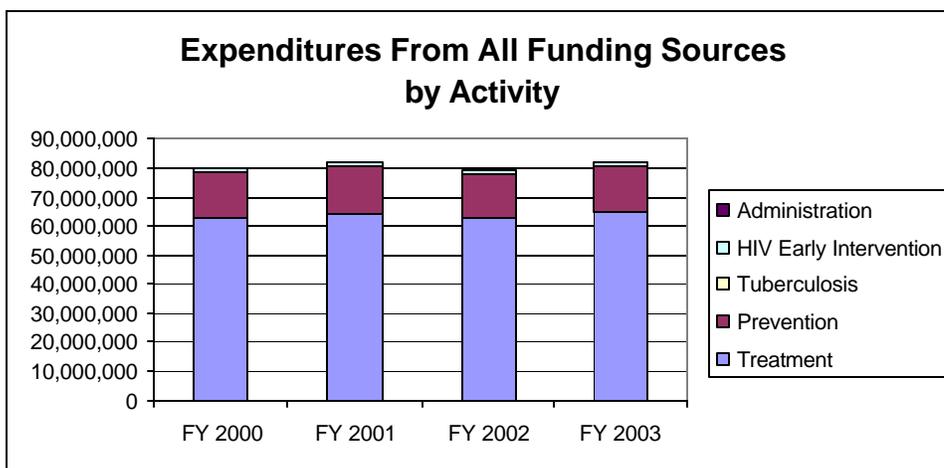
FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Expenditures From All Funding Sources by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	51,404,748	65	64,124,295	78	62,794,807	79	65,261,577	79
Alcohol Treatment	4,644,218	6	0	0				
Drug Treatment	6,990,881	9	0	0				
Prevention	15,525,701	19	16,736,780	20	15,072,493	19	15,154,964	19
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,169,365	1	1,166,097	1	1,174,595	1	1,310,832	2
Administration	0	0	0	0	0	0	0	0
Total*	79,734,913	100	82,027,172	100	79,041,895	100	81,727,373	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

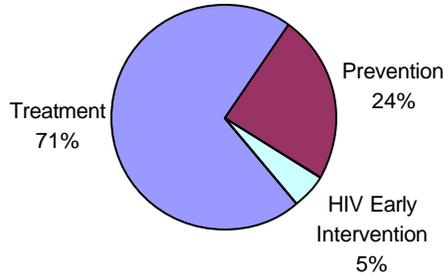
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

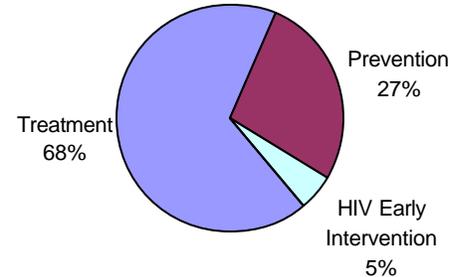
Funding allocations remained relatively stable over FYs 2000 to 2003: most of the Block Grant funds were spent on treatment and rehabilitation activities (ranging from 67 percent to 71 percent), while prevention consistently accounted for approximately one-quarter of total Block Grant expenditures. HIV early intervention services consistently accounted for 5 percent of SAPT Block Grant funds.

FY 2000 Block Grant Expenditures by Activity

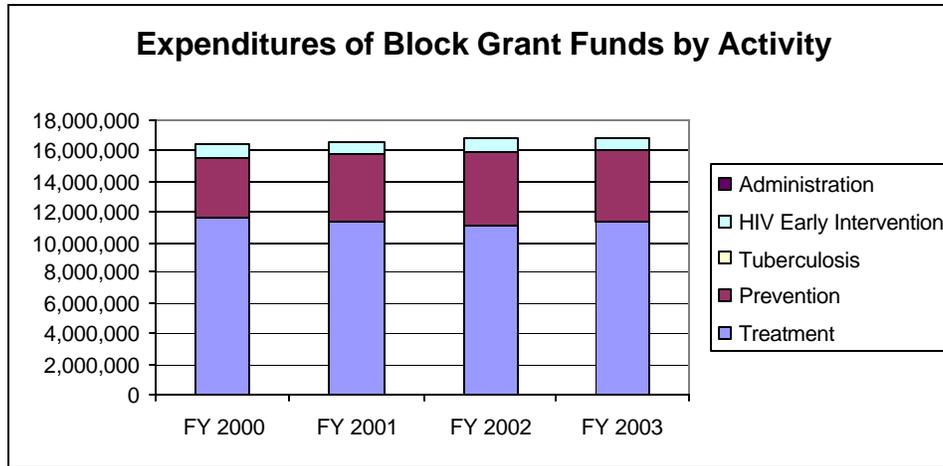


N=\$16,405,660

FY 2003 Block Grant Expenditures by Activity



N=\$16,879,723



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	11,446,829	69	11,176,506	67	11,418,255	68
Alcohol Treatment	4,644,218	28	0	0				
Drug Treatment	6,990,881	43	0	0				
Prevention	3,950,278	24	4,332,611	26	4,777,217	28	4,617,482	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	820,283	5	830,496	5	839,670	5	843,986	5
Administration	0	0	0	0	0	0	0	0
Total*	16,405,660	100	16,609,936	100	16,793,393	100	16,879,723	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

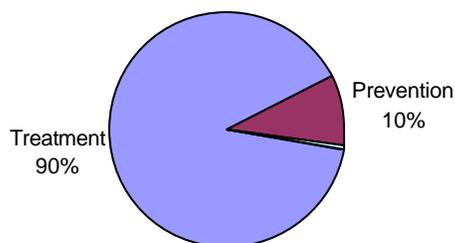
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

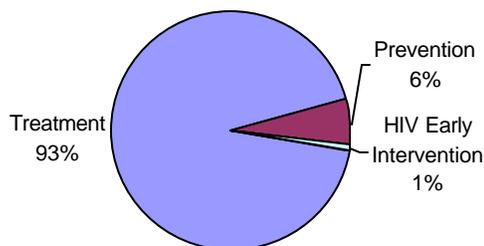
Connecticut contributed nearly \$53 million toward SSA activities in FY 2003. The vast majority of State funds were directed to treatment and rehabilitation activities (accounting for over 90 percent of total funding for FYs 2000 to 2003). Connecticut expended 10 percent or less of State funds on prevention services during the same time period.

FY 2000 State Expenditures by Activity

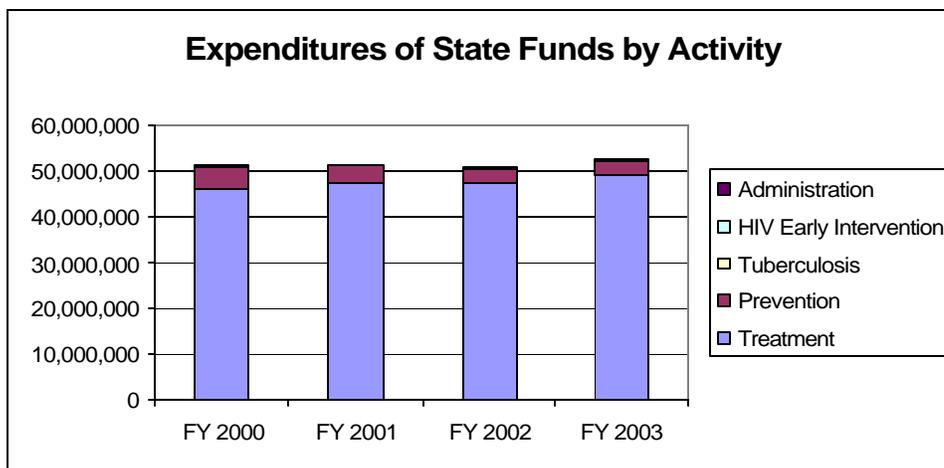


N=\$51,324,669

FY 2003 State Expenditures by Activity



N=\$52,773,004



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	46,065,224	90	47,470,775	92	47,423,081	93	49,250,158	93
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	5,032,158	10	3,722,476	7	3,279,164	6	3,056,000	6
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	227,287	0	335,601	1	334,925	1	466,846	1
Administration	0	0	0	0	0	0	0	0
Total*	51,324,669	100	51,528,852	100	51,037,170	100	52,773,004	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

Connecticut's prevention services are based on scientific models and best practices. They are provided through a comprehensive system that matches services to the needs of the individuals and local communities. This system builds the capacity of all individuals, organizations, and institutions within the State and empowers local communities to actively participate in substance abuse prevention.

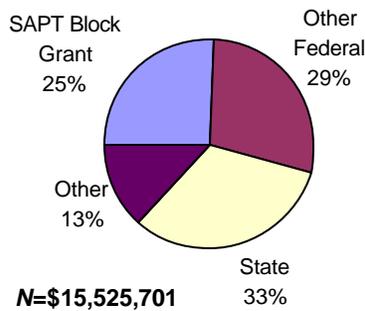
DMHAS administers and funds more than 100 prevention coalitions, and 60 community-based prevention programs provide services statewide or at the regional or local level. There are more than 130 local prevention councils, 14 regional action councils, multiple State university partnerships, and a tobacco prevention and enforcement program supporting Connecticut's prevention services network.

Prevention Funding and Expenditures

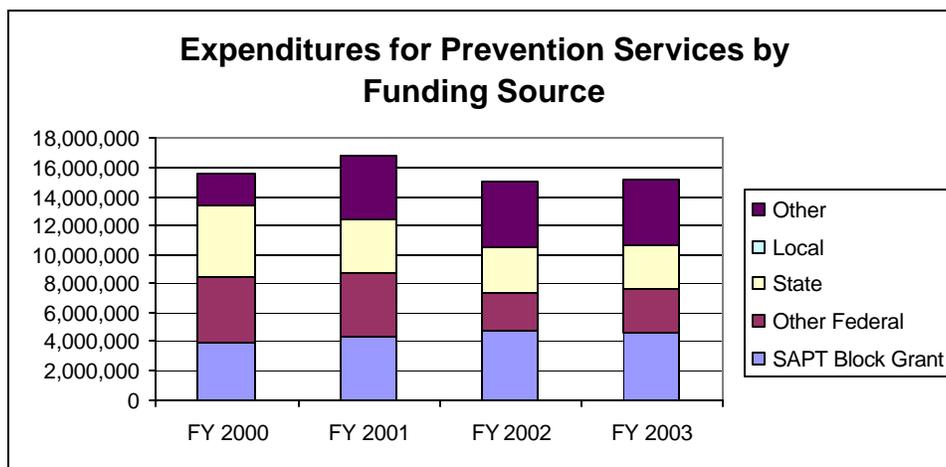
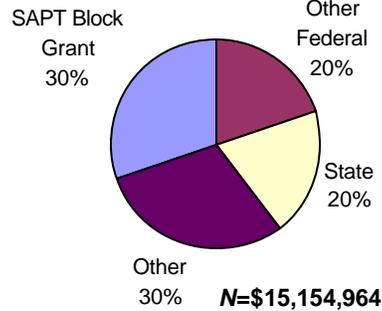
Connecticut consistently spent more than \$15 million on prevention services from FY 2000 to FY 2003 (peaking in FY 2001 at \$16.7 million). Funding from the SAPT Block Grant increased slightly during that time from 25 percent in FY 2000 to 30 percent in FY 2003. State and other Federal funding sources decreased during this time period from approximately 30 percent to 20 percent each.

The SAPT Block Grant funding per capita on prevention services increased from \$1.16 in FY 2000 to \$1.32 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,950,278	25	4,332,611	26	4,777,217	32	4,617,482	30
Other Federal	4,474,630	29	4,366,380	26	2,528,119	17	2,993,489	20
State	5,032,158	32	3,722,476	22	3,279,164	22	3,056,000	20
Local	0	0	0	0	0	0	0	0
Other	2,068,635	13	4,315,313	26	4,487,993	30	4,487,993	30
Total*	15,525,701	100	16,736,780	100	15,072,493	100	15,154,964	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

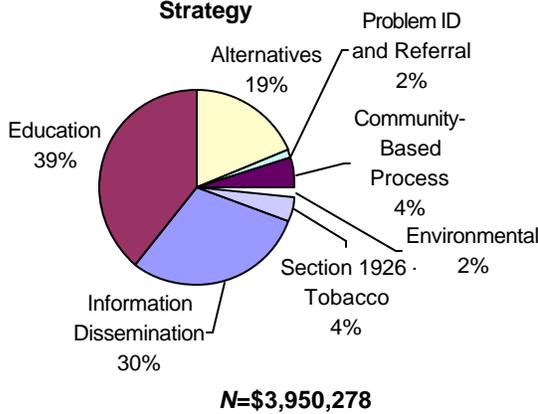
Examples of core prevention strategies supported by Block Grant funds:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include speaking engagements, media campaigns, and health fair materials distribution.
Education	Education includes peer leadership/helper programs, parenting and family management programs, and classroom or small group sessions.
Alternatives	Funds support youth/adult leadership activities, community drop-in centers, and intergenerational programs.
Community-Based Processes	Training on prevention strategies and theory and technical assistance in program development and implementation are provided.
Environmental	Environmental strategies include tobacco enforcement and compliance, public policy efforts (e.g., regulation, taxes, and legislative changes), and changing institutional norms (e.g., workplace, school, and community policies).
Problem Identification and Referral	Funds support student and employee assistance programs, aid for children of substance abusers, parent support groups, diversion and programs.

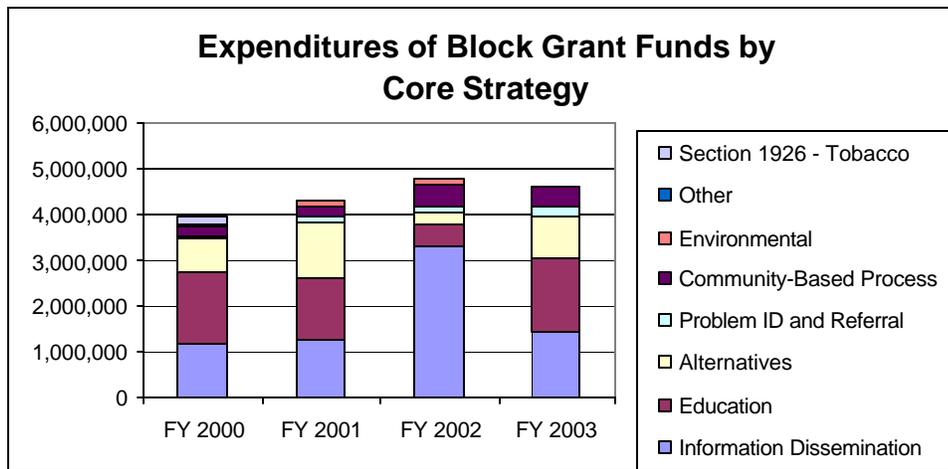
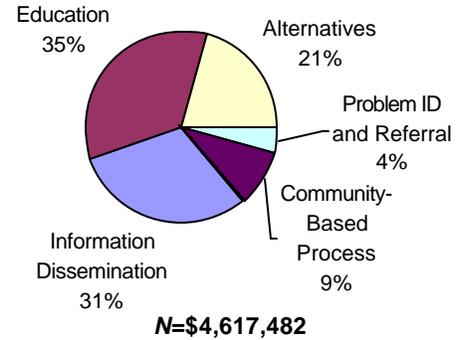
Expenditures of Block Grant Funds for Core Strategies

Education, information dissemination, and alternatives accounted the majority of the expenditures on CSAP core strategies for FYs 2000 to 2003. In FY 2002, information dissemination activities represented more than two-thirds of the expenditures, and education accounted for 10 percent of the prevention expenditures. The FY 2002 figures, however, appear to be a 1-year phenomenon.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,186,712	30	1,253,139	29	3,310,466	69	1,428,588	31
Education	1,553,689	39	1,357,290	31	483,360	10	1,595,913	35
Alternatives	743,665	19	1,237,767	29	253,502	5	953,197	21
Problem ID and Referral	73,958	2	110,442	3	154,596	3	205,263	4
Community-Based Process	177,025	4	230,380	5	471,635	10	416,058	9
Environmental	65,359	2	143,593	3	103,658	2	18,463	0
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	149,870	4	0	0	0	0	0	0
Total*	3,950,278	100	4,332,611	100	4,777,217	100	4,617,482	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Connecticut’s substance abuse treatment system consists of a network of private and publicly operated programs. These programs provide a broad spectrum of addiction services including pre-treatment, residential detoxification, residential rehabilitation, outpatient, methadone maintenance and ambulatory drug detoxification, and ancillary support services. The DMHAS-funded and-operated programs (about 170 community-based programs; 3 inpatient facilities) serve medically indigent individuals. In addition, the needs of family members are incorporated into overall treatment program designs. Specialty programs (e.g., age-appropriate, cultural, and gender specific) are available and serve committed youth, women, and persons of color.

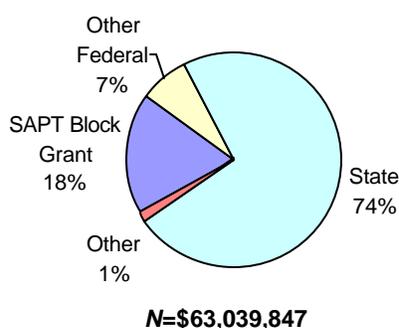
The treatment system has many accomplishments, such as the following: enacted legislation mandating substance abuse parity for group and individual health insurance; developed, in cooperation with other State agencies, a common data bank for maintaining State substance abuse data; expanded the Jail Re-interview program to enhance the utilization of community-based treatment resources; and changed the State mandatory minimum sentencing statutes giving judges greater discretion for sentencing non-violent drug offenses.

Treatment Funding and Expenditures

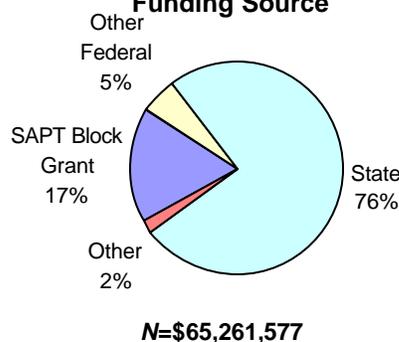
The majority of funding for treatment and rehabilitation for FYs 2000 through FY 2003 came from the State. During this time period, the amount contributed by the State increased, both in dollar amount (from \$46.1 to \$49.3 million) and in proportion of total funding (from 74 to 76 percent). Funding from the Block Grant remained fairly stable during this time period, while funding from other Federal sources decreased.

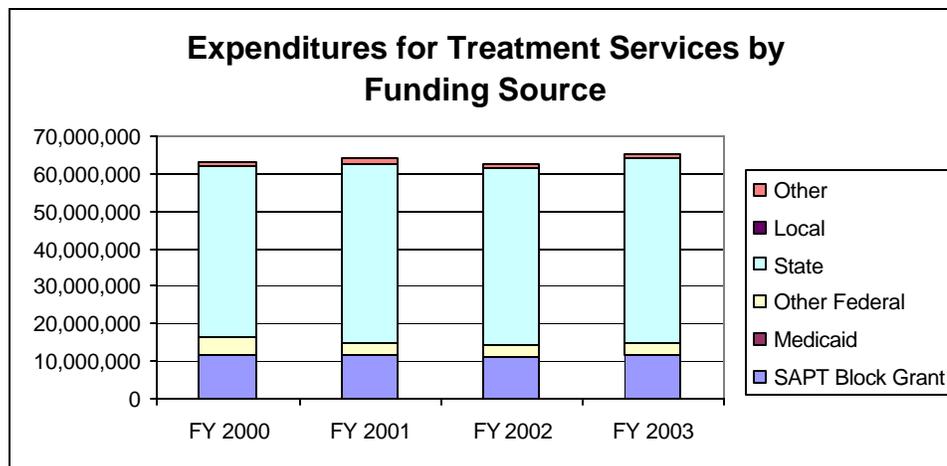
The Block Grant funding per capita for treatment and rehabilitation services in Connecticut declined slightly, from \$3.41 in FY 2000 to \$3.28 in FY 2003.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	11,635,099	18	11,446,829	18	11,176,506	18	11,418,255	17
Medicaid	0	0	0	0	0	0	0	0
Other Federal	4,550,375	7	3,527,927	6	2,993,489	5	3,391,433	5
State	46,065,224	73	47,470,775	74	47,423,081	76	49,250,158	75
Local	0	0	0	0	0	0	0	0
Other	789,149	1	1,678,764	3	1,201,731	2	1,201,731	2
Total*	63,039,847	100	64,124,295	100	62,794,807	100	65,261,577	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Connecticut's SAPT Block Grant application indicates that nearly 36,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=35,905)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	1,299	1,203	5
Free-standing residential	3,864	7,698	11
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	400	454	2
Short-term residential	913	1,541	2
Long-term residential	848	2,031	2
Ambulatory (Outpatient)			
Outpatient (methadone)	0	3,015	1
Outpatient (non-methadone)	4,393	4,615	58
Intensive outpatient	1,041	1,715	1
Detoxification (outpatient)	117	676	0
Total	12,875	22,948	82

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 44,000 admissions (where at least one substance is known), of which more than 8,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	8,206	18.9
Alcohol in combination with other drugs	35,803	19.1
Total	44,009	19.0

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 80,000 persons aged 12 and older (2.8 percent of Connecticut's population) needed, but did not receive, treatment for illicit drug use in Connecticut.

Treatment Gap by Age Group

Measure	2002–2003			
	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.44	5.24	18.16	4.90
Needing but not receiving treatment for illicit drug use	2.81	5.05	8.19	1.73

SOURCE: National Survey on Drug Use and Health; 2002–2003; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Connecticut maintains five Health and Human Services Delivery Areas (HHSDAs) to plan prevention and treatment services. Regional planning and coordination infrastructure is strengthened by Regional Action Councils (RACs). These subregional organizations consist of public–private partnerships charged with program development and coordination.

The Connecticut Alcohol and Drug Policy Council (ADPC), a legislatively mandated public/private stakeholder body, developed the Statewide Interagency Substance Abuse Plan (SISAP) to guide Connecticut’s prevention and treatment service delivery system. The SISAP identifies strategies for developing and implementing a comprehensive, statewide multi-agency blueprint for substance abuse prevention, treatment, and enforcement.

Prevention and treatment needs assessment data are obtained from multiple sources: (1) the Adult Household Survey that provides prevalence estimates; (2) a survey of all prevention providers to identify priority populations, service gaps, and barriers; (3) a DMHAS survey of regional providers and RACs; (4) an assessment of current data infrastructure; (5) a study on the need for treatment among probationers; and (6) an analysis of administrative client-level treatment data.

Evaluation

The State supports and conducts evaluations of its prevention and treatment activities and programs. The prevention evaluation design, conducted by the University of Connecticut Health Center, focuses on documenting activities and accomplishments of the Governor’s Prevention Initiative for Youth. In addition, the evaluation assesses State-, regional-, and community-level changes in the prevention delivery system that strengthens the use of science-based strategies. Treatment evaluation activities include conducting surveys and examining pre-existing data, such as the Connecticut Youth Tobacco Survey 2000 and the Social Indicators Data: Connecticut’s 169 Towns.

The DMHAS Health Care Systems and Quality Management and Improvement units are responsible for monitoring the performance of behavioral health treatment programs that receive both grant and fee-for-service funding from the Department. These units work directly with private, nonprofit substance abuse treatment providers primarily through Regional Teams located across the State.

Primary mechanisms for performance monitoring include a minimum of biannual analyses of provider data, onsite reviews, and consumer satisfaction surveys. Contracted agencies that are found to have deficiencies in any of the above areas are considered to be “under review” and are requested to submit corrective action plans. These plans are reviewed and monitored until satisfactory compliance is achieved.

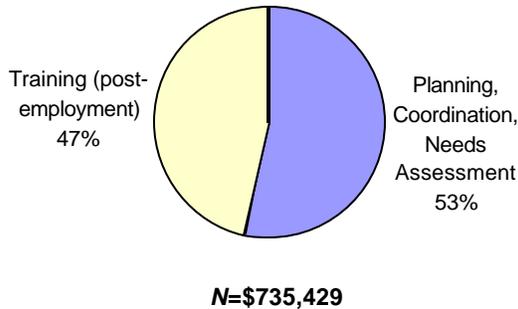
Training and Assistance

The DMHAS Training Collaborative provides training on prevention and treatment issues. The prevention training courses are based on an annual provider survey, and follow performance and certification requirements. In addition, the Multicultural Leadership Institute provides training on multicultural issues, and the Connecticut Assets Network provides training on youth and community asset building. With respect to treatment, the DMHAS Education and Training Division, collaborates with the Wheeler Clinic to provide training on co-occurring and substance use disorders and other areas of treatment. Also, DMHAS implemented a Recovery Institute that provides a range of evidence-preferred practice courses.

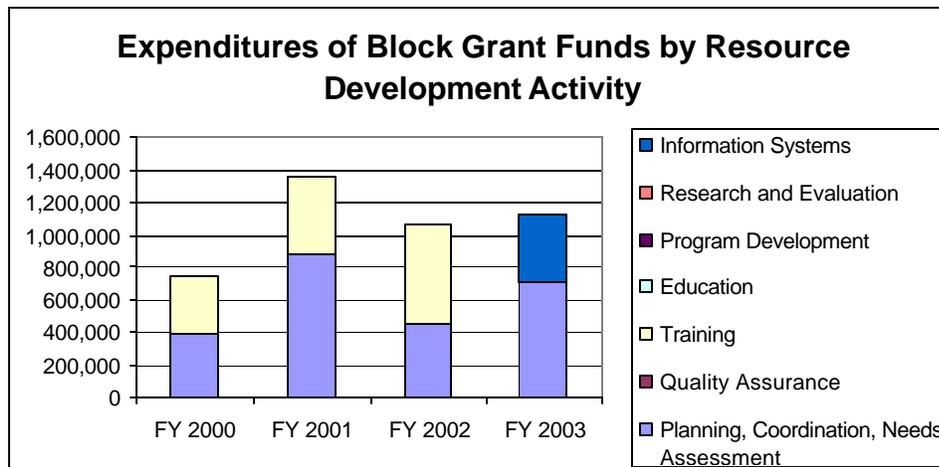
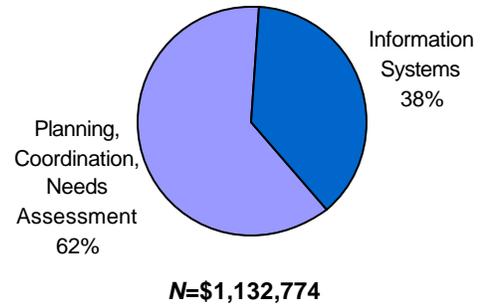
Expenditures of Block Grant Funds for Resource Development Activities

Connecticut spent over \$1.1 million on prevention-related resource development activities with SAPT Block Grant funds in FY 2003. Planning, coordination, and needs assessment activities account for the bulk of those funds (62 percent). Since FY 2000, planning, coordination and needs assessment and training activities have been flip-flopping as Connecticut’s number-one and number-two priorities.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	391,767	53	873,536	64	445,369	42	703,582	62
Quality Assurance	0	0	0	0	0	0	0	0
Training	343,662	47	482,060	36	621,229	58	0	0
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	429,192	38
Total*	735,429	100	1,355,596	100	1,066,598	100	1,132,774	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$5.5 million in 25 discretionary grants to entities in Connecticut during FY 2004. The largest single award of funds was for a State Prevention Framework State Incentive Grant (SPF SIG) (\$2.3 million), which is intended to develop and enhance State prevention infrastructure.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Award	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
Drug Free Communities	20	1,740,003
Drug Free Communities Mentoring	1	49,437
HIV/AIDS Cohort 3 Series	1	348,679
SPF SIG	1	2,350,965
State Incentive Cooperative Agreement	1	750,000
Total for Prevention	25	5,531,440

SOURCE www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$12 million in 13 discretionary funds to Connecticut. The largest single source of funds was the Access to Recovery (ATR) grant that provides new resources to expand treatment capacity, encourage client choice, and strengthen recovery support services.

Center for Substance Abuse Treatment Discretionary Awards in for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Effective Adolescent Treatment	3	680,001
Recovery Community Support – Recovery	1	350,000
State Data Infrastructure	1	100,000
Strengthening Communities – Youth	1	750,000
Targeted Capacity – HIV/AIDS	5	2,253,587
TCE Innovative Treatment	1	500,000
Total for Treatment	13	12,225,311

SOURCE: www.samhsa.gov

DELAWARE

State SSA Director

Ms. Renata J. Henry, Director
Division of Substance Abuse and Mental Health
Delaware Health and Social Services
Main Administration Building
1901 North DuPont Highway, Room 188
New Castle, DE 19720
Phone: (302) 255-9398
Fax: 302-255-4427
E-mail: renata.henry@state.de.us
Web site: www.dhss.delaware.gov/dhss/dsamh/index.html

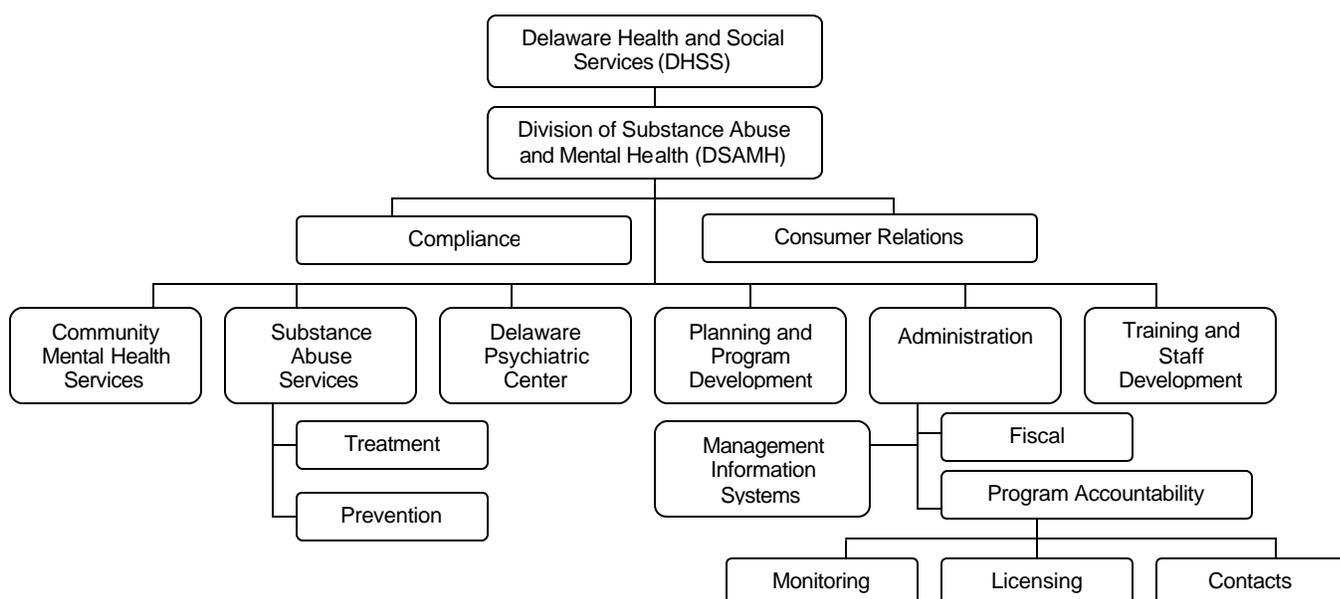
Structure and Function



The Department of Health and Social Services (DHSS), Division of Substance Abuse and Mental Health (DSAMH) is Delaware's designated Single State Agency (SSA). The mission of DSAMH is to improve the quality of life for adults having mental illness, alcoholism, drug addiction, or gambling addiction by promoting their health and well-being, fostering their self-sufficiency, and protecting those who are at risk. DSAMH provides services for substance abuse prevention and treatment.

Service coordination continues to be a main priority of the State's Alcohol and Drug Services system. There are 13 cabinet-level agencies under the Governor including DHSS and the Department of Services to Children, Youth, and their Families (DSCYF). Since 1987, SAPT Block Grant-funded prevention and treatment service delivery responsibilities have been shared between DHSS/DSAMH and DSCYF/Division of Child Mental Health Services (DCMHS). During FY 2002, A Memorandum of Agreement (MOA) became effective between the DSAMH and DSCYF that outlined agreements for funding, responsibilities, and service provision under the Substance Abuse Prevention and Treatment Block Grant program. Also in effect as of FY 2005 is a MOA between DSAMH and Division of Public Health which outlined agreements for funding, contracting, and monitoring services for HIV/AIDS prevention and early intervention for substance abusers in Delaware.

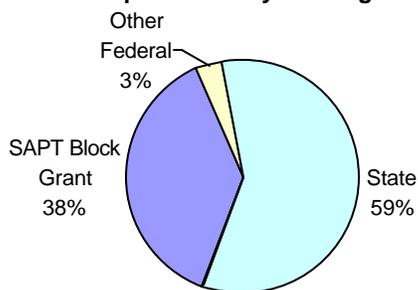
Single State Agency Structure



Single State Agency Funding Overview

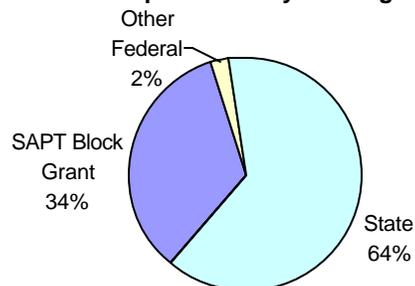
Total SSA funding in Delaware increased between FYs 2000 and 2003—from \$14.5 to \$19.2 million. Funding from the Block Grant and other Federal sources was relatively stable over time, while State expenditures increased substantially in FYs 2002 and 2003. The State provided most (64 percent) of the total funding in FY 2003, followed by the Block Grant (at 34 percent).

FY 2000 Expenditures by Funding Source

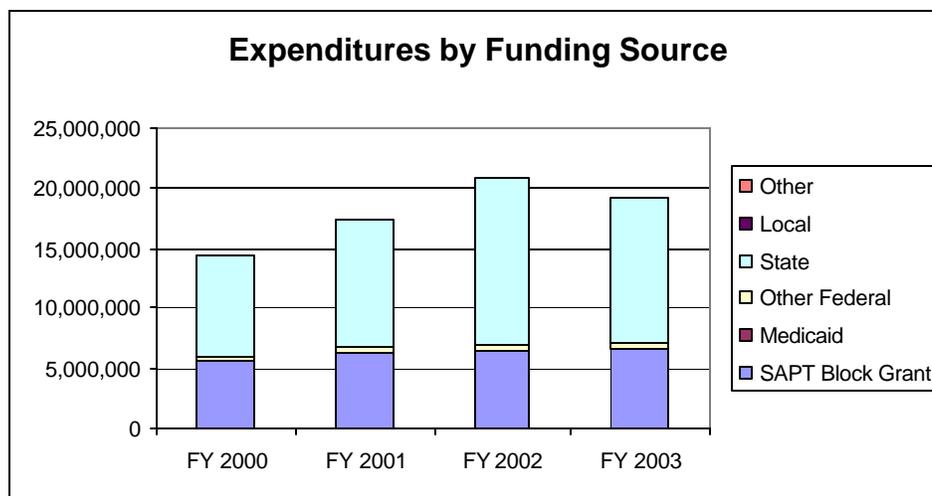


N=\$14,493,707

FY 2003 Expenditures by Funding Source



N=\$19,199,531



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	5,533,552	38	6,230,383	36	6,468,740	31	6,577,245	34
Medicaid	0	0	0	0	0	0	0	0
Other Federal	446,125	3	443,587	3	467,173	2	458,511	2
State	8,514,030	59	10,733,442	62	13,992,720	67	12,163,775	64
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	14,493,707	100	17,407,412	100	20,928,633	100	19,199,531	100

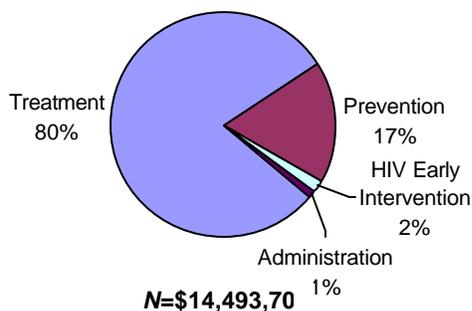
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

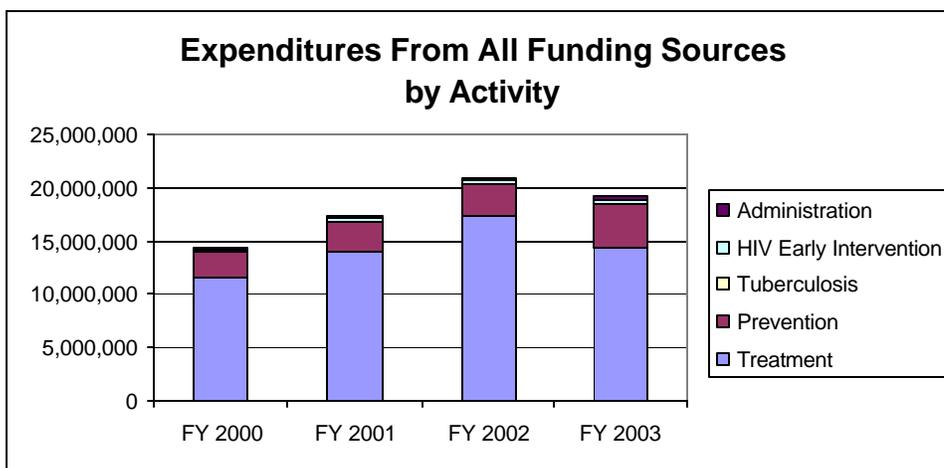
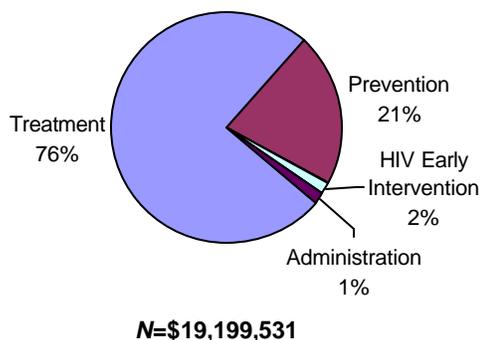
Activities and Expenditures From All Funding Sources

Of the \$19 million in SSA funding in FY 2003, most (76 percent) went toward treatment services in Delaware and 21 percent went toward prevention services. This distribution of funds reflects a slight change from FY 2000, as expenditures on treatment services accounted for 80 percent of total expenditures and expenditures on prevention activities accounted for 17 percent. Funding for HIV early intervention and administration was relatively stable during this time.

FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Single State Agency Expenditures From All Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	7,594,708	53	14,115,641	81	17,363,566	83	14,530,937	76
Alcohol Treatment	2,056,140	14	0	0				
Drug Treatment	1,907,809	13	0	0				
Prevention	2,533,978	17	2,725,121	16	2,994,799	14	4,075,557	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	246,333	2	345,365	2	310,000	1	328,862	2
Administration	154,739	1	221,285	1	258,749	1	264,175	1
Total*	14,493,707	100	17,407,412	100	20,928,633	100	19,199,531	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

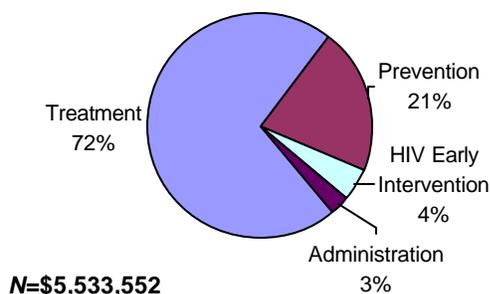
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

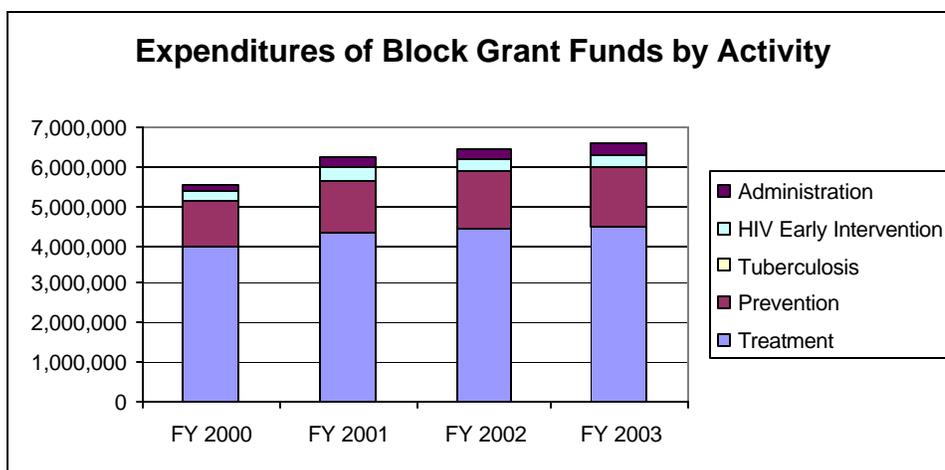
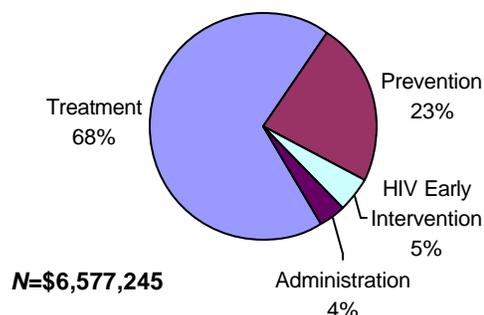
Expenditures of Block Grant Funds

Total Block Grant funds in Delaware have remained remarkably similar between FYs 2001 (\$6.2 million) and 2003 (\$6.6 million). Over two-thirds (68 percent) of total Block Grant funding was earmarked for treatment services in FY 2003, followed by prevention services at 23 percent.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	4,336,516	70	4,441,091	69	4,469,272	68
Alcohol Treatment	2,056,140	37	0	0				
Drug Treatment	1,907,809	34	0	0				
Prevention	1,168,531	21	1,327,217	21	1,457,381	23	1,514,936	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	246,333	4	345,365	6	310,000	5	328,862	5
Administration	154,739	3	221,285	4	258,749	4	264,175	4
Total*	5,533,552	100	6,230,383	100	6,467,221	100	6,577,245	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

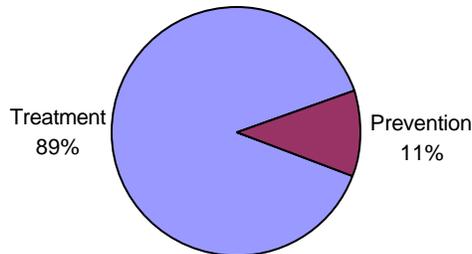
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

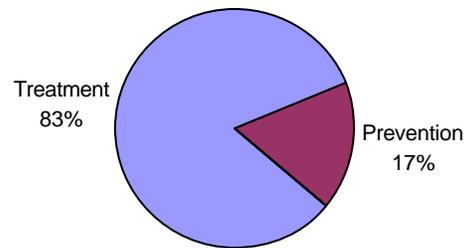
State expenditures increased substantially from \$8.5 million in FY 2000 to \$14.0 million in FY 2002, and then decreased to \$12.2 million in FY 2003. The fluctuations were most notable in the State's expenditures on treatment services, which went from \$7.6 million (in FY 2000) to \$12.9 million (in FY 2002), and back to \$10.1 million (in FY 2003). Funding for prevention activities increased during this time period (from \$920,000 to \$2.1 million). In FY 2003, treatment services received 83 percent of total funds and prevention services received 17 percent of funds.

FY 2000 State Expenditures by Activity

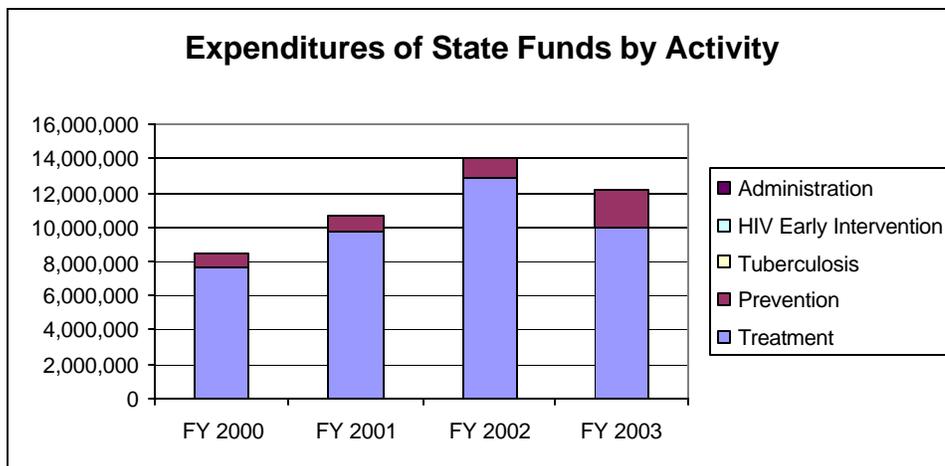


N=\$8,514,030

FY 2003 State Expenditures by Activity



N=\$12,163,775



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	7,594,708	89	9,779,125	91	12,922,475	92	10,061,665	83
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	919,322	11	954,317	9	1,070,245	8	2,102,110	17
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	8,514,030	100	10,733,442	100	13,992,720	100	12,163,775	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

DSAMH contracts with three providers for a portion of adult prevention services. Each of these providers serves high-risk populations identified through needs assessment studies and employs multiple strategies across universal, selected, and indicated populations. DSAMH also utilizes prevention set-aside funds to continue programs offering alternatives to substance abuse. In addition, DSAMH continues to collaborate and provide staff support for the First State Prevention Coalition, an interagency working group that monitors prevention efforts nationwide. Partners include the Department of Education, the Department of Services for Children, Youth and their Families (DSCYF), the Department of Public Safety and Homeland Security, and the Division of Public Health.

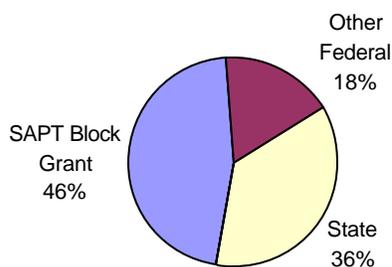
The DCMHS, a division of DSCYF, provides voluntary mental health and substance abuse treatment services to children up to age 18 who have mental health or substance abuse problems and their families. Office of Prevention and Early Intervention (OPEI), located within DSCYF, works with children, youth, families, communities, schools and more to provide public information, alcohol, tobacco, and other drug (ATOD) education programs and services, community and professional mobilization, and alternative programs.

Prevention Funding and Expenditures

Total prevention funding in Delaware increased from \$2.5 million in FY 2000 to \$4.1 million in FY 2003. In FY 2003, 52 percent of funding originated from the State, followed by 37 percent from the Block Grant and 11 percent from other Federal sources. By contrast, in FY 2000, 46 percent of funding originated from the Block grant, 36 percent from the State, and 18 percent from other Federal sources.

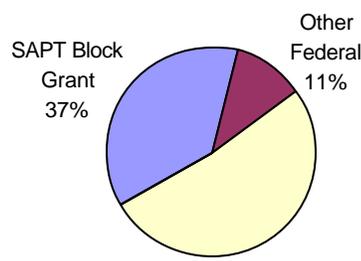
Block Grant expenditures on prevention activities increased steadily in Delaware, from \$1.49 per capita in FY 2000 to \$1.85 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

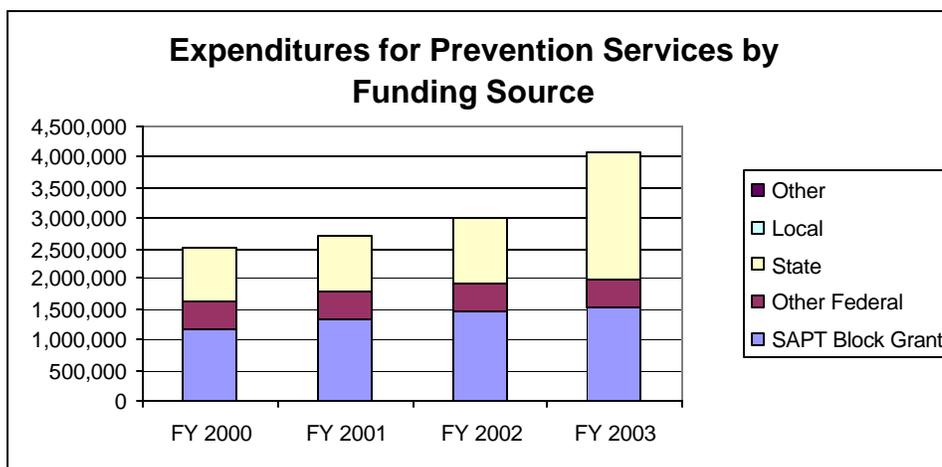


N=\$2,533,978

FY 2003 Prevention Expenditures by Funding Source



N=\$4,075,557



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	1,168,531	46	1,327,217	49	1,457,381	49	1,514,936	37
Other Federal	446,125	18	443,587	16	467,173	16	458,511	11
State	919,322	36	954,317	35	1,070,245	36	2,102,110	52
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	2,533,978	100	2,725,121	100	2,994,799	100	4,075,557	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Core Strategies

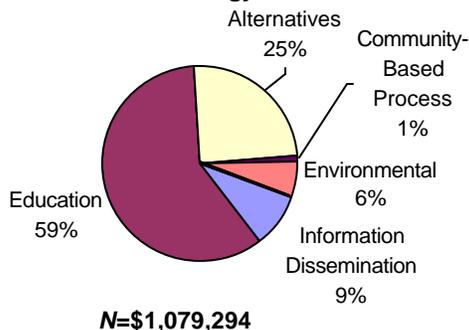
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Dissemination activities include purchasing and distributing materials related to alcohol and drug abuse prevention to children, youth, and adults.
Education	Funds support statewide conferences, in-person education, and training.
Alternatives	Strategies include the secure purchasing of service contract(s) with community-based organization(s) that possess community organization/development expertise to conduct alternative activities designed to provide accurate ATOD information and to improve the social, educational, and vocational well-being of at-risk children and youth. These activities are designed to reshape their leisure time activities to increase their resistance to spending their free time experimenting with ATOD.
Community-Based Processes	Funds support the development of effective community coalitions through funding for the Delaware Prevention Network and other programs that encourage parent, youth, and community groups to form alliances to address ATOD issues.
Environmental	Strategies include supporting Synar compliance efforts and participating in the National Prevention Network and in the First State Prevention Coalition.
Problem Identification & Referral	Funds support efforts in schools to identify children with problems and provide them with services and linkages to community resources by assisting in data collection and outcome measurement.

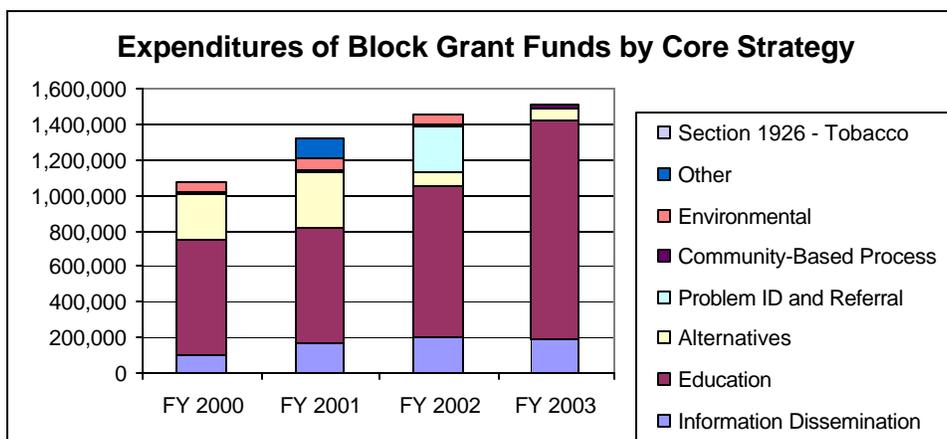
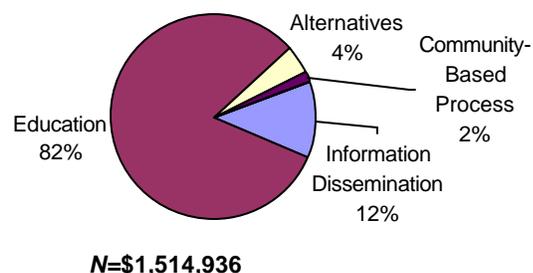
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for CSAP core strategies totaled \$1.5 million in Delaware in FY 2003. Most (82 percent) of these funds went toward education activities, an increase from 59 percent in FY 2000. Funding for alternative and environmental strategies decreased during this time period, from 25 percent to 4 percent, and from 6 percent to 0 percent, respectively.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	97,357	9	170,347	13	195,839	13	186,567	12
Education	643,327	60	653,881	49	854,522	59	1,234,871	82
Alternatives	267,123	25	308,863	23	84,327	6	67,015	4
Problem ID and Referral	0	0	0	0	256,289	18	0	0
Community-Based Process	9,620	1	9,791	1	6,930	0	24,489	2
Environmental	61,867	6	71,985	5	59,475	4	1,994	0
Other	0	0	112,350	8	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	1,079,294	100	1,327,217	100	1,457,382	100	1,514,936	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

DSAMH provides public substance abuse treatment services for adults, primarily through contracts with private agencies. DSAMH provides a range of treatment services including screening and assessment, detoxification, outpatient treatment, intensive outpatient treatment, opioid treatment, and residential treatment. The residential services include modified therapeutic treatment communities and halfway houses. One residential treatment program accepts pregnant women and allows them to keep the infants with them in treatment after delivery.

DSAMH also has specialized assessment and case management for adult offenders with alcohol/drug abuse problems who are involved in the drug courts. These services are provided by the DSAMH-operated Treatment Access Center (TASC). Additionally, DSAMH coordinates the Serious and Violent Offender Reentry program to provide services to offenders returning to the community from incarceration.

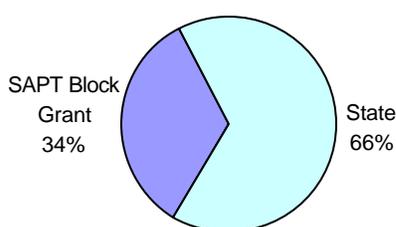
In order to improve treatment performance and outcomes, Delaware has established a performance-based contracting system with outpatient providers. The system uses contracts and payments to programs to reward performance on the basis of increase admission and client engagement (engagement/utilization), active participation (session attendance), and program completion.

Treatment Funding and Expenditures

As reported previously, expenditures on treatment and rehabilitation in Delaware fluctuated between FYs 2000 and 2003, as a result of changes in State funding. After increasing in FY 2002 to \$17.4 million, treatment expenditures declined in FY 2003 to \$14.5 million. During the same time period, SAPT Block Grant funding remained relatively stable and increased slightly.

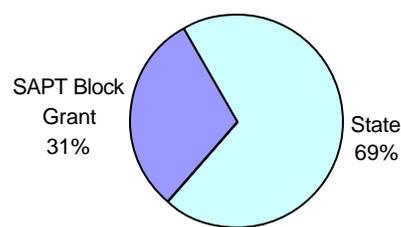
Block Grant funding for treatment and rehabilitation in Delaware increased from \$5.04 per capita in FY 2000 to \$5.46 per capita in FY 2003.

FY 2000 Treatment Expenditures by Funding Source

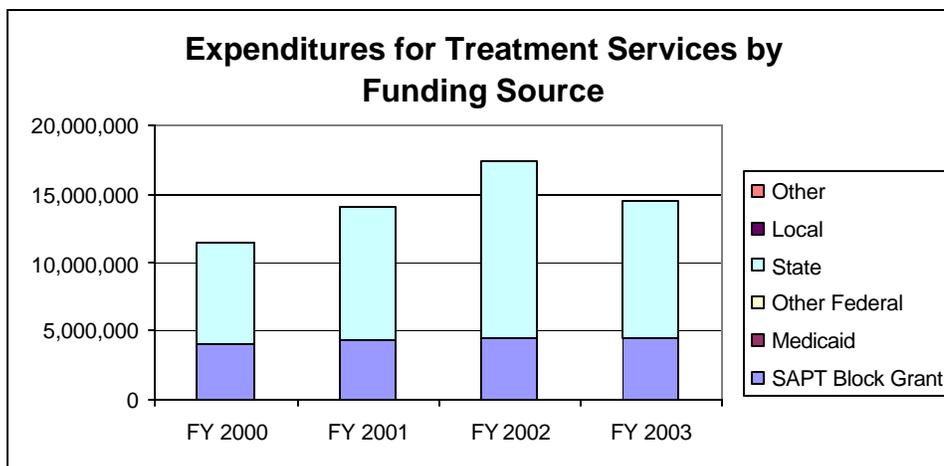


N=\$11,558,65

FY 2003 Treatment Expenditures by Funding Source



N=\$14,530,937



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,963,949	34	4,336,516	31	4,441,091	26	4,469,272	31
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	7,594,708	66	9,779,125	69	12,922,475	74	10,061,665	69
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	11,558,657	100	14,115,641	100	17,363,566	100	14,530,937	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Delaware’s SAPT Block Grant application indicates that nearly 9,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=8,689)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,266	1,719	5
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	219	340	1
Long-term residential	130	318	7
Ambulatory (Outpatient)			
Outpatient (methadone)	0	625	23
Outpatient (non-methadone)	990	2,552	38
Intensive outpatient	62	398	2
Detoxification (outpatient)	0	0	0
Total	2,667	5,952	70

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 6,800 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 4 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	1,080	3.7
Alcohol in combination with other drugs	5,719	3.6
Total	6,799	3.6

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 47,000 persons aged 12 and older (7.1 percent of Delaware's population) needed, but did not receive, treatment for alcohol use and 17,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Delaware.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.09	5.50	17.19	5.56
Needing but not receiving treatment for illicit drug use	2.60	4.50	6.70	1.65

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

In addition to providing prevention activities through contractual arrangements, DSAMH continued to study the prevalence and prevention of alcohol and drug abuse and related problems through a statewide needs assessment project that included two statewide surveys, a prevention resource and cost study, and a social indicators study.

Evaluation Activities

DHSS, Division of Management Services (DMS) is responsible for the Program Evaluation Unit, which oversees the implementation of the Department's Evaluation Policy, mandating evaluation of its programs as an "essential activity ... to re-design operations so that they more effectively meet client needs." Activities include conducting evaluations of DSAMH programs and providing technical assistance and training in evaluation. Technical assistance includes designing surveys for measuring customer satisfaction, conducting focus groups, analyzing data, and collaborating in developing requests for evaluation proposals.

Training and Assistance Activities

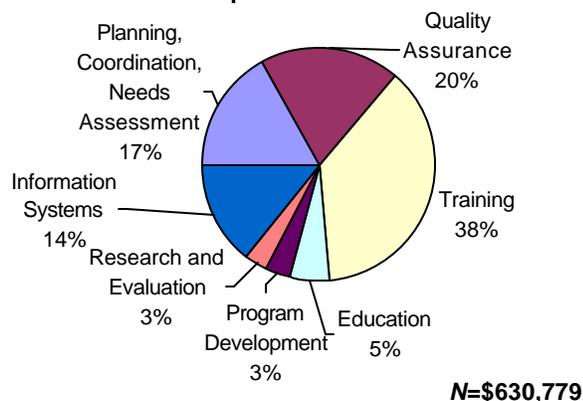
Training and assistance activities for alcohol and other drug abuse prevention and treatment services are provided through DHSS/DSAMH, DSCYF/DCMHS, and DSCYF/OPEI.

DHSS/DSAMH's training office offers year-round training sessions relating to substance abuse prevention and treatment services, including an intensive series of workshops offered at the Annual Summer Institute. DSCYF/DCMHS offers a variety of training and assistance activities. DSCYF/OPEI sponsors an annual conference designed to enhance the professional skills related to preventing child abuse and neglect, substance abuse, delinquency and mental health problems in youth and to emphasize the importance of programs and best practices that are research based and proven effective in the field of prevention and early intervention.

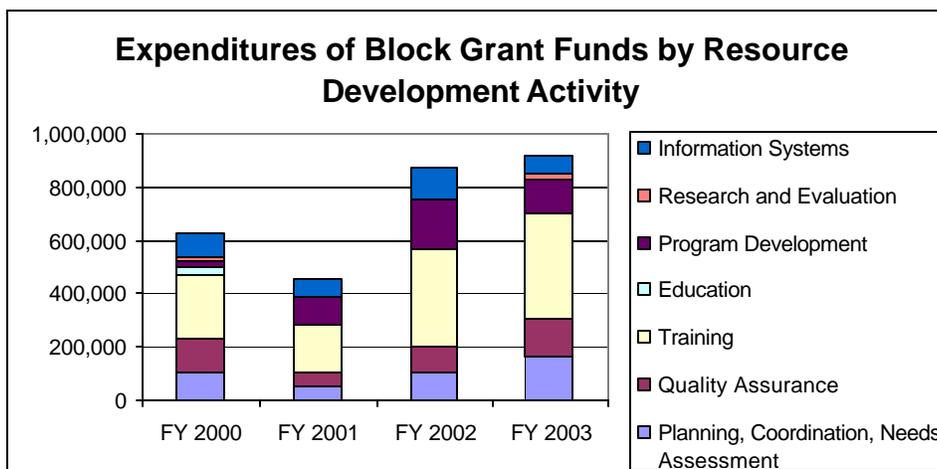
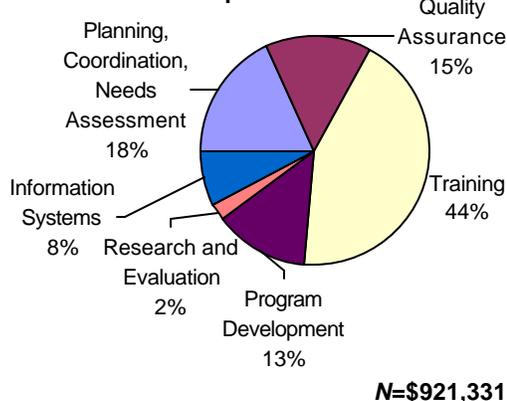
Expenditures of Block Grant Funds for Resource Development Activities

Between FYs 2000 and 2003, Block Grant expenditures on resource development activities in Delaware increased from approximately \$631,000 to \$921,000. Training activities have consistently received the largest proportion of funds, accounting for 44 percent in FY 2003. Other areas receiving a larger proportion of funds were planning, coordination, and needs assessment (18 percent), quality assurance (15 percent), and program development (13 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	106,156	17	54,155	12	100,826	12	165,977	18
Quality Assurance	123,197	20	52,964	12	99,071	11	138,977	15
Training	235,576	37	174,793	39	372,612	42	397,848	43
Education	34,000	5	0	0	0	0	250	0
Program Development	20,657	3	102,287	23	182,361	21	123,899	13
Research and Evaluation	20,657	3	0	0	0	0	21,707	2
Information Systems	90,536	14	65,202	15	121,866	14	72,673	8
Total*	630,779	100	449,401	100	876,736	100	921,331	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Delaware received about \$150,000 in Center for Substance Abuse Prevention (CSAP) discretionary prevention funds in FY 2004, all of which went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Drug Free Communities	2	149,939
Total	2	149,939

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) discretionary treatment funds totaled nearly \$1.4 million in FY 2004 in Delaware. Funds were awarded to State data infrastructure projects, homeless addictions treatment, and targeted capacity-HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Homeless Addictions Treatment	1	498,826
State Data Infrastructure	1	100,000
Targeted Capacity - HIV/AIDS	2	766,175
Total	4	1,365,001

SOURCE: www.samhsa.gov

DISTRICT OF COLUMBIA

State SSA Director

Mr. Robert L. Johnson
Senior Deputy Director, Substance Abuse Services
Addiction Prevention and Recovery Administration
D.C. Department of Health
825 North Capitol Street, NE. Suite 3132
Washington, DC 20002
Phone: 202-442-5898
Fax: 202-442-9429
E-mail: robert.johnson1@dc.gov
Web site: dhealth.dc.gov/services

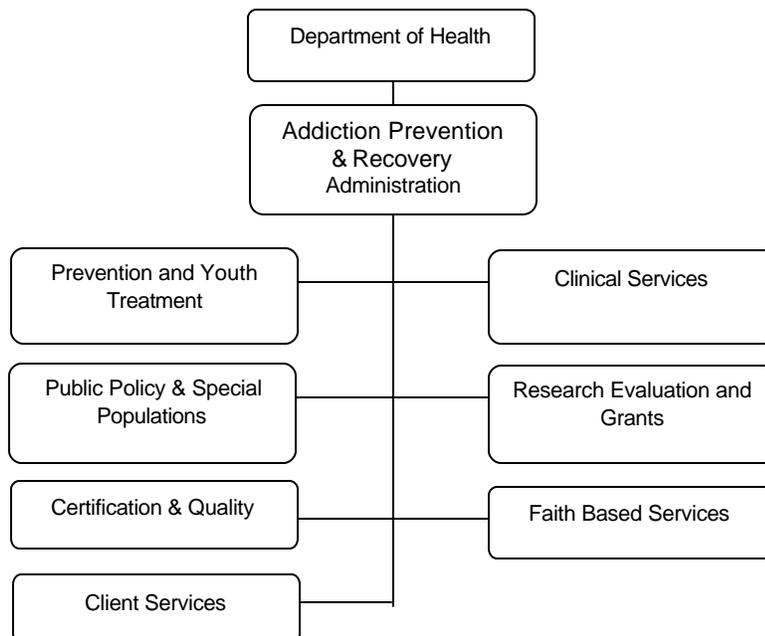
Structure and Function



The Addiction Prevention and Recovery Administration's (APRA) primary purpose is the prevention of substance abuse, while identifying, treating, and rehabilitating individuals within the District of Columbia. APRA is the District's designated Single State Agency (SSA) that provides oversight, ensures access, sets standards, and monitors the quality of services delivered as a result of an ongoing continuum of substance abuse prevention and treatment. APRA serves as the "one-stop" agency for the prevention and treatment of substance abuse in the District of Columbia.

The APRA philosophy is multi-faceted and multi-targeted and uses a results-oriented methodology with a science-based approach to substance abuse prevention and treatment. APRA combines three fundamental elements to provide the most effective and innovative strategies in the city's fight against alcohol, tobacco, and other drugs: (1) prevention, (2) treatment, and (2) aftercare. APRA offers effective residential, outpatient and aftercare programs as it collaborates with community-based organizations, schools, and religious institutions to help those in need.

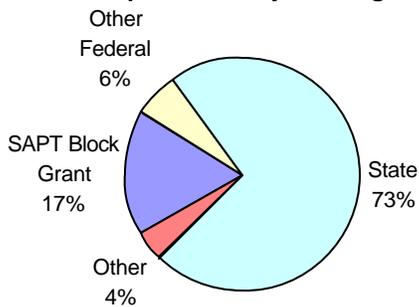
Single State Agency Structure



Single State Agency Funding Overview

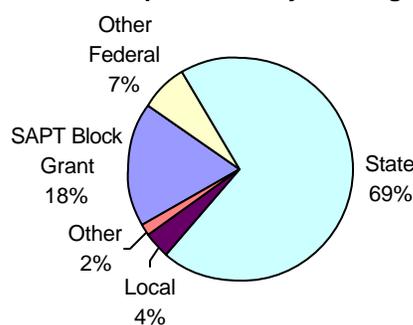
In FY 2003, nearly \$34.9 million was available in Washington, DC, for SSA funding, a substantial increase from the amount spent in FY 2000 (\$28.6 million). Of the FY 2003 expenditures, 69 percent came from the State, 18 percent from the Block Grant, 7 percent from other Federal sources, and the remainder from local and other sources.

FY 2000 Expenditures by Funding Source

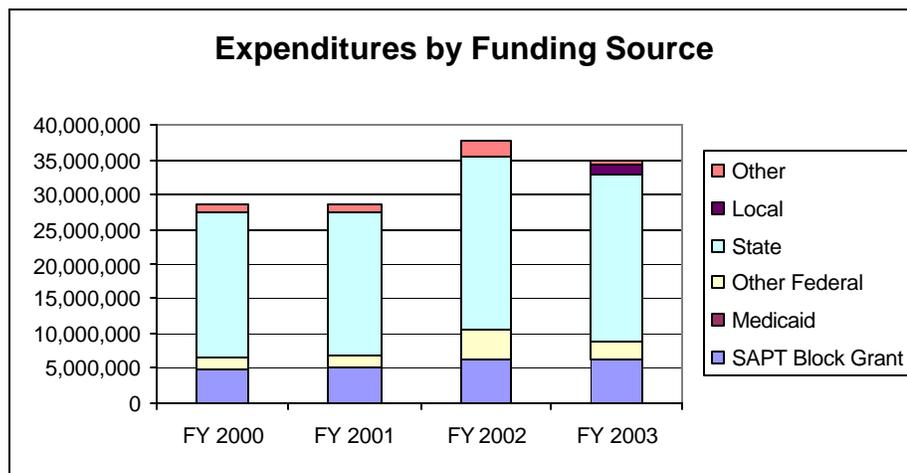


N=\$28,586,993

FY 2003 Expenditures by Funding Source



N=\$34,890,825



Single State Agency Expenditures From All Sources

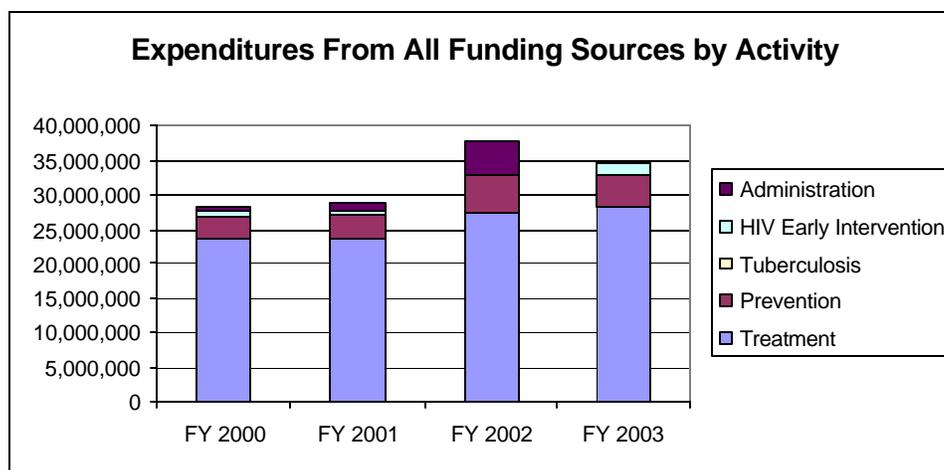
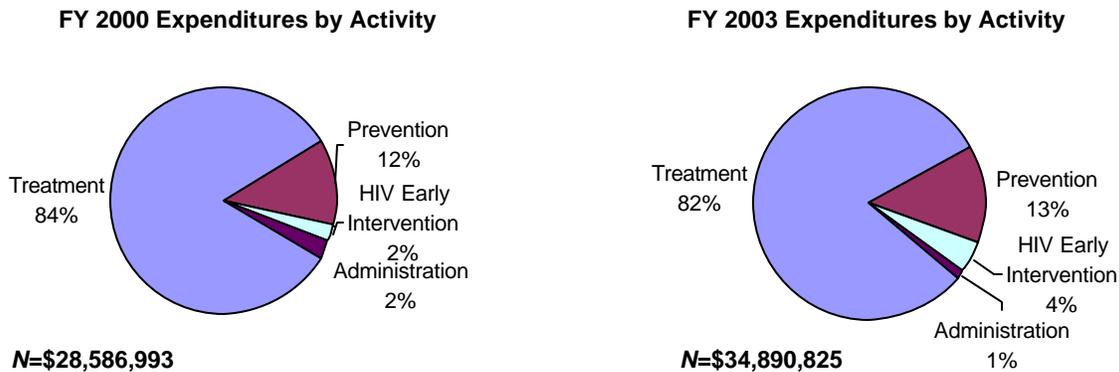
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,952,603	17	5,095,492	18	6,156,854	16	6,266,666	18
Medicaid	0	0	0	0	3,200	0	0	0
Other Federal	1,706,310	6	1,706,310	6	4,439,301	12	2,483,043	7
State	20,754,056	73	20,754,056	72	24,814,000	66	24,177,215	69
Local	0	0	0	0	0	0	1,361,836	4
Other	1,174,024	4	1,174,024	4	2,241,059	6	602,065	2
Total*	28,586,993	100	28,729,882	100	37,654,414	100	34,890,825	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Most (82 percent) of the SSA funding in FY 2003 in Washington, DC, was spent on treatment and rehabilitation, 13 percent was spent on prevention services, and 4 percent on HIV early intervention. The distribution of funds in FY 2003 was similar to that in FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	27,345,364	73	28,268,893	81
Alcohol Treatment	9,080,097	32	9,390,608	33				
Drug Treatment	14,513,664	51	14,265,189	50				
Prevention	3,365,187	12	3,476,753	12	5,400,241	14	4,681,009	13
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	692,543	2	588,491	2	43,324	0	1,523,672	4
Administration	634,502	2	1,008,844	4	4,865,485	13	417,251	1
Total*	28,586,993	99	28,729,882	100	37,654,414	100	34,890,825	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

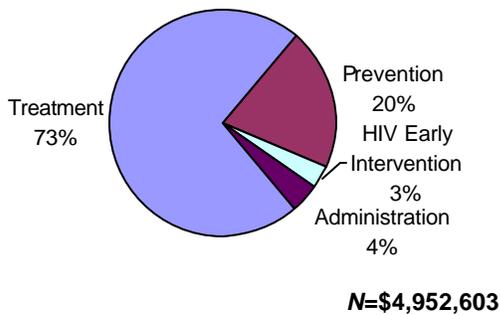
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

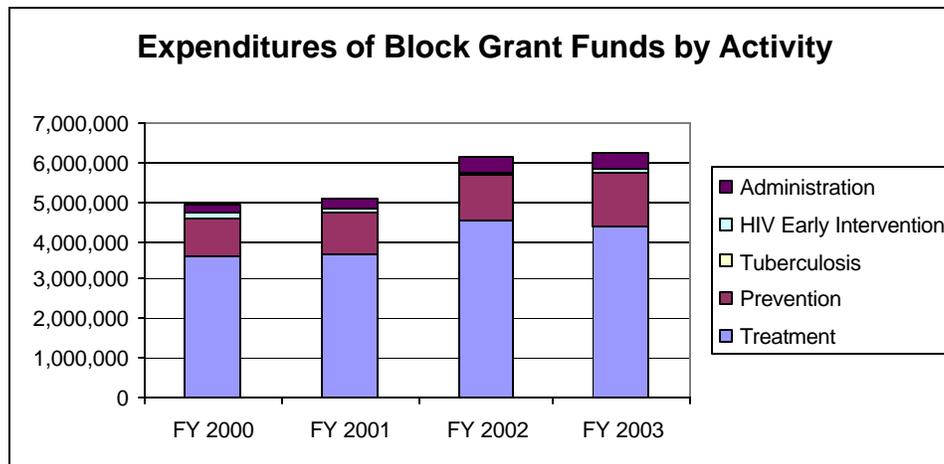
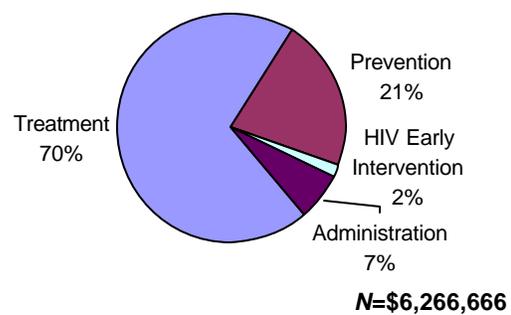
Expenditures of Block Grant Funds

Between FYs 2000 and 2003 Block Grant expenditures increased from \$5 to \$6.3 million. In FY 2003, most (70 percent) of Block Grant funds for SSA activities was spent on treatment and rehabilitation, followed by prevention (21 percent) and administration (7 percent) and HIV early intervention services (2 percent). The distribution of funds per activity has remained relatively stable since FY 2000.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	4,549,956	74	4,398,806	70
Alcohol Treatment	1,745,286	35	2,055,797	40				
Drug Treatment	1,842,025	37	1,593,550	31				
Prevention	994,331	20	1,104,897	22	1,126,727	18	1,330,593	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	167,543	3	63,491	1	43,324	1	120,016	2
Administration	203,418	4	277,760	5	436,847	7	417,251	7
Total*	4,952,603	100	5,095,495	100	6,156,854	100	6,266,666	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

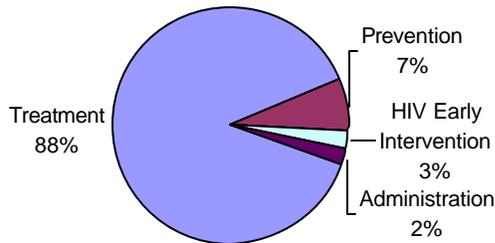
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

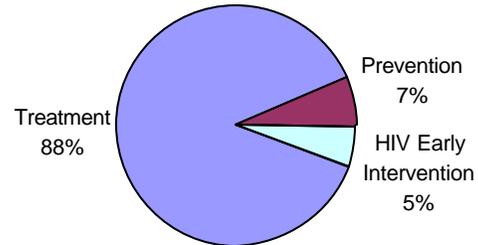
In FY 2003, State expenditures totaled \$24.2 million—up from \$20.5 million in FY 2000. Most (74 to 88 percent) of State expenditures during that time period went toward treatment activities, and 7 to 8 percent went toward prevention services. Expenditures for administration costs and activities spiked in FY 2002 at \$4.4 million, and comprised 18 percent of expenditures during that year.

FY 2000 State Expenditures by Activity

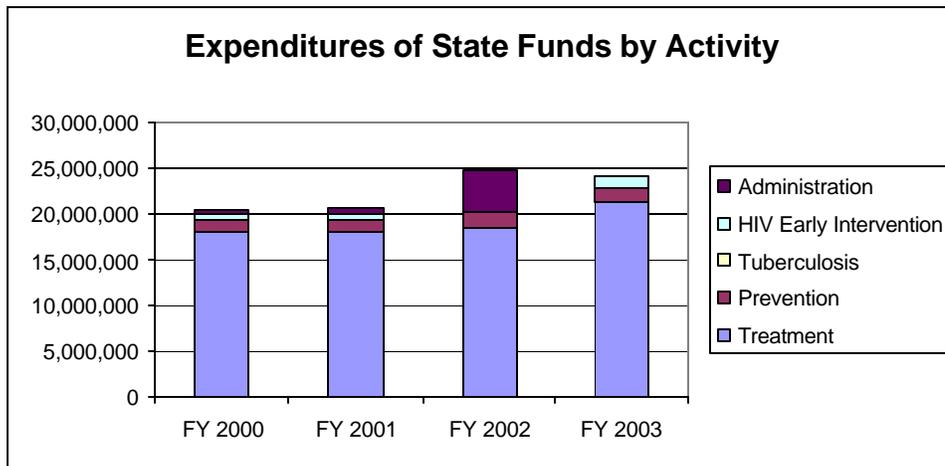


N=\$20,454,056

FY 2003 State Expenditures by Activity



N=\$24,177,215



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	18,455,562	74	21,262,226	88
Alcohol Treatment	6,826,048	33	6,826,048	33				
Drug Treatment	11,243,315	55	11,243,315	54				
Prevention	1,428,609	7	1,428,609	7	1,929,800	8	1,607,513	7
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	525,000	3	525,000	3	0	0	1,307,476	5
Administration	431,084	2	731,084	4	4,428,638	18	0	0
Total*	20,454,056	100	20,754,056	100	24,814,000	100	24,177,215	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

APRA's prevention programs and services are administered through the Office of Prevention and Youth Services (OPYS). OPYS generally utilizes a broad range of proven prevention strategies including education and information, alternative activities, community-based and environmental enhancement programs, and early intervention strategies. Although children and youth are the primary beneficiaries, OPYS recognizes that varied levels of prevention and youth treatment, including intervention and referrals, are appropriate for all residents, regardless of age.

The OPYS aggressively spreads its message of prevention at numerous events throughout the year: health fairs, community festivals, conferences, and other large public gatherings. Classroom presentations are provided for public and charter schools in the District, and OPYS staff are requested to speak at a variety of conferences and community meetings. In close partnership with the DC Public Schools (DCPS) and the Metropolitan Police Department (MPD), APRA provides intervention assistance for youth who may need referrals for treatment and other social services.

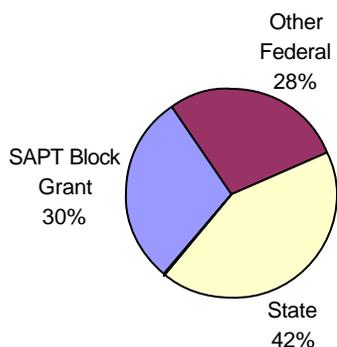
Prevention program grants are disbursed by APRA to community-based organizations that deliver science- and evidence-based alcohol tobacco and other drug (ATOD) prevention program models. Working to increase the capacity of prevention providers through workshops, training, and technical assistance, APRA supports the continued certification of prevention workers and the credibility of their field.

Prevention Funding and Expenditures

Expenditures on prevention activities increased from \$3.4 million in FY 2000 to \$4.7 million in FY 2003 (after peaking in FY 2002 at \$5.4 million). The funds for prevention services came from the State (34 to 42 percent of total funding), the Block Grant (21 to 32 percent), and other Federal sources (27 to 38 percent).

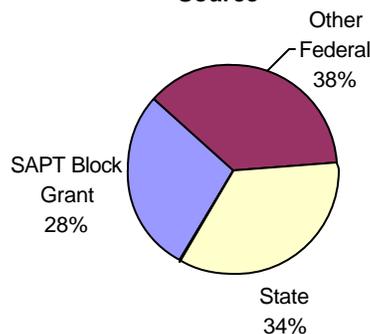
Block Grant prevention funds in Washington, DC, increased from \$1.74 per capita in FY 2000 to \$2.39 per capita in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

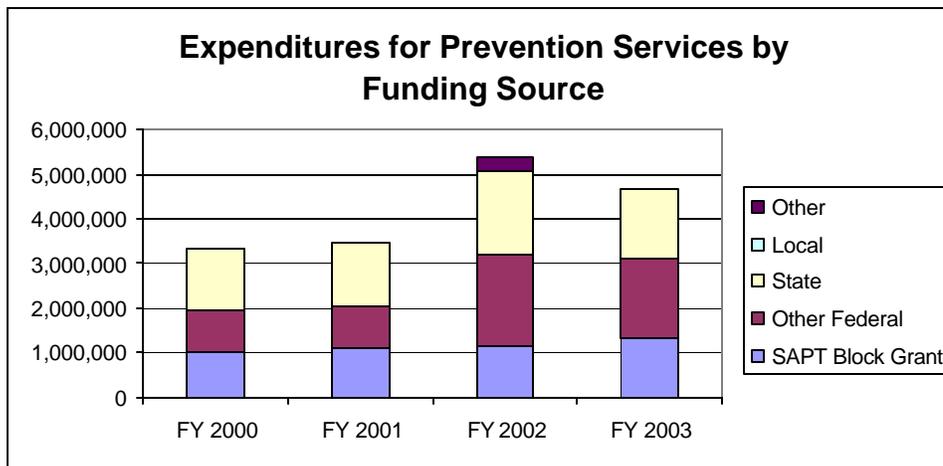


N=\$3,365,187

FY 2003 Prevention Expenditures by Funding Source



N=\$4,681,009



Single State Agency Expenditures for Prevention Services From All Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	994,331	30	1,104,897	32	1,126,727	21	1,330,593	28
Other Federal	942,247	28	943,247	27	2,028,661	38	1,742,903	37
State	1,428,609	42	1,428,609	41	1,929,800	36	1,607,513	34
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	315,053	6	0	0
Total*	3,365,187	100	3,476,753	100	5,400,241	100	4,681,009	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

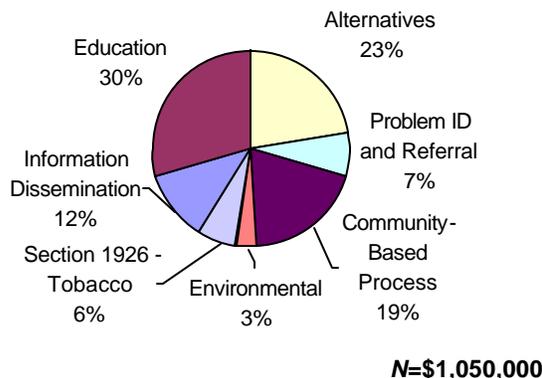
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Information materials on alcohol, tobacco, and other drugs are distributed to the public in various forums including 367 public health and community awareness events. Spanish language and Asian language materials were also distributed to address the language issues in the multicultural communities.
Education	Prevention education sessions were held in DC Public and Charter Schools, to staff and participants in the Dept. of Employment Services, to Youth Opportunity Centers, and to eight Ward Core Teams.
Alternatives	Substance abuse prevention/intervention services are funded for 50 Latino youth, a collaborative project serving 120 Asian Pacific Islander youth, and science-based prevention projects under the State Incentive Grant (SIG) program.
Community-Based Processes	APRA staff maintains a working relationship with and/or collaborated with community-based organizations to identify ways to support community efforts against violence and ATOD abuse.
Environmental	APRA distributes tobacco compliance literature to tobacco vendors; provided workshops for tobacco merchants on restrictions of sales of tobacco to minors and how to spot fake IDs; and conducted focus groups with youth, prevention professionals, community leaders, and regional representatives to gather input on the best approaches for prevention and community action in support of ATOD goals.
Problem Identification and Referral	APRA provides training to school-based mental health counselors in early identification techniques and screening instruments.

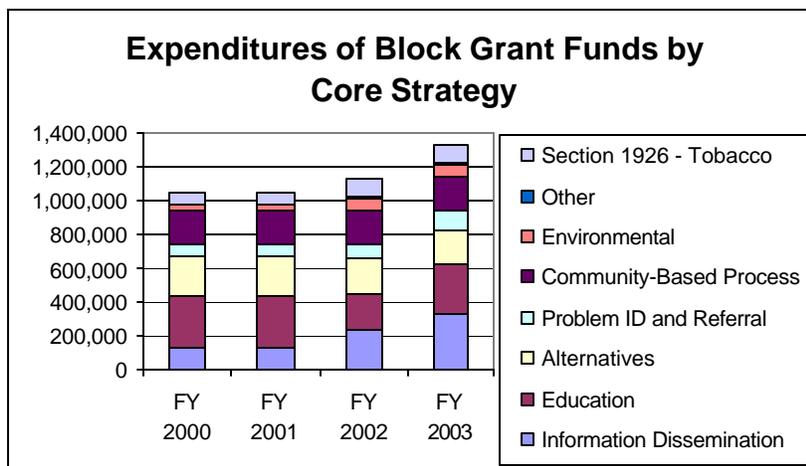
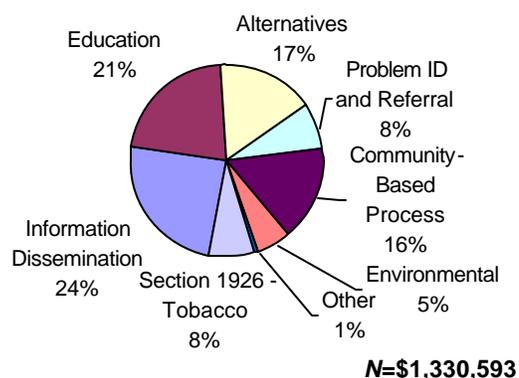
Expenditures of Block Grant Funds for Core Strategies

Of the \$1.3 million available from CSAP for core prevention strategies in FY 2003, the largest portion (24 percent) went toward information dissemination (a large increase from FY 2000), 21 percent went toward education, 17 percent toward alternative strategies, 16 percent toward community-based processes, and the remainder toward a variety of other prevention core strategies.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	127,000	12	127,000	12	237,296	21	326,232	25
Education	310,000	30	310,000	30	210,357	19	287,260	22
Alternatives	240,000	23	240,000	23	203,717	18	220,634	17
Problem ID and Referral	73,000	7	73,000	7	97,638	9	105,687	8
Community-Based Process	200,000	19	200,000	19	201,568	18	207,168	16
Environmental	35,000	3	35,000	3	65,561	6	70,932	5
Other	0	0	0	0	10,590	1	12,680	1
Section 1926 - Tobacco	65,000	6	65,000	6	100,000	9	100,000	8
Total*	1,050,000	100	1,050,000	100	1,126,727	100	1,330,593	100

SOURCE: FY 2003–2005 SAPT Block Grant Applications, Forms 4 and 11

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

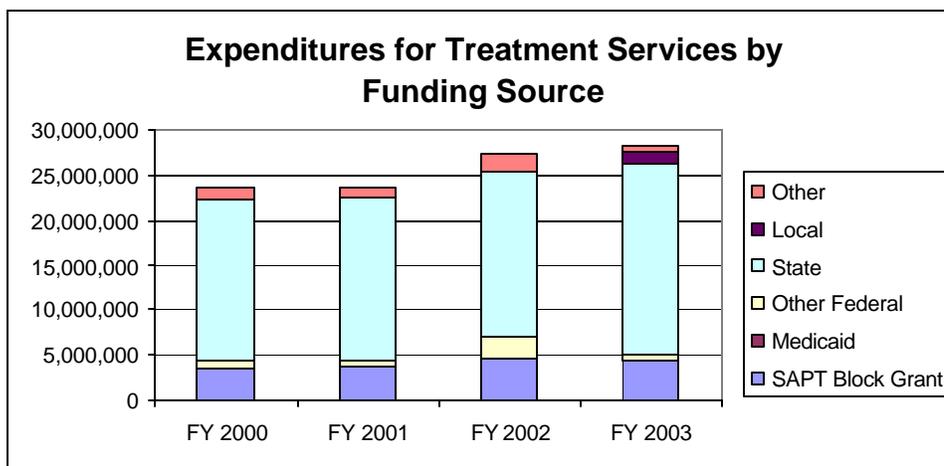
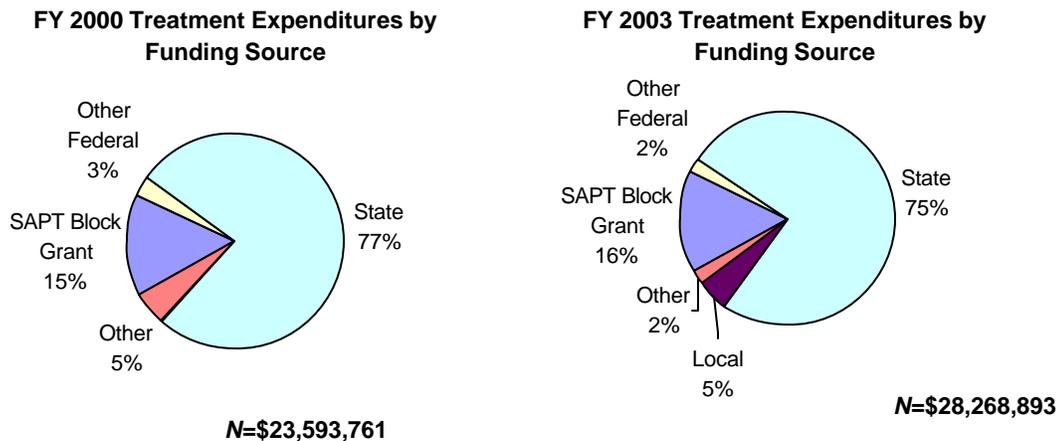
APRA's treatment services are extensive and include youth treatment, central intake, assessment and referral, 24-hour detoxification, residential treatment, outpatient and methadone programs, pregnant and postpartum women's treatment programs, crisis intervention, education, counseling and employment opportunity programs, case management, legal and social services referrals, HIV/AIDS counseling and testing, substance abuse awareness for seniors, mental health screening and referrals, and patient advocacy.

In addition to prevention services, the development of the District's Youth Substance Abuse Treatment System is also a function of the OPYS. Building upon its tradition of coordination with non-profit, private, and government institutions, OPYS now has a full range of youth treatment services across the city.

Treatment Funding and Expenditures

Treatment expenditures in the District of Columbia increased between FYs 2000 and 2003 from \$23.6 to \$28.3 million. The District provided approximately three-fourths of total treatment funding during that time period, and the Block Grant provided 15 to 17 percent.

Between FYs 2000 and 2002 Block Grant expenditures per capita in the District ranged from \$6.28 to \$8.06. In FY 2003, per capita expenditures on treatment decreased slightly to \$7.89—the highest amount per capita among all States.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,587,311	15	3,649,347	15	4,549,956	17	4,398,806	16
Medicaid	0	0	0	0	3,200	0	0	0
Other Federal	763,063	3	763,063	3	2,410,640	9	643,960	2
State	18,069,363	77	18,069,363	76	18,455,562	67	21,262,226	75
Local	0	0	0	0	0	0	1,361,836	5
Other	1,174,024	5	1,174,024	5	1,926,006	7	602,065	2
Total*	23,593,761	100	23,655,797	100	27,345,364	100	28,268,893	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Washington, DC's SAPT Block Grant application indicates that over 5,500 persons were admitted to treatment during FY 2002, of which most were admitted for free-standing residential services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=5,659)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	268
Free-standing residential	0	0	3,879
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	6
Short-term residential	0	0	77
Long-term residential	0	0	427
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	92
Outpatient (non-methadone)	0	0	449
Intensive outpatient	0	0	445
Detoxification (outpatient)	0	0	16
Total	0	0	5,659

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data also indicate more than 5,500 admissions (where at least one substance is known), of which over 5,000 were admitted for treatment of alcohol in combination with other drug abuse. Calculations (with imputation) from TEDS data show that approximately 6 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	640	5.5
Alcohol in combination with other drugs	5,019	5.8
Total	5,659	5.8

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 43,000 persons aged 12 and older (8.9 percent of the District of Columbia's population) needed, but did not receive, treatment for alcohol use and 14,000 persons (3.0 percent) needed, but did not receive, treatment for illicit drug use in the District of Columbia.

Treatment Gap by Age Group

Measure	2002–2003			
	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	8.88	2.48	16.09	8.03
Needing but not receiving treatment for illicit drug use	3.02	3.80	8.13	1.94

SOURCE: National Survey on Drug Use and Health; 2002-2003; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

APRA provides support to the Mayor's Interagency Task Force on Substance Abuse Prevention, Treatment and Control, to develop the first citywide comprehensive substance abuse strategy for the District of Columbia. Administrative data sets from the Department of Corrections, Department of Human Services, and the Metropolitan Policy Department as well as the Department of Health were used to analyze the social and economic cost of substance use.

In 2000, the DC Department of Health contracted to conduct the Nation's first-ever, comprehensive citywide household survey on substance abuse in order to understand the District's substance abuse problem.

Evaluation

APRA has actively worked toward the design and installation of a Web-based data management system. The system will include client-level data to track completed referrals throughout the provider system. This will eventually enable APRA to compile micro and macro data sets for reporting to SAMHSA and for conducting needs assessments.

The Office of Certification and Regulation (OCR) conducts inspections and monitors substance abuse treatment programs for compliance with applicable laws and regulations, provides training to substance abuse treatment programs, provides consulting and technical assistance to substance abuse treatment program, and provides grants certification to programs that meet the requirements.

Training and Assistance

APRA provides training on confidentiality, case management skills, anger management, relapse trauma, patient rights, universal precautions, best practices, and co-occurring disorders. Specifically, APRA provides conferences and workshops to youth workers. In addition, APRA provides prevention grantees with information and training on the implementation of the new programs and sustainability training. Vendor Education/Merchant Training is provided to ensure that establishments do not violate the tobacco sales laws and to learn how to spot fake IDs. In addition, APRA supports the training of drug counselors in preparation for CAC certification and provides training to the faith-based community.

Expenditures of Block Grant Funds for Resource Development Activities

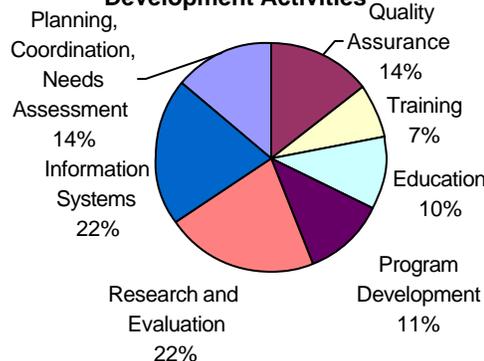
Block Grant expenditures for resource development activities in Washington, DC, increased from \$232,000 in FY 2000 to \$275,000 in FY 2003. Most of the expenditures in FY 2003 went toward research and evaluation (22 percent), information systems (22 percent), and planning, coordination, and needs assessment (14 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities

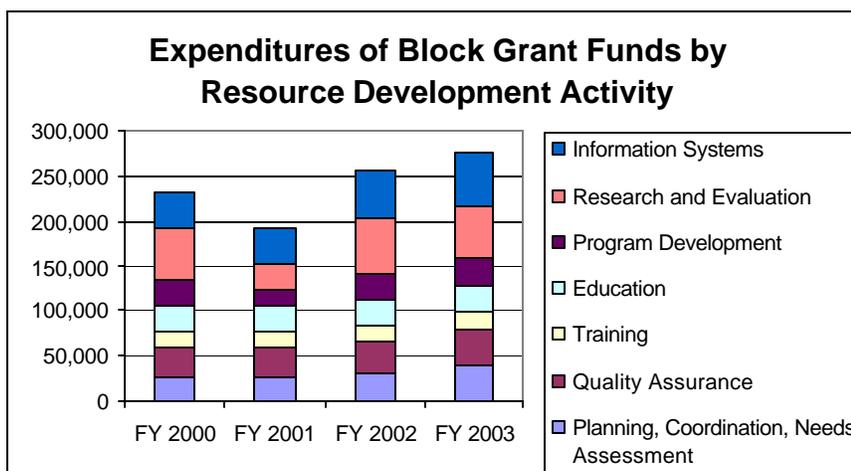


N=\$232,000

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$274,994



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	27,000	12	27,000	14	29,700	12	39,240	14
Quality Assurance	32,000	14	32,000	17	35,000	14	39,424	14
Training	18,000	8	18,000	9	18,000	7	20,600	7
Education	28,000	12	28,000	15	29,000	11	28,486	10
Program Development	28,000	12	18,000	9	29,000	11	31,397	11
Research and Evaluation	59,000	25	29,000	15	64,000	25	58,461	21
Information Systems	40,000	17	40,000	21	52,000	20	57,386	21
Total*	232,000	100	192,000	100	256,700	100	274,994	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Center for Substance Abuse Prevention (CSAP) awarded the District of Columbia six discretionary funding grants totaling \$1.4 million in FY 2004. Much of the money is going towards the HIV/AIDS Cohort Series (nearly \$1 million).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Award	Number of Awards	Total \$ Amount
Drug Free Communities	1	100,000
HIV/AIDS Cohort 2 Series Youth Services Cooperative Agreement	1	63,636
HIV/AIDS Cohort 3 Series	2	648,750
HIV/AIDS Cohort 5 Series	1	250,000
State Incentive Cooperative Agreement	1	300,000
Total for Prevention	6	1,362,386

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004 Center for Substance Abuse Treatment (CSAT) awarded nearly \$2.5 million in discretionary funds (six grants) to Washington, DC. Nearly \$1 million is targeted for HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Effective Adolescent Treatment	1	249,989
Homeless Addiction Treatment	1	617,830
NASADAD State Collaborative Activity	1	500,000
State Data Infrastructure	1	100,000
Targeted Capacity – HIV/AIDS	2	995,155
Total for Treatment	6	2,462,974

SOURCE: www.samhsa.gov

FLORIDA

State SSA Director

Ms. Stephenie Colston, Director
Substance Abuse Program Office
Florida Department of Children and Families
1317 Winewood Boulevard
Building 6, Suite 300
Tallahassee, FL 32399-0700

Phone: 850-921-2495

Fax: 850-487-2627

E-mail: stephenie_colston@dcf.state.fl.us

Web site: www.dcf.state.fl.us/mentalhealth/sa

Structure and Function

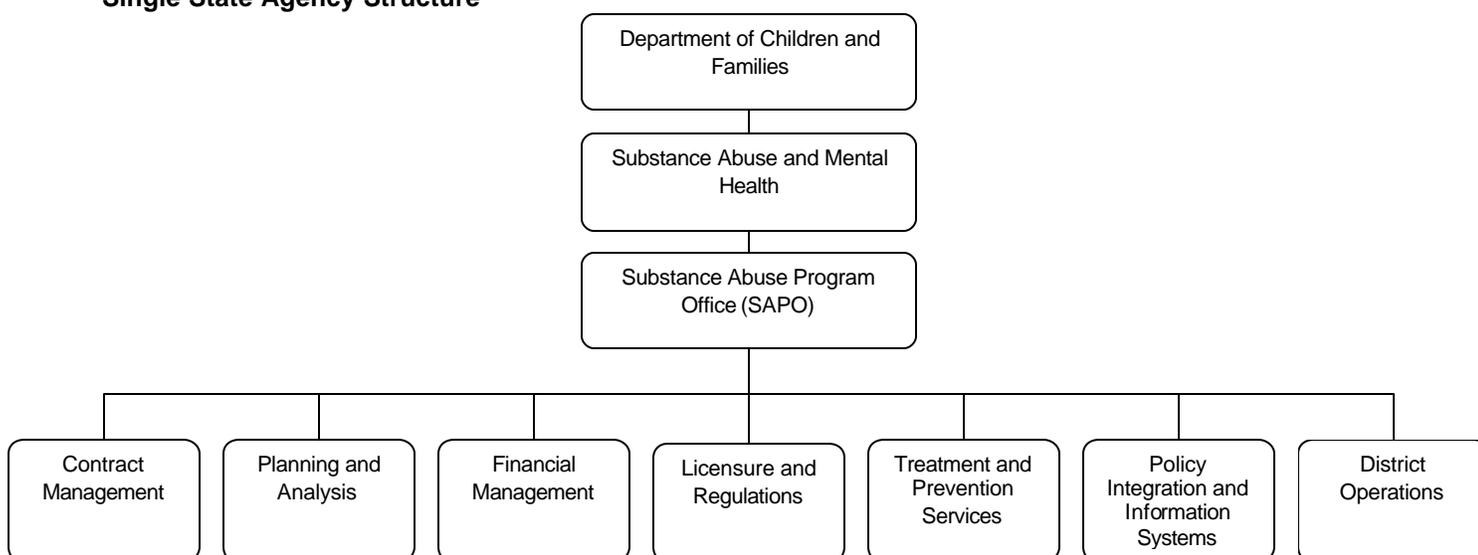


The Department of Children and Families, Substance Abuse Program Office (SAPO), is the Single State Agency (SSA) for substance abuse prevention and treatment. SAPO, working with the Governor's Office of Drug Control (ODC), is dedicated to (1) developing a comprehensive system of prevention, emergency/detoxification, treatment, and recovery support services for individuals and families at risk of or affected by substance abuse and (2) promoting their safety, well-being, and self-sufficiency.

SAPO is located centrally in Tallahassee with Substance Abuse and Prevention Coordinators located throughout Florida in the Department's district (substate planning areas) and regional Substance Abuse and Mental Health Offices. SAPO, ODC, and the Statewide Drug Policy Advisory Council within the Governor's Office, developed a comprehensive, 5-year drug control strategy (Florida Drug Control Strategy) that emphasizes a collaborative, coordinated approach at State, county, and municipal levels.

SAPO functions include planning, policy development, implementation, and administration; administration of funds; purchase of a comprehensive and integrated system of care; and the regulation of services and treatment facilities. It partners with other agencies to provide health, education, and social services for individuals and their families who are at risk of or need substance abuse services.

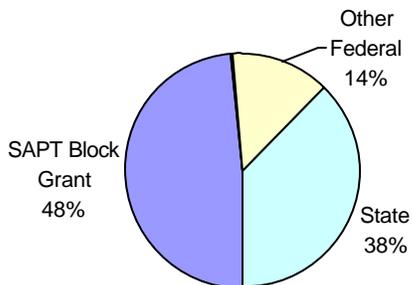
Single State Agency Structure



Single State Agency Funding Overview

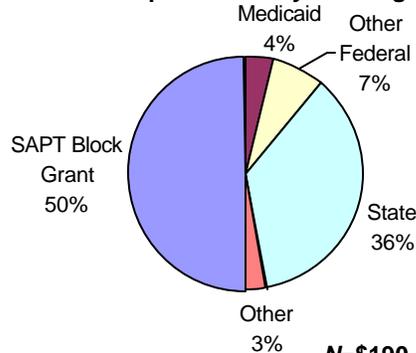
Florida's overall SSA funding totaled nearly \$190.6 million in FY 2003—up from \$167.7 million in FY 2000. Over that time period, the largest source of SSA funding was the Block Grant, accounting for about half of total funds, followed by the State, accounting for almost 40 percent of total funds. Other Federal funds, however, declined during that time period (from 14 to 7 percent of the total), and Medicaid jumped from less than 1 percent to 4 percent of the total.

FY 2000 Expenditures by Funding Source

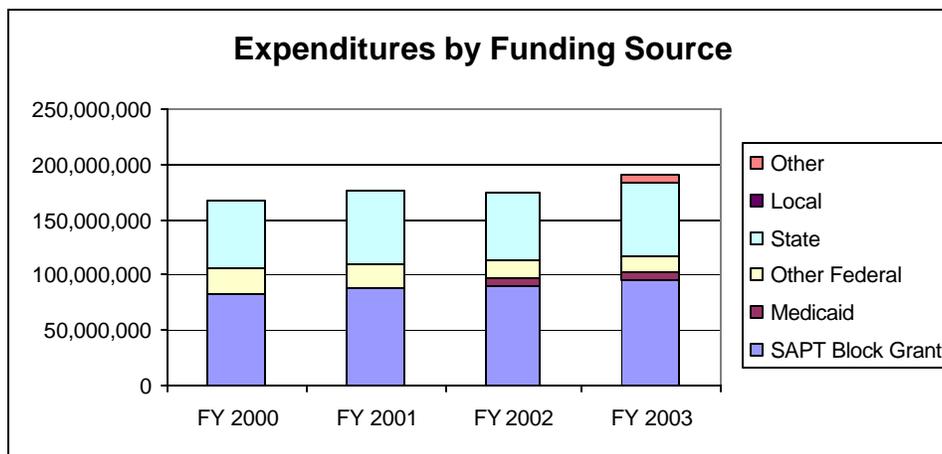


N=\$167,737,586

FY 2003 Expenditures by Funding Source



N=\$190,564,522



Single State Agency Expenditures From All Funding Sources

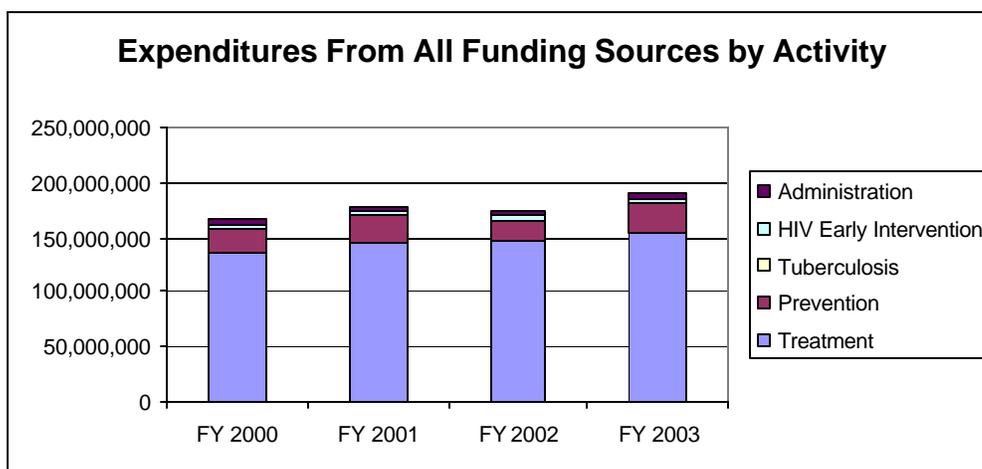
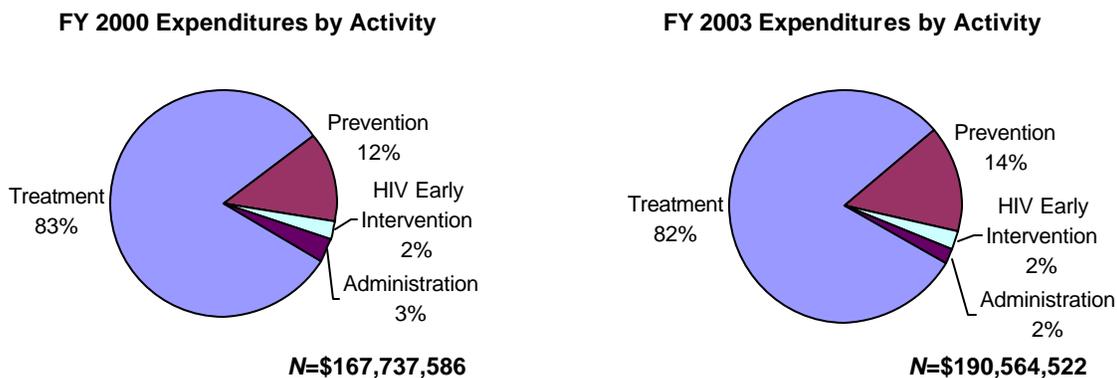
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	81,263,908	48	86,669,748	49	90,044,401	52	95,064,189	50
Medicaid	210,000	0	557,124	0	7,272,496	4	7,490,671	4
Other Federal	23,227,978	14	21,021,259	12	15,828,456	9	13,903,435	7
State	63,035,700	38	69,254,830	39	61,262,128	35	68,182,836	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	5,923,391	3
Total*	167,737,586	100	177,502,961	100	174,407,481	100	190,564,522	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the nearly \$190.6 million in total SSA expenditures in FY 2003, most (82 percent) went toward treatment services, 14 percent toward prevention services, and the remainder toward HIV early intervention (2 percent) and administrative costs (2 percent). These proportions have remained relatively stable since FY 2000.



Single State Agency Expenditures From All Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	19,128,313	11	146,374,030	82	147,847,778	85	153,859,450	81
Alcohol Treatment	48,468,752	29	0	0				
Drug Treatment	69,458,030	41	0	0				
Prevention	20,846,727	12	23,919,792	13	18,066,324	10	27,493,129	14
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	4,063,195	2	4,333,485	2	4,502,220	3	4,753,209	2
Administration	5,772,569	3	2,875,654	2	3,991,159	2	4,458,734	2
Total*	167,737,586	100	177,502,961	100	174,407,481	100	190,564,522	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

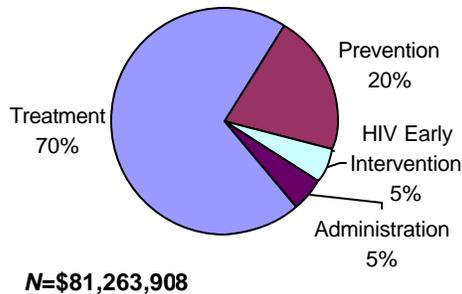
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

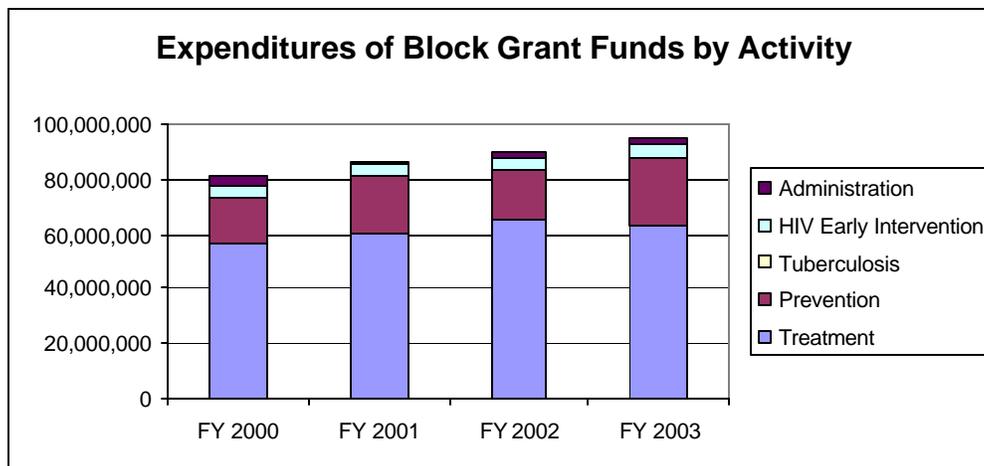
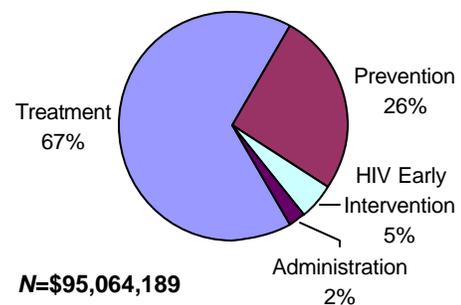
Expenditures of Block Grant Funds

Block Grant expenditures increased \$13.8 million between FYs 2000 and 2003 (from over \$81.3 to nearly \$95.1 million). In FY 2003, two-thirds of the Block Grant funds were designated for treatment services, and approximately one-fourth for prevention. This distribution shows a change since FY 2000 when the proportion of funds spent on prevention was only 20 percent.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	60,551,174	70	65,427,850	73	63,319,338	67
Alcohol Treatment	23,493,692	29	0	0				
Drug Treatment	33,666,521	41	0	0				
Prevention	16,252,782	20	20,918,217	24	18,008,880	20	24,719,689	26
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	4,063,195	5	4,333,485	5	4,502,220	5	4,753,209	5
Administration	3,787,718	5	866,872	1	2,105,451	2	2,271,953	2
Total*	81,263,908	100	86,669,748	100	90,044,401	100	95,064,189	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

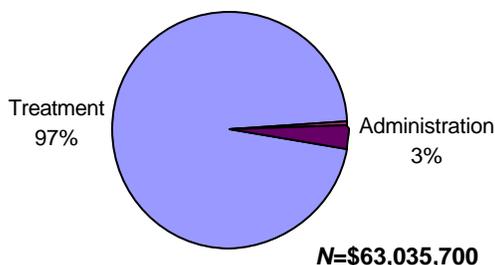
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

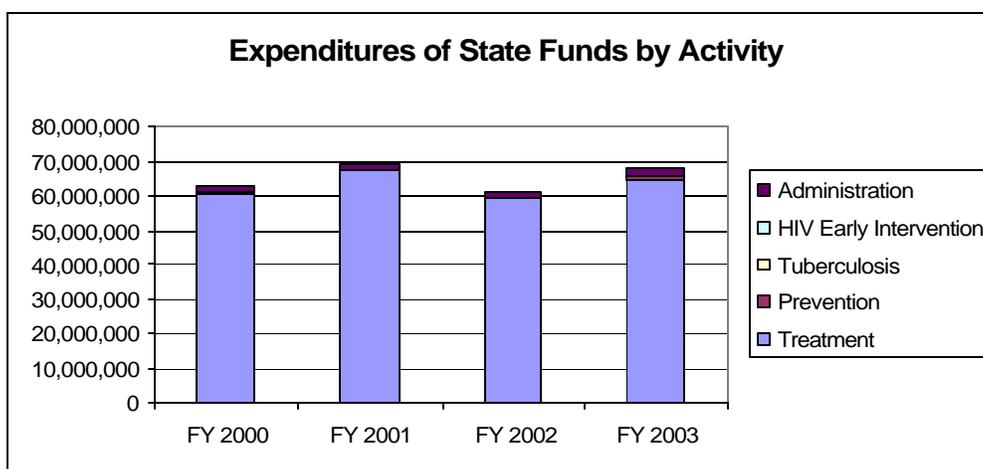
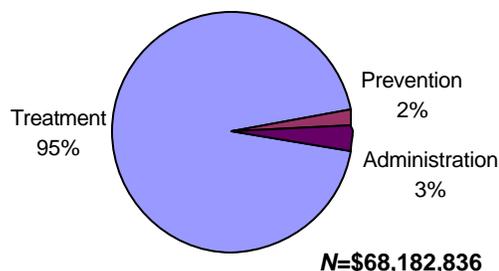
Expenditures of State Funds

Nearly all (95 percent) of the \$68.2 million in State funds for SSA activities in FY 2003 were spent on treatment services. Only 2 percent were spent on prevention activities and 3 percent on administrative costs. While the expenditure dollar amounts fluctuated during this time, these proportions have remained relatively stable since FY 2000.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	67,159,431	97	59,355,580	97	64,407,293	94
Alcohol Treatment	24,975,060	40	0	0				
Drug Treatment	35,791,509	57	0	0				
Prevention	284,280	0	86,617	0	20,840	0	1,588,762	2
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,984,851	3	2,008,782	3	1,885,708	3	2,186,781	3
Total*	63,035,700	100	69,254,830	100	61,262,128	100	68,182,836	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

In 1998, Florida was awarded a State Incentive Grant (SIG) by CSAP that was pivotal in leveraging collaboration across State agencies. It provided resources to more fully develop a prevention unit within the SAPO, funded development of the Florida Prevention System (the prevention component of the Florida Drug Control Strategy), and provided resources at the local provider level targeting youth through the delivery of science- or evidence-based programs. Additionally, the SIG was crucial to the development of ODC and the ensuing collaboration between it and the SAPO.

In Florida, “where prevention is a shared responsibility,” the Department of Children and Families is transitioning to a science-based system for planning, implementing, and evaluating its prevention programs. The Florida Youth Substance Abuse Survey (FYSAS)—Communities That Care—is the basis for many prevention policy and local programming/funding decisions.

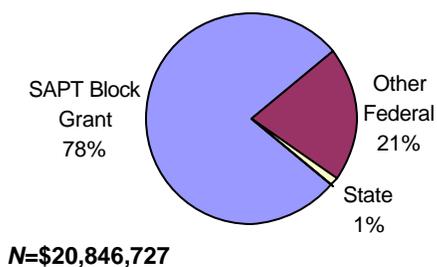
In FY 2002, SAPO entered into a contract with the Florida Faith-Based Association to develop and publish a statewide Faith-Based Substance Abuse Treatment and Prevention Provider Directory. The directory is intended to facilitate integration of faith-based providers with the public prevention and treatment community.

Prevention Funding and Expenditures

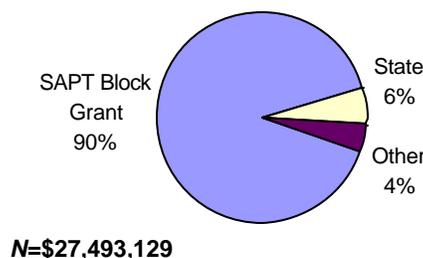
Nearly \$27.5 million of SSA expenditures went toward prevention services in FY 2003—nearly \$7 million more than the amount spent in FY 2000. Block Grant funds accounted for most of the funding during this period (accounting for 90 percent of the total in FY 2003), while funding from other Federal sources decreased substantially (from over \$4.3 million in FY 2000 to no funding in FY 2003) and State funding increased (from nearly \$285,000 to \$1.6 million).

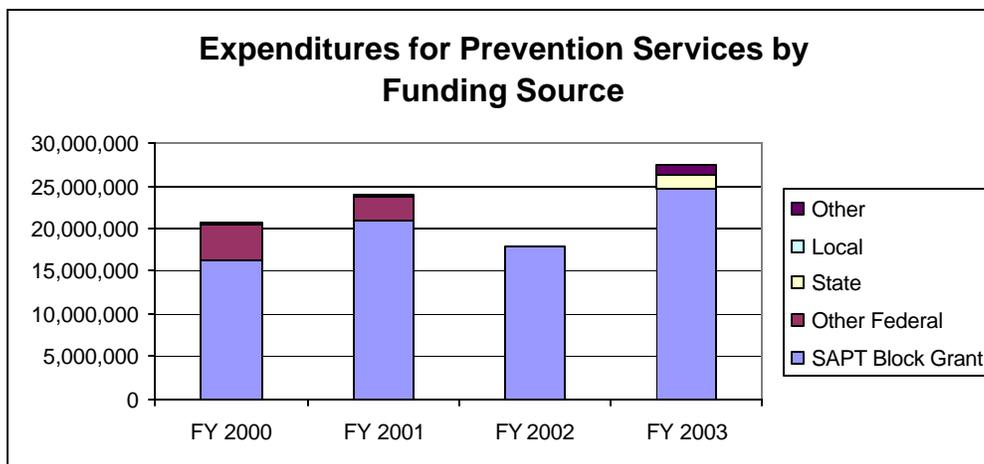
Block Grant funding for prevention services in Florida increased from \$1.01 to \$1.45 per capita between FYs 2000 and 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	16,252,782	78	20,918,217	87	18,008,880	100	24,719,689	90
Other Federal	4,309,665	21	2,914,958	12	36,604	0	0	0
State	284,280	1	86,617	0	20,840	0	1,588,762	6
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	1,184,678	4
Total*	20,846,727	100	23,919,792	100	18,066,324	100	27,493,129	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

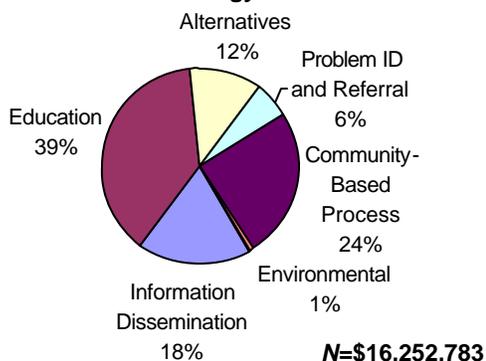
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	Information dissemination includes statewide clearinghouse activities through the Florida Alcohol and Drug Abuse Association, the Red Ribbon Program, and health fairs.
Education	School- and community-based group sessions use model programs such as "Too Good for Drugs" and "Life Skills Training."
Alternatives	Drug-free education programs, such as drug-free dances and peer leader programs are provided.
Problem Identification and Referral	Funding supports student and employee assistance programs and training for community caregivers.
Community-based process	Processes include community organizing, collaboration, and coordination initiatives.
Environmental	Funds support the promotion of drug use policy reviews in schools and communities. The "Think About It" campaign (a statewide radio and billboard initiative) targets youth and parents and reached 68% of Florida's population.

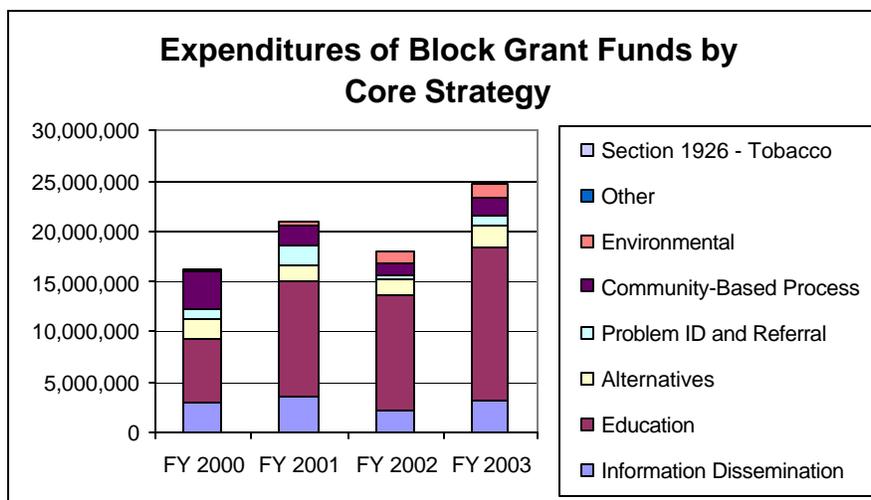
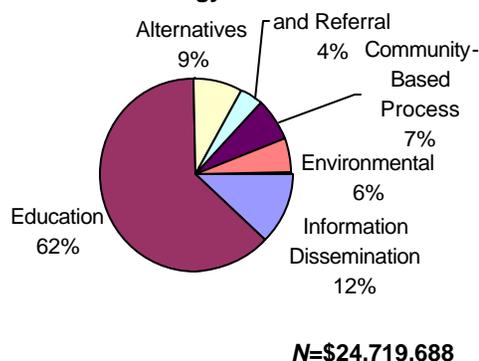
Expenditures of Block Grant Funds for Core Strategies

SAPT Block Grant funding for prevention core strategies increased substantially between FY 2000 and 2003 from \$16.3 million to \$24.7 million. Most of the increase is attributable to a dramatic increase in funding on education activities (from \$6.3 to \$15.4 million). In FY 2003, education activities accounted for 62 percent of total funding for core strategies, followed by information dissemination (12 percent) and alternative strategies (9 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	2,957,628	18	3,606,301	17	2,220,495	12	3,047,938	12
Education	6,267,986	39	11,392,061	54	11,224,935	62	15,407,782	62
Alternatives	1,962,663	12	1,698,559	8	1,582,981	9	2,172,861	9
Problem ID and Referral	950,833	6	1,964,221	9	693,342	4	951,708	4
Community-Based Process	3,959,004	24	1,830,344	9	1,233,608	7	1,693,298	7
Environmental	154,669	1	426,732	2	1,053,519	6	1,446,101	6
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	16,252,783	100	20,918,218	100	18,008,880	100	24,719,688	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Through its 13 district offices and the SunCoast regional office, SAPO purchases detoxification treatment, residential treatment, day and night treatment, outpatient treatment, medication, methadone maintenance treatment, assessment, case management, and other wraparound services. Florida has approximately 1,506 licensed individual treatment agencies operated by 497 programs located throughout the State.

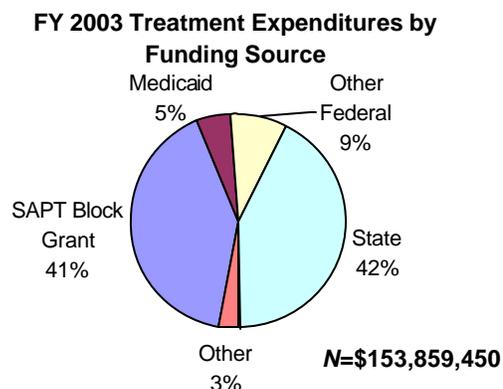
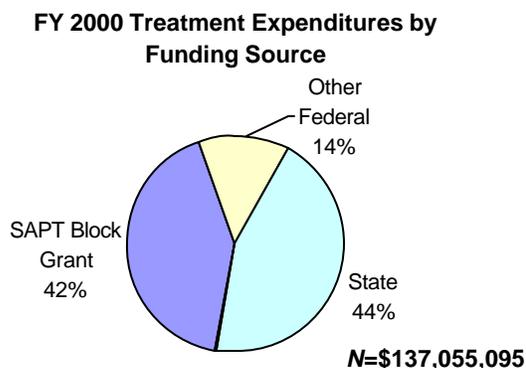
Individuals who are a high priority for admission to treatment are pregnant women and injection drug users (IDUs). Other targeted populations for treatment include adults with substance abuse problems, parents who put children at risk, adults with substance abuse problems in the criminal justice system, dually diagnosed individuals, children at risk of substance abuse, children under the supervision of the State, children not under the supervision of the State with substance abuse problems, adults at-risk of substance abuse, and older adults with substance abuse problems.

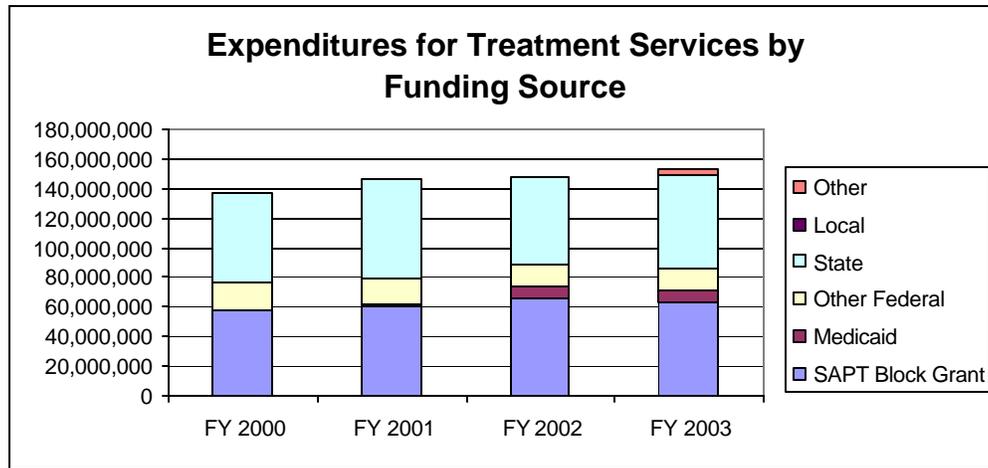
Florida received funding under the Presidential Initiative Access to Recovery (ATR), a Federal voucher program for clinical treatment and recovery support services. The MyFlorida Access to Recovery Program targets \$6.8 million per year for 3 years (through August 2007) to five Florida districts. The voucher program focuses on high-need populations, including individuals involved with the criminal justice system; families putting children at risk; and populations specific to each region, such as persons with co-occurring disorders, older adults, and individuals who abuse prescription drugs. The program provides client choice among treatment and recovery support providers, expands access to a comprehensive array of treatment and recovery support options, and increases treatment capacity.

Treatment Funding and Expenditures

SSA funding for treatment and rehabilitation increased between FYs 2000 (\$137.1 million) and 2003 (\$153.9 million). During that time period, State and the Block Grant funds each accounted for just over 40 percent of the total. Other Federal funding decreased during this time from \$18.9 million (and 14 percent of the total) to \$13.9 million (9 percent). Medicaid and other funding sources made up much of the difference.

Block Grant funding for treatment in Florida increased from \$3.56 to \$3.72 per capita between FYs 2000 and 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	57,160,213	42	60,551,174	41	65,427,850	44	63,319,338	41
Medicaid	210,000	0	557,124	0	7,272,496	5	7,490,671	5
Other Federal	18,918,313	14	18,106,301	12	15,791,852	11	13,903,435	9
State	60,766,569	44	67,159,431	46	59,355,580	40	64,407,293	42
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	4,738,713	3
Total*	137,055,095	100	146,374,030	100	147,847,778	100	153,859,450	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Admissions

Florida’s SAPT Block Grant application indicates that over 80,000 persons were admitted to treatment during FY 2002, most of which were admitted for outpatient (non-methadone) and free-standing residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=83,330)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	12,575	8,949	189
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	0
Long-term residential	4,025	10,312	438
Ambulatory (Outpatient)			
Outpatient (methadone)	11	1,750	7
Outpatient (non-methadone)	13,649	24,941	3,984
Intensive outpatient	740	1,770	204
Detoxification (outpatient)	92	156	18
Total	31,092	47,878	4,840

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 74,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 25 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	19,697	20.1
Alcohol in combination with other drugs	54,349	26.2
Total	74,046	24.6

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 904,000 persons aged 12 and older (6.5 percent of Florida's population) needed, but did not receive, treatment for alcohol use, and 395,000 persons (2.8 percent) needed, but did not receive, treatment for illicit drug use in Florida.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.47	4.93	16.46	5.22
Needing but not receiving treatment for illicit drug use	2.83	5.20	7.76	1.83

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The Florida Legislature recently created the Florida Substance Abuse and Mental Health Corporation, Inc., a non-profit entity comprised of professionals and consumers appointed by the Governor, Senate, and House of Representatives. The State planning process will integrally involve the corporation in identifying service needs, framing strategic directions, and developing recommendations to the legislature regarding staffing and funding resource needs.

The results of the 2004 Florida Youth Substance Abuse Survey (FYSAS) provide both State- and county-level prevalence and risk and protective factor profiles. This effort used two survey instruments, the Communities that Care Youth Survey and the Florida Youth Tobacco Survey. A total of 60,000 surveys were distributed. This information is used by the Governor's Office of Drug Control, State agencies, and community organizations to determine policy initiatives and funding priorities.

Additionally, the State uses household survey data to determine the treatment needs of the adult population in each of the substate planning areas.

Evaluation

To support the implementation of evidence-based prevention programs, the Department of Children and Families contracts with two organizations to obtain program-specific evaluation plans and evaluation assistance, collect and analyze outcome and process data, and develop a management information system.

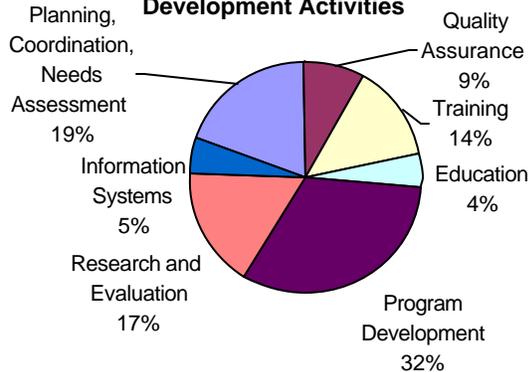
Training and Assistance

The State, along with the Florida Alcohol and Drug Abuse Association, provides training and technical support. A system for certifying counselors is supported through the Certification Board for Addictions Professionals of Florida. The Department of Children and Family Services, Substance Abuse Office, contracts with private providers for substance abuse prevention education, training, and treatment referrals. Each of the State's contracted providers must include a reciprocal Web link on their prospective Web sites for increased exposure and accessibility of planned training activities throughout the year.

Expenditures of Block Grant Funds for Resource Development Activities

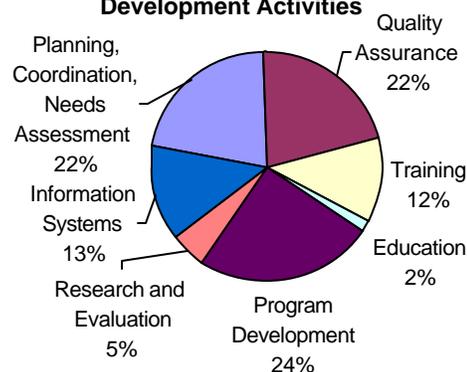
Block grant funds for resource development activities (treatment and prevention) increased slightly between FYs 2000 and 2003, from \$1.3 to \$1.5 million. Funds were spent on a variety of activities during this time period, with the majority going toward program development; planning, coordination, and needs assessment; and quality assurance.

FY 2000 Block Grant Expenditures on Resource Development Activities

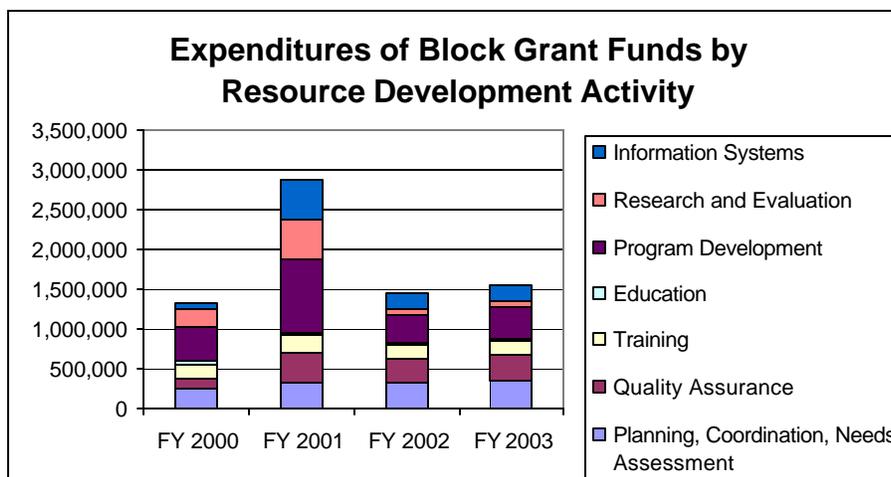


N=\$1,314,917

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$1,549,084



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	252,684	19	313,375	11	311,033	22	335,635	22
Quality Assurance	112,304	9	376,050	13	311,033	22	335,635	22
Training	180,967	14	219,362	8	167,479	12	180,727	12
Education	57,604	4	31,337	1	23,926	2	25,817	2
Program Development	421,140	32	940,124	33	358,884	25	387,272	25
Research and Evaluation	224,609	17	501,400	17	71,777	5	77,453	5
Information Systems	65,609	5	501,400	17	191,405	13	206,545	13
Total*	1,314,917	100	2,883,048	100	1,435,537	100	1,549,084	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Center for Substance Abuse Prevention (CSAP) awarded over \$8.5 million in discretionary prevention grant funds to Florida entities. These grants included the Drug Free Communities Support (20 of the 40 total grants awarded), HIV/AIDS, and SIG programs.

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	2	584,712
CSAP 2004 Earmarks	1	497,050
Drug Free Communities	20	1,842,518
Drug Free Communities Mentoring	2	142,650
Family Strengthening	1	394,175
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	2	127,272
HIV/AIDS Cohort 3 Services	3	985,813
HIV/AIDS Cohort 4 Services	1	350,000
HIV/AIDS Cohort 5 Services	5	1,250,000
SAMHSA Conference Grants	2	50,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	40	8,575,155

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded \$21.1 million in discretionary treatment grant funds to Florida entities. These grants included the Targeted Capacity-HIV/AIDS, homeless, residential treatment, adolescent treatment, drug court, and pregnant/postpartum women's programs. The largest single award was the ATR grant for \$6.8 million.

Discretionary Programs	Number of Awards	Total \$ Amount
Access to Recovery	1	6,813,101
Addiction Technical Transfer Center	1	650,000
Adult Juvenile and Family Drug Courts	3	1,186,695
CSAT 2004 Earmarks	2	844,985
Effective Adolescent Treatment	3	698,668
Homeless Addictions Treatment	5	2,521,642
Pregnant/Post-Partum Women	4	1,999,443
Residential SA TX	2	970,210
SAMHSA Conference Grants	1	50,000
Strengthening Access and Retention	1	200,000
Targeted Capacity Expansion	2	999,640
Targeted Capacity - HIV/AIDS	9	4,214,223
Total	34	21,148,607

SOURCE: www.samhsa.gov

GEORGIA

State SSA Director

Ms. Neil Kaltenecker, Director
Office of Addictive Diseases, Division of Mental Health,
Developmental Disabilities and Addictive Diseases
Georgia Department of Human Resources
Two Peachtree Street, NW
Suite 22-394
Atlanta, GA 30303-3171
Phone: 404-657-2331
Fax: 404-657-2256
E-mail: njkaltenecker@dhr.state.ga.us
Web site: mhddad.dhr.georgia.gov/portal/site

Structure and Function

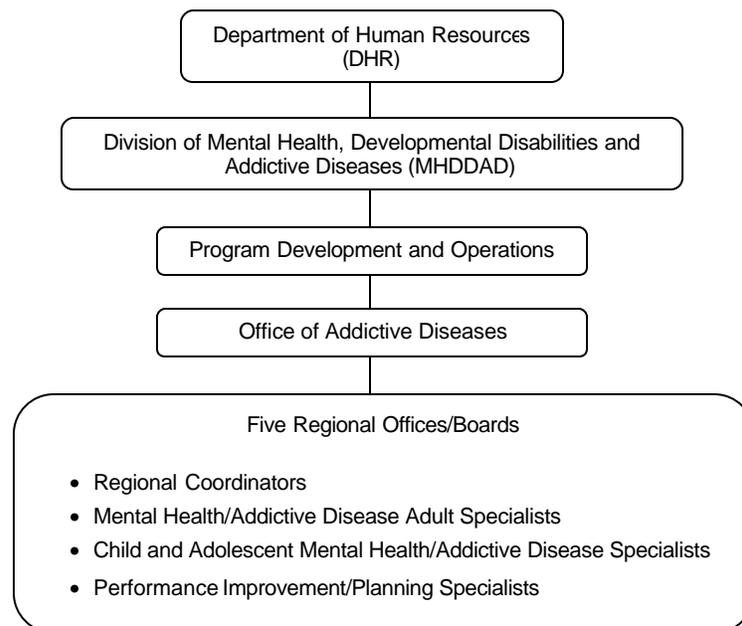


The Georgia Department of Human Resources' (DHR)'s Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD), is the Single State Agency (SSA) responsible for mental health, alcohol and drug abuse, and development disabilities services. In addition to substance abuse treatment, MHDDAD provides prevention services aimed at reducing abuse and related problems.

MHDDAD is responsible for State agency planning, receiving funds, approving regional plans, allocating funds, evaluation, consultation, technical assistance, and management support to all publicly operated or funded mental health, drug abuse, and mental retardation programs in Georgia.

Services are provided across the State through contracts with 25 community service boards, boards of health, various private providers, and State-operated regional hospitals. In addition, services are offered through a regional system with planning and oversight by five regional offices. The regional office is an extension of the MHDDAD State office to the local area to provide closer access to providers and consumers.

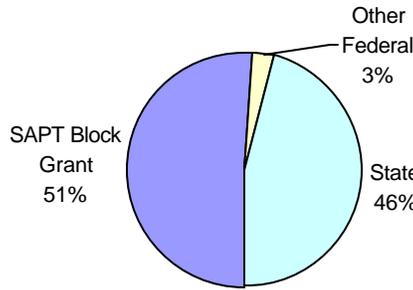
Single State Agency Structure



Single State Agency Funding Overview

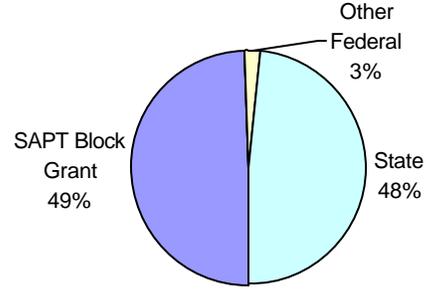
Georgia's overall SSA funding totaled nearly \$96.3 million in FY 2003, an increase from \$80.6 million in FY 2000. In FY 2003, the Block Grant accounted for approximately half of total SSA funds as did the State. These proportions have remained relatively stable since FY 2000.

FY 2000 Expenditures by Funding Source

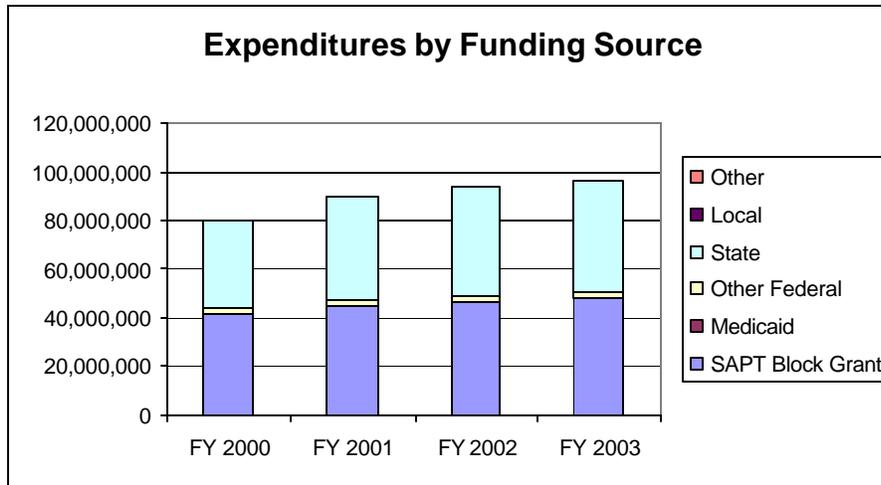


N=\$80,574,476

FY 2003 Expenditures by Funding Source



N=\$96,249,490



Single State Agency Expenditures From All Funding Sources

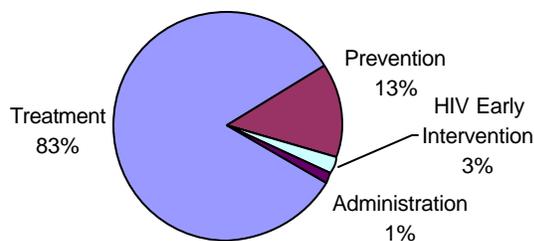
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	41,396,779	51	44,792,764	50	46,420,319	49	47,462,679	49
Medicaid	0	0	0	0	0	0	0	0
Other Federal	2,176,091	3	2,195,846	2	2,138,368	2	2,407,940	3
State	37,001,606	46	43,274,920	48	45,364,935	48	46,378,871	48
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	80,574,476	100	90,263,530	100	93,923,622	100	96,249,490	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 *Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

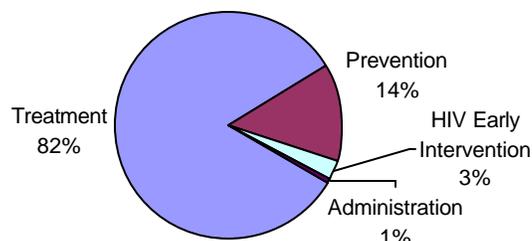
Of the nearly \$96.3 million expended in FY 2003, most of the funding (83 percent) went toward treatment and rehabilitation activities, followed by prevention services (14 percent) and HIV early intervention services (3 percent). The distribution of funds has remained quite stable from FYs 2000 through 2003.

FY 2000 Expenditures by Activity

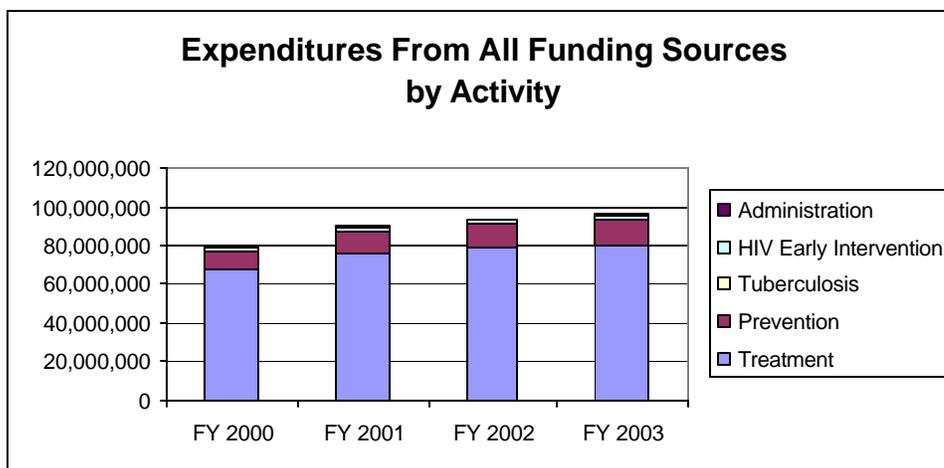


N=\$80,574,476

FY 2003 Expenditures by Activity



N=\$96,249,490



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	75,838,836	84	79,733,602	85	79,868,994	83
Alcohol Treatment	35,194,781	44	0	0				
Drug Treatment	31,727,913	39	0	0				
Prevention	10,455,447	13	11,748,264	13	11,754,382	13	13,244,426	14
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,127,213	3	2,252,640	2	2,337,352	2	2,484,821	3
Administration	1,069,122	1	423,790	0	98,286	0	651,249	1
Total*	80,574,476	100	90,263,530	100	93,923,622	100	96,249,490	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

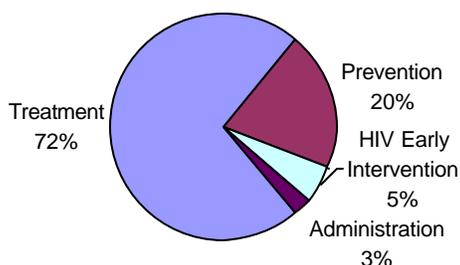
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

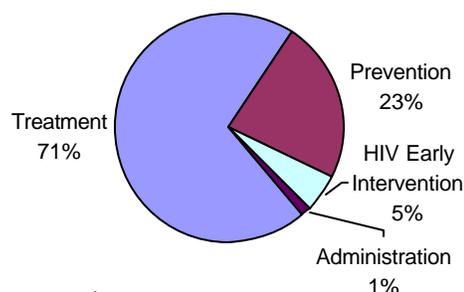
Between FYs 2000 and 2003 Block Grant funding in Georgia increased from \$41.4 to \$47.5 million. During that time, over 70 percent of Block Grant funds were spent on treatment and rehabilitation activities and 20 to 23 percent were spent on prevention activities.

FY 2000 Block Grant Expenditures by Activity

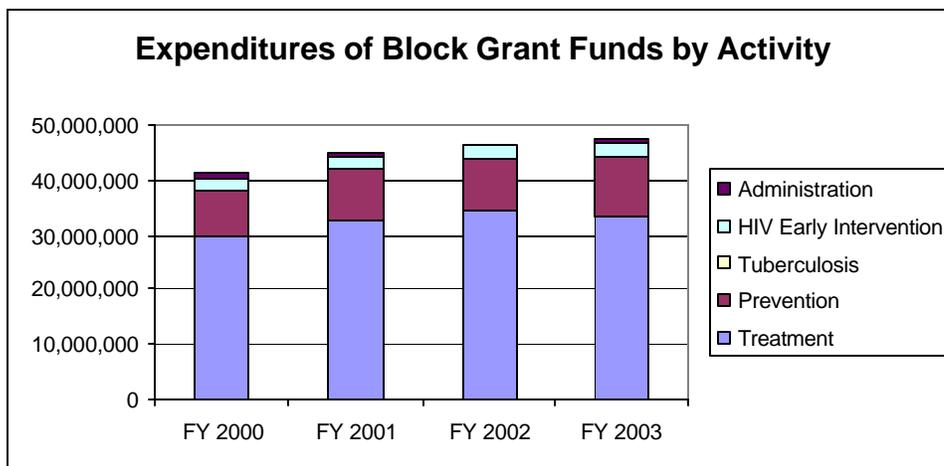


N=\$41,396,779

FY 2003 Block Grant Expenditures by Activity



N=\$47,462,679



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	32,563,916	73	34,368,667	74	33,490,123	71
Alcohol Treatment	15,233,548	37	0	0				
Drug Treatment	14,687,540	35	0	0				
Prevention	8,279,356	20	9,552,418	21	9,616,014	21	10,836,486	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,127,213	5	2,252,640	5	2,337,352	5	2,484,821	5
Administration	1,069,122	3	423,790	1	98,286	0	651,249	1
Total*	41,396,779	100	44,792,764	100	46,420,319	100	47,462,679	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

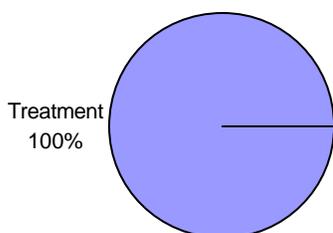
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

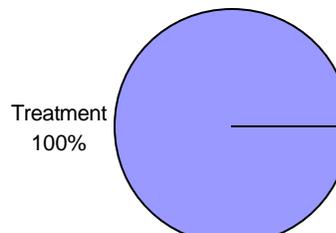
The State contributed \$46.4 million toward SSA activities in FY 2003—up from \$37 million in FY 2000. All of the funds provided by the State have consistently been directed toward treatment services only.

FY 2000 State Expenditures by Activity

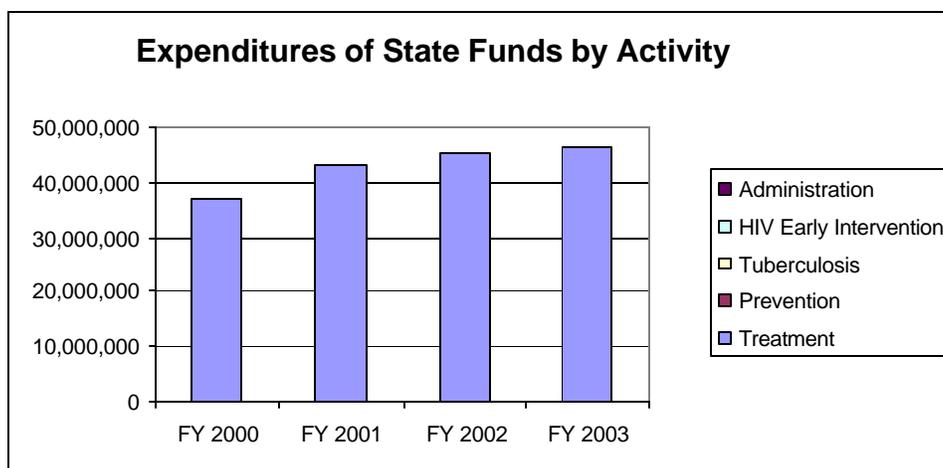


N=\$37,001,60

FY 2003 State Expenditures by Activity



N=\$46,378,87



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	43,274,920	100	45,364,935	100	46,378,871	100
Alcohol Treatment	19,961,233	54	0	0				
Drug Treatment	17,040,373	46	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	37,001,606	100	43,274,920	100	45,364,935	100	46,378,871	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

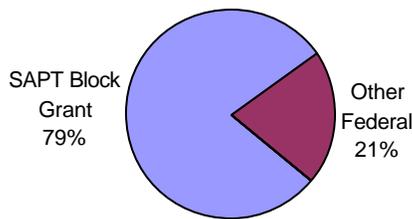
MHDDAD contracts for prevention services that are specifically designed to reduce the risks associated with substance use and abuse. A major goal is to implement science-based prevention throughout the State. Currently, six statewide prevention programs are funded out of the State office with SAPT Block Grant funds: Drugs Don't Work Program, Helpline Georgia, Maternal Substance Abuse and Child Development Project, Red Ribbon Campaign, Georgia Substance Abuse Prevention in Higher Education Initiative, and Georgia Alliance for Drug Endangered Children. Regional offices also conduct research-based prevention programs under contract. MHDDAD is continuing its efforts to expand the prevention provider pool in rural areas of the State.

Prevention Funding and Expenditures

Expenditures on prevention services increased steadily over time, from \$10.5 million in FY 2000 to \$13.2 million in FY 2003. Most of these funds were provided from the Block Grant (constituting 79 to 82 percent of total funding), followed by other Federal sources (ranging from 18 to 21 percent of the total).

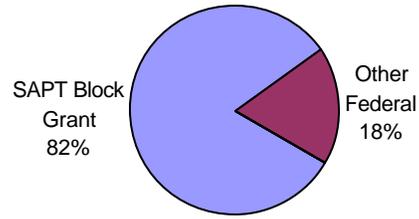
Per capita, the SAPT Block Grant funding for prevention services increased steadily from \$1.01 in FY 2000 to \$1.24 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

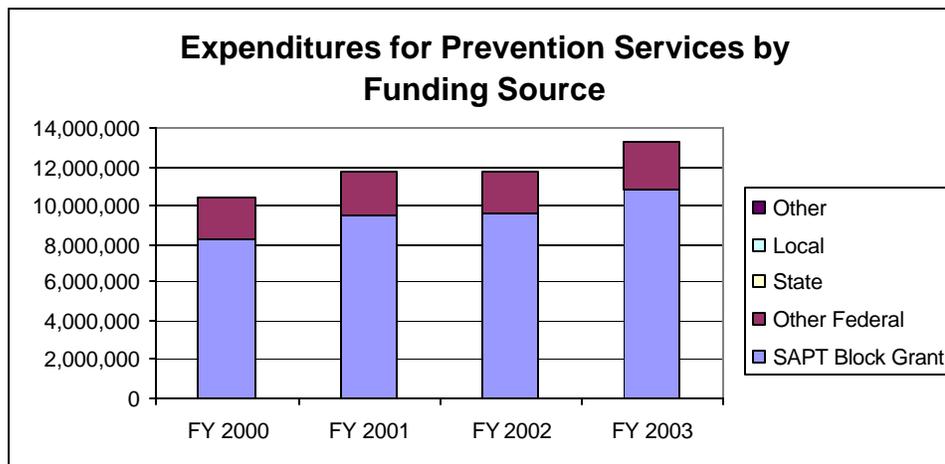


N=\$10,455,447

FY 2003 Prevention Expenditures by Funding Source



N=\$13,244,426



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	8,279,356	79	9,552,418	81	9,616,014	82	10,836,486	82
Other Federal	2,176,091	21	2,195,846	19	2,138,368	18	2,407,940	18
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	10,455,447	100	11,748,264	100	11,754,382	100	13,244,426	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

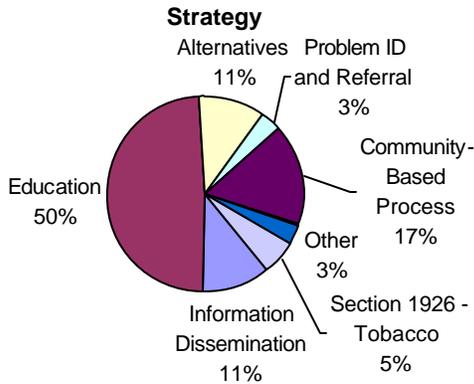
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Dissemination is provided through speaking engagements with parent and professional groups, clearinghouse and information resource centers, and the dissemination of printed material and newsletters.
Education	Activities include parenting and family management services, classroom educational services, and education for youth groups.
Alternatives	Alternative strategies include alcohol, tobacco, and other drug-free social and recreational events as well as youth and adult leadership functions.
Community-Based Processes	Processes include community team activities (e.g., multi-agency coordination), and the assessment of community needs.
Environmental	Environmental strategies incorporate consultation to communities, prevention of underage alcoholic beverage sales, and prevention of underage sales of tobacco.
Problem Identification and Referral	Various assistance programs for students and employees are employed as problem identification strategies.

Expenditures of Block Grant Funds for Core Strategies

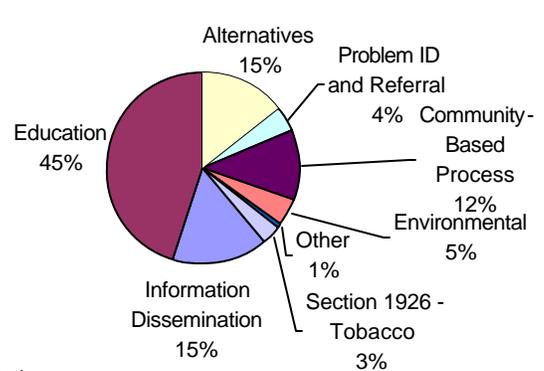
Block Grant funding for core prevention strategies in Georgia increased from \$8.3 to \$10.8 million between FYs 2000 and 2003. During this time, the majority of funds were directed at education activities (ranging from 45 to 50 percent of total funding). In FY 2003, other strategies receiving funds included information dissemination (15 percent), alternatives (15 percent), and community-based processes (12 percent).

FY 2000 Block Grant Expenditures by Core Strategy

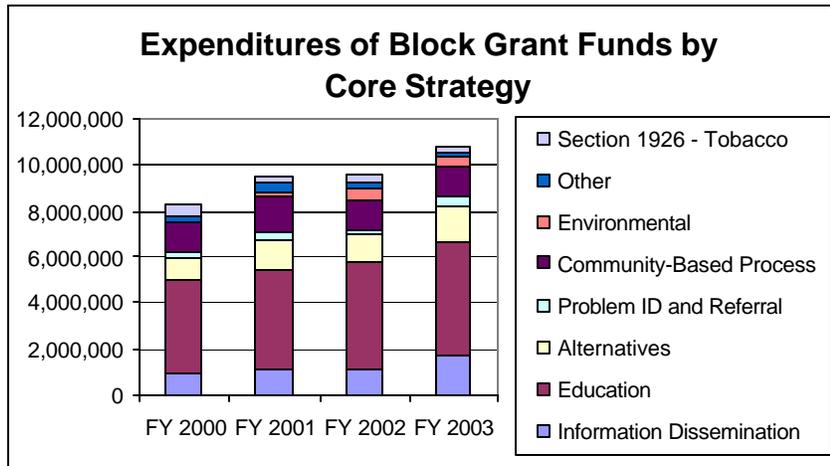


N=\$8,279,356

FY 2003 Block Grant Expenditures by Core Strategy



N=\$10,836,486



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	908,496	11	1,071,621	11	1,149,571	12	1,711,502	16
Education	4,087,590	50	4,320,503	45	4,571,230	48	4,938,158	46
Alternatives	923,747	11	1,377,032	14	1,287,402	13	1,576,900	15
Problem ID and Referral	276,132	3	370,666	4	205,009	2	427,802	4
Community-Based Process	1,346,217	16	1,480,830	16	1,261,125	13	1,251,865	12
Environmental	23,252	0	183,207	2	557,622	6	491,923	5
Other	267,551	3	471,460	5	229,133	2	102,534	1
Section 1926 - Tobacco	446,371	5	277,099	3	354,922	4	335,802	3
Total*	8,279,356	100	9,552,418	100	9,616,014	100	10,836,486	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 *Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

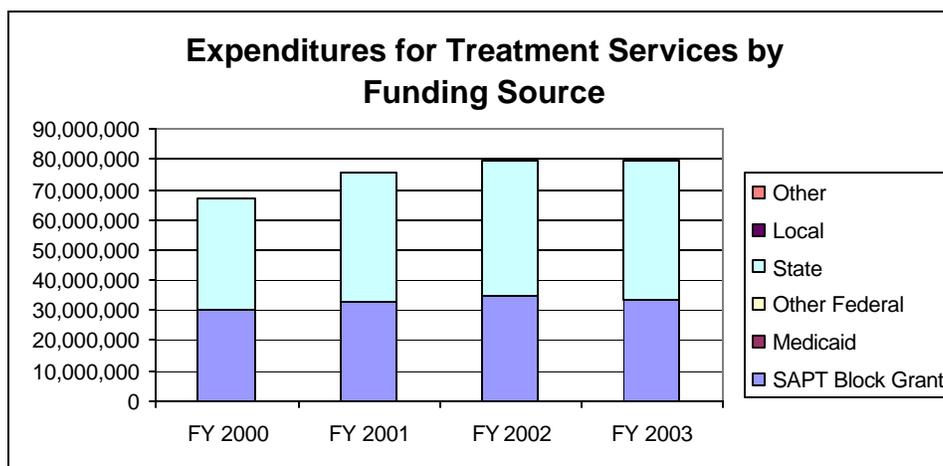
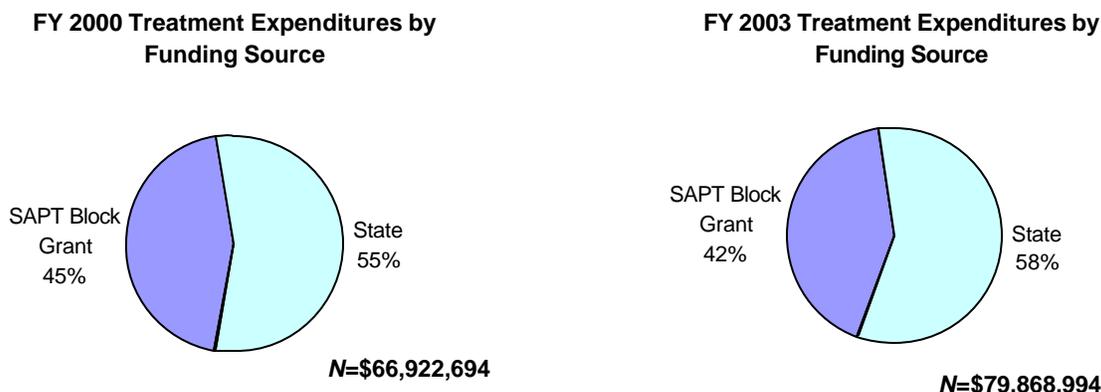
Georgia provides a continuum of substance abuse treatment services as identified through the planning efforts of its seven regions and through statewide needs assessment activities. Senior regional coordinators are responsible for both State hospital and community services and for integrating the two into a single system that is more easily accessible to State residents. The regional offices oversee Georgia’s network of MHDDAD services and are the contact points for people needing treatment for substance abuse and for mental illness.

The array of substance abuse treatment services varies by region. The network of services includes group counseling and outpatient services, detoxification services, short-term and long-term intensive residential programs, and methadone clinics. Pregnant women are given priority for all addiction programs; Ready for Work programs provide treatment for women on welfare; and adolescent substance abuse services include assessment, outpatient treatment, and family education.

Treatment Funding and Expenditures

Treatment expenditures increased by nearly \$13 million between FYs 2000 and FY 2003 (from \$66.9 to nearly \$79.9 million). During this time, the State provided the majority of funds (ranging from 55 to 58 percent of total treatment expenditures), followed closely by the State (which provided 42 to 45 percent of the total).

Between FYs 2000 and 2002 Block Grant treatment funds in Georgia increased from \$3.64 to \$4.00 per capita. In FY 2003, per capita funds declined to \$3.83.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	29,921,088	45	32,563,916	43	34,368,667	43	33,490,123	42
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	37,001,606	55	43,274,920	57	45,364,935	57	46,378,871	58
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	66,922,694	100	75,838,836	100	79,733,602	100	79,868,994	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Georgia's SAPT Block Grant application indicates that more than 135,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=136,677)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	172	145	32
Free-standing residential	4,643	5,902	1,846
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	12	30	0
Short-term residential	563	1,276	260
Long-term residential	398	1,315	325
Ambulatory (Outpatient)			
Outpatient (methadone)	0	254	11
Outpatient (non-methadone)	39,542	69,909	2,946
Intensive outpatient	1,444	4,172	927
Detoxification (outpatient)	164	381	8
Total	46,938	83,384	6,355

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 32,000 admissions (where at least one substance is known), of which more than 9,000 were for alcohol only. Calculations (with imputation) from TEDS data show that none of the persons admitted to treatment programs in Georgia reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	9,031	0.0
Alcohol in combination with other drugs	23,179	0.0
Total	32,210	0.0

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 488,000 persons aged 12 and older (7.1 percent of Georgia's population) needed, but did not receive, treatment for alcohol use, and 176,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Georgia.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.07	4.68	14.94	5.99
Needing but not receiving treatment for illicit drug use	2.55	4.79	5.92	1.62

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The regional boards are responsible for assessing local needs, planning services, and providing a consumer and family voice in decisions about priorities. Regional coordinators and boards work together to develop a formal plan that conveys the region's needs and expectations for improving services. Regional plans are completed in time to influence State-level budget priorities and other DHR planning efforts. Regional plans provide a foundation for development of an overall State plan for service that synthesizes and integrates the plans of all regional offices.

Prevention planning efforts are guided by the MHDDAD-sponsored Georgia Substance Abuse Prevention Needs Assessment. In addition, MHDDAD conducts a Substance Abuse Treatment Needs Assessment, the core component of which is a large statewide household survey that provides estimates of geographical and demographic patterns of alcohol and other drug abuse and dependence for adults and adolescents.

Evaluation

A proposal to conduct a statewide evaluation of prevention services and programs is being developed. During FY 2004, MHDDAD found that 46 percent of children and youth served by regional prevention services benefited from a science/evidence-based program, representing a 10-percent increase over the previous year.

Training and Assistance

The State offers a range of training activities and educational services. The Prevention Credentialing Consortium Georgia, Inc., delivers prevention certification training to ensure standards of excellence in the field. Regional prevention specialist meetings are held, as are focus on topics such as evaluation, outcome measures, funding, and drug-free workplace programs. A training initiative by Emory University provided a series of trainings for childcare workers caring for youngsters whose mothers are in drug treatment.

Training for substance abuse treatment professionals are offered by professional organizations, colleges and universities, and private providers. For example, the Southeast ATTC sponsored a train-the-trainer session on "Best Practices in Addiction Treatment." MHDDAD co-sponsored a training on "Understanding and Assisting the Substance Abuse Offender." Opioid treatment provider nurses and counselors attended an HIV orientation and OraSure Training. MHDDAD also co-sponsored the Georgia Addiction Counselors' Association semiannual conference and co-hosts the southeastern School of Alcohol and Drug Studies.

Expenditures of Block Grant Funds for Resource Development Activities

Georgia did not report any expenditures for resource development activities for FYs 2000 through FY 2003.

Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	N/R**	0	N/R	0	N/R	0	N/R	0
Quality Assurance	N/R	0	N/R	0	N/R	0	N/R	0
Training	N/R	0	N/R	0	N/R	0	N/R	0
Education	N/R	0	N/R	0	N/R	0	N/R	0
Program Development	N/R	0	N/R	0	N/R	0	N/R	0
Research and Evaluation	N/R	0	N/R	0	N/R	0	N/R	0
Information Systems	N/R	0	N/R	0	N/R	0	N/R	0
Total*	N/R	0	N/R	0	N/R	0	N/R	0

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

** N/R = Not reported

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$2.6 million in 17 discretionary grants to entities in Georgia during FY 2004. Over half (\$1.4 million) of that funding was targeted at HIV/AIDS services, and the rest was awarded to 13 drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	13	1,224,422
HIV/AIDS Cohort 3 Services	3	1,046,310
HIV/AIDS Cohort 4 Services	1	350,000
Total	17	2,620,732

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$2.9 million in discretionary grants to a wide range of Georgia entities during FY 2004. The largest awards were targeted at HIV/AIDS targeted capacity (\$900,000) and the largest single award was for the Addiction Technical Transfer Center (\$645,750).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	645,750
Homeless Addictions Treatment	1	600,000
Recovery Community Service	1	220,000
Targeted Capacity - HIV/AIDS	2	900,000
Youth Offender Reentry Program 2004	1	500,000
Total	6	2,865,750

SOURCE: www.samhsa.gov

HAWAII

State SSA Director

Keith Yamamoto, Chief
Alcohol and Drug Abuse Division
Hawaii State Department of Health
Kakuhihewa Building
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707

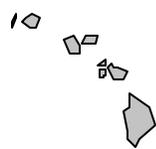
Phone: 808-692-7506

Fax: 808-692-7521

E-mail: keith.yamamoto@doh.hawaii.gov

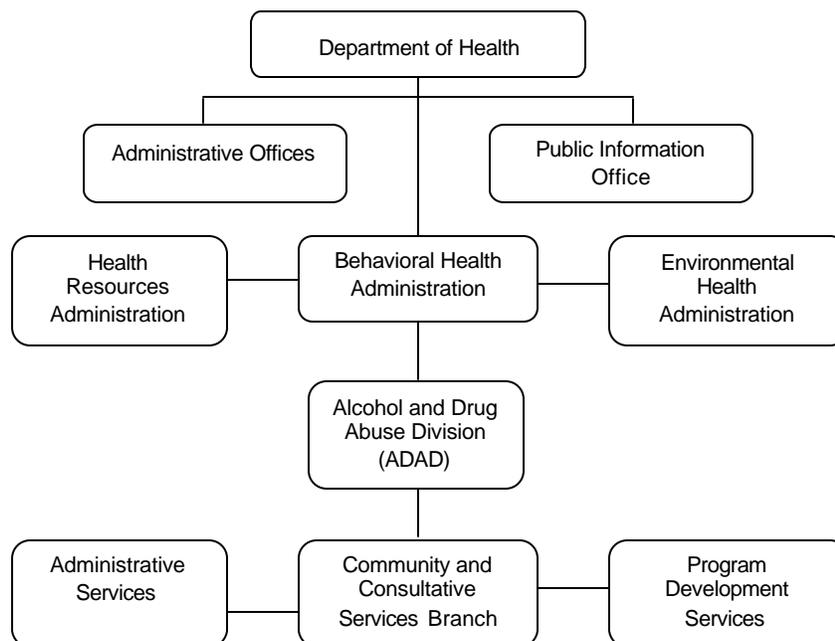
Web Site: www.hawaii.gov/health/substance-abuse

Structure and Function



The Alcohol and Drug Abuse Division (ADAD) is a component of the Hawaii Department of Health, Behavioral Health Administration. The ADAD is the Single State Agency (SSA) for Hawaii and provides the leadership necessary for developing and delivering quality substance abuse prevention, intervention, and treatment services for Hawaii residents. ADAD's primary functions are grants and contracts management, clinical consultation, quality assurance, training, accreditation of substance abuse treatment programs, certification of substance abuse counselors and program administrators, policy development, planning and interagency coordination, client/program data collection/information systems, and needs assessment.

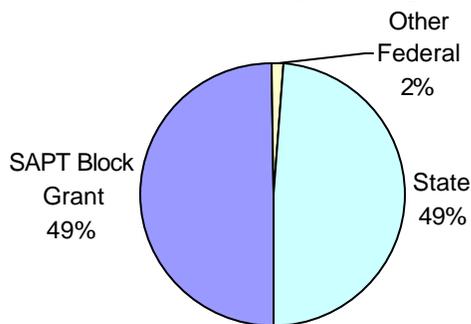
Single State Agency Structure



Single State Agency Funding Overview

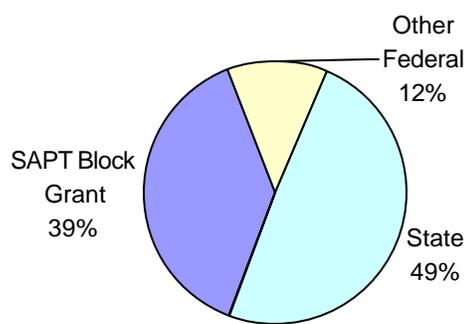
Hawaii's overall SSA funding totaled nearly \$18.4 million in FY 2003—up approximately \$5 million over FY 2000 expenditures. The largest source of funding in FY 2003 was the State at 49 percent of the total, followed by Block Grant (39 percent) and other Federal funds (12 percent). This distribution represents a change from FY 2000 when the Block Grant contributed 50 percent and other Federal funds contributed 2 percent, but the State's relative share has remained the same at 49 percent of total funding.

FY 2000 Expenditures by Funding Source

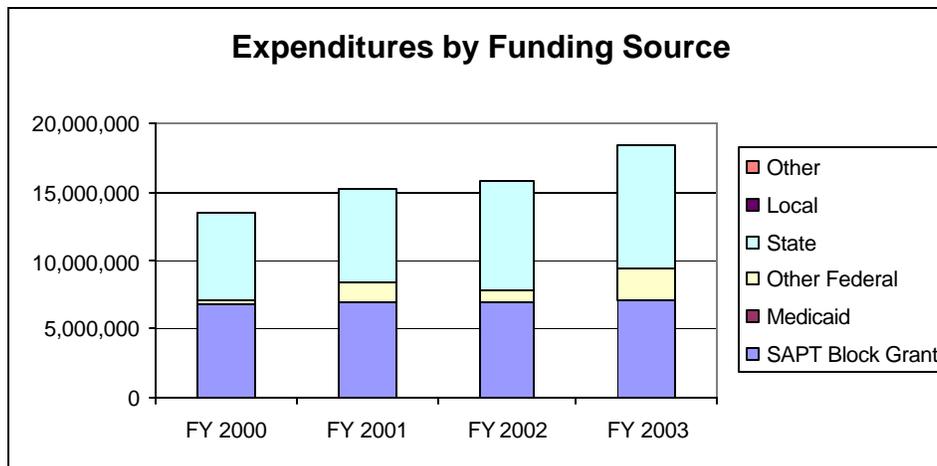


N=\$13,561,771

FY 2003 Expenditures by Funding Source



N=\$18,381,639



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	6,732,434	50	6,928,177	45	6,932,683	44	7,083,900	39
Medicaid	0	0	0	0	0	0	0	0
Other Federal	251,402	2	1,473,295	10	789,742	5	2,252,096	12
State	6,577,935	49	6,898,548	45	8,160,295	51	9,045,643	49
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	13,561,771	100	15,300,020	100	15,882,720	100	18,381,639	100

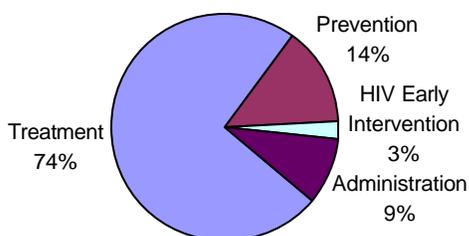
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

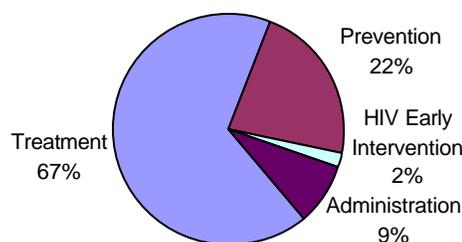
Of the nearly \$18.4 million in SSA expenditures in FY 2003, 68 percent was targeted for treatment and rehabilitation services, 22 percent for prevention services, and 7 percent for administrative costs. Looking at spending over time, this proportional breakdown decreased for treatment (from 74 percent of the total in FY 2000) and administration (from 9 percent) and increased for prevention (from 14 percent).

FY 2000 Expenditures by Activity

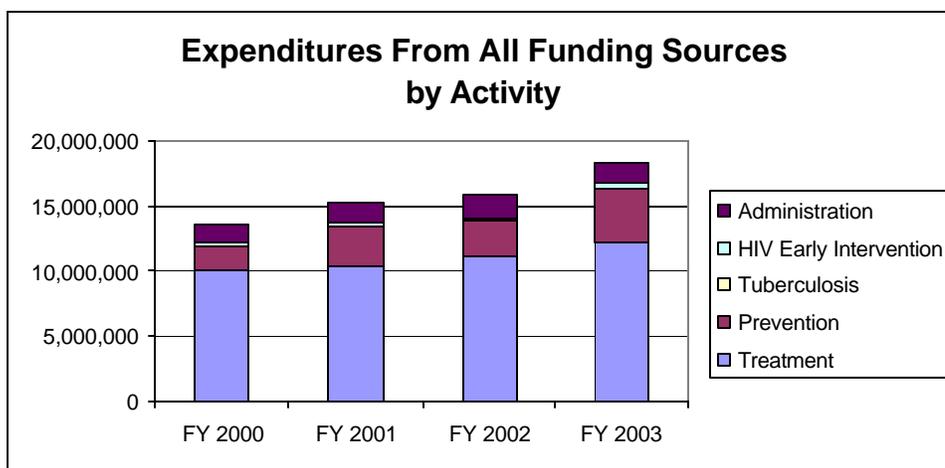


N=\$13,561,771

FY 2003 Expenditures by Activity



N=\$18,381,639



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	8,947,603	66	10,253,908	67	11,229,730	71	12,301,075	68
Alcohol Treatment	369,340	3	0	0				
Drug Treatment	701,701	5	0	0				
Prevention	1,923,214	14	3,271,477	21	2,664,404	17	4,117,265	22
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	349,193	3	197,157	1	170,000	1	599,998	3
Administration	1,270,720	9	1,577,478	10	1,818,586	11	1,363,301	7
Total*	13,561,771	100	15,300,020	100	15,882,720	100	18,381,639	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

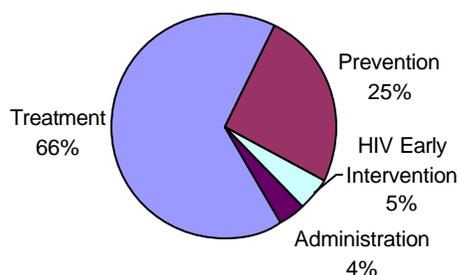
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

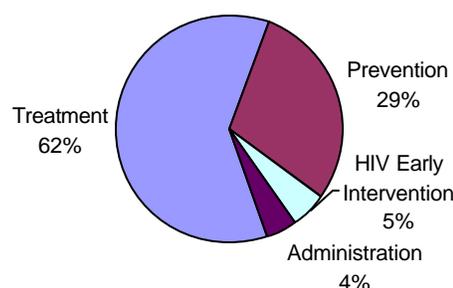
Treatment and rehabilitation activities accounted for the largest share (62 percent) of the more than \$7 million in SAPT Block Grant funding for Hawaii in FY 2003, followed by prevention (at 29 percent). Dollar values and distribution percentages for HIV early intervention and administrative activities were consistent with Block Grant spending requirements and restrictions during this time period.

FY 2000 Block Grant Expenditures by Activity

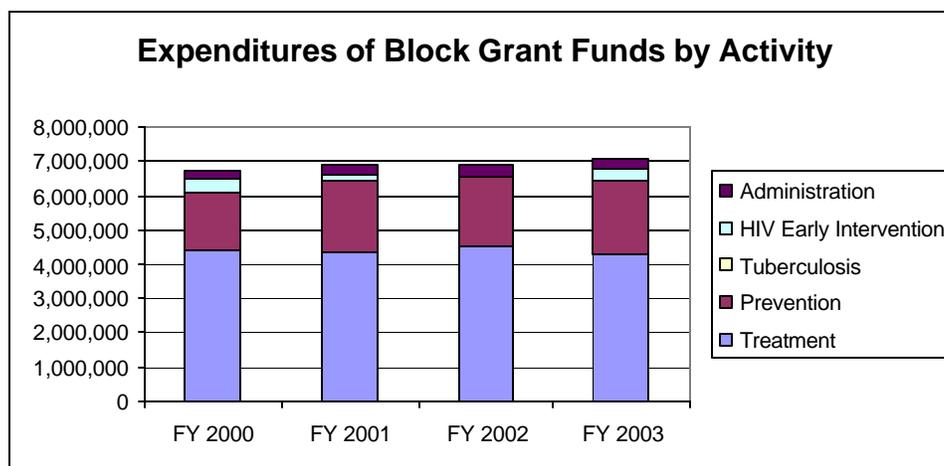


N=\$6,732,434

FY 2003 Block Grant Expenditures by Activity



N=\$7,083,900



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	3,645,861	54	4,381,800	63	4,551,653	66	4,341,242	62
Alcohol Treatment	369,340	5	0	0				
Drug Treatment	403,953	6	0	0				
Prevention	1,710,149	25	2,054,437	30	2,027,908	29	2,080,096	29
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	349,193	5	197,157	3	0	0	360,071	5
Administration	253,938	4	294,783	4	353,122	5	302,491	4
Total*	6,732,434	100	6,928,177	100	6,932,683	100	7,083,900	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

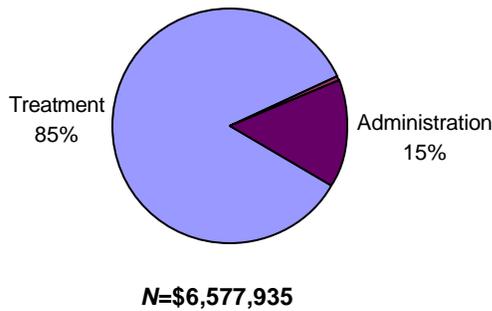
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

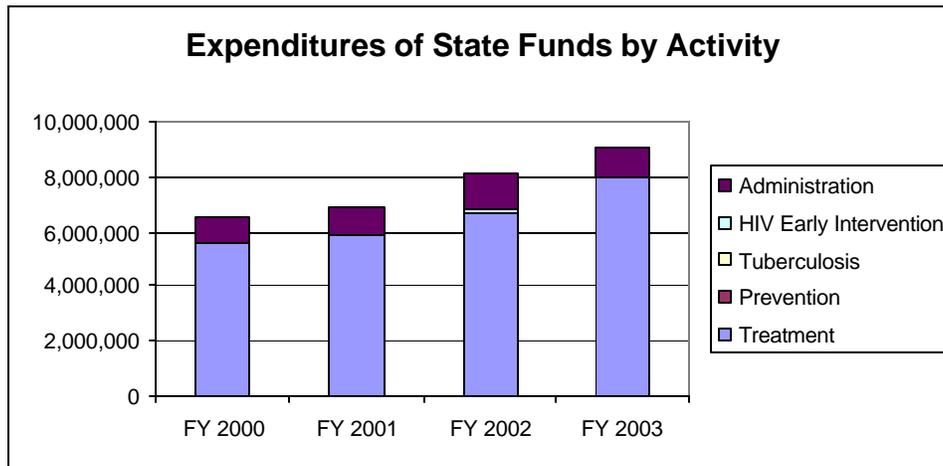
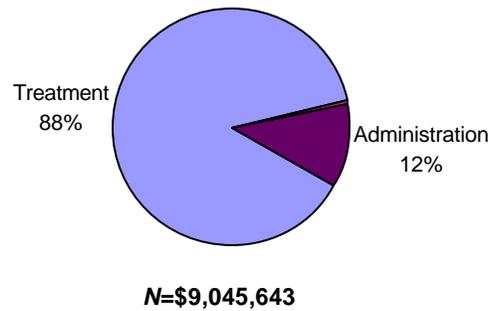
Expenditures of State Funds

SSA expenditures from State funds have increased steadily over time. Hawaii contributed over \$9 million toward SSA activities in FY 2003—almost \$2.5 million more than its FY 2000 expenditures. The increased funding was directed primarily toward treatment and rehabilitation activities, which accounted for 88 percent of State funds—a slight increase from their 85 percent allocation in FY 2000. Administrative activities accounted for 12 percent of State funds, a slight decrease from FY 2000 (when administration accounted for 15 percent).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	5,301,742	81	5,872,108	85	6,678,077	82	7,959,833	88
Alcohol Treatment	0	0	0	0				
Drug Treatment	297,748	4	0	0				
Prevention	24,303	0	13,427	0	13,427	0	25,000	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	170,000	2	0	0
Administration	954,142	15	1,013,013	15	1,298,791	16	1,060,810	12
Total*	6,577,935	100	6,898,548	100	8,160,295	100	9,045,643	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

ADAD’s overall objectives are to ensure that a broad range of prevention programs, services, and activities reach individuals, families, schools, and communities, with an emphasis on Hawaii’s youth. ADAD supports prevention approaches in local communities that are based on sound research, evidence-based findings or best practices, and outcome-focused frameworks.

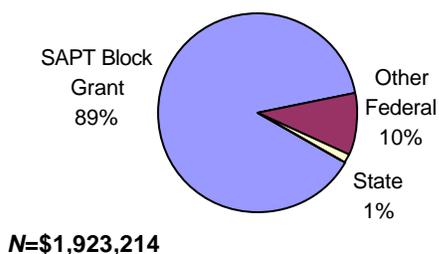
Prevention programs are contractually required to establish an appropriate set of measurable outcomes, performance targets, and milestones and periodically assess their progress towards achieving them. Such assessments or evaluations are to be used to refine their outcomes, performance targets, and milestones and improve their programs. Prevention programs are also required to collaborate or coordinate with other services in the community. Many programs use multiple prevention strategies. A community partnerships initiative will address prevention needs identified by communities through a planning process. Community-based providers will be required to select and implement evidence-based programs appropriate to their communities that focus on serving youth ages 11–17.

Prevention Funding and Expenditures

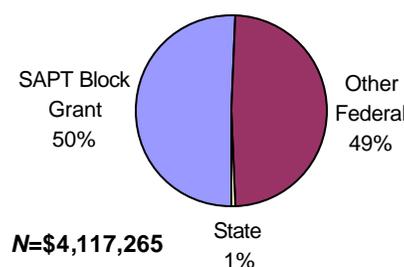
Hawaii spent more than \$4 million on prevention services in FY 2003—more than double what it spent in FY 2000. While the dollar amount from Block Grant funds remained relatively stable during this time, funds from other Federal sources fluctuated (from approximately \$189,000 in FY 2000, to \$2.0 million in FY 2003). The proportion of dollars spent from the different sources changed over time. Block Grant funds constituted 50 percent of total expenditures in FY 2003 (down from 89 percent in FY 2000), and other Federal funds constituted 49 percent (compared with only 10 percent in FY 2000).

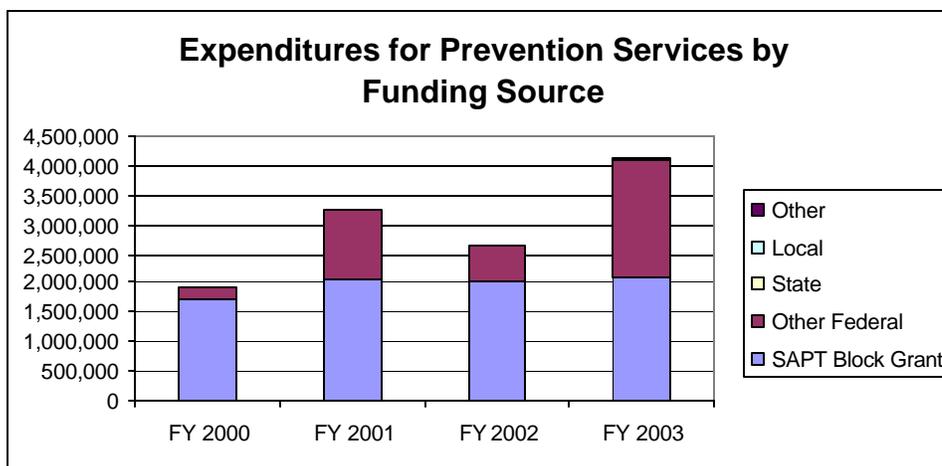
Prevention per capita funding from the Block Grant has increased over time from \$1.41 in FY 2000 to \$1.67 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	1,710,149	89	2,054,437	63	2,027,908	76	2,080,096	50
Other Federal	188,762	10	1,203,613	37	623,069	23	2,012,169	49
State	24,303	1	13,427	0	13,427	1	25,000	1
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	1,923,214	100	3,271,477	100	2,664,404	100	4,117,265	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

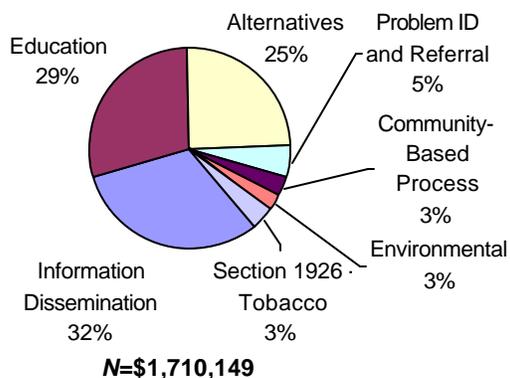
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The Regional Alcohol and Drug Awareness Resource (RADAR) Center is an information clearinghouse and library that develops and/or disseminates resource directories, newsletters, brochures, and informational displays for community libraries and participates in community and health fairs.
Education	Agricultural program for grades K–6, based on Hawaiian cultural practices and values, integrates environmentally sound and culturally appropriate agricultural activities into elementary school education.
Alternatives	Alternatives include an afterschool club for girls and a supportive network to ease the transition from elementary to intermediate school and intermediate to high school.
Community-Based Processes	Activities include planning and/or conducting the statewide student alcohol, tobacco, and other drug (ATOD) use survey and statewide telephone household survey to assess adult substance use; providing technical assistance to develop and update informational tools to support community prevention planning; and supporting an evaluation of State Incentive Grant (SIG)-funded prevention programs.
Environmental	Strategies include conducting compliance tobacco inspections to prevent the sale of tobacco products to minors pursuant to Synar requirements, and training youth to be peer leaders and community advocates to prevent underage drinking.
Problem Identification and Referral	Activities include a program that uses pharmacists to conduct individual assessments and utilization reviews of prescription and over-the-counter medications used by the elderly.

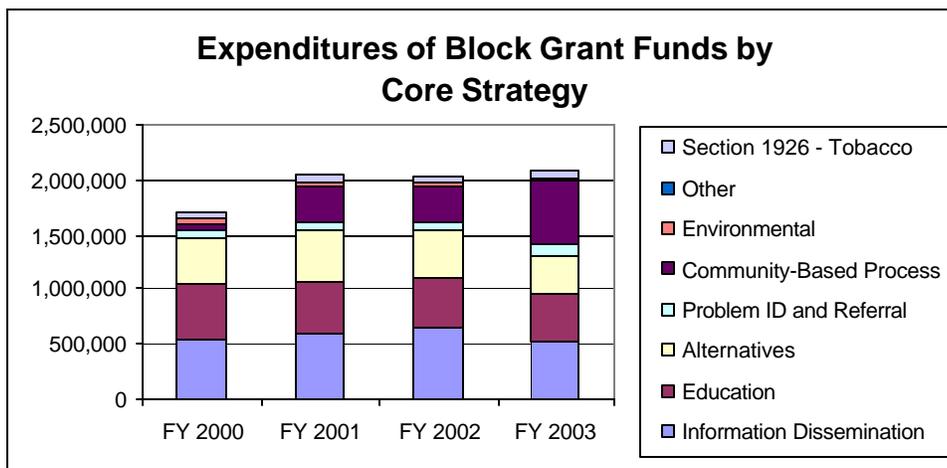
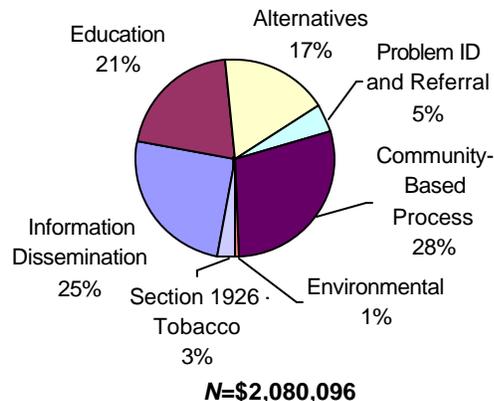
Expenditures of Block Grant Funds for Core Strategies

The distribution of Block Grant funding for Hawaii’s prevention activities among the core prevention strategies shifted somewhat between FYs 2000 and 2003. In FY 2003, Hawaii spent most of the core strategy funding on community based processes (28 percent), followed by information dissemination (25 percent), and education (21 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	541,713	32	587,724	29	647,333	32	515,455	25
Education	500,030	29	469,194	23	446,412	22	438,888	21
Alternatives	427,931	25	487,816	24	446,987	22	362,864	17
Problem ID and Referral	81,903	5	78,439	4	79,100	4	95,186	5
Community-Based Process	54,413	3	318,065	15	331,587	16	590,032	28
Environmental	46,795	3	44,618	2	18,600	1	14,525	1
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	57,364	3	68,581	3	57,889	3	63,146	3
Total*	1,710,149	100	2,054,437	100	2,027,908	100	2,080,096	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

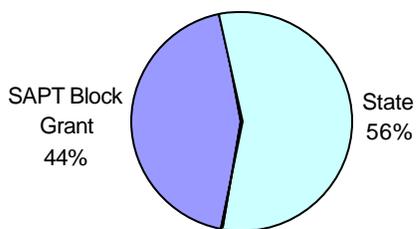
Hawaii’s treatment efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the treatment and recovery needs of individuals and families. ADAD-funded treatment programs are contractually required to collaborate or coordinate their services with other appropriate services in the community. Pregnant women and injection drug users (IDUs) receive priority for admission. The treatment services include adult residential, outpatient, intensive outpatient, day treatment, nonmedical residential detoxification, and therapeutic living programs; adolescent school-based and residential treatment; specific programs for pregnant substance-abusing women and women with dependent children; methadone outpatient treatment, interim, and outreach services for IDUs; outpatient intervention services for homeless adults; residential and intensive outpatient and day treatment for the dually diagnosed; and intensive outpatient and outpatient treatment for ex-offenders.

Treatment Funding and Expenditures

Treatment expenditures in Hawaii increased by over \$2 million between FYs 2000 and 2003. In FY 2003, State funding accounted for nearly two-thirds (65 percent) of treatment and rehabilitation expenditures and Block Grant funding accounted for 35 percent. By contrast, in FY 2000 the State funded 56 percent of treatment services, and the Block Grant funded 44 percent (although Block Grant dollars going toward treatment services remained relatively unchanged between those two periods).

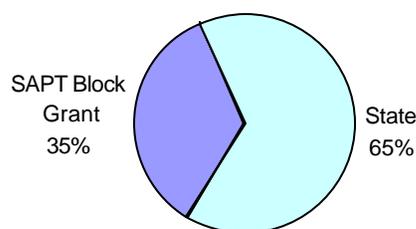
Block Grant funding per capita for treatment and rehabilitation services has fluctuated slightly: from \$3.65 in FY 2000 up to \$3.69 in FY 2002 and back down to \$3.48 in FY 2003.

FY 2000 Treatment Expenditures by Funding Source

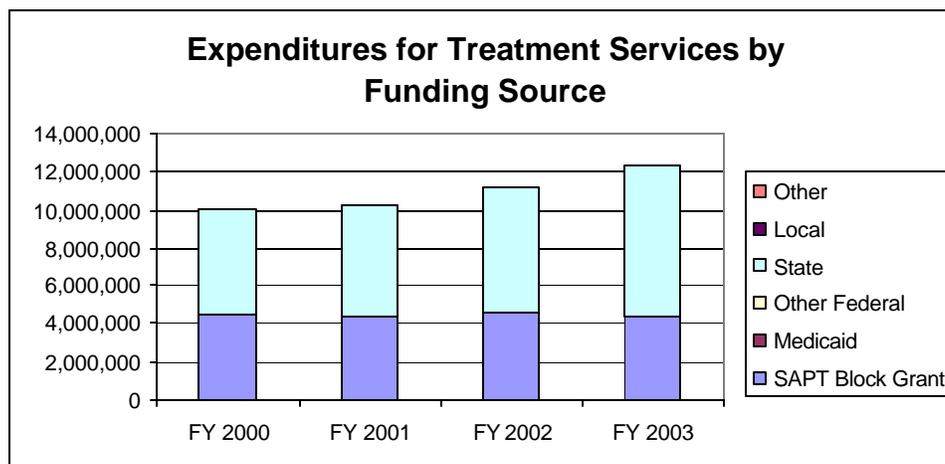


N=\$10,018,64

FY 2003 Treatment Expenditures by Funding Source



N=\$12,301,07



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,419,154	44	4,381,800	43	4,551,653	41	4,341,242	35
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	5,599,490	56	5,872,108	57	6,678,077	59	7,959,833	65
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	10,018,644	100	10,253,908	100	11,229,730	100	12,301,075	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Hawaii's SAPT Block Grant application indicates that more than 4,000 persons were admitted to treatment during FY 2002, of which most were admitted to outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=4,291)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	315	221	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	0
Long-term residential	163	801	90
Ambulatory (Outpatient)			
Outpatient (methadone)	0	55	0
Outpatient (non-methadone)	512	1,317	6
Intensive outpatient	219	592	0
Detoxification (outpatient)	0	0	0
Total	1,209	2,986	96

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 6,500 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 27 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 35 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem, and 26 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	937	34.7
Alcohol in combination with other drugs	5,484	25.8
Total	6,421	27.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 72,000 persons aged 12 and older (7.3 percent of Hawaii's population) needed, but did not receive, treatment for alcohol use and 26,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Hawaii.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.31	6.19	17.85	5.79
Needing but not receiving treatment for illicit drug use	2.63	5.47	7.73	1.43

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

With funding from a 3-year prevention needs assessment contract from the Center for Substance Abuse Prevention (CSAP), the State completed a prevention needs assessment survey of adolescents in school, a social indicators study, a community prevention resource assessment, and an integrative report that included findings from the three main studies. Data from the student survey are incorporated in community planning workbooks. Communities receive training to use the data to assess prevention needs. Block Grant funds were later used to conduct another statewide student alcohol and other drug use survey to assess trends in substance use among Hawaii's youth, assess treatment and prevention needs, and measure risk and protective factors. ADAD also commissioned a statewide telephone household survey to assess substance use and treatment needs among the adult population. Data from ADAD's treatment and prevention needs assessment studies continue to be used to support ongoing service planning, resource allocation, and public information and education activities. Data are made available on the Department of Health's Web site.

Evaluation

ADAD conducts onsite program and fiscal monitoring annually of both treatment and prevention programs to ensure contract compliance and appropriate provision of services. ADAD's monitoring protocols include detailed sections on the administrative policies and procedures, service and client records, and other documentation that programs must maintain. For treatment programs, contract compliance includes meeting the requirements of ADAD's waitlist management, capacity, and interim services policies and procedures. To carry out Block Grant requirements regarding independent peer reviews, ADAD uses independent peer review teams to assess Block Grant-funded treatment programs for adherence to standards, quality assurance, and outcomes of treatment. The results of each team's analysis are reported to the treatment programs and to ADAD.

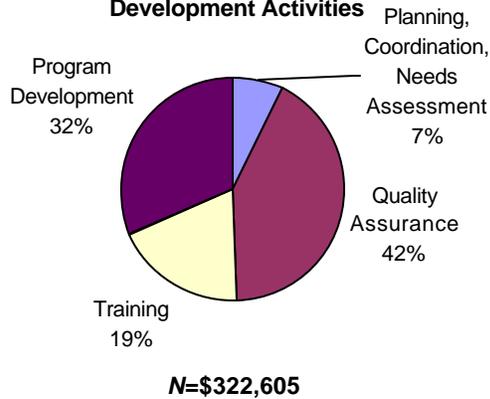
Training and Assistance

The kinds of training and continuing education opportunities offered by ADAD are based on input from treatment and prevention providers, assessments of past trainings, types of educational resources and technical assistance available, discussions with training consultants, collaborations with other agencies, and SAPT Block Grant-related issues and requirements. The issues and topics addressed by provider workshops and training have included the following: client confidentiality; ethical standards for substance abuse counselors; motivational interviewing; using ASAM PPC-2R; co-occurring disorders; substance abuse prevention specialist training; and use of demographic, risk and protective factors, and archival data to support prevention planning.

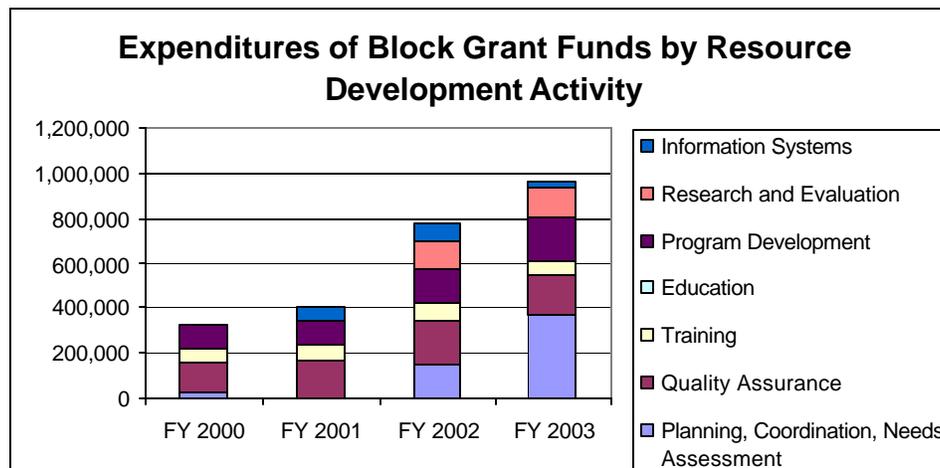
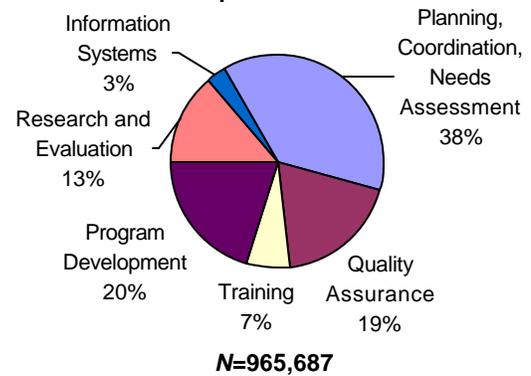
Expenditures of Block Grant Funds for Resource Development Activities

Hawaii nearly tripled its Block Grant spending on resource development activities, increasing from approximately \$323,000 in FY 2000 to nearly \$1 million FY 2003. The FY 2003 funds were spread across a wide range of activities, with the largest portion (38 percent) going toward planning, coordination, and needs assessment (up from 7 percent in FY 2000).

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	24,000	7	0	0	149,998	19	363,835	38
Quality Assurance	135,195	42	162,961	41	187,740	24	180,491	19
Training	61,560	19	76,500	19	81,287	10	63,512	7
Education	0	0	0	0	0	0	0	0
Program Development	101,850	32	105,974	27	154,387	20	197,816	20
Research and Evaluation	0	0	0	0	129,999	17	130,033	13
Information Systems	0	0	54,000	14	78,893	10	30,000	3
Total*	322,605	100	399,435	100	782,304	100	965,687	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded nearly \$2.4 million in 12 discretionary grants to entities in Hawaii during FY 2004. Four of those grants, totaling more than \$1 million, were targeted at HIV/AIDS. Five of the grants (\$475,000) were awarded to drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
CSAP 2004 Earmarks	1	248,525
Drug Free Communities	5	475,000
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	350,000
HIV/AIDS Cohort 4 Services	1	350,000
HIV/AIDS Cohort 5 Services	1	250,000
Prevention of Meth and Inhalant Use	1	350,000
Total	12	2,379,517

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$2.4 million in discretionary grants to a wide range of Hawaii entities during FY 2004. The largest awards were targeted at co-occurring disorders (\$1 million), residential treatment (\$500,000), and drug courts (\$400,000).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	1	400,000
Residential SA TX	1	500,000
SAMHSA Conference Grants	1	48,600
Sole Source for Hawaii	1	297,967
State Data Infrastructure	1	100,000
Treatment of Persons with Co-Occurring Substance Related and Mental Disorders	1	1,009,743
Total	6	2,356,310

SOURCE: www.samhsa.gov

IDAHO

State SSA Director

Ms. Bethany Gadzinski, Program Manager
Substance Abuse Program
Division of Behavioral Health
Idaho Department of Health and Welfare
P.O. Box 83720, 3rd Floor
Boise, ID 83720-0036
Phone: 208-334-5756
Fax: 208-332-7331
E-mail: gadzinsb@idhw.state.id.us
Web site: www.healthandwelfare.idaho.gov

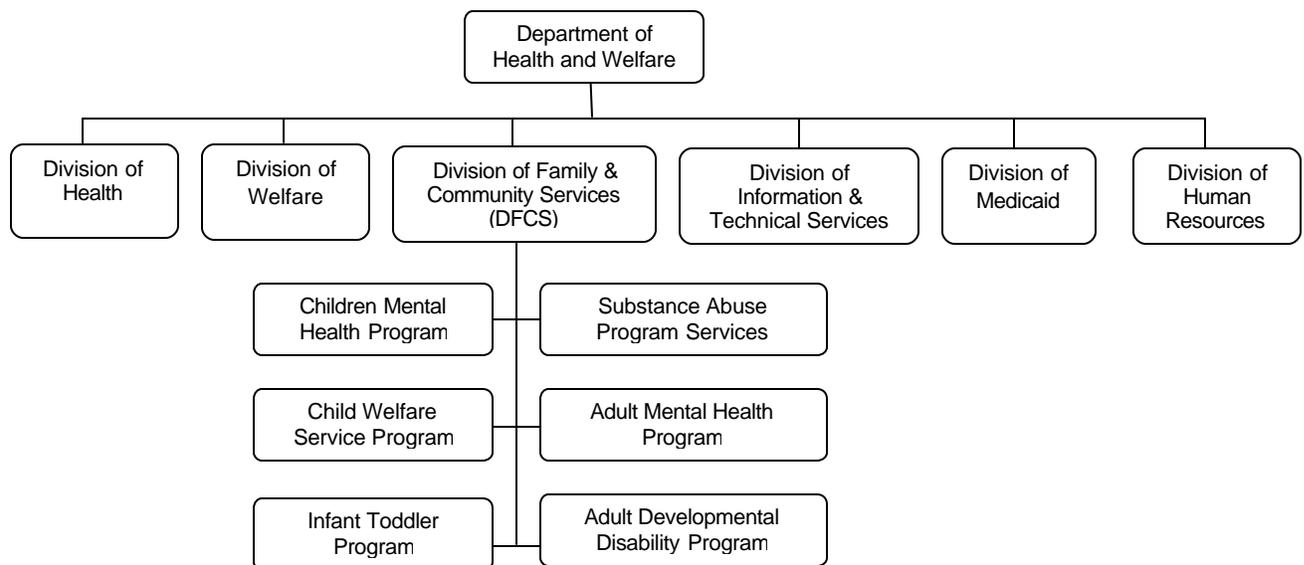
Structure and Function



The Bureau of Mental Health and Substance Abuse Program Services (SAPS) operates within Idaho's Division of Family & Community Services (DFCS) of the State's Department of Health and Welfare. SAPS is the designated Single State Agency (SSA) in Idaho, and it partners with seven Regional Substance Abuse Authorities (RSAAs) to assess regional needs and assets for substance abuse prevention and treatment services. The partnership sets local service priorities, allocates available resources, and evaluates the effectiveness of programs.

Treatment and prevention services are delivered through contracts between the RSAAs and public and private agencies. The RSAAs are then grouped into three Integrated Service Areas (ISAs) for planning and delivering specialized services, such as detoxification and residential care for women with dependent children.

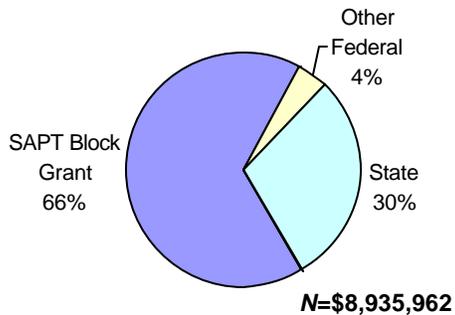
Single State Agency Structure



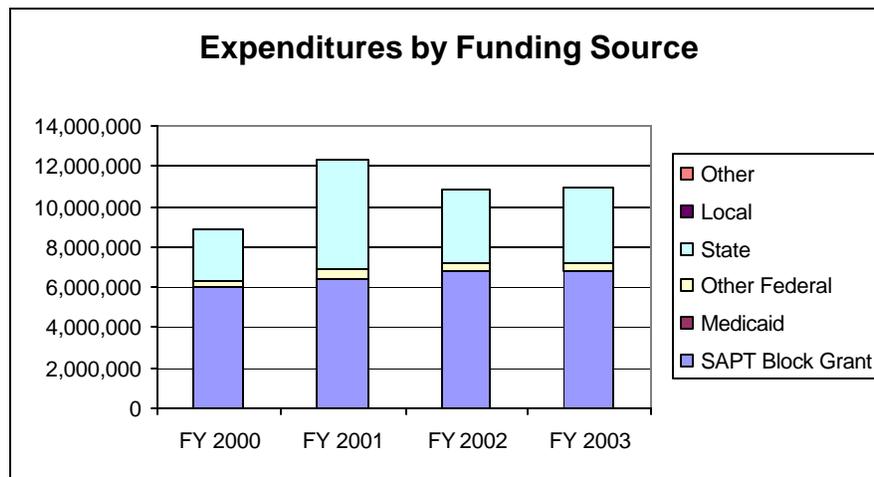
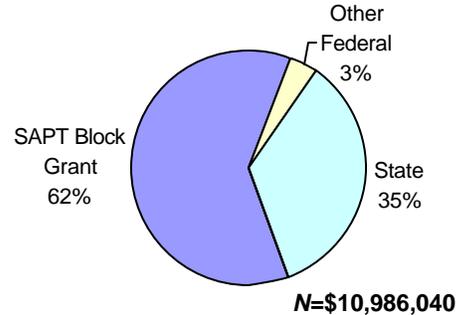
Single State Agency Funding Overview

Idaho's overall SSA funding totaled nearly \$11.0 million in FY 2003—an increase from over \$8.9 million in FY 2000. Funding peaked in FY 2001 at \$12.4 million, due to a spike in funds from the State. In FY 2003 the Block Grant provided 62 percent of total funding (down from 66 percent in FY 2000), and the State provided 35 percent (up from 30 percent in FY 2000).

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	5,943,750	66	6,329,272	51	6,752,450	62	6,787,163	62
Medicaid	0	0	0	0	0	0	0	0
Other Federal	349,709	4	529,182	4	529,402	5	379,476	3
State	2,642,503	30	5,525,088	45	3,627,100	33	3,819,401	35
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	8,935,962	100	12,383,542	100	10,908,952	100	10,986,040	100

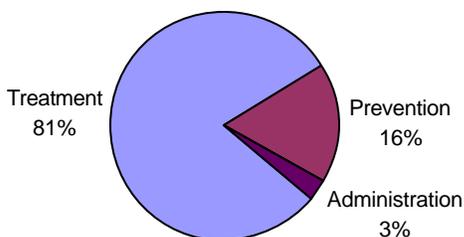
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Sources

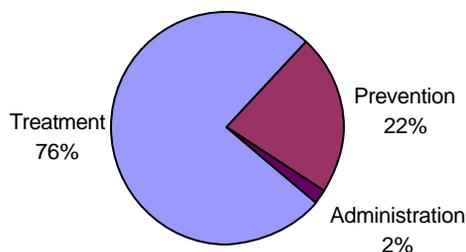
Of the nearly \$11 million expended in FY 2003, over three-fourths (76 percent) of SSA expenditures went toward treatment services, 22 percent toward prevention activities, and 2 percent toward administrative costs. The distribution of funds over time remained relatively stable, except for a spike in FY 2001 expenditures on treatment services.

FY 2000 Expenditures by Activity

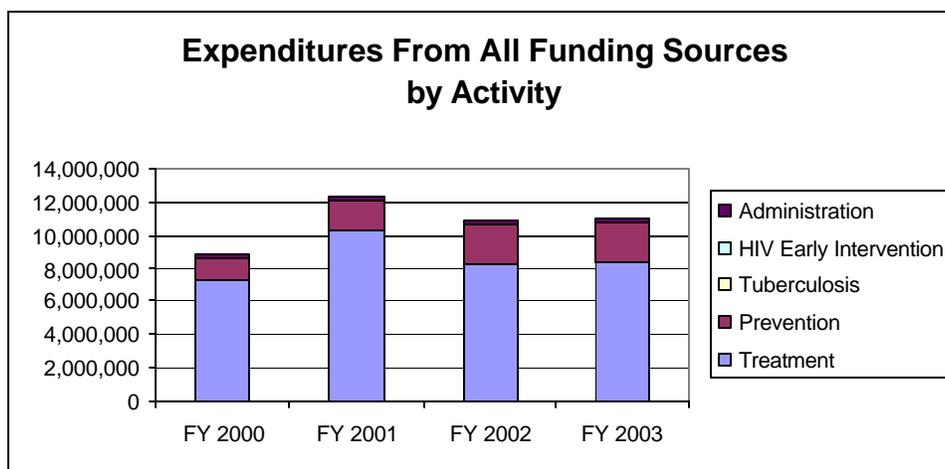


N=\$8,935,962

FY 2003 Expenditures by Activity



N=\$10,986,040



Single State Agency Expenditures From All Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	2,734,305	31	5,598,563	45	8,206,068	75	8,357,348	76
Alcohol Treatment	2,229,267	25	2,523,331	20				
Drug Treatment	2,236,260	25	2,210,292	18				
Prevention	1,451,323	16	1,778,098	14	2,507,044	23	2,413,305	22
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	284,807	3	273,258	2	195,840	2	215,387	2
Total*	8,935,962	100	12,383,542	100	10,908,952	100	10,986,040	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

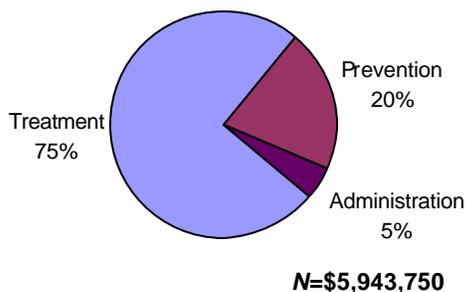
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

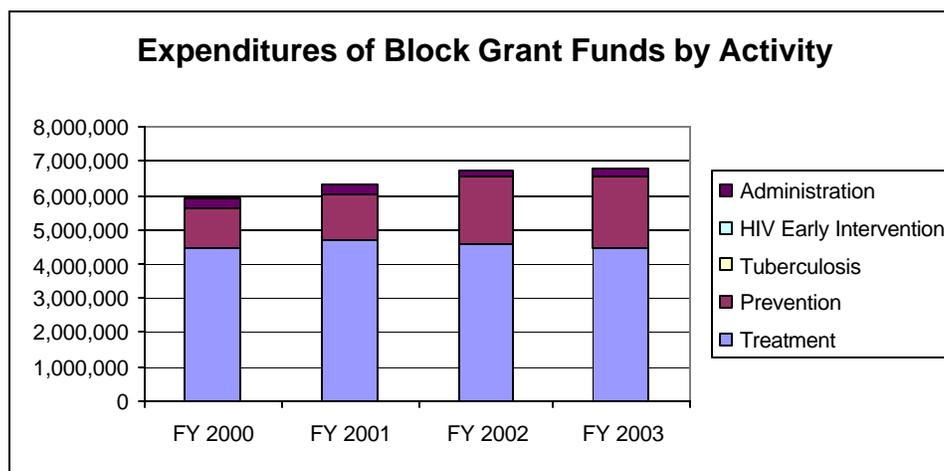
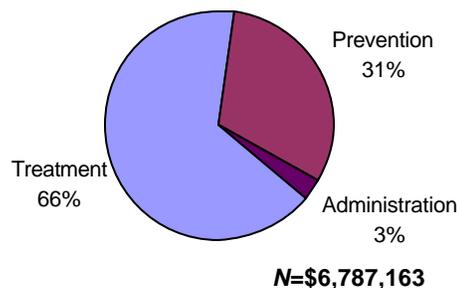
Expenditures of Block Grant Funds

Block Grant funds in Idaho increased from \$5.9 to \$6.8 million between FYs 2000 and 2003. The distribution of Block Grant funds during that time period also changed: the proportion of funds spent on treatment declined from 75 to 66 percent, while the proportion of funds spent on prevention services increased from 20 to 31 percent.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	4,578,968	68	4,484,320	66
Alcohol Treatment	2,229,267	37	2,523,331	40				
Drug Treatment	2,236,260	38	2,210,292	35				
Prevention	1,193,416	20	1,322,391	21	1,977,642	29	2,087,456	31
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	284,807	5	273,258	4	195,840	3	215,387	3
Total*	5,943,750	100	6,329,272	100	6,752,450	100	6,787,163	100

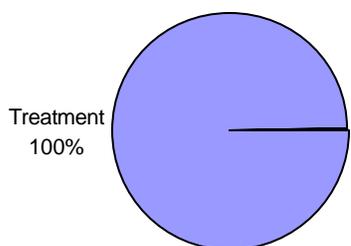
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

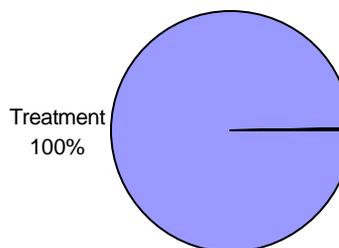
The State contributed \$3.8 million toward SSA activities in FY 2003—up from \$2.6 million in FY 2000. State funding peaked dramatically in FY 2001 at nearly \$5.3 million. From FYs 2001 through 2003, State funding was directed exclusively toward treatment and rehabilitation activities.

FY 2000 State Expenditures by Activity

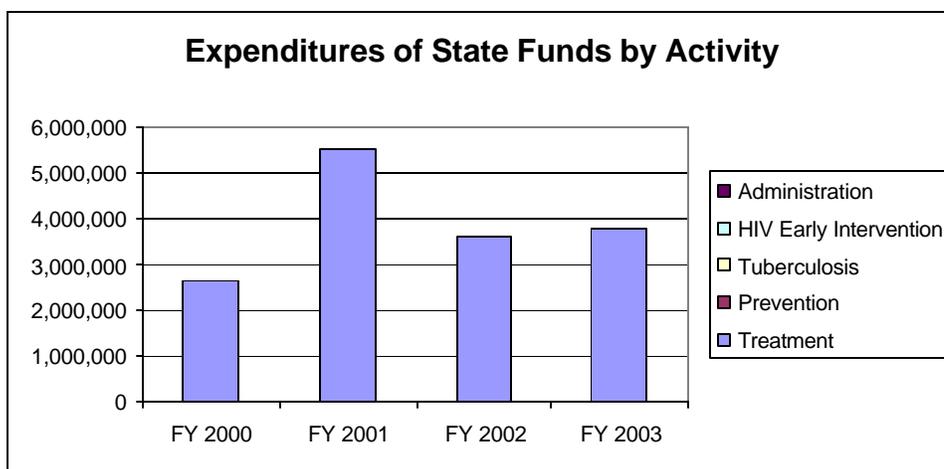


N=\$2,642,503

FY 2003 State Expenditures by Activity



N=\$3,819,401



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	2,642,503	100	5,525,088	100	3,627,100	100	3,819,401	100
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0				
Tuberculosis	0	0	0	0				
HIV Early Intervention	0	0	0	0				
Administration	0	0	0	0	0	0	0	0
Total*	2,642,503	100	5,525,088	100	3,627,100	100	3,819,401	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

Idaho utilizes an array of strategies to foster the development of anti-use attitudes and beliefs among its citizens and to facilitate the development of social and learning skills. Youth education programs in particular focus on healthy lifestyles, the development of anti-use beliefs and values, social skills, and age-appropriate education on the effects and outcomes of alcohol, drug, and tobacco use. The State has recently focused on providing culturally relevant prevention services to its Hispanic residents.

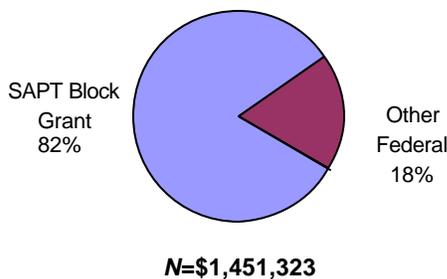
Idaho utilizes its Regional Alcohol and Drug Awareness Resources (RADAR) network to implement Red Ribbon Week, during which it provides education on issues related to substance abuse and how to help youth lead alcohol- and drug-free lives. SAPS also partners with the Tobacco Prevention and Control Program and the Idaho Tobacco-free Alliance to reduce youth tobacco access and use.

Prevention Funding and Expenditures

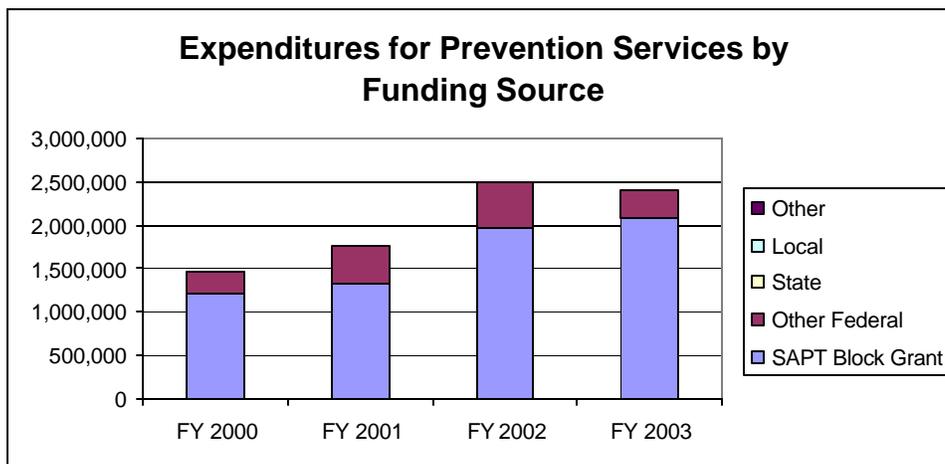
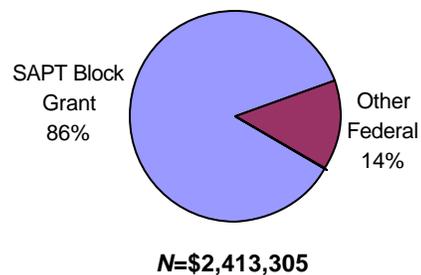
Between FYs 2000 and 2003, prevention funding increased from nearly \$1.5 to \$2.4 million. In particular, Block Grant expenditures on prevention activities increased substantially from \$1.2 million to \$2.1 million. During this time period, the Block Grant provided most of the prevention funding (from 74 to 86 percent of the total), with the remainder originating from other Federal sources (ranging from 14 to 26 percent of the total).

Block Grant prevention expenditures per capita increased steadily over time, totaling \$0.92, \$1.00, and \$1.47 in FYs 2000, 2001, and 2002, respectively. In FY 2003 per capita expenditures continued to increase to \$1.53.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	1,193,416	82	1,322,391	74	1,977,642	79	2,087,456	86
Other Federal	257,907	18	455,707	26	529,402	21	325,849	14
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	1,451,323	100	1,778,098	100	2,507,044	100	2,413,305	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

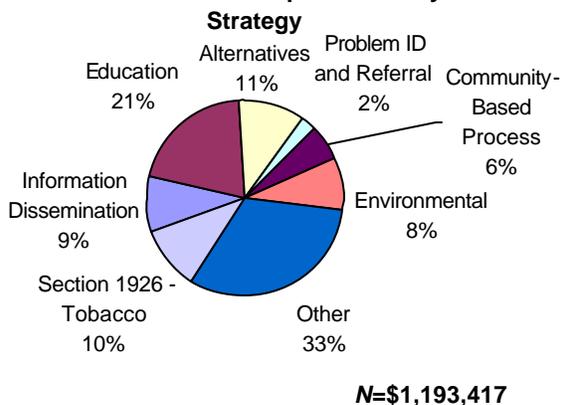
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	SPAS funds the printing of a parenting skills book (English and Spanish) used in substance abuse treatment programs serving women of child-bearing age, child protection offices, and schools and partners with Boise State University to maintain the Idaho RADAR Network Center, which maintains 27 associate centers .
Education	Funds provide education to students, teachers, parents, professionals and community members on substance abuse issues through a partnership with the Idaho Commission on Hispanic Affairs (ICHA) and facilitate the annual Idaho Prevention Conference and annual Youth Empowerment conference, which educates youth on substance abuse, healthy lifestyles, and prosocial values .
Alternatives	Strategies include afterschool activities, mentoring, social skill development, evening recreational programs, value development programs, and programs for parents and youth of all ages. Most activities are focused in communities with few recreational/entertainment options or limited means to access such activities .
Community-Based Processes	Processes use Community Resource Development Specialists (CRDS) in each of the seven regions to coordinate and plan prevention activities with local governments and public and private entities . SPAS is involved in the Idaho Drug Court Coordinating Committee which oversees a drug court in each region.
Environmental	SAPS produces radio and television anti-alcohol commercials in English and Spanish that air during optimal youth listening/viewing times . RSAAs educate State legislators on issues related to substance abuse and the effectiveness of prevention and treatment services .
Problem Identification and Referral	Strategies include partnership with the Child Welfare Services Program to expand onsite substance abuse screening and case management in all seven regions . SAPS also partners with juvenile probation agencies, community organizations, counseling programs, and schools to target youth with multiple risk factors to provide education, screenings, and referrals .
Other: Best Practices	SAPS also implemented the Substance Prevention Program Standards that establishes minimum requirements for staff qualifications, participant safety, program selection, and documentation.

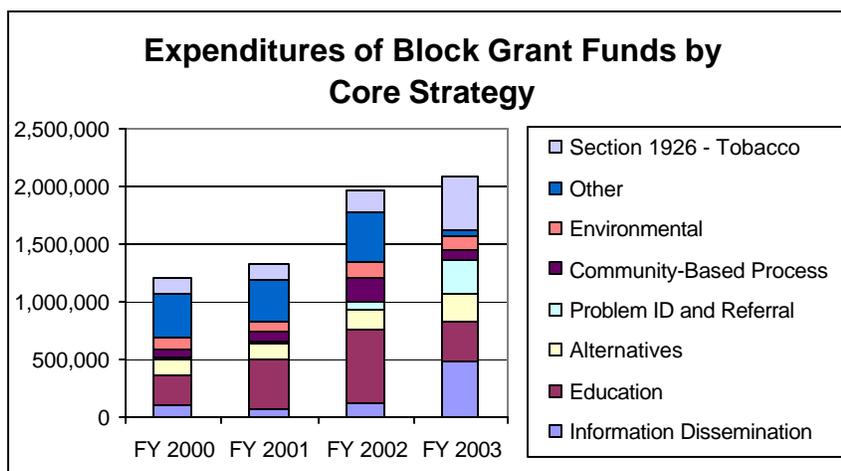
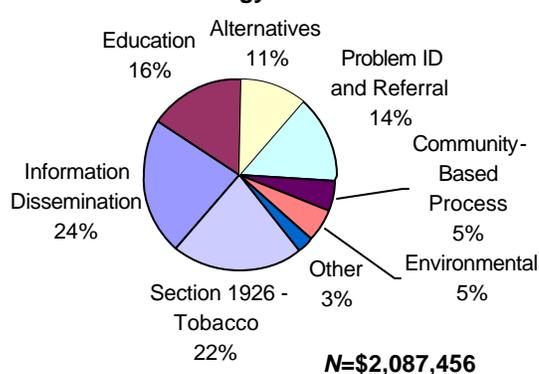
Expenditures of Block Grant Funds for Core Strategies

The \$2.1 million in Block Grant funding in FY 2003 for prevention core strategies in Idaho is distributed across a wide range of core strategies, including information dissemination (24 percent), Section 1926-tobacco (22 percent), education (16 percent), and problem identification and referral (14 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	109,416	9	73,637	6	111,500	6	484,099	24
Education	246,059	21	425,674	32	641,856	32	338,222	16
Alternatives	132,836	11	141,541	11	177,691	9	234,751	11
Problem ID and Referral	29,696	2	4,782	0	69,644	4	301,949	14
Community-Based Process	69,033	6	92,485	7	195,959	10	104,224	5
Environmental	100,000	8	84,327	6	131,656	7	113,546	5
Other	381,377	32	366,059	28	452,136	23	54,643	3
Section 1926 - Tobacco	125,000	10	133,886	10	197,200	10	456,022	22
Total*	1,193,417	100	1,322,391	100	1,977,642	100	2,087,456	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 *Totals may not equal 100 percent due to rounding.

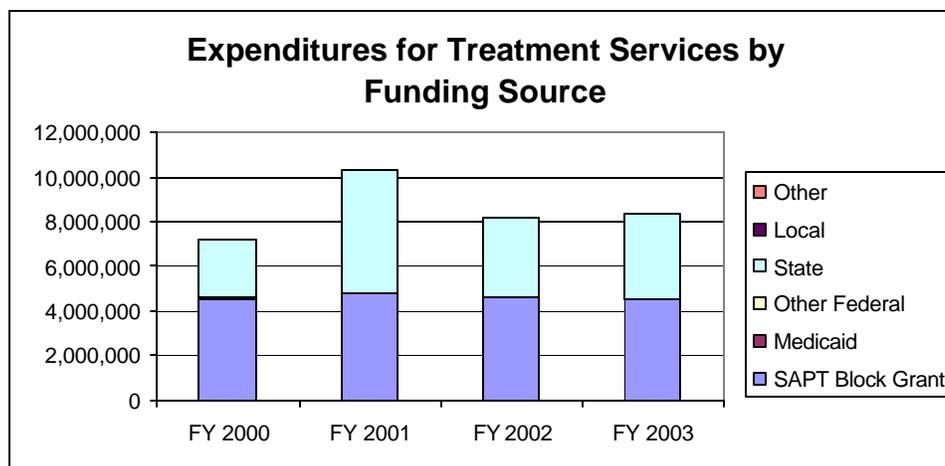
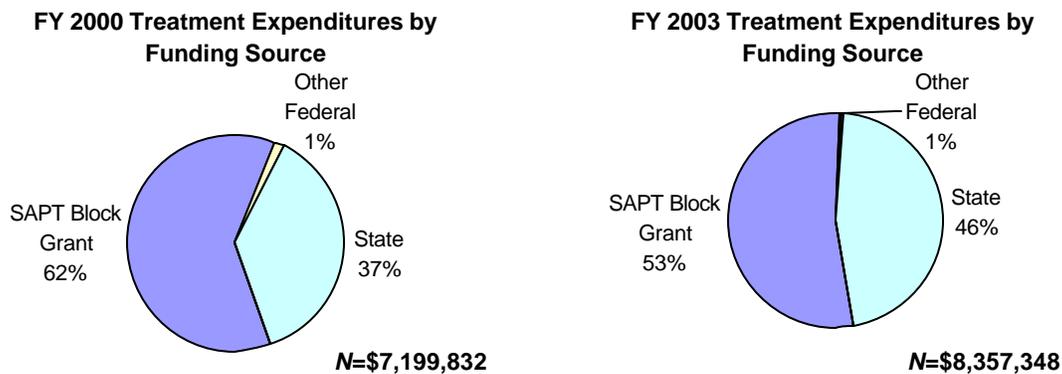
Treatment and Rehabilitation Services

The goal of Idaho's treatment services is to eliminate the dependence on alcohol and other drugs among its citizens. Toward that end, SAPS provides a continuum of substance abuse treatment services. These services include individual and group counseling, education, social setting residential and detoxification services, and case management in outpatient or residential settings. Additionally, in Idaho's rural areas, contractors support several small offices to make treatment services accessible to residents in remote areas.

Treatment Funding and Expenditures

Total treatment expenditures in Idaho increased between FYs 2000 and 2003 (from \$7.2 to nearly \$8.4 million). During that time period, State funds as a proportion of total treatment expenditures increased from 37 to 46 percent, while Block Grant funds as a proportion declined from 62 to 53 percent.

Block Grant treatment funding ranged from \$3.41 to \$3.58 per capita between FYs 2000 and 2002. In FY 2003, per capita Block Grant treatment funding declined to \$3.28.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,465,527	62	4,733,623	46	4,578,968	56	4,484,320	54
Medicaid	0	0	0	0	0	0	0	0
Other Federal	91,802	1	73,475	1	0	0	53,627	1
State	2,642,503	37	5,525,088	53	3,627,100	44	3,819,401	46
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,199,832	100	10,332,186	100	8,206,068	100	8,357,348	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Idaho's SAPT Block Grant application indicates that nearly 6,500 persons were admitted to treatment during FY 2002, most of which were admitted for outpatient (non-methadone).

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=6,475)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	248
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	563
Long-term residential	0	0	259
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	0	0	4,867
Intensive outpatient	0	0	538
Detoxification (outpatient)	0	0	0
Total	0	0	6,475

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 5,000 admissions (where at least one substance is known), of which over 1,000 were admitted for alcohol only. Calculations (with imputation) from TEDS data show that approximately 27 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	1,077	23.0
Alcohol in combination with other drugs	3,863	28.7
Total	4,940	27.4

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 89,000 persons aged 12 and older (8.2 percent of Idaho's population) needed, but did not receive treatment for alcohol use and 30,000 persons (2.8 percent) needed, but did not receive treatment for illicit drug use in Idaho.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.18	7.69	18.00	6.23
Needing but not receiving treatment for illicit drug use	2.75	5.82	7.21	1.34

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

SAPS contracts with consultants and the University of Idaho to collect and analyze needs assessment data for the seven regions. The regional RSAA committees meet regularly to review the needs assessment results along with data from other State agencies. This regional emphasis assures local planning relevant to local needs. This information is available on the Internet to both professionals and the general public. In turn, community resource development specialists provide support to the RSAAs. The State also conducts a comprehensive needs assessment every 4 years. SAPS is currently working to develop an on-line needs assessment data collection system to aid agencies and communities in their prevention and treatment efforts.

Evaluation

Historically, Idaho has not had a comprehensive evaluation system for its prevention and treatment services. However, SAPS has recently developed a standard pre- and post-test evaluation for each participant in all funded programs. For those individuals placed on waiting lists, the SAPS maintains a manual log, which records the date of contact, documents provision of interim services, and concludes with date of admission to treatment.

Training and Assistance

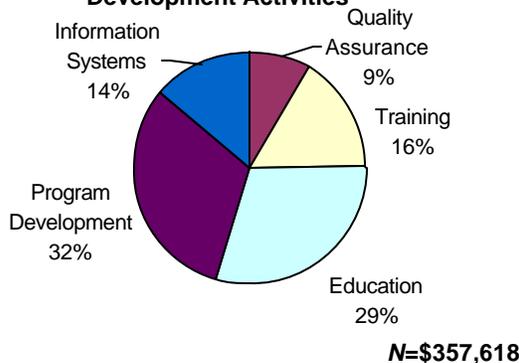
In partnership with other agencies, SAPS facilitates the annual Idaho Prevention Conference and the annual Idaho Conference on Alcohol and Drug Dependency. The Idaho Educators of Addiction Studies (IDEAS!) provides distance learning opportunities in partnership with the Northwest Frontier Addiction Technology Transfer Center and also maintains a Web site. SAPS has produced a brochure to help substance abuse professionals access educational opportunities.

Through the IDEAS! workgroup, the State is developing a minor degree curriculum for university students—and professionals—wishing to focus their studies in substance abuse prevention. Significantly, SAPS recently implemented the Substance Abuse Prevention Program Standards, which establish minimum requirements for staff qualifications, participant safety, program selection, and documentation.

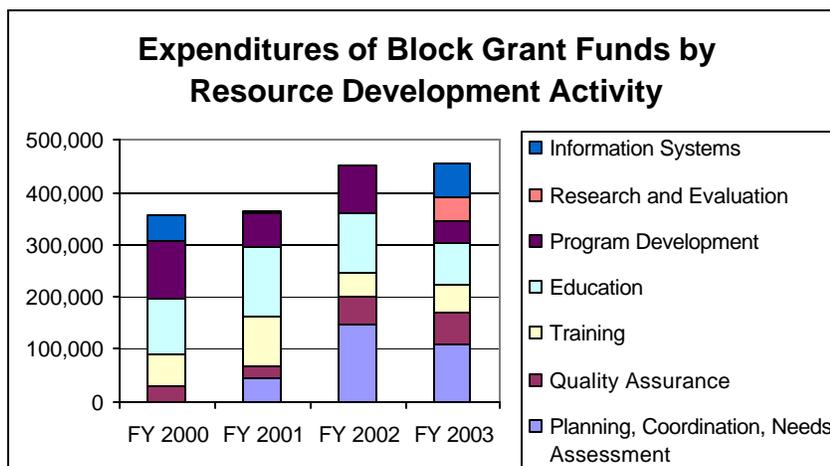
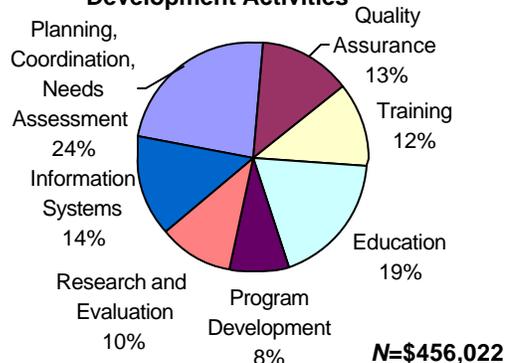
Expenditures of Block Grant Funds for Resource Development Activities

Idaho spent over \$456,000 on resource development activities in FY 2003 (up \$100,000 from the amount spent in FY 2000). The distribution of funds changed during this period: In FY 2003, Idaho spent 24 percent on planning, coordination, and needs assessment (up from no funding in FY 2000), 19 percent on education activities (down from 29 percent), and 8 percent on program development (down from 32 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	0	0	44,797	12	145,520	32	108,563	24
Quality Assurance	31,222	9	22,054	6	53,520	12	59,190	13
Training	58,278	16	95,059	26	45,886	10	53,752	12
Education	105,058	29	135,327	37	117,000	26	84,730	19
Program Development	113,060	32	63,832	17	90,210	20	38,683	8
Research and Evaluation	0	0	0	0	0	0	46,730	10
Information Systems	50,000	14	5,000	1	0	0	64,374	14
Total*	357,618	100	366,069	100	452,136	100	456,022	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 *Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$764,000 in eight discretionary grants to entities in Idaho during FY 2004. Seven of those grants (over \$600,000), were awarded to drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	7	614,501
Youth Transition into the Workplace	1	150,000
Total	8	764,501

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$8.4 million in discretionary grants to three entities in Idaho during FY 2004. Most of this funding was targeted at Access to Recovery (ATR) (\$7.6 million).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Adult Juvenile and Family Drug Courts	1	400,000
Targeted Capacity Expansion	1	359,988
Total	3	8,351,711

SOURCE: www.samhsa.gov

ILLINOIS

State SSA Director

Ms. Theodora Binion Taylor, Director
 Division of Alcoholism and Substance Abuse
 Illinois Department of Human Services
 James R. Thompson Center
 100 W. Randolph Street, Suite 5-600
 Chicago, IL 60601
Phone: 312-814-2300
Fax: 312-814-3838
E-mail: theodora.binion-taylor@illinois.gov
Web site: www.dhs.state.il.us/oasa

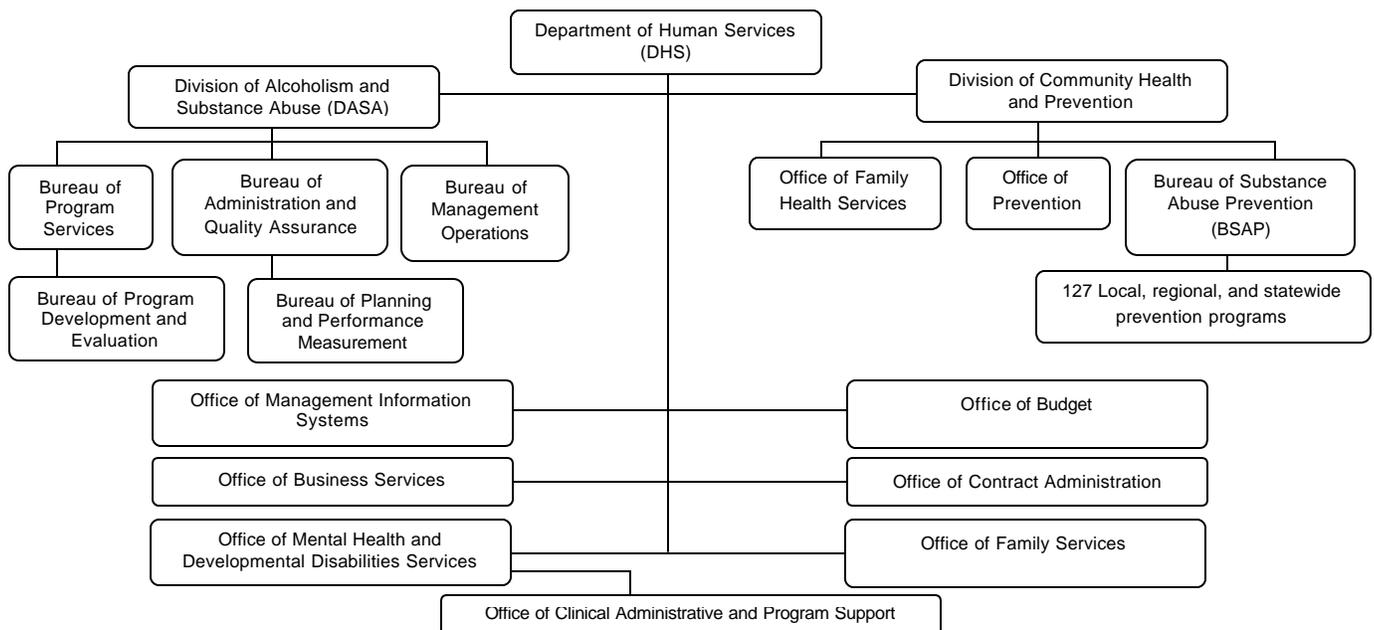
Structure and Function



The Illinois Division of Alcoholism and Substance Abuse (DASA) is the State's designated Single State Agency (SSA) to provide substance abuse prevention and treatment services. DASA is a division of the Illinois Department of Human Services (DHS). While treatment and prevention services are technically managed by different DHS entities (DASA and the Bureau of Substance Abuse Prevention [BSAP]), the two units maintain continuous communication and coordination. Together, they provide Illinois residents with services and resources that respond to all their needs and characteristics. To meet these unique and varied needs, DASA and BSAP partner with other State systems, including child welfare, mental health, supportive housing, domestic violence, aging, corrections, and TANF.

The BSAP prevention network includes a mix of 127 local, regional, and statewide programs housed in public and private agency settings and educational institutions. The Illinois Network to Organize the Understanding of Community Health (InTouch) provides system management assistance to these programs through its 1 general prevention and 19 regional entities. InTouch representatives deliver technical assistance and consultative services for the approximately 100 BSAP-funded local programs and coalitions. Additionally, BSAP directly manages eight statewide contracts that support the overall prevention system.

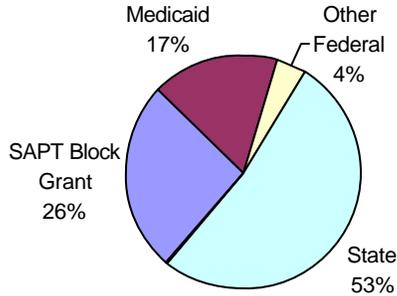
Single State Agency Structure



Single State Agency Funding Overview

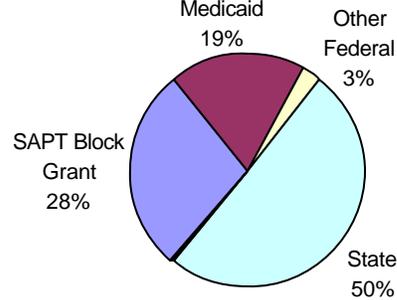
Illinois' overall SSA funding totaled over \$241.4 million in FY 2003—up from \$233.6 million in FY 2000. In FY 2003 the State provided half total funds, followed by the Block Grant (at 28 percent) and Medicaid (at 19 percent). This distribution is similar to those in FYs 2000, 2001, and 2002.

FY 2000 Expenditures by Funding Source

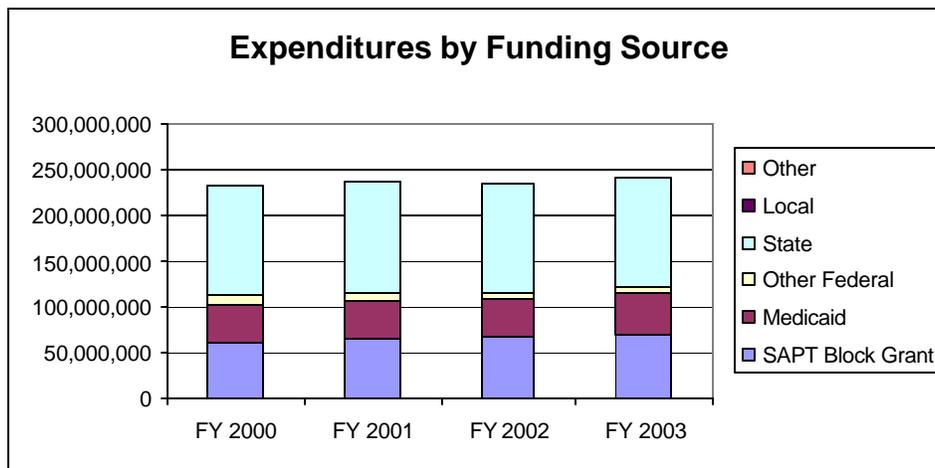


N=\$233,594,100

FY 2003 Expenditures by Funding Source



N=\$241,438,104



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	61,204,360	26	65,196,054	27	67,579,749	29	67,994,327	28
Medicaid	40,430,007	17	40,506,815	17	40,640,350	17	45,445,971	19
Other Federal	9,660,141	4	8,840,540	4	5,997,073	3	6,481,038	3
State	121,979,543	53	123,165,892	52	120,281,380	51	121,083,194	50
Local	320,049	0	433,579	0	433,574	0	433,574	0
Other	0	0	0	0	0	0	0	0
Total*	233,594,100	100	238,142,880	100	234,932,126	100	241,438,104	100

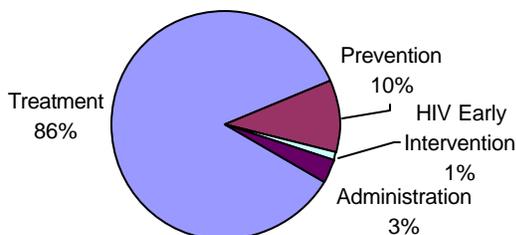
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

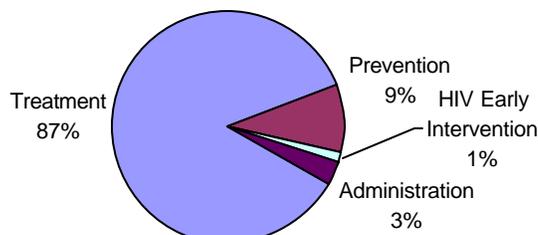
Most (87 percent) of the total \$241.4 million in SSA funds in FY 2003 were spent on treatment services, and 9 percent were spent on prevention. This distribution of expenditures is nearly identical to the distributions in FYs 2000, 2001, and 2002.

FY 2000 Expenditures by Activity



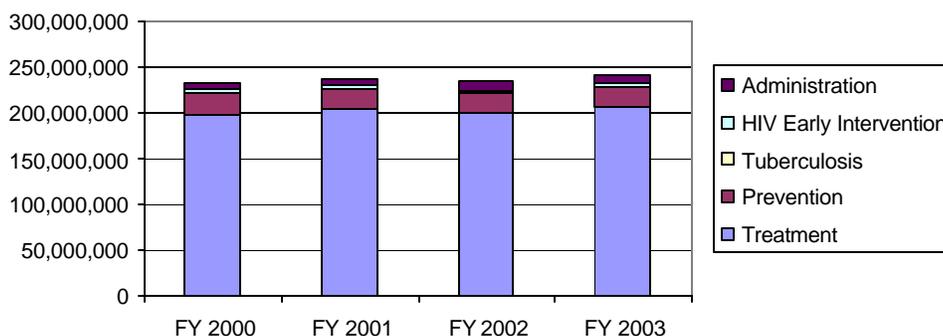
N=\$233,594,100

FY 2003 Expenditures by Activity



N=\$241,438,104

Expenditures From All Funding Sources by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	157,104,292	67	158,694,967	67	200,706,206	85	208,006,565	87
Alcohol Treatment	14,873,799	6	15,921,954	7				
Drug Treatment	27,622,769	12	29,569,344	12				
Prevention	23,407,309	10	22,996,682	10	21,326,691	9	21,734,501	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	3,060,382	1	3,305,719	1	3,378,987	1	3,399,717	1
Administration	7,525,549	3	7,654,214	3	9,520,242	4	8,297,321	3
Total*	233,594,100	100	238,142,880	100	234,932,126	100	241,438,104	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

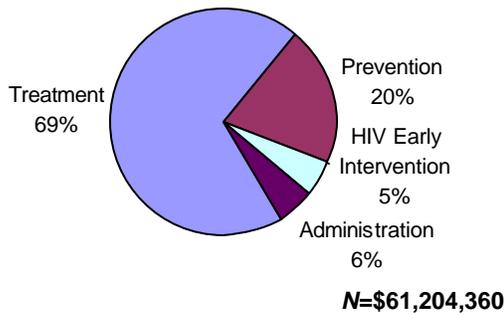
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

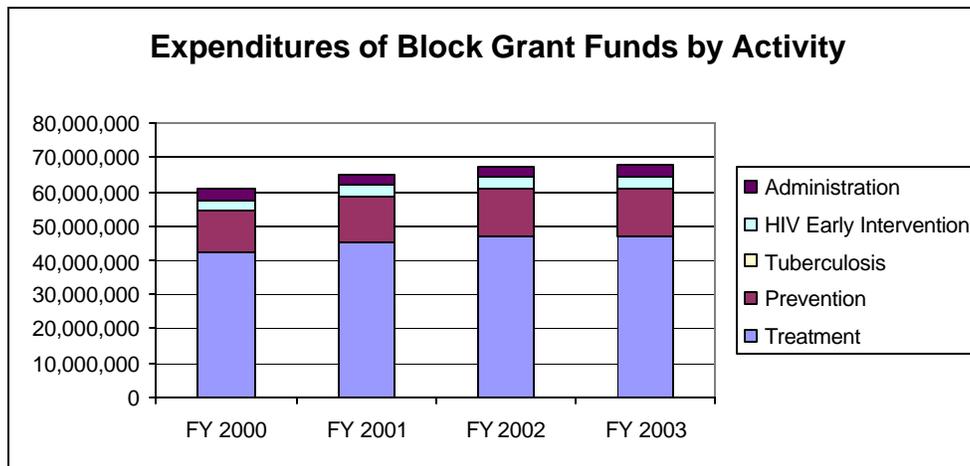
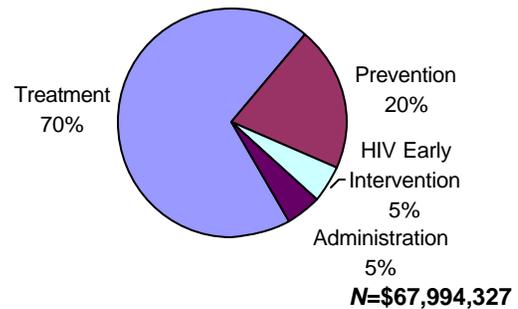
Expenditures of Block Grant Funds

Block Grant funding in Illinois increased from \$61.2 to \$68 million between FYs 2000 and 2003. During that time period the allocation of funds remained stable, with 69 to 70 percent going toward treatment services, 20 percent toward prevention services, and 5 percent each toward HIV early intervention and administration costs.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	47,156,227	70	47,434,191	70
Alcohol Treatment	14,873,799	24	15,921,954	24				
Drug Treatment	27,622,769	45	29,569,344	45				
Prevention	12,251,304	20	13,191,171	20	13,684,899	20	13,768,851	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	3,060,382	5	3,305,719	5	3,378,987	5	3,399,717	5
Administration	3,396,106	6	3,207,866	5	3,359,636	5	3,391,568	5
Total*	61,204,360	100	65,196,054	100	67,579,749	100	67,994,327	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

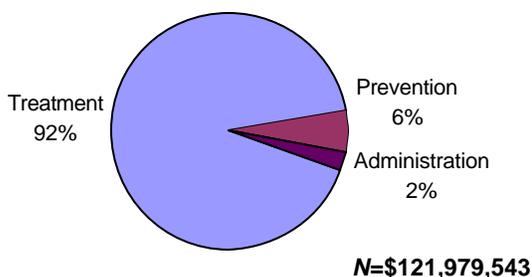
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

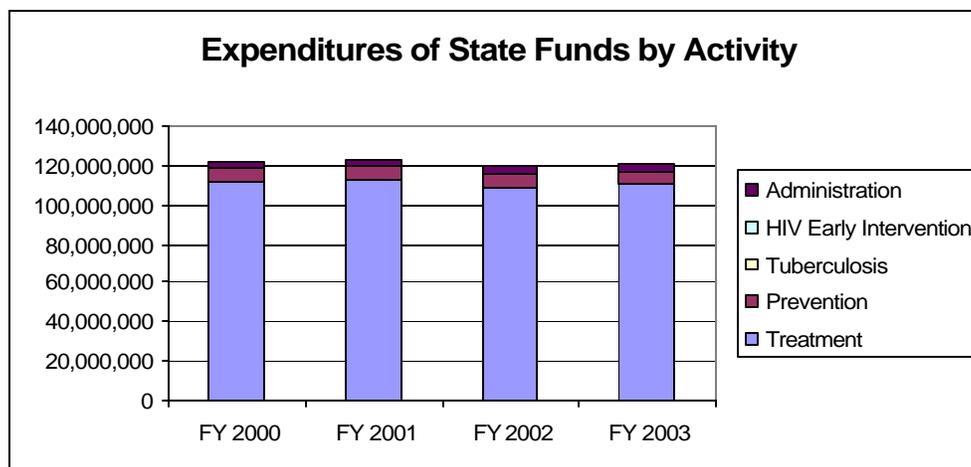
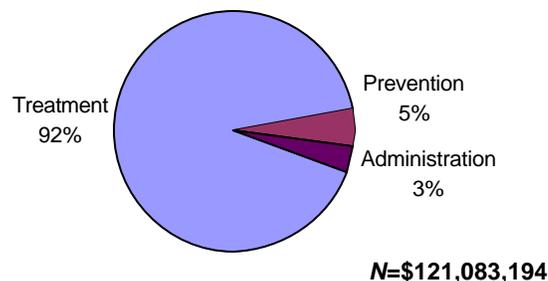
Expenditures of State Funds

Illinois contributed more than \$120 million toward SSA activities in FYs 2000 through 2003. Allocation percentages of those State funds remained stable, with the bulk (more than 90 percent) going toward treatment and rehabilitation activities.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	112,216,553	92	113,295,979	92	109,097,580	91	110,833,082	92
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	6,719,707	6	6,417,490	5	6,294,500	5	6,234,718	5
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	3,043,283	2	3,452,423	3	4,889,300	4	4,015,394	3
Total*	121,979,543	100	123,165,892	100	120,281,380	100	121,083,194	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

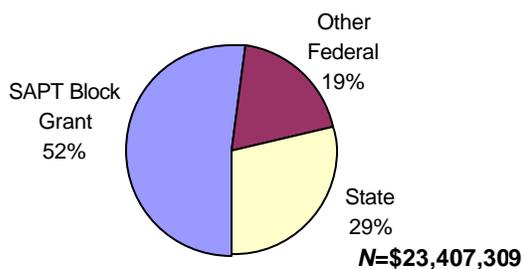
Illinois' approach to substance abuse prevention builds on an evidence-based, risk, and protective factor framework. The State's prevention network is a three-tiered system, including a mix of local, regional, and statewide programs housed in both public and private settings. These providers fall into three main categories. Comprehensive community-based providers deliver programming in their service areas, targeting the community at large and emphasizing young people. InTouch is a management system of 18 regional agencies providing technical assistance, coalition- and partnership-building support, and referral services to help each prevention service area maximize resources and coordinate efforts. Finally, statewide grants fund numerous programs that support the overall prevention system, including the Center for Prevention Research and Development at the University of Illinois, the Illinois Drug Education Alliance (IDEA), and the Illinois Alcoholism and Drug Dependence Association.

Prevention Funding and Expenditures

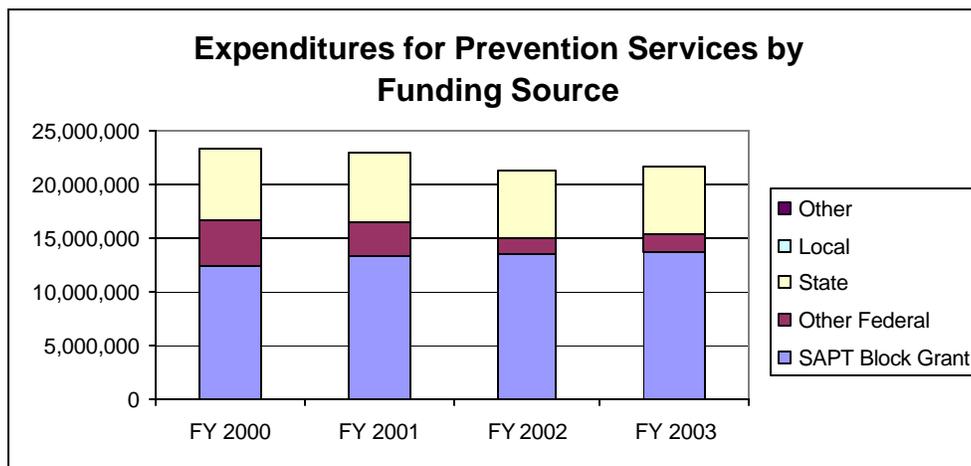
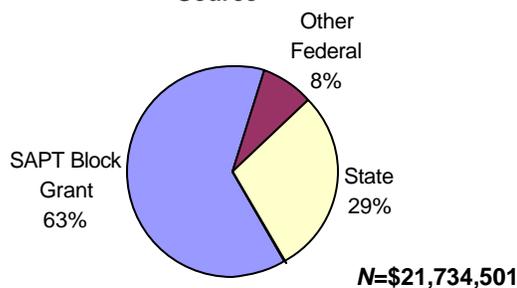
Prevention funds totaled more than \$21.7 million in FY 2003—down slightly from \$23.4 million in FY 2000. In FY 2003, Block Grant funds accounted for the majority (63 percent) of prevention expenditures, the State provided 29 percent of prevention funds, and other Federal funds provided 8 percent.

Per capita, the SAPT Block Grant funding for prevention services has steadily increased over time, from \$0.98 in FY 2000 to \$1.09 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	12,251,304	52	13,191,171	57	13,684,899	64	13,768,851	63
Other Federal	4,436,298	19	3,388,021	15	1,347,292	6	1,730,932	8
State	6,719,707	29	6,417,490	28	6,294,500	30	6,234,718	29
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	23,407,309	100	22,996,682	100	21,326,691	100	21,734,501	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

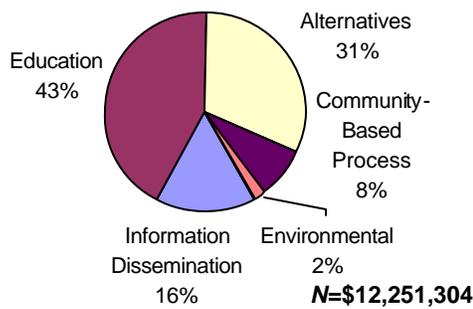
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	DASA produces radio and television public service announcements (PSAs) and participates in local health fairs. InTouch offices develop and distribute local resource directories, host cable television shows, and house lending libraries. DASA makes available brochures on alcohol and substance abuse on its Web site in English and Spanish.
Education	Strategies include a school-based K-12 curriculum, life skills education, and other programming; parenting and family management classes; peer leader/helper programs; preschool programs, and education programs for youth groups.
Alternatives	Funding facilitates drug-free dances and parties for youth; peer leader/helper retreats for junior and senior high school students; "Fun Nights" summer programs at local schools/religious institutions; and youth/adult leadership programs, including local Operation Snowball and the 2-week Illinois Teen Institute.
Community-Based Processes	Activities include volunteer parent trainings, neighbor action team trainings, religious organization staff trainings, multi-agency and multi-disciplinary collaborations, community team building; and improving access to services for TANF recipients.
Environmental	Efforts include technical assistance to coalitions in order to facilitate State policy change; promotion of the review of AOD policies in schools, businesses, and community organizations; and promotion of tobacco/alcohol compliance checks.
Problem Identification and Referral	Funds support employee assistance programs and provide training and technical assistance to the Student Assistance Program Team.

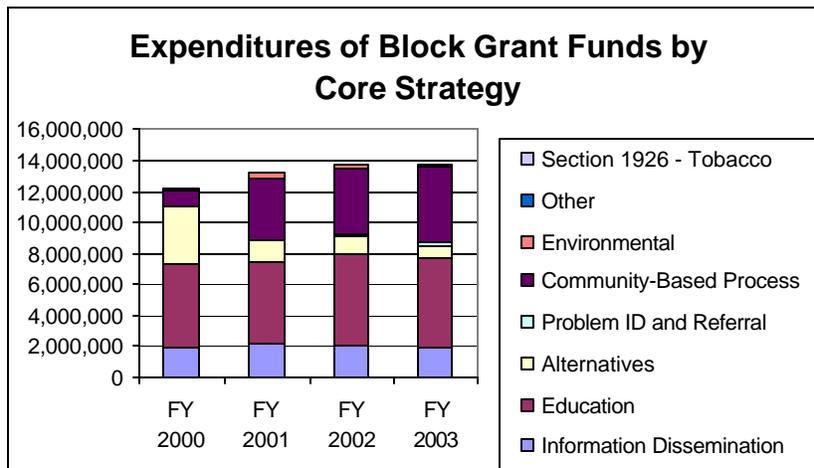
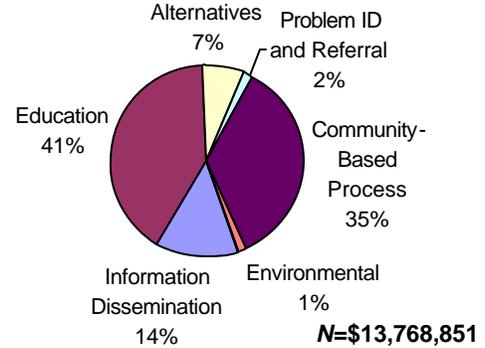
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for core prevention strategies increased slightly between FYs 2000 and 2003 (from \$12.3 to \$13.8 million). In FY 2003 education received the largest portion (41 percent) of funding, followed by community-based processes (at 35 percent). This represents a change from FY 2000, when community-based process strategies received only 8 percent and alternatives received 31 percent of funding.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,960,209	16	2,110,587	16	2,052,600	15	1,927,639	14
Education	5,268,061	43	5,276,469	40	5,884,120	43	5,645,229	41
Alternatives	3,797,904	31	1,451,029	11	1,231,560	9	963,820	7
Problem ID and Referral	0	0	0	0	136,840	1	275,377	2
Community-Based Process	980,104	8	3,957,351	30	4,105,200	30	4,819,098	35
Environmental	245,026	2	395,735	3	273,680	2	137,688	1
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	12,251,304	100	13,191,171	100	13,684,000	100	13,768,851	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

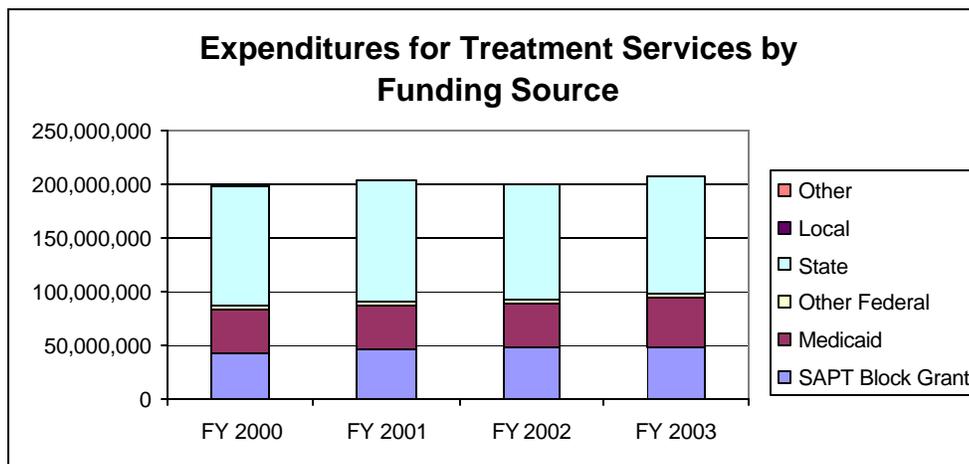
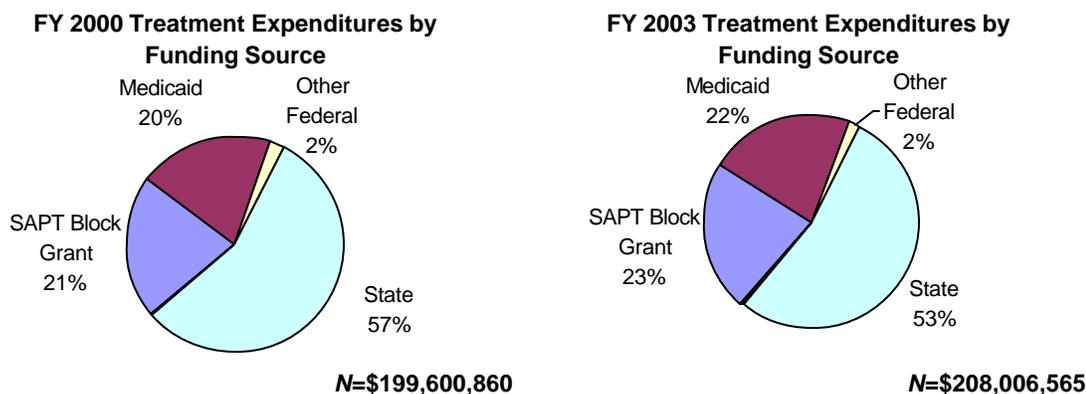
Illinois' alcohol and other drug abuse treatment system is organized according to DHS's 5 geographic regions, which are further broken down into DASA's 20 service networks. Through this treatment system, the State provides evaluation, diagnosis, treatment, and rehabilitation to alcohol- and other drug-abusing persons and their families. Such services include detoxification, intensive outpatient services, other outpatient services, residential rehabilitation programs, early intervention programs, HIV testing and counseling, case management, community intervention, and residential child care programs.

Treatment services are delivered through a continuum approach, with individual clients moving from one level of care to another based upon their assessed needs. Services are delivered under contract by community-based agencies. This system (1) enables clients to be assessed and treated as close to their home communities as possible, (2) allows communities to take ownership of their programs, and (3) facilitates public information and other adjunct services.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, total treatment and rehabilitation expenditures in Illinois increased from \$199.6 to \$208 million. More than half of that total was supported by State funding—slightly lower than its proportion in FY 2002. Block Grant funds and Medicaid contributed about one-quarter each of total treatment expenditures in FY 2003.

Block Grant spending on treatment services per capita increased between FYs 2000 and 2003 from \$3.42 to \$3.75.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	42,496,568	21	45,491,298	22	47,156,227	23	47,434,191	23
Medicaid	40,430,007	20	40,506,815	20	40,640,350	20	45,445,971	22
Other Federal	4,137,683	2	4,458,594	2	3,378,475	2	3,859,747	2
State	112,216,553	56	113,295,979	55	109,097,580	54	110,833,082	53
Local	320,049	0	433,579	0	433,574	0	433,574	0
Other	0	0	0	0	0	0	0	0
Total*	199,600,860	100	204,186,265	100	200,706,206	100	208,006,565	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Illinois' SAPT Block Grant application indicates that more than 175,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=177,612)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	5,370	15,403	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	4,250	10,230	1
Long-term residential	1,759	6,709	0
Ambulatory (Outpatient)			
Outpatient (methadone)	26	12,515	0
Outpatient (non-methadone)	40,262	64,625	308
Intensive outpatient	6,321	9,828	6
Detoxification (outpatient)	0	0	0
TOTAL	57,988	119,310	315

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 77,500 admissions (where at least one substance was known), of which nearly 62,000 were admitted for abusing alcohol in combination with other drugs. Calculations (with imputation) from TEDS data show that approximately 18 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	15,750	17.3
Alcohol in combination with any other drugs	61,743	18.1
Total	77,493	17.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 855,000 persons aged 12 and older (8.3 percent of Illinois' population) needed, but did not receive, treatment for alcohol use, and 255,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Illinois.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.31	5.84	18.98	6.77
Needing but not receiving treatment for illicit drug use	2.48	5.01	6.96	1.34

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Illinois' prevention and treatment systems are driven by a regionally distinct needs-based approach. Using the Illinois Household Study, the DHS Automated Reporting and Training System (DARTS, the State's primary client data system), and other sources, DHS evaluates regional trends, census data, economic data, admissions, and other information to assess treatment needs and to plan and budget treatment services. Each year, the State also compiles a comprehensive data book evaluating alcohol and drug trends and variables affecting usage and treatment needs and outcomes.

DASA recently completed a 3-year Treatment Needs Assessment Project. One project component was a Social Indicator Study, through which all needs assessment data dating from 1996 were converted into a client-centered database.

BSAP utilizes several tools to assess prevention needs. Through a partnership with Chestnut Health Systems and the University of Illinois, BSAP developed a statewide system for assessing prevention needs, monitoring program services and activities, and evaluating outcomes. The Lighthouse Institute conducts the annual Illinois Youth Survey, whose results are made available to every school in the State. Additionally, the Outcome Measurement Menu is a survey tool that program grantees can utilize to conduct comprehensive assessments of their local communities.

Evaluation

BSAP partners with the Center for Prevention Research and Development (CPRD) at the University of Illinois to evaluate the statewide substance abuse prevention system. Through a Center for Substance Abuse Prevention (CSAP) grant, CPRD is helping BSAP integrate a data-driven planning, implementation, and evaluation process into prevention initiatives. A Web-based management information system called OnTrack provides real-time reports on services delivered to local prevention managers as well as policymakers. Additionally, to build local capacity, CPRD and Prevention First, Inc. (Illinois' Regional Alcohol and Drug Awareness Resources [RADAR] center) conduct regional trainings for prevention providers on the basics of gathering, summarizing, and reporting process evaluation data.

Training and Assistance

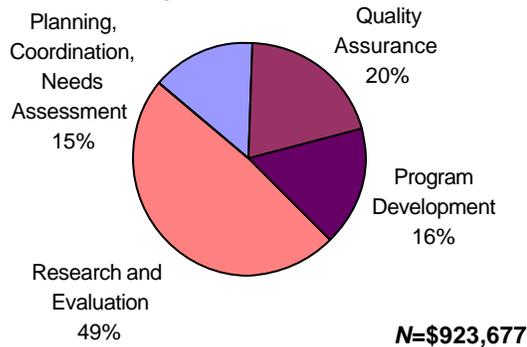
DASA regularly provides or sponsors training and technical assistance activities for alcohol and substance abuse program staff and other professionals. Training and assistance topics are assessed on the basis of legislative developments, program requests, identified needs, drug use trends, contractual and licensure requirements, joint agency projects, site visit reviews, and implementation of best practice models. Prevention First, Inc., maintains a Web site providing information on available trainings.

For day-to-day assistance, DASA's Bureau of Program Services houses a Help Desk to receive faxed questions from program staff and forward them to appropriate sources of assistance. Additionally, CPRD conducts a biannual workforce survey to better understand what prevention providers face in their own communities, and to thereby support their efforts more efficiently.

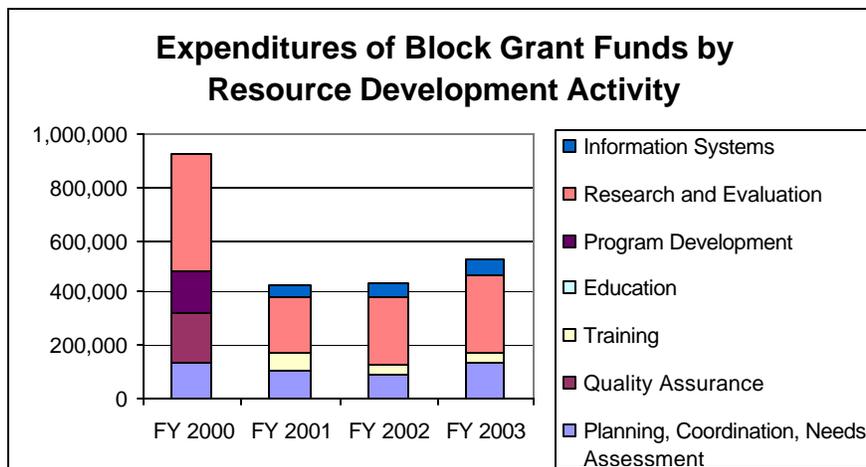
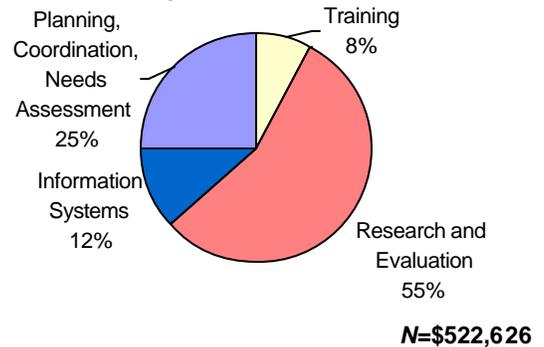
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Illinois declined from \$924,000 to \$523,000 between FYs 2000 and 2003. During this time period, research and evaluation activities accounted for the largest portion of resource development funds (ranging from 48 to 59 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	136,000	15	103,330	24	91,480	21	131,480	25
Quality Assurance	188,000	20	0	0	0	0	0	0
Training	0	0	70,559	17	34,218	8	42,000	8
Education	0	0	0	0	0	0	0	0
Program Development	150,000	16	0	0	0	0	0	0
Research and Evaluation	449,677	49	204,624	48	255,777	59	287,902	55
Information Systems	0	0	44,365	10	53,621	12	61,244	12
Total*	923,677	100	422,878	100	435,096	100	522,626	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded nearly \$6.5 million in 37 discretionary grants to entities in Illinois during FY 2004. Much of the funding (\$2.5 million) was awarded to 29 drug-free communities. The largest single award was for the Strategic Prevention Framework State Incentive Grant (SPF SIG) (\$2.4 million).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	258,466
Drug Free Communities	29	2,543,341
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	2	127,272
HIV/AIDS Cohort 3 Services	1	349,739
HIV/AIDS Cohort 4 Services	1	350,000
HIV/AIDS Cohort 5 Services	2	500,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	37	6,479,783

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Access to Recovery (ATR) was the single largest Center for Substance Abuse Treatment (CSAT) discretionary award to Illinois at \$7.6 million. The two next largest portions of the funding went toward State TCE screening brief intervention referral treatment (\$3.3 million) and homeless addictions treatment (\$2.1 million). The remaining awards were directed toward a wide variety of targeted activities.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Addiction Technical Transfer Center	1	650,000
Grants for Accreditation of OTPs	1	231,158
Homeless Addictions Treatment	4	2,099,092
Recovery Community Service	2	510,429
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	3,346,000
Strengthening Access and Retention	1	198,187
Strengthening Communities - Youth	1	710,578
Targeted Capacity Expansion	2	1,000,000
Targeted Capacity - HIV/AIDS	4	1,787,444
TCE Innovative Treatment	1	489,000
Total	20	18,713,611

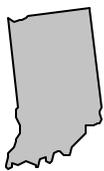
SOURCE: www.samhsa.gov

INDIANA

State SSA Director

John Viernes, Deputy Director
Addiction Services, Substance Abuse Prevention, and Disaster Management
Division of Mental Health and Addiction
Indiana Family and Social Services Administration
402 West Washington Street, Room W353
Indianapolis, IN 46204-2739
Phone: 317-232-7913
Fax: 317-233-3472
E-mail: john.viernes@fssa.in.gov
Web site: www.in.gov/fssa/servicemental

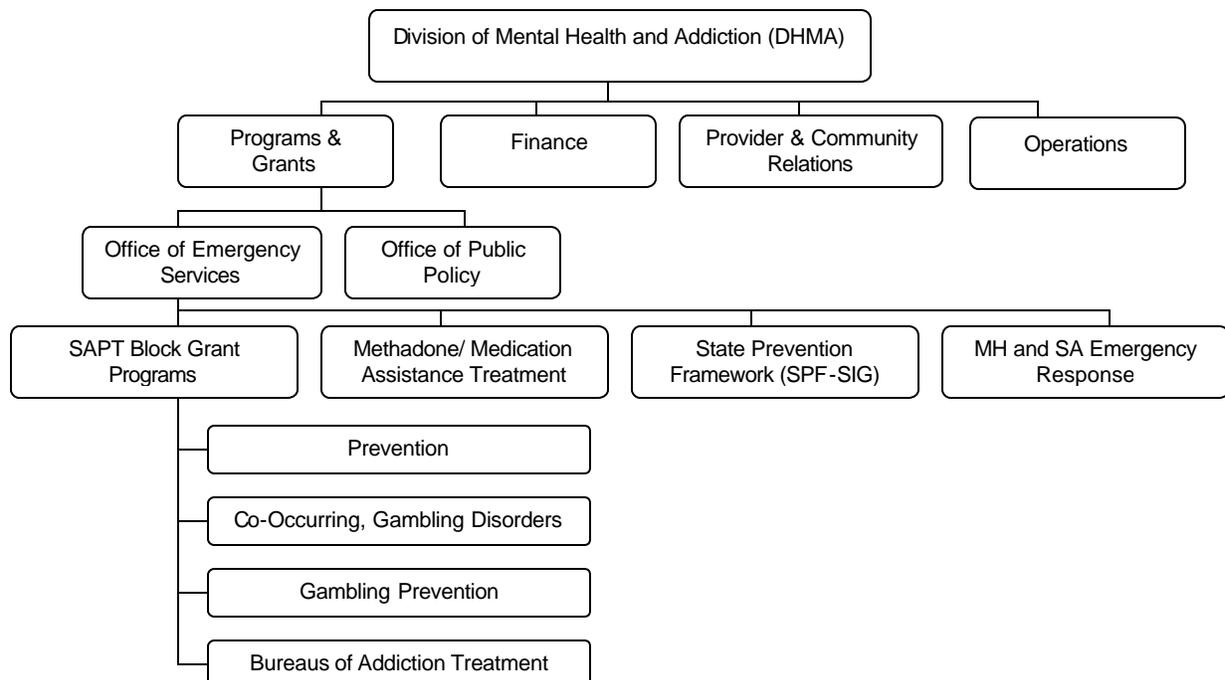
Structure and Function



Indiana's Division of Mental Health and Addiction (DMHA) is the designated Single State Agency (SSA) in Indiana. The DMHA is housed within the Family and Social Services Administration (FSSA) and it is responsible for coordinating substance abuse prevention and treatment services throughout the State. The creation of DMHA is a result of a 1992 reorganization of the Indiana Departments of Human Services, Mental Health, and Public Welfare.

DMHA stresses a community-based approach to substance abuse treatment and prevention. Local Coordinating Councils (LCCs) in each of Indiana's 92 counties are responsible for planning substance abuse treatment, prevention, and law enforcement-related services. The activities of the LCCs are facilitated by the Governor's Council for a Drug-Free Indiana (GCDFI). Treatment services are provided by local Community Mental Health Centers.

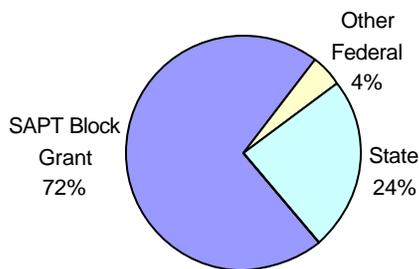
Single State Agency Structure



Single State Agency Funding Overview

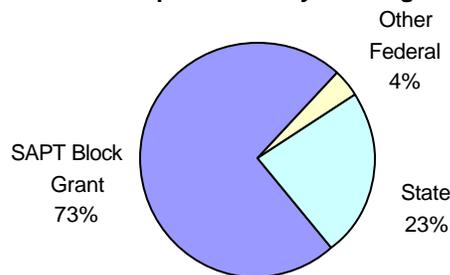
Indiana's SSA funding remained relatively stable between FYs 2000 and 2003, increasing to \$45.8 million in FY 2003. The proportion of expenditures by funding source also held steady between FYs 2000 and 2003, with Block Grant funding comprising nearly three quarters of expenditures (73 percent) in FY 2003, followed by the State at nearly one quarter (23 percent).

FY 2000 Expenditures by Funding Source

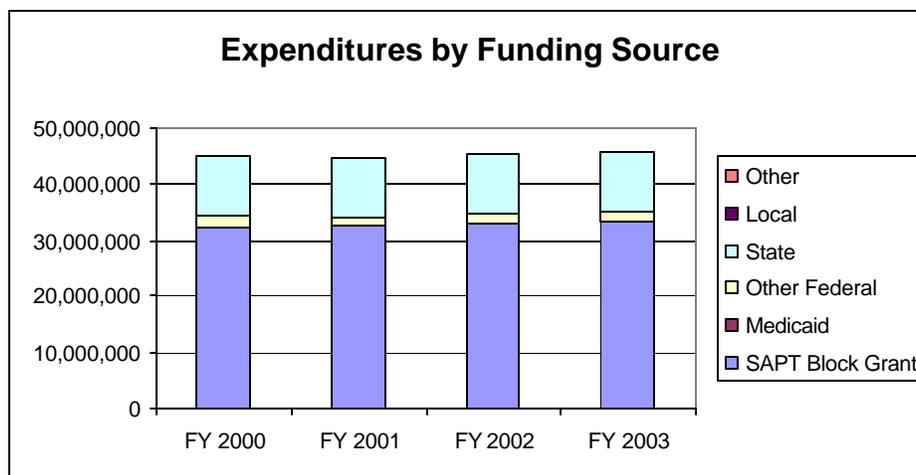


N=\$45,188,983

FY 2003 Expenditures by Funding Source



N=\$45,723,651



Single State Agency Expenditures From All Funding Sources

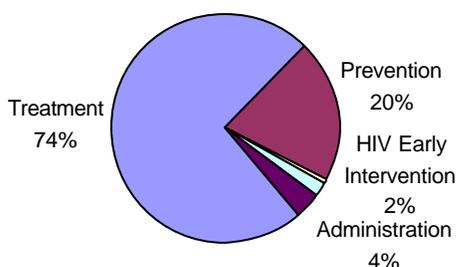
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	32,446,790	72	32,842,685	73	33,251,526	73	33,446,723	73
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,967,699	4	1,403,213	3	1,598,843	4	1,682,810	4
State	10,774,494	24	10,529,846	24	10,435,566	23	10,594,118	23
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	45,188,983	100	44,775,744	100	45,285,935	100	45,723,651	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 *Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

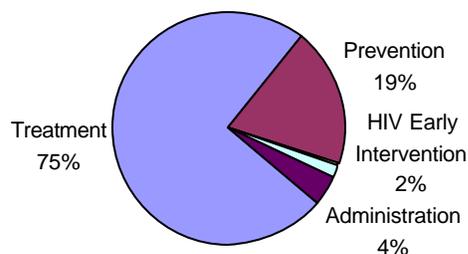
As with overall SSA funding, the distribution of these funds also remained very stable between FYs 2000 and 2003. In FY 2003, three quarters (75 percent) of expenditures went toward treatment services, 19 percent for prevention services, and the remaining 6 percent allocated to administrative (4 percent) and HIV early intervention (2 percent) costs.

FY 2000 Expenditures by Activity

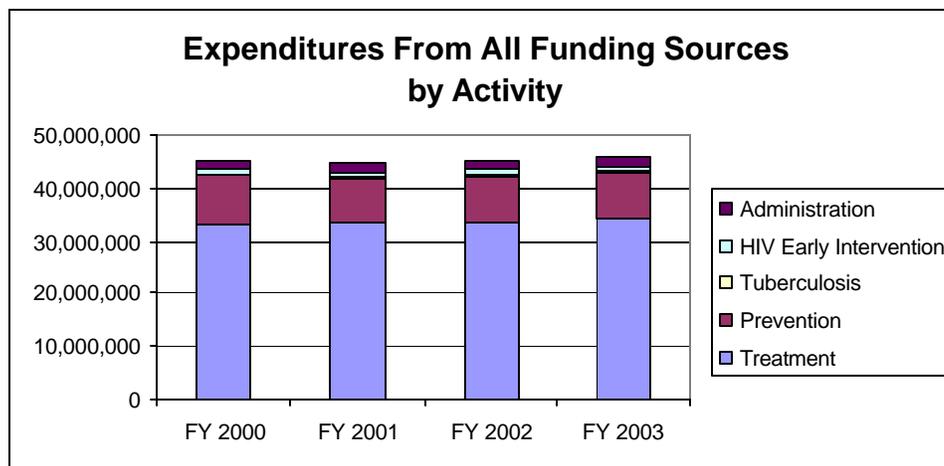


N=\$45,188,983

FY 2003 Expenditures by Activity



N=\$45,723,651



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	33,584,031	74	34,210,952	75
Alcohol Treatment	13,620,262	30	13,744,859	31				
Drug Treatment	19,599,889	43	19,779,188	44				
Prevention	9,131,022	20	8,432,329	19	8,756,899	19	8,667,531	19
Tuberculosis	221,281	0	242,078	1	268,605	1	226,264	0
HIV Early Intervention	1,000,000	2	858,409	2	900,000	2	900,000	2
Administration	1,616,529	4	1,718,881	4	1,776,400	4	1,718,904	4
Total*	45,188,983	100	44,775,744	100	45,285,935	100	45,723,651	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

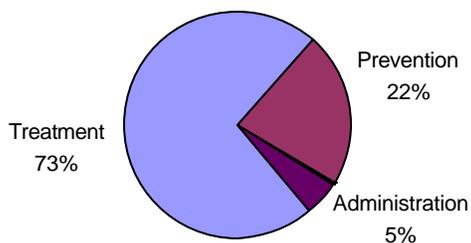
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

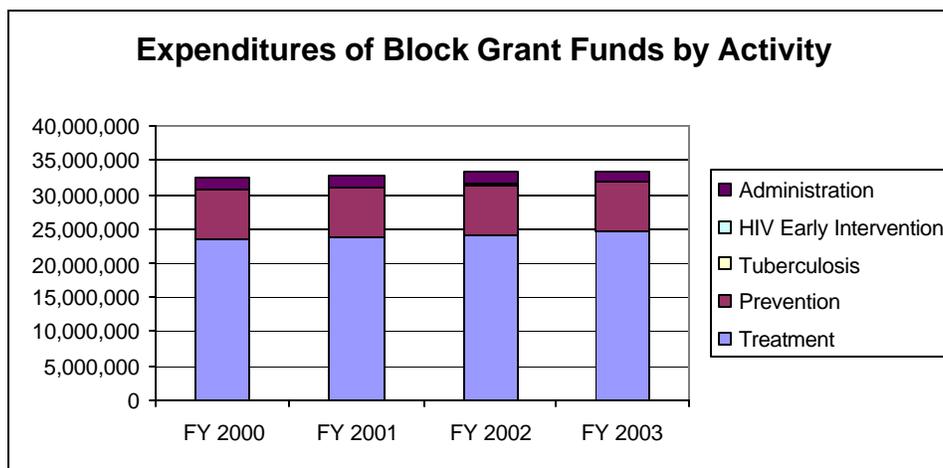
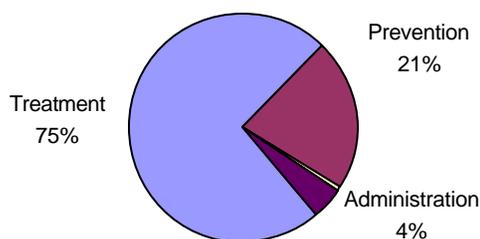
Expenditures of Block Grant Funds

Block Grant expenditures in Indiana have remained remarkably stable over the last several years, totaling nearly \$33.5 million in FY 2003. The distribution of these funds has also remained stable over the past several years, with three-fourths (75 percent) going toward treatment services in FY 2003, 21 percent toward prevention services, and 4 percent toward administrative costs.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	24,150,116	73	24,620,121	74
Alcohol Treatment	9,683,721	30	9,824,319	30				
Drug Treatment	13,935,110	43	14,137,435	43				
Prevention	7,088,729	22	7,054,407	21	7,252,065	22	7,185,330	21
Tuberculosis	152,915	0	180,829	1	185,732	1	158,815	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,586,315	5	1,645,695	5	1,663,613	5	1,482,457	4
Total*	32,446,790	100	32,842,685	100	33,251,526	100	33,446,723	100

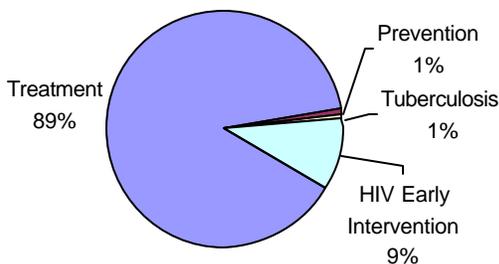
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

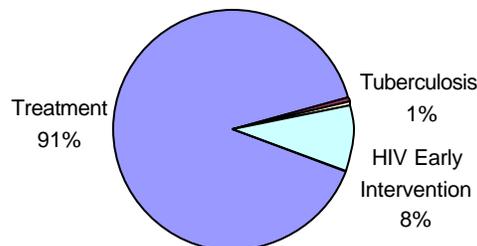
State dollars expended have remained relatively constant between FYs 2000 and 2003, ranging from \$10.4 to \$10.8 million. The distribution of State funds has also remained stable. In FY 2003, most of the expenditures (91 percent) were for treatment services, followed by 8 percent for HIV early intervention, and 1 percent for tuberculosis.

FY 2000 State Expenditures by Activity

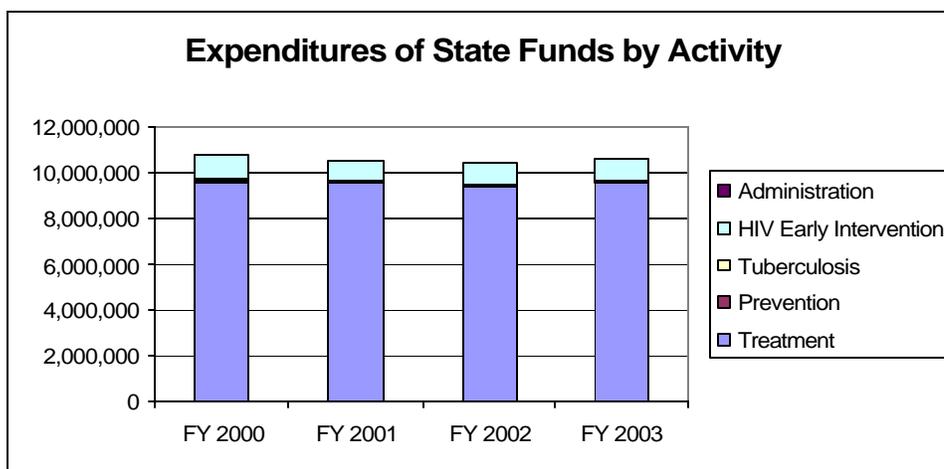


N=\$10,774,494

FY 2003 State Expenditures by Activity



N=\$10,594,118



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	9,433,915	90	9,590,831	91
Alcohol Treatment	3,936,541	37	3,920,540	37				
Drug Treatment	5,664,779	53	5,641,753	54				
Prevention	101,608	1	45,095	0	18,778	0	35,838	0
Tuberculosis	68,366	1	61,249	1	82,873	1	67,449	1
HIV Early Intervention	1,000,000	9	858,409	8	900,000	9	900,000	8
Administration	3,200	0	2,800	0	0	0	0	0
Total*	10,774,494	100	10,529,846	100	10,435,566	100	10,594,118	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

Indiana’s locally-based prevention system, facilitated by the 92 LCCs, is based on a variety of statewide networks implemented at the local level. This local autonomy allows the State to provide services based on the unique needs of each community. Each LCC develops a 3-year plan for its county based on needs assessment data, and these plans are updated annually. DMHA is currently working to compile and coordinate the prevention activities of the local LCCs in order to create a comprehensive statewide strategic plan.

A key partner in Indiana’s prevention system is the Indiana Prevention Resource Center (IPRC) at Indiana University. The IPRC provides statewide support in the areas of needs assessment, student surveys, education, Internet-based resources, and local community support for prevention services.

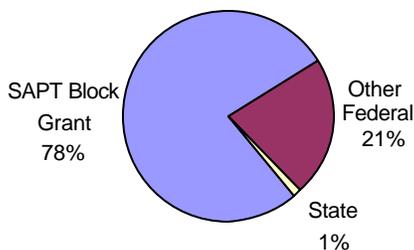
Furthermore, Indiana’s prevention system includes partnerships with other key State agencies, including the GCDFI, the Department of Education, the Department of Health, the Criminal Justice Institute, the Interagency Council on Drugs (IAC), and others.

Prevention Funding and Expenditures

Prevention expenditures have decreased slightly between FYs 2000 and 2003, from \$9.1 million to nearly \$8.7 million. The sources of prevention funds shifted slightly during this time period: the Block Grant as a proportion of prevention funds increased from 78 to 83 percent, while other Federal funds decreased from 21 to 17 percent.

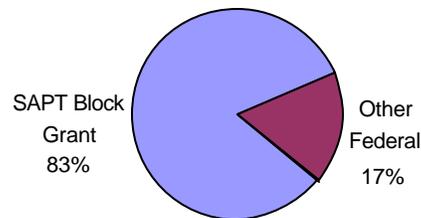
Block Grant prevention expenditures in Indiana ranged narrowly between FYs 2000 and 2003 from \$1.15 to \$1.18 per capita.

FY 2000 Prevention Expenditures by Funding Source

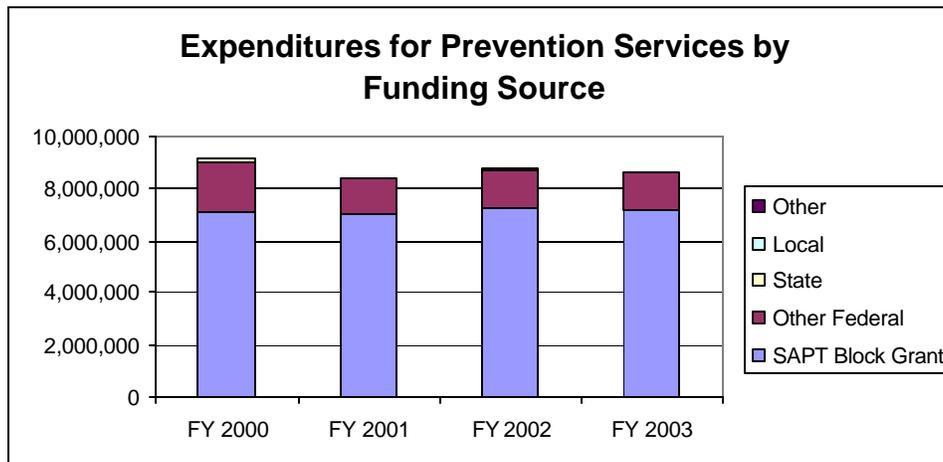


N=\$9,131,022

FY 2003 Prevention Expenditures by Funding Source



N=\$8,667,531



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	7,088,729	78	7,054,407	84	7,252,065	83	7,185,330	83
Other Federal	1,940,685	21	1,332,827	16	1,486,056	17	1,446,363	17
State	101,608	1	45,095	1	18,778	0	35,838	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	9,131,022	100	8,432,329	100	8,756,899	100	8,667,531	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

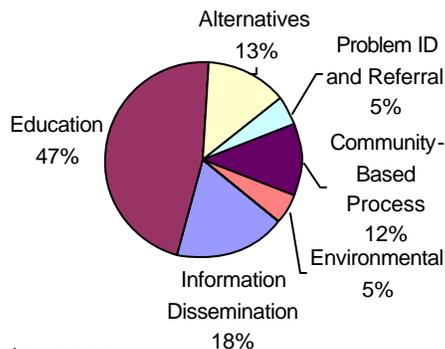
Examples of core prevention strategies supported by the Block Grant include the following:

Core Strategy	Examples of Activities
Information Dissemination	The State's Regional Alcohol and Drug Awareness Resources (RADAR) center, Indiana Prevention Resource Center (IPRC), provides customized prevention and treatment information for the Hispanic/Latino community; IPRC creates monthly public service announcements (PSAs) on substance abuse issues. DMHA facilitates the Serving the Hoosier Assurance Plan through Education (SHAPE) to inform the public about publicly-funded AOD services.
Education	DMHA facilitates substance abuse prevention programs for pregnant and post-partum women and teens and conducts the Indiana Leadership Academy to promote empowerment and recovery-oriented strategies for those with co-occurring disorders.
Alternatives	Activities include the statewide Afternoons R.O.C.K., an afterschool program for youth ages 10-14, which builds resiliency, resistance skills, and community service, Project L.E.A.D, an adolescent prevention program providing leadership experience addressing alcohol and drugs
Community-Based Processes	DMHA funds 16 community coalitions, delivers services in partnership with Healthy Family Services to 21,000 families in 56 sites across the State each year, and helps individuals recovering from addiction to re-integrate into the community.
Environmental	DMHA partners with the Division of Families and Children to promote Healthy Family Services, involving home support workers who connect initials to community resources.
Problem Identification and Referral	Strategies include the presence of substance abuse counselors at public welfare offices, the Prenatal Substance Use Prevention Program, automatic referrals following positive illicit drug tests, and a partnership with the Department of Corrections.

Expenditures of Block Grant Funds for Core Strategies

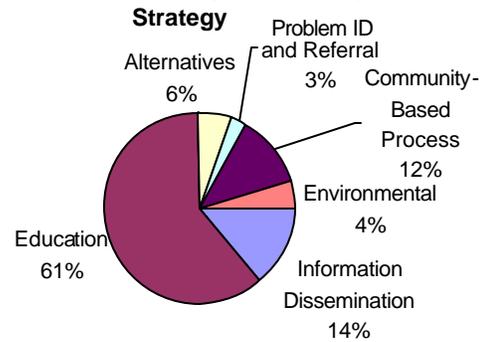
Block Grant funding for core prevention strategies in the State has remained relatively stable between FYs 2000 and 2003 and has increased steadily over time. In FY 2003, expenditures on core strategies totaled \$7.3 million. The distribution of funds during that time period has varied slightly, with the allocation of funds for education increasing from 47 percent in FY 2000 to 61 percent in FY 2003. Other shifts in funding include alternative strategies, which decreased from 13 percent of total expenditures to 6 percent, and information dissemination which decreased from 18 percent to 14 percent.

FY 2000 Block Grant Expenditures by Core Strategy

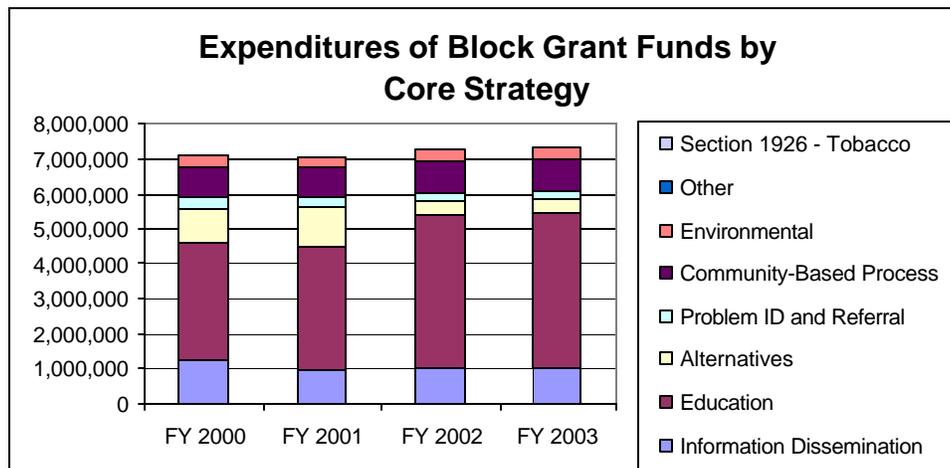


N=\$7,088,729

FY 2003 Block Grant Expenditures by Core Strategy



N=\$7,311,851



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,261,794	18	953,254	14	1,015,289	14	1,023,659	14
Education	3,374,235	48	3,527,204	50	4,406,633	61	4,445,605	61
Alternatives	921,535	13	1,175,735	17	402,098	6	402,152	6
Problem ID and Referral	340,259	5	278,428	4	207,142	3	212,044	3
Community-Based Process	836,470	12	815,350	12	892,852	12	899,358	12
Environmental	354,436	5	304,436	4	328,051	5	329,033	4
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	7,088,729	100	7,054,407	100	7,252,065	100	7,311,851	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 *Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Indiana provides a continuum of substance abuse treatment services for its citizens. These services include individualized treatment plans, 24-hour crisis intervention services, case management and assertive case management, outpatient services, day treatment/partial hospitalization, medical evaluation, acute stabilization services including detoxification treatment, residential services, and family support services. These services are provided by DMHA-certified entities, including Community Mental Health Centers, organized treatment service networks, and independent agencies.

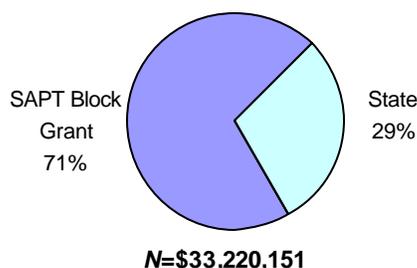
In 1995, Indiana implemented the Hoosier Assurance Plan (HAP), a managed plan which provides publicly funded alcohol and other drug services to eligible persons. Eligible recipients include dually diagnosed individuals, chronically addicted women who are pregnant or who have dependent children, persons who are deaf, and persons requiring methadone treatment.

Treatment Funding and Expenditures

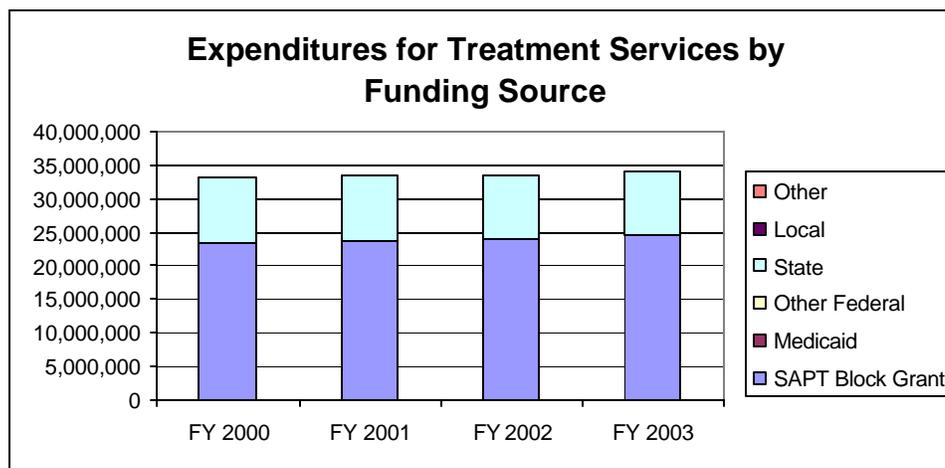
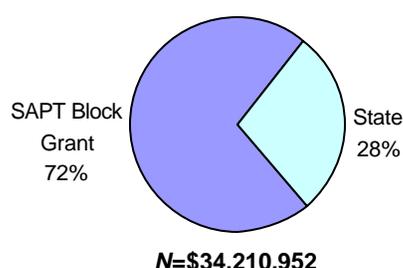
Treatment expenditures in Indiana have increased steadily over time, from \$33.2 million in FY 2000 to \$34.2 million in FY 2003. The sources of treatment funds have also remained relatively unchanged during this time period. In FY 2003, Block Grant funds accounted for nearly three-quarters (72 percent) of total treatment expenditures, while the State paid for approximately one-quarter (28 percent) in that same year.

Between FYs 2000 and 2003 Block Grant treatment expenditures increased slightly from \$3.88 to \$3.97 per capita.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source



Single State Agency Expenditures for Treatment Services From All Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	23,618,831	71	23,961,754	71	24,150,116	72	24,620,121	72
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	9,601,320	29	9,562,293	29	9,433,915	28	9,590,831	28
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	33,220,151	100	33,524,047	100	33,584,031	100	34,210,952	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Indiana's SAPT Block Grant application indicates that over 30,000 persons were admitted to treatment during FY 2002, most of which were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=30,451)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	147	104	0
Free-standing residential	122	163	1
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	314	249	0
Short-term residential	672	868	6
Long-term residential	5	7	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	165	100
Outpatient (non-methadone)	14,059	11,940	211
Intensive outpatient	661	656	1
Detoxification (outpatient)	0	0	0
Total	15,980	14,152	319

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data also indicate over 29,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	8,025	17.7
Any other drugs	21,378	19.6
Total	29,403	19.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 361,000 persons aged 12 and older (7.2 percent of Indiana's population) needed, but did not receive, treatment for alcohol use and 127,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Indiana.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.15	5.51	18.15	5.36
Needing but not receiving treatment for illicit drug use	2.52	4.14	6.96	1.47

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Indiana statutory code promotes coordination among these community partners in order to avoid gaps in treatment, prevention, and law enforcement/justice services. The Mental Health Advisory Council provides assistance to DMHA in planning mental health activities.

The State utilizes PREV-STAT™, a tool developed and maintained by the IPRC at Indiana University-Bloomington, to assess prevention needs throughout the State. Using social, demographic, and geographic data, PREV-STAT™ creates a statistical picture that can be as broad as the entire State or as specific as a particular neighborhood. Indiana's use of this tool allows for precision planning of prevention programs by matching population needs with appropriate prevention services, promoting more effective allocation of limited resources.

The State also utilizes three key surveys to identify substance use habits, as well as risk and protective factors, among Indiana youth: (1) "Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents," (2) an IPRC survey, and (3) pre- and post-test surveys of gateway drug use among middle school youth enrolled in DMHA's afterschool program, "Afternoons R.O.C.K."

Evaluation

Indiana requires all local prevention providers to measure participant-centered outcomes through pre- and post-test instruments and surveys. In addition, annual surveys are conducted in Indiana's schools. Together, these surveys measure prevalence of alcohol, tobacco, and substance use, as well as perceived risks and peer attitudes among youth.

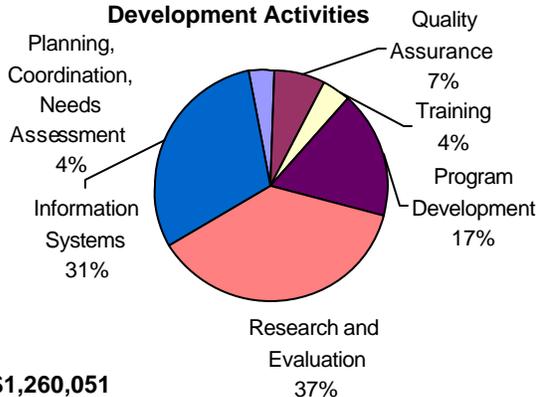
Training and Assistance

Indiana relies on strong partners such as Healthy Families Indiana, the Indiana Association of Prevention Professionals, the GCDFI, and the IPRC to provide training opportunities and support to prevention professionals across the State. IPRC maintains an online reference library, a lending library, and provides technical assistance in to communities on many topics, such as grant writing, program evaluation, and public health. Through the "Prevention Newsline," IPRC delivers information on the latest trends and issues related to substance abuse prevention. Additionally, the ACT Center of Indiana provides technical assistance regarding implementation of Assertive Community Treatment (ACT), integrated dual diagnosis treatment, and other evidence-based practices.

Expenditures of Block Grant Funds for Resource Development Activities

Between FYs 2000 and 2002 SAPT Block Grant funding for resource development activities in Indiana declined slightly to \$1.1 million. Research and evaluation (at 37 percent) and information systems (at 31 percent) comprised over two-thirds of spending activities. The remainder of funds were disbursed among several strategies: program development; quality assurance; training; and planning, coordination, and needs assessment. Indiana did not report any expenditures on resource development activities in FY 2003.

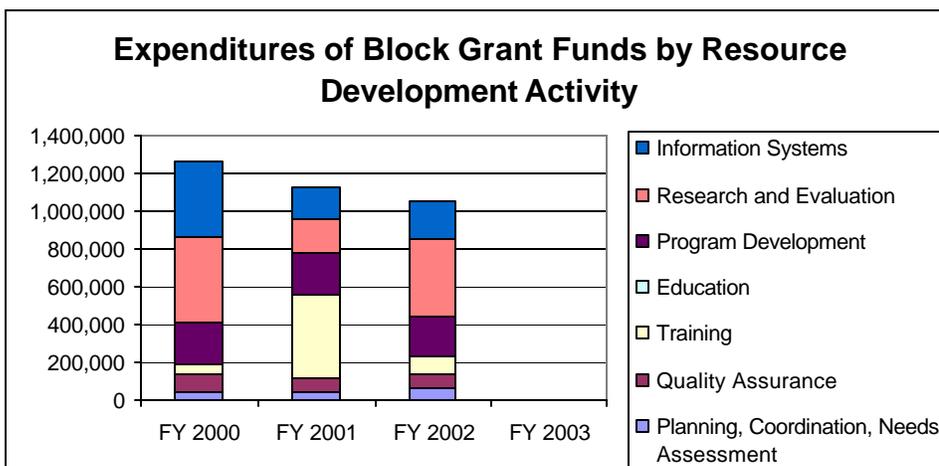
FY 2000 Block Grant Expenditures on Resource Development Activities



N=\$1,260,051

Indiana did not report any expenditures for resource development activities in FY 2003.

Expenditures of Block Grant Funds by Resource Development Activity



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	44,213	4	44,213	4	57,962	6	0	0
Quality Assurance	87,367	7	72,607	6	73,120	7	0	0
Training	52,000	4	439,250	39	102,880	10	0	0
Education	0	0	0	0	0	0	0	0
Program Development	218,900	17	226,864	20	206,865	20	0	0
Research and Evaluation	469,439	37	181,191	16	415,939	40	0	0
Information Systems	388,132	31	161,944	14	193,492	18	0	0
Total*	1,260,051	100	1,126,069	100	1,050,258	100	0	0

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004, the Center for Substance Abuse Prevention (CSAP) awarded Indiana \$1.7 million in discretionary prevention funding. Most of the awards (16 of 17) went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	16	1,370,940
HIV/AIDS Cohort 3 Services	1	350,000
Total	17	1,720,940

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded \$1.9 million in discretionary funding for treatment in Indiana in FY 2004. The majority (nearly \$1 million) is allocated for targeted capacity-HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
Homeless Addictions Treatment	1	481,037
Targeted Capacity - HIV/AIDS	2	959,836
Adult Juvenile and Family Drug Courts	1	331,576
Total	5	1,872,449

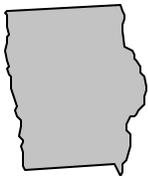
SOURCE: www.samhsa.gov

IOWA

State SSA Director

Janet Zwick, Deputy Director
Division of Behavioral Health and Professional Licensure
Department of Public Health
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515-281-4417
Fax: 515-281-4535
E-mail: jzwick@idph.state.ia.us
Web site: www.idph.state.ia.us/bhpl/default.asp

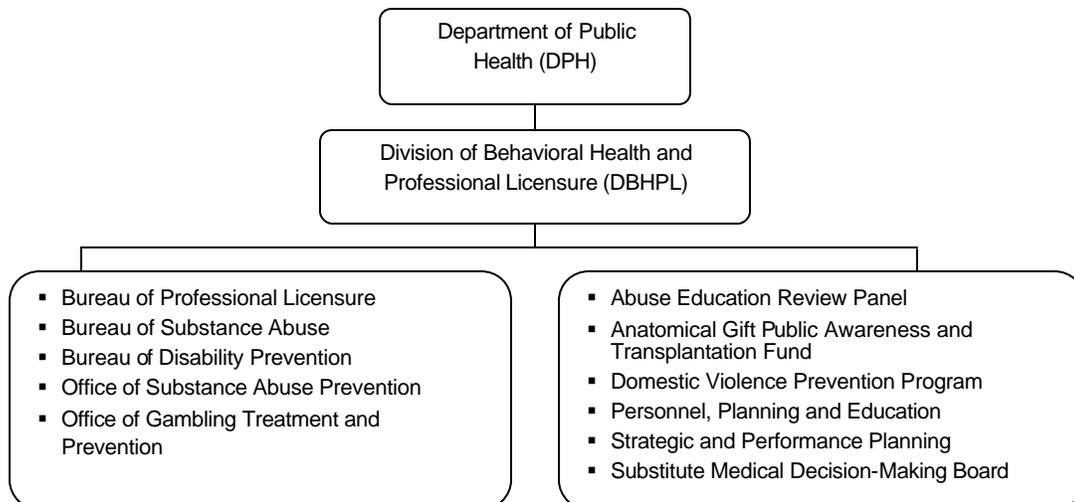
Structure and Function



The Iowa Department of Public Health (DPH) is the Single State Agency (SSA) responsible for ensuring the development and implementation of comprehensive substance abuse prevention and treatment programs. DPH is a cabinet-level department whose director reports to the Governor. The responsibility for publicly funded substance abuse prevention and treatment in the State is delegated to the Division of Behavioral Health and Professional Licensure (DBHPL) as a result of a DPH reorganization. The DBHPL Director also serves as the DPH Deputy Director.

DBHPL includes the Bureau of Substance Abuse, Bureau of Professional Licensure, Bureau of Disability Prevention, and the Office of Substance Abuse Prevention, among other programs and boards. DBHPL's responsibilities include regulation and licensing of substance abuse provider agencies, investigation of complaints brought against provider agencies, competitive contracting, management of the managed care contractor, collaboration with the Department of Human Services (DHS) in a Medicaid initiative, ensuring effective and collaborative use of resources, collaboration with sister agencies such as the Department of Corrections (DOC), Iowa Office of Drug Control Policy (ODCP), and Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP), and dissemination of substance abuse information to the public. A total of 18 FTEs administer and manage DBHPL matters relative to substance abuse services, including a Prevention Team that oversees prevention activities and the State Incentive Grant (SIG). The Division uses six regions for treatment planning and divides the State into 23 prevention planning regions.

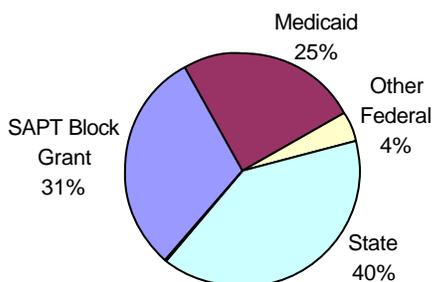
Single State Agency Structure



Single State Agency Funding Overview

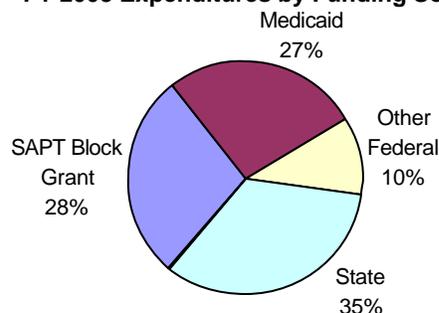
Expenditures for substance abuse services in Iowa increased between FYs 2000 and 2003 from \$40.1 to \$45.7 million. State funds as a proportion of total SSA funds declined during that time period from 40 to 35 percent, as did the Block Grant proportion (from 31 to 28 percent), while Medicaid's proportion increased slightly (from 25 to 27 percent) as did that for other Federal sources (from 4 to 10 percent).

FY 2000 Expenditures by Funding Source



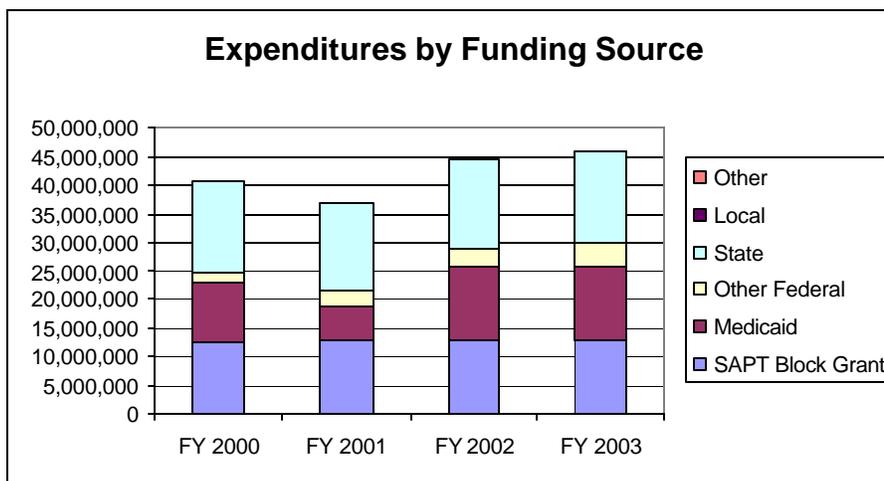
N=\$40,694,485

FY 2003 Expenditures by Funding Source



N=\$45,711,609

Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

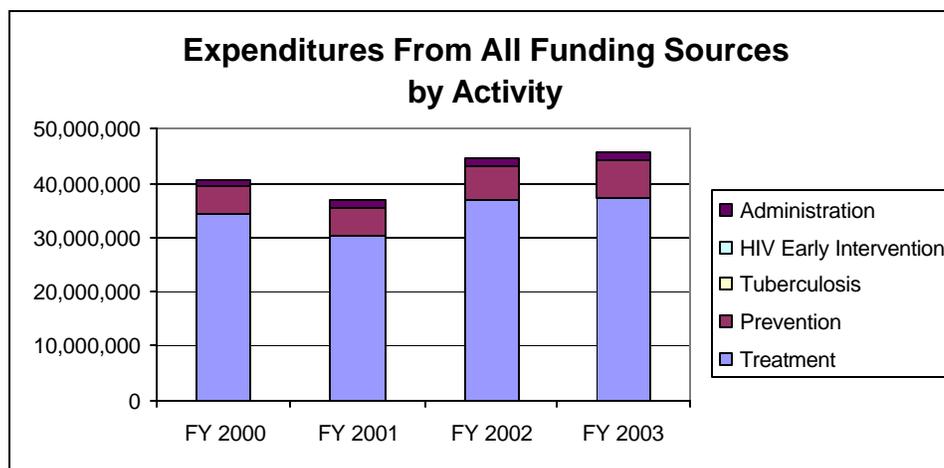
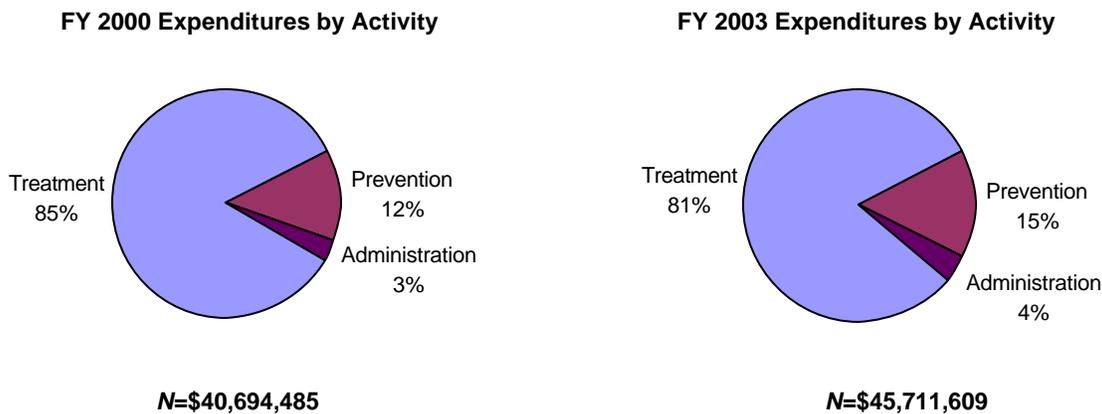
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	12,542,219	31	12,698,390	34	12,838,644	29	12,915,707	28
Medicaid	10,175,843	25	6,010,999	16	12,773,362	29	12,459,958	27
Other Federal	1,697,905	4	2,563,457	7	3,323,852	7	4,783,870	10
State	16,278,518	40	15,665,001	42	15,591,509	35	15,552,074	35
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	40,694,485	100	36,937,847	100	44,527,367	100	45,711,609	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Nearly all (81 percent) of Iowa's SSA expenditures in FY 2003 went toward treatment services, 15 percent toward prevention services, and 4 percent toward administration activities. This distribution is similar to that in FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	25,090,909	63	21,123,390	57	37,104,314	83	37,161,700	81
Alcohol Treatment	4,633,786	11	4,691,483	13				
Drug Treatment	4,633,786	11	4,691,484	13				
Prevention	5,085,977	12	5,081,335	14	6,014,834	14	6,948,442	15
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,250,027	3	1,350,155	4	1,408,219	3	1,601,487	4
Total*	40,694,485	100	36,937,847	100	44,527,367	100	45,711,609	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

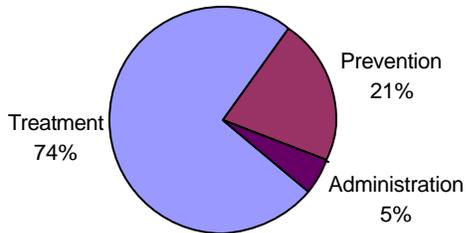
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

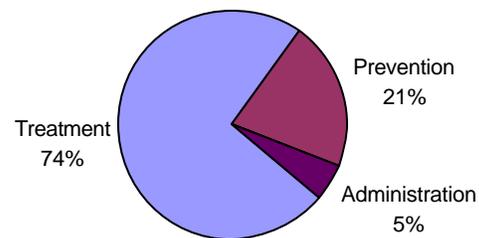
Block Grant expenditures remained relatively stable between FYs 2000 and 2003, increasing slightly from \$12.5 to \$12.9 million. The distribution of these funds remained identical during that time period, with about three-quarters (74 percent) allocated for treatment services, 21 percent for prevention services, and 5 percent for administration costs.

FY 2000 Block Grant Expenditures by Activity

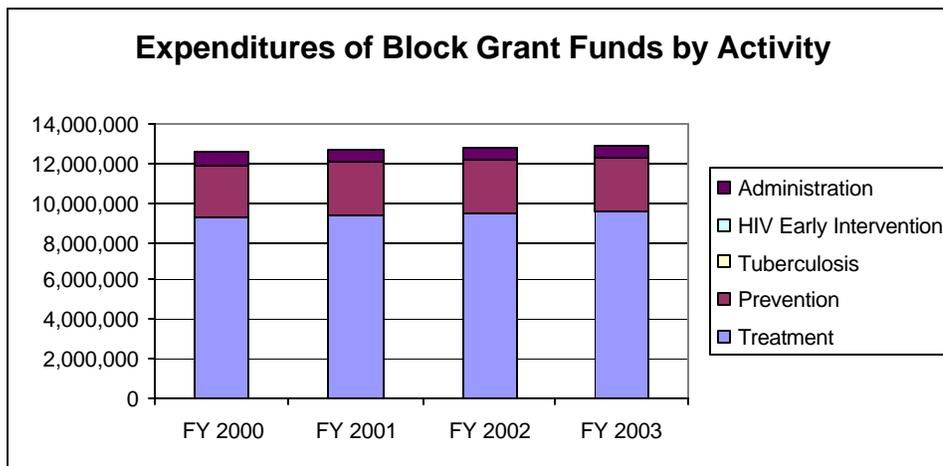


N=\$12,542,219

FY 2003 Block Grant Expenditures by Activity



N=\$12,915,727



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	9,486,603	74	9,543,565	74
Alcohol Treatment	4,633,786	37	4,691,483	37				
Drug Treatment	4,633,786	37	4,691,484	37				
Prevention	2,647,537	21	2,680,503	21	2,710,109	21	2,726,377	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	627,110	5	634,920	5	641,932	5	645,785	5
Total*	12,542,219	100	12,698,390	100	12,838,644	100	12,915,727	100

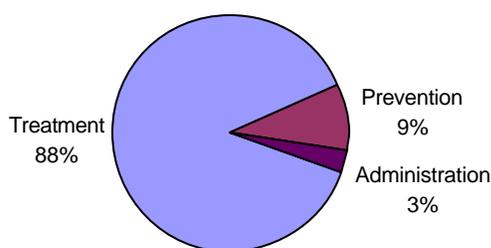
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

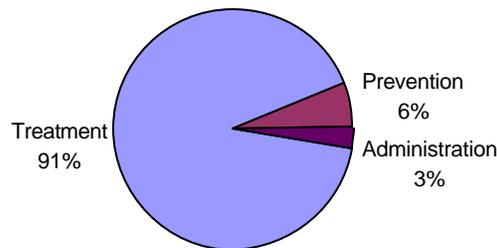
Iowa's State expenditures for substance use services declined slightly between FYs 2000 and 2003 from \$16.3 to \$15.6 million. Most (91 percent) State expenditures in FY 2003 were spent on treatment services and 6 percent on prevention services. This distribution of funds was similar during FYs 2000 through 2002.

FY 2000 State Expenditures by Activity

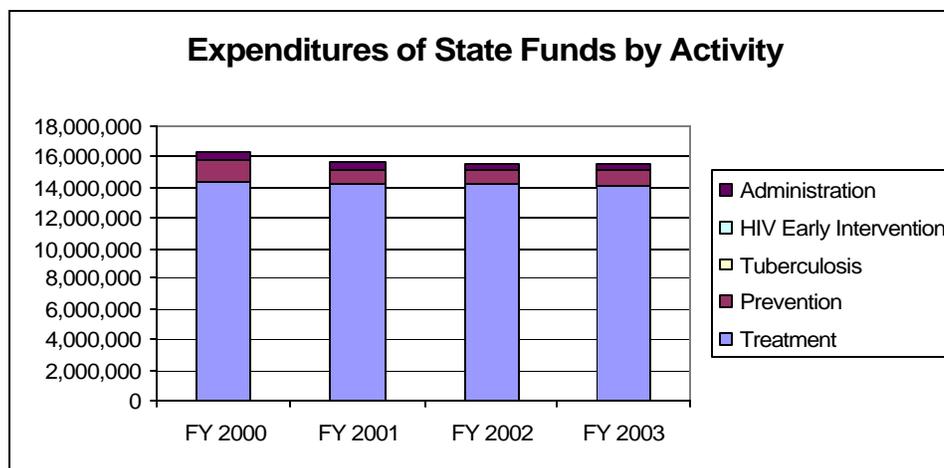


N=\$16,278,518

FY 2003 State Expenditures by Activity



N=\$15,552,074



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	14,349,203	88	14,264,174	91	14,205,252	91	14,173,390	91
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	1,413,170	9	930,692	6	980,068	6	945,924	6
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	516,145	3	470,135	3	406,189	3	432,760	3
Total*	16,278,518	100	15,665,001	100	15,591,509	100	15,552,074	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

The Division of Behavioral Health and Professional Licensure, Office of Substance Abuse Prevention performs these activities: (1) coordinates and collaborates with multiple State agencies and organizations for assessment, planning, and implementation of statewide prevention initiatives; (2) coordinates trainings and monitors funding to local community-based organizations for alcohol, tobacco, and other drug (ATOD) prevention services; and (3) provides technical assistance to individuals, groups, and contracted organizations.

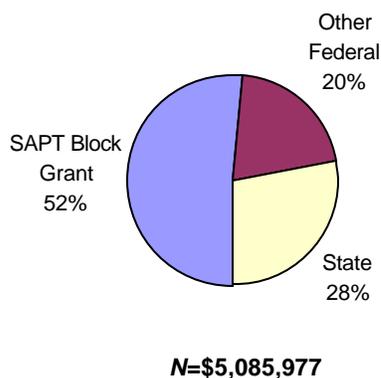
In FY 2004, an estimated 200,000 individuals were reached through prevention programs. Half the program service hours were devoted to the core initiatives of work place development, community coalition building, and youth mentoring. The Iowa Youth Survey showed a reduction in substance use, more communities are taking action against methamphetamine, and model and evidence-based programs are producing positive outcomes.

Prevention Funding and Expenditures

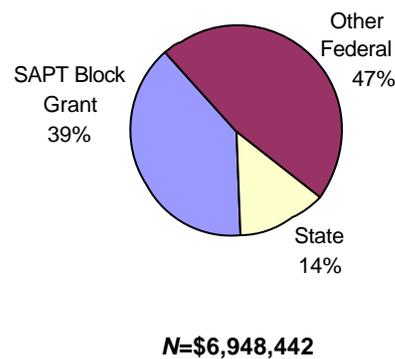
Prevention expenditures in Iowa totaled \$6.9 million in FY 2003, an increase since FY 2000. The largest funding source for prevention expenditures was other Federal funds at 47 percent of the total in FY 2003, followed by the Block Grant (39 percent), and State funds (14 percent). This distribution represents quite a change since FY 2000, when the Block Grant supported more than half of total prevention funds, the State supported 28 percent, and other Federal funds supported 20 percent.

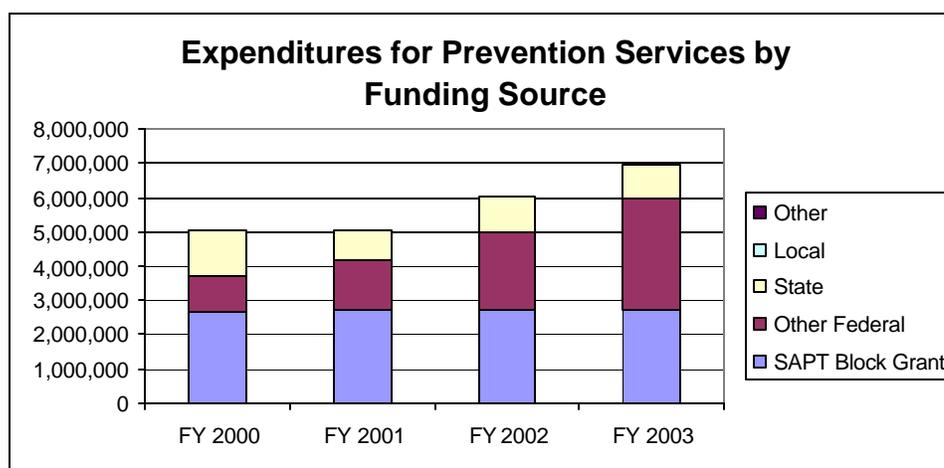
Block Grant prevention expenditures increased slightly from \$0.90 to \$0.93 per capita between FYs 2000 and 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,647,537	52	2,680,503	53	2,710,109	45	2,726,377	39
Other Federal	1,025,270	20	1,470,140	29	2,324,657	39	3,276,141	47
State	1,413,170	28	930,692	18	980,068	16	945,924	14
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	5,085,977	100	5,081,335	100	6,014,834	100	6,948,442	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

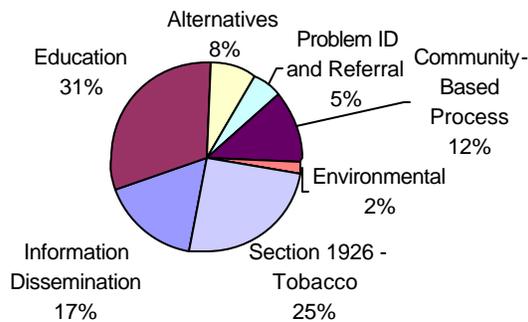
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The statewide information center provides materials to the public and supports campaigns such as Red Ribbon Week. Dissemination also occurs through health fairs, presentations, coalitions, and forums.
Education	Activities focus on curricula, process, and programs with parents, teachers, students, and workplaces.
Alternatives	Strategies include alcohol-free teen dances, holiday parties, and Red Ribbon rallies.
Problem Identification and Referral	Training for schools, businesses, and communities on implementing programs such as student and employee assistance and drinking drivers is provided.
Community-based process	Interagency collaboration, coalition building, and networking occur to enhance services, including the Iowa Youth Survey and Iowa Tobacco Survey. The State initiated the Youth Development Collaboration.
Environmental	IDPH established and changed written community standards and codes and participated in Tobacco Free Iowa strategy to secure tobacco settlement dollars for substance abuse prevention.

Expenditures of Block Grant Funds for Core Strategies

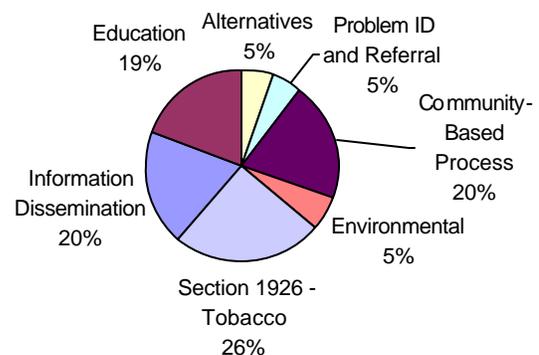
SAPT Block Grant expenditures for prevention core strategies remained stable between FYS 2000 and 2003 at about \$2.7 million. The distribution of these funds, however, shifted during this time period. Funding for education decreased, both in proportion and in dollar amount during this time. In FY 2000 the largest recipient of Block Grant funding for core prevention strategies was education (at 31 percent), whereas in FY 2003, the largest recipient was Section 1926-tobacco (at 26 percent of the total.)

FY 2000 Block Grant Expenditures by Core Strategy

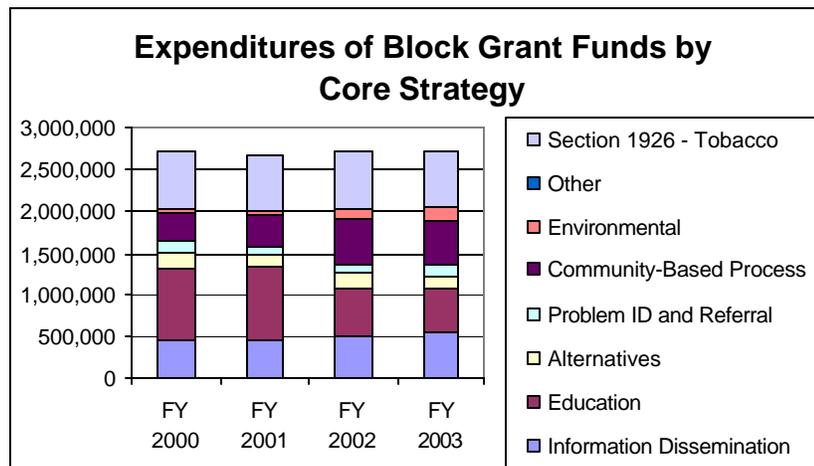


N=\$2,710,110

FY 2003 Block Grant Expenditures by Core Strategy



N=\$2,726,376



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	460,177	17	455,217	17	495,019	18	536,428	20
Education	842,179	31	868,550	32	571,373	21	528,735	19
Alternatives	207,825	8	160,268	6	177,141	7	148,779	5
Problem ID and Referral	139,788	5	107,117	4	107,897	4	132,280	5
Community-Based Process	330,570	12	372,654	14	552,241	20	548,765	20
Environmental	52,044	2	46,571	2	128,910	5	149,795	5
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	677,527	25	670,126	25	677,527	25	681,594	25
Total*	2,710,110	100	2,680,503	100	2,710,108	100	2,726,376	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

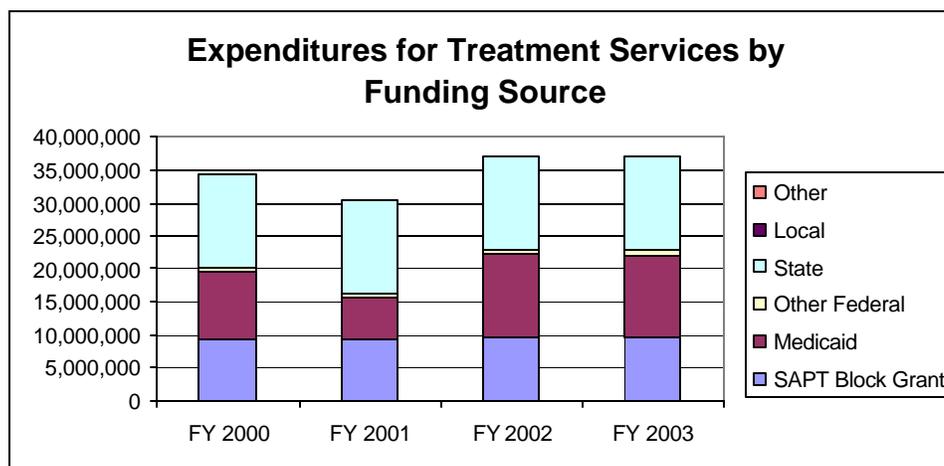
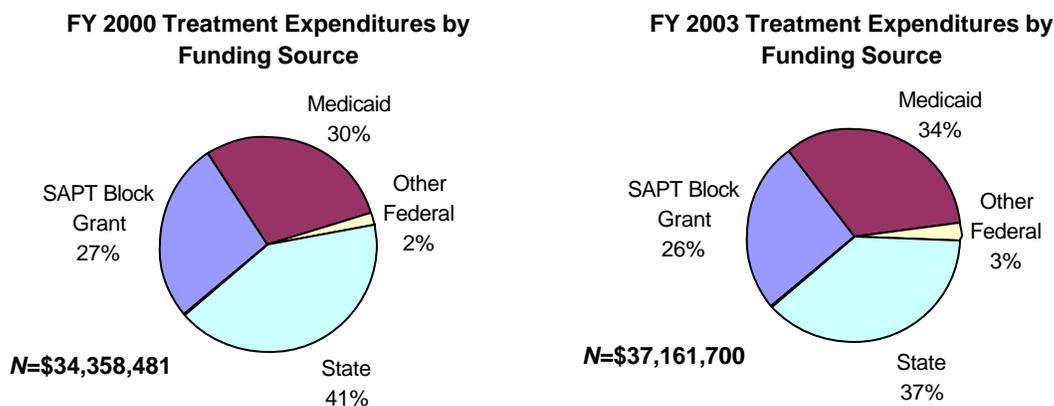
Iowa is divided into 22 service areas for substance abuse treatment. DBHPL, Bureau of Substance Abuse, licenses and monitors treatment programs, which include community- and hospital-based programs, assessment and evaluation services, Operating While Intoxicated (OWI) correctional programs, and correctional institutional programs.

The Iowa Plan for Behavioral Health (Iowa Plan) targets individuals with substance abuse treatment and mental health needs. It is an at-risk plan for managed care services under a 1915 (b) waiver for Medicaid enrollees. Providers are reimbursed using SAPT Block Grant, and State appropriations are contracted to deliver substance abuse treatment services to an agreed upon minimum number of clients or covered lives. Iowa has operated under a managed care system since SFY 1996. Merit Behavioral Care of Iowa (MBCI) currently administers the system. MBCI contracts with IDPH and Medicaid-funded service providers as well as Medicaid-only funded service providers. Programs provide a variety of services that include screening, evaluation, intake assessment, treatment, continuing care, followup services, and detoxification.

Treatment Funding and Expenditures

Funding for treatment increased in Iowa from \$34.4 to \$37.2 million between FYs 2000 and 2003. Funding from Medicaid increased, both in dollar amount and in proportion of total funding during this time. Funding from other sources remained relatively stable in dollar amount, but decreased in proportion of total funding, due to the increase in Medicaid funds.

Block Grant expenditures per capita on treatment services remained relatively stable in Iowa between FYs 2000 and 2003, increasing from \$3.16 in FY 2000 to \$3.24 in FY 2003.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	9,267,572	27	9,382,967	31	9,486,603	26	9,543,565	26
Medicaid	10,175,843	30	6,010,999	20	12,773,362	34	12,459,958	34
Other Federal	565,863	2	848,217	3	639,097	2	984,787	3
State	14,349,203	41	14,264,174	47	14,205,252	38	14,173,390	37
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	34,358,481	100	30,506,357	100	37,104,314	100	37,161,700	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding

Admissions

Iowa's SAPT Block Grant application indicates that nearly 20,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=19,641)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	905	453	0
Free-standing residential	0	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	80	76	0
Short-term residential	1,145	2,124	0
Long-term residential	109	249	0
Ambulatory (Outpatient)			
Outpatient (methadone)	17	160	0
Outpatient (non-methadone)	5,630	5,279	47
Intensive outpatient	1,397	1,935	0
Detoxification (outpatient)	18	17	0
Total	9,301	10,293	47

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 27,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that 33 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	7,971	27.8
Alcohol in combination with other drugs	19,090	35.3
Total	27,061	33.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 187,000 persons aged 12 and older (7.6 percent of Iowa's population) needed, but did not receive, treatment for alcohol use and 58,000 persons (2.4 percent) needed, but did not receive, treatment for illicit drug use in Iowa.

Treatment Gap by Age Group

Measure	2002-2003			
	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.64	7.01	18.20	5.72
Needing but not receiving treatment for illicit drug use	2.36	4.18	6.00	1.43

SOURCE: National Survey on Drug Use and Health; 2002-2003; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Iowa has a comprehensive description of the prevalence of substance use by various drugs, with estimates of both prevention and treatment needs for substate areas and indications of the specific population subgroups that have the highest needs. Data are obtained through multiple adult household surveys of substance use prevalence, abuse, dependency, and treatment needs; surveys on risk and protective factors for substance abuse and prevention; studies of social indicators, women's treatment needs, treatment needs of minority communities and seniors, and the cost effectiveness of treatment. All of the needs assessment data are used to develop the State prevention and treatment strategic plans.

A strategic planning process is used to develop Iowa's prevention system. All 10 State departments and the Governor's Office of Drug Control Policy formed a State Steering Committee, and attendees at the regional planning meetings generate and prioritize recommendations. The Division completes and publishes the State Plan for Substance Abuse Prevention based on information/recommendations obtained from the regional forums. Core services include coalition building, mentoring, and workplace programming.

Evaluation

DBHPL requires reporting by contracted providers and monitors substance abuse services through a patient complaint process, licensure reviews, testing procedures, and reviews of data sent to the Substance Abuse Reporting System (SARS). It funds an outcome monitoring system that completes followup on a percentage of clients and analyzes data for treatment outcomes. The State is developing a data warehouse so analysis of substance abuse data and correctional data will be enhanced. The outcomes for correctional clients within treatment programs will be analyzed to further enhance quality treatment services.

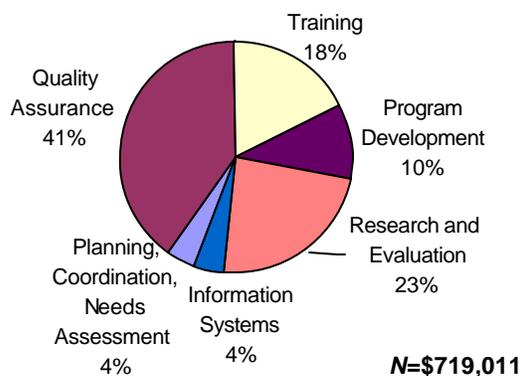
Training and Assistance

DBHPL provides continuing education for employees of facilities that provide prevention activities and treatment services. It contracts with the Iowa Substance Abuse Program Director's Association (SAPDA) Training Resources, to provide training to providers as well as the general public. A training needs assessment is completed and an annual training plan is developed. Activities and services are provided through direct procurement, subcontractors or grantees, or intergovernmental agreements. Cultural competency is a required part of every training event provided by Training Resources. Some training sessions are conducted over a fiber-optic communications network.

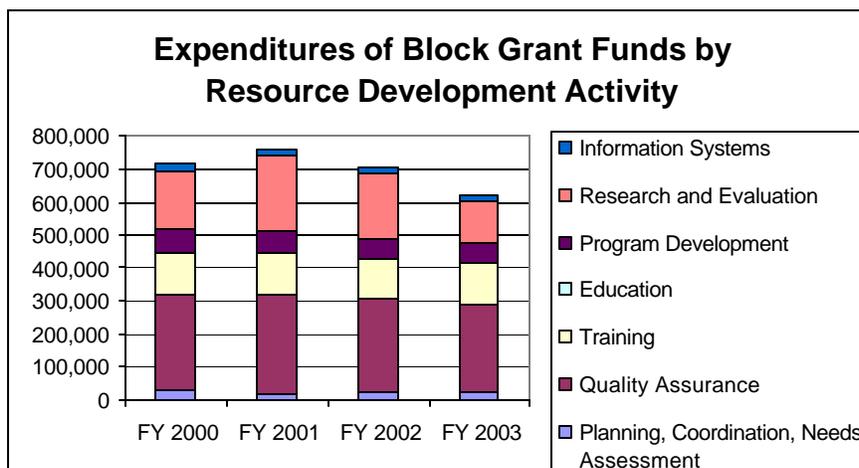
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant expenditures for resource development activities in the State declined slightly between FYs 2000 and 2003 (from \$719,000 to \$624,000). These expenditures were disseminated among several main resource development activities in FY 2003 including quality assurance (which received 43 percent of funds), training (20 percent), research and evaluation (20 percent), and program development (10 percent). This distribution of funds was similar in FYs 2000 through 2002.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	29,443	4	19,260	3	21,233	3	22,398	4
Quality Assurance	288,945	40	299,904	40	281,723	40	266,711	43
Training	129,980	18	129,010	17	117,979	17	125,222	20
Education	0	0	0	0	0	0	0	0
Program Development	73,358	10	67,516	9	66,790	10	65,294	10
Research and Evaluation	168,106	23	222,035	29	196,021	28	125,221	20
Information Systems	29,179	4	19,193	3	18,548	3	18,995	3
Total*	719,011	100	756,918	100	702,294	100	623,841	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 *Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded \$2.6 million in discretionary prevention grant funds to Iowa entities for FY 2004. These grants included the Drug Free Communities Support (19 of the 23 grants awarded) and the Methamphetamine and Inhalant Use programs.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	19	1,625,508
Drug Free Communities Mentoring	1	47,377
Iowa Methamphetamine Prevention Sole Source 2003	1	399,949
Prevention of Methamphetamine and Inhalant Use	1	335,618
Single Sole Source Grant to the Iowa Department of Public Health 2004	1	200,000
Total	23	2,608,452

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded \$2.7 million in discretionary treatment grant funds to Iowa entities. These grants included Methamphetamine and Inhalant Use, Strengthening Communities, Residential Treatment, and State Data Infrastructure.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	650,000
CSAT 2004 Earmarks	2	244,549
Iowa Methamphetamine Treatment Sole Source -2003	1	499,963
Residential SA Treatment	1	434,935
State Data Infrastructure	1	100,000
Strengthening Communities -Youth	1	750,000
Total	7	2,679,447

SOURCE: www.samhsa.gov

KANSAS

State SSA Director

Mr. David A. Dickinson, Director
Addiction and Prevention Services
Health Care Policy

Kansas Department of Social and Rehabilitation Services
Docking State Office Building
915 SW Harrison Street, 10th Floor
Topeka, KS 66612-1570

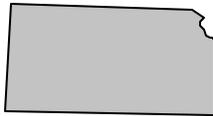
Phone: 785-368-6245

Fax: 785-296-3773

E-mail: ddickinson@srskansas.org

Web site: www.srskansas.org/hcp/AAPSHome.htm

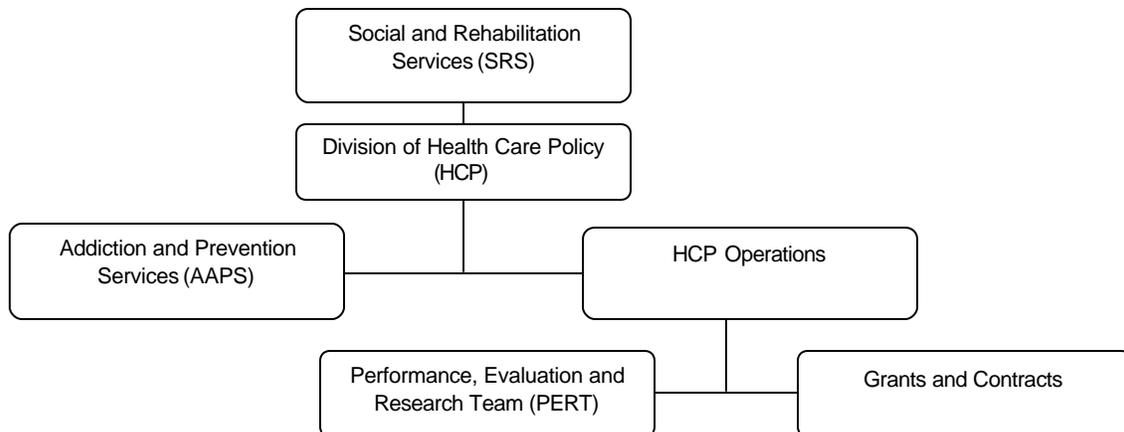
Structure and Function



The Department of Social and Rehabilitation Services (SRS) is the designated Single State Agency (SSA) that has statutory responsibility to provide substance abuse, addiction, and prevention services for Kansas. The Addiction and Prevention Services section (AAPS) within SRS provides administrative leadership by promoting effective public policy and developing and evaluating programmatic and human resources. The mission of SRS and AAPS is “ensuring a comprehensive system of quality services for the prevention and treatment of addictions in Kansas.” AAPS has adopted these guidelines to fulfill the mission: (1) invest in results, (2) ensure no wrong door to treatment, (3) maintain a commitment to quality, and (4) change attitudes and build partnerships.

The Governor and SRS Secretary receive advice and guidance from a number of key stakeholder groups in planning and delivering prevention and addiction services. These groups include the Kansas Citizens Committee on Alcohol and Other Drug Abuse, established by State statute and whose members include legislators and other system stakeholders such as child welfare, corrections, mental health, educators, program providers, grassroots groups, and consumers. This committee provides guidance on policies and program issues related to substance abuse prevention and treatment.

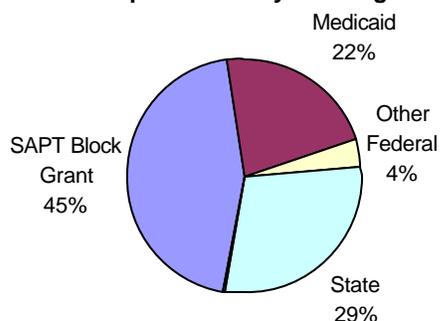
Single State Agency Structure



Single State Agency Funding Overview

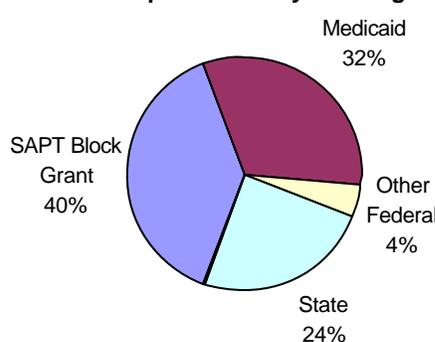
Approximately \$31.8 million was set spent on substance abuse treatment and prevention services in Kansas in FY 2003, an increase from \$24.5 million in FY 2000. The Block Grant accounted for 38 percent of the expenditures in FY 2003 (down from 45 percent in FY 2000), followed by Medicaid funding at 32 percent (up from 22 percent in FY 2000), State funding at 24 percent (down from 29 percent in FY 2000), and other Federal sources at 4 percent.

FY 2000 Expenditures by Funding Source

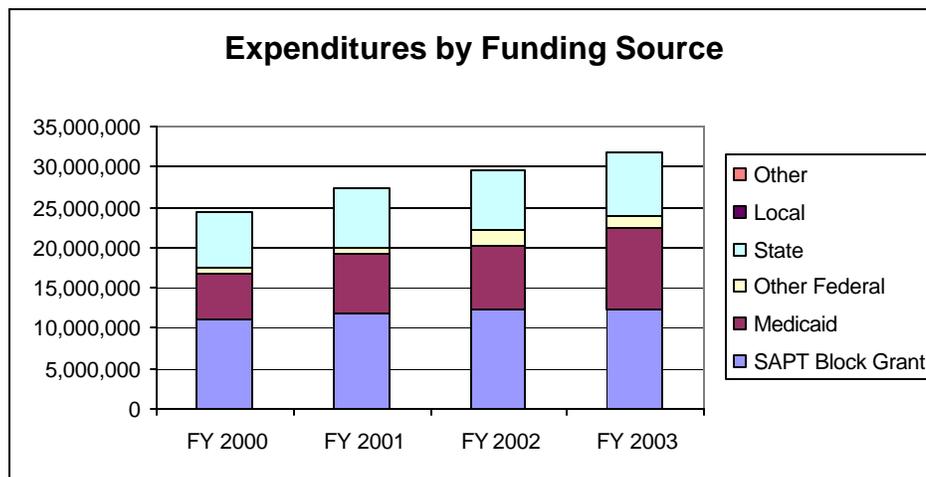


N=\$24,541,020

FY 2003 Expenditures by Funding Source



N=\$31,768,313



Single State Agency Expenditures From All Funding Sources

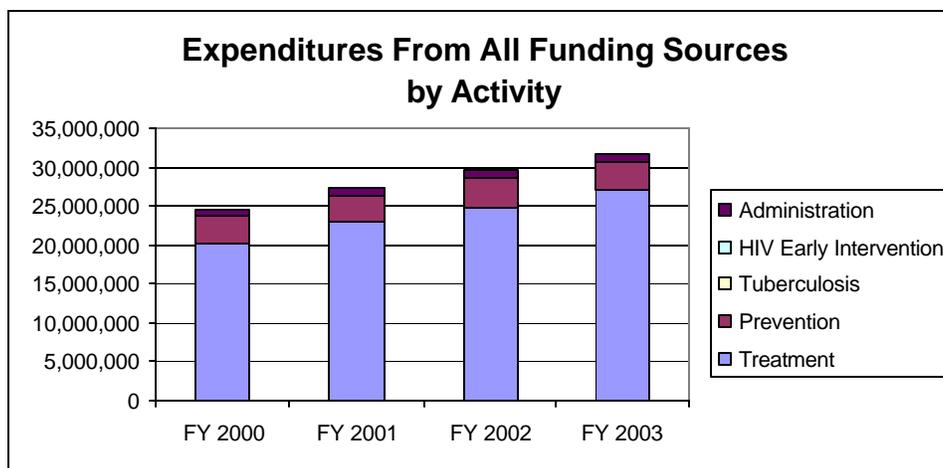
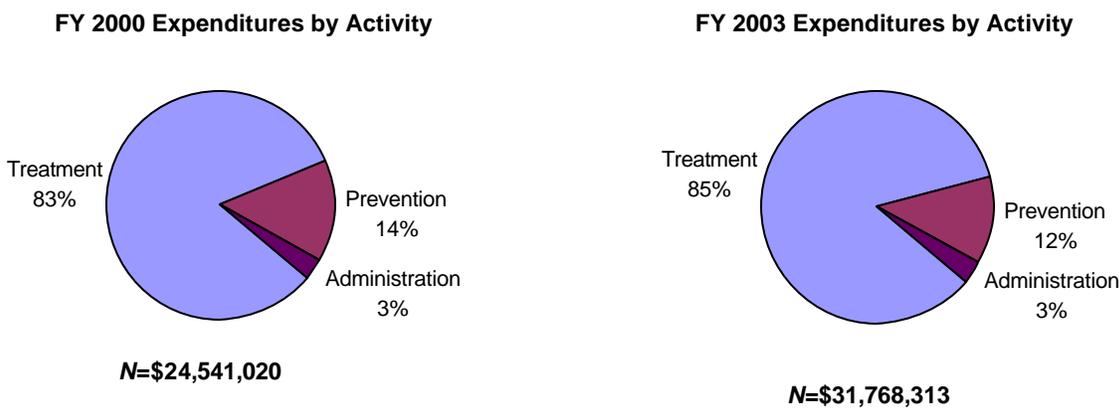
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	11,060,004	45	11,699,847	43	12,280,272	41	12,343,401	39
Medicaid	5,463,847	22	7,613,775	28	8,142,507	27	10,265,226	32
Other Federal	888,865	4	837,202	3	1,814,030	6	1,417,371	4
State	7,128,304	29	7,318,772	27	7,383,567	25	7,742,315	24
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	24,541,020	100	27,469,596	100	29,620,376	100	31,768,313	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$32.8 million SSA expenditures in FY 2003, 85 percent was spent on treatment, 12 percent on prevention, and 3 percent on administration. This distribution has remained relatively stable since FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	5,463,847	22	23,118,190	84	24,918,271	84	27,020,852	85
Alcohol Treatment	7,762,509	32	0	0				
Drug Treatment	7,083,905	29	0	0				
Prevention	3,478,490	14	3,307,378	12	3,693,090	12	3,732,685	12
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	27,000	0	0	0
Administration	752,269	3	1,044,028	4	982,015	3	1,014,776	3
Total*	24,541,020	100	27,469,596	100	29,620,376	100	31,768,313	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

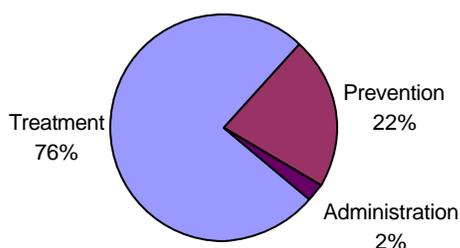
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

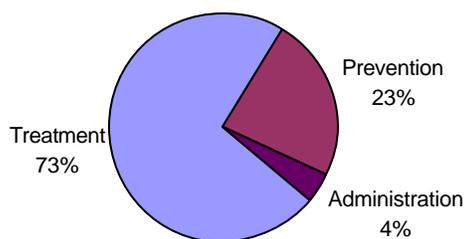
Block Grant expenditures totaled over \$12.3 million in FY 2003, up from \$11.1 million in FY 2000. About three-fourths of the Block Grant funds during that time period in FY 2005 went towards treatment activities, followed by 23 percent toward prevention.

FY 2000 Block Grant Expenditures by Activity

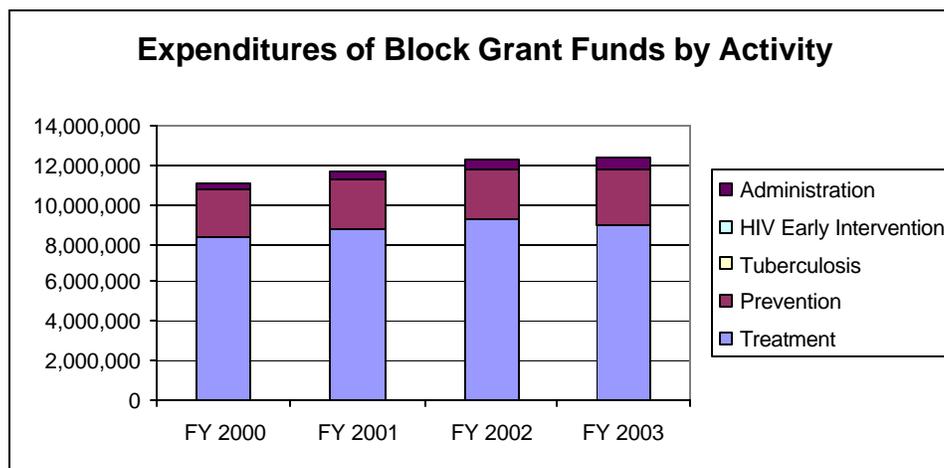


N=\$11,060,004

FY 2003 Block Grant Expenditures by Activity



N=\$12,343,401



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	8,739,614	75	9,308,015	76	8,973,931	73
Alcohol Treatment	4,392,664	40	0	0				
Drug Treatment	4,008,654	36	0	0				
Prevention	2,396,960	22	2,524,139	22	2,481,203	20	2,852,110	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	261,726	2	436,094	4	491,054	4	517,360	4
Total*	11,060,004	100	11,699,847	100	12,280,272	100	12,343,401	100

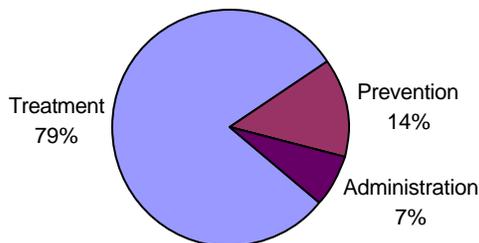
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

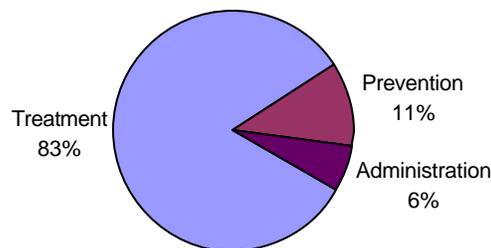
Between FYs 2000 and 2003, State expenditures on alcohol and drug abuse services remained relatively stable, increasing from \$7.1 million in FY 2000 to \$7.7 million in FY 2003. In FY 2003 most (83 percent) of the funds went toward treatment services, with 11 percent of the funds spent on prevention services and 6 percent on administration costs. This distribution of funds was similar in FYs 2000 through 2002.

FY 2000 State Expenditures by Activity

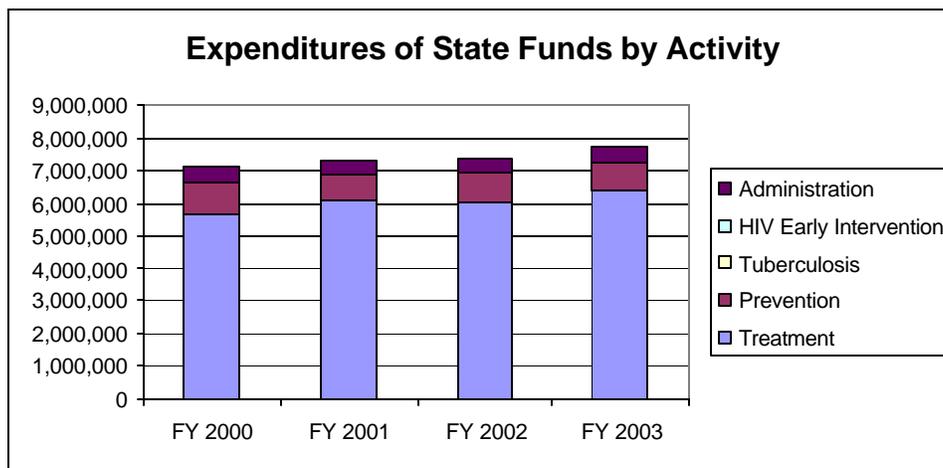


N=\$7,128,304

FY 2003 State Expenditures by Activity



N=\$7,742,315



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	6,075,885	83	6,059,749	82	6,408,370	83
Alcohol Treatment	2,967,202	41	0	0				
Drug Treatment	2,707,807	38	0	0				
Prevention	962,752	14	783,239	11	882,419	12	864,529	11
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	27,000	0	0	0
Administration	490,543	7	459,648	6	414,399	6	469,416	6
Total*	7,128,304	100	7,318,772	100	7,383,567	100	7,742,315	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

AAPS funds a comprehensive infrastructure based on prevention science. The infrastructure supports research-based practices, a data-driven process, and outcomes-based planning and evaluation. This prevention infrastructure comprises:

- 13 Regional Prevention Centers (RPCs) that cover all 105 counties and provide technical assistance and training
- The Kansas Family Partnership, which provides statewide advocacy and support for community coalitions, support for other initiatives, and prevention training
- YouthFriends of Kansas, which provides volunteers for school-based mentoring and training for school personnel
- The Communities That Care student drug use survey and the evaluation of community coalitions

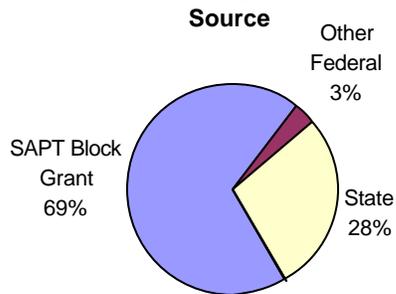
The Strategic Prevention Framework (SPF) is the overarching prevention approach that provides a collaborative framework and a course of action to support the healthy development of children. The framework builds on a solid foundation of research and evaluation and supports outcome-based planning and community capacity building

Prevention Funding and Expenditures

Prevention funding in Kansas remained relatively stable between FYs 2000 and 2003, ranging from \$3.5 to \$3.7 million. About three-fourths of the State’s prevention funding came from the Block Grant in FY 2003; the remainder from the State. This distribution has changed somewhat from FY 2000, when Block Grant funds accounted for 69 percent of prevention resources, the State accounted for 28 percent, and other Federal funds accounted for 3 percent.

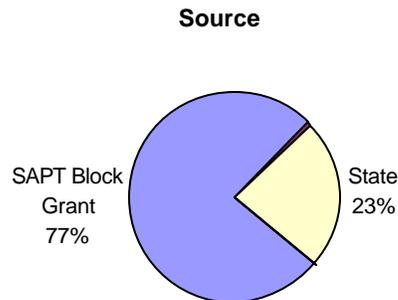
Block Grant funds for prevention services increased from \$0.89 per capita in FY 2000 to \$1.05 per capita in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

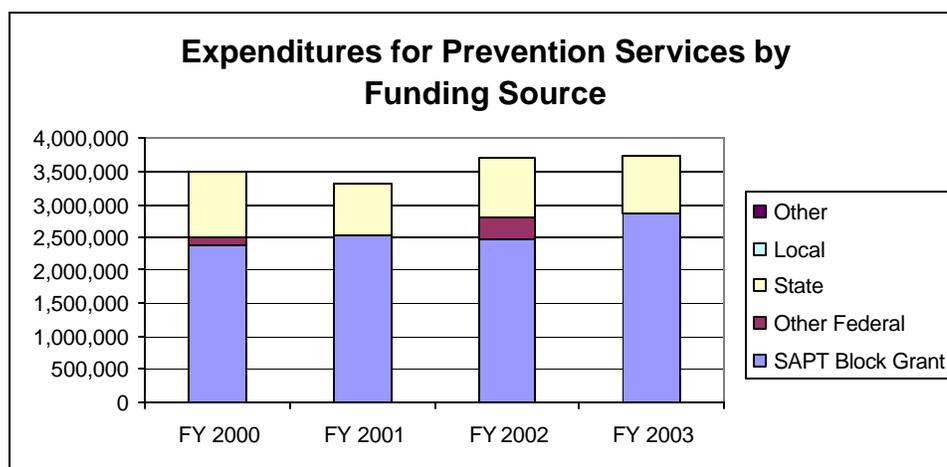


N=\$3,478,490

FY 2003 Prevention Expenditures by Funding Source



N=\$3,732,685



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,396,960	69	2,524,139	76	2,481,203	67	2,852,110	77
Other Federal	118,778	3	0	0	329,468	9	16,046	0
State	962,752	28	783,239	24	882,419	24	864,529	23
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,478,490	100	3,307,378	100	3,693,090	100	3,732,685	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

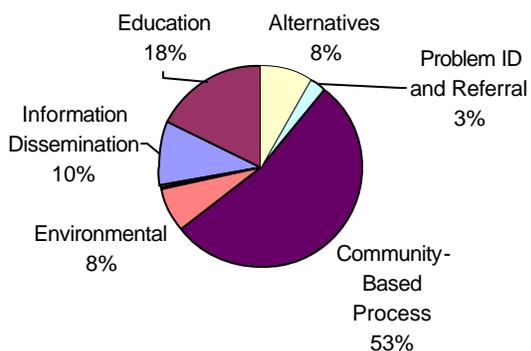
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Kansas Regional Alcohol and Drug Awareness Resources (RADAR) Distribution Center, part of a comprehensive network, disseminates research-based resources, including pamphlets, books, and videos.
Education	Education efforts include Red Ribbon Rallies, a methamphetamine conference, a mock alcohol and drug disaster drill, and an updated tobacco retailer training online.
Alternatives	RPCs assist community partnerships in outcomes-based planning, hold back-to-school events, and serve school districts through YouthFriends of Kansas, a school-based mentoring program.
Problem Identification and Referral	RPCs maintain resources to make treatment referrals and provide staff to develop workforce programming for social workers regarding prevention strategies for TANF populations.
Community-based Processes	RPCs assist coalitions and task forces and promote use of the Communities That Care model.
Environmental	The Kansas statute on endangering a child through the sale, distribution, or manufacture of methamphetamine was changed from a misdemeanor to a felon, tobacco retailer licenses were made part of the public record, and the number of smoke-free establishments was increased.

Expenditures of Block Grant Funds for Core Strategies

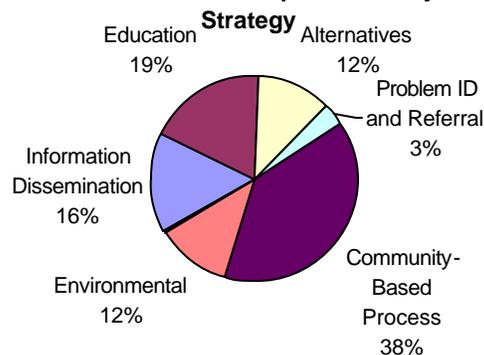
Between FYs 2000 and 2003 Block Grant funding for core prevention strategies in Kansas increased from \$2.4 to nearly \$2.9 million. During that time period, community-based processes received the largest proportion of funds, and the remainder was spent on a variety of strategies.

FY 2000 Block Grant Expenditures by Core Strategy

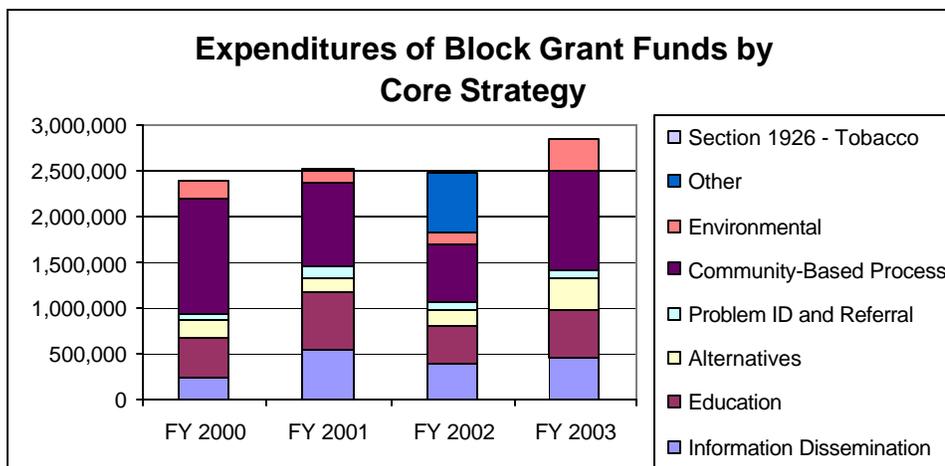


N=\$2,396,960

FY 2003 Block Grant Expenditures by Core Strategy



N=\$2,852,110



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	239,696	10	550,009	22	384,800	16	442,640	16
Education	431,453	18	625,010	25	403,123	16	533,658	19
Alternatives	191,757	8	150,002	6	183,238	7	331,148	12
Problem ID and Referral	71,909	3	125,002	5	91,619	4	97,916	3
Community-Based Process	1,270,389	53	925,014	37	641,333	26	1,107,676	39
Environmental	180,756	8	125,002	5	128,267	5	332,913	12
Other	0	0	0	0	648,823	26	0	0
Section 1926 - Tobacco	11,000	0	24,100	1	0	0	6,159	0
Total*	2,396,960	100	2,524,139	100	2,481,203	100	2,852,110	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 *Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

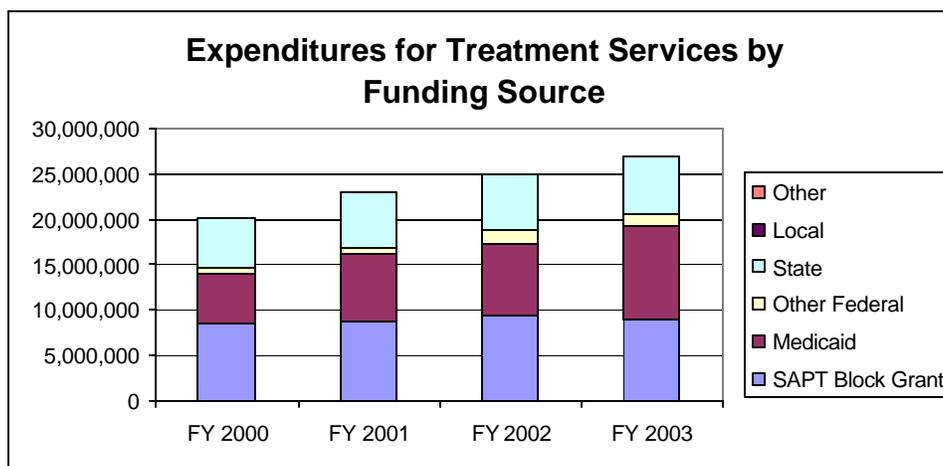
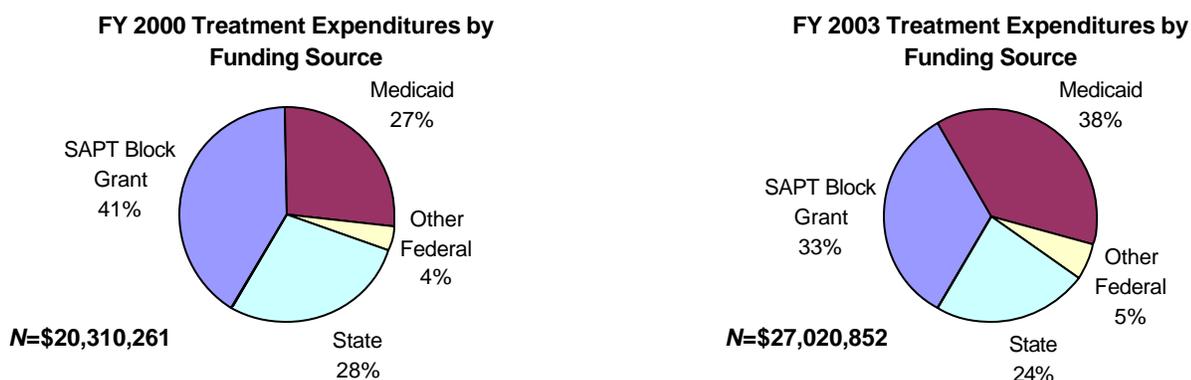
The Kansas SRS/AAPS-funded addiction treatment system offers a continuum of services: (1) intermediate treatment, (2) intensive outpatient treatment, (3) social detoxification treatment that provides 24-hour, non-hospital based residential treatment, (4) reintegration treatment, and (5) methadone treatment.

This SRS/AAPS-funded treatment system has one point of entry in the four Regional Alcohol and Drug Assessment Centers (RADACs). RADACs provide assessments, outreach, and clinical utilization reviews for persons and families needing substance abuse treatment services in their identified regions. RADACs also assess service delivery through reviews and clinical monitoring. With the exception of outpatient services, social detoxification services, and services for pregnant women and women with dependent children, services are pre-approved through the RADACs.

Treatment Funding and Expenditures

Funding for treatment and rehabilitation in Kansas increased steadily over the years, from \$20.3 million in FY 2000 to \$27 million in FY 2003. In FY 2003 Medicaid was the single largest funding source for treatment services at 38 percent of the total funding, followed by the Block Grant at 33 percent and the State at 24 percent. In contrast, in FY 2000 the Block Grant was the largest source of treatment funding (at 41 percent), followed by the State (at 28 percent) and then Medicaid (at 27 percent).

Block Grant funding for treatment services increased between FYs 2000 and 2002 from \$3.12 per capita to \$3.43 per capita. In FY 2003, those funds decreased slightly to \$3.29 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	8,401,318	41	8,739,614	38	9,308,015	37	8,973,931	33
Medicaid	5,463,847	27	7,613,775	33	8,142,507	33	10,265,226	38
Other Federal	770,087	4	688,916	3	1,408,000	6	1,373,325	5
State	5,675,009	28	6,075,885	26	6,059,749	24	6,408,370	24
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	20,310,261	100	23,118,190	100	24,918,271	100	27,020,852	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Kansas's SAPT Block Grant application indicates that over 16,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment. The majority of these persons were admitted for outpatient, free-standing residential and short-term residential treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=16,389)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,357	1,382	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,117	1,837	0
Long-term residential	607	853	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	3,613	4,210	0
Intensive outpatient	571	853	0
Detoxification (outpatient)	0	0	0
Total	7,265	9,124	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 14,000 admissions (where at least one substance was known), of which nearly 3,000 were for alcohol only. Calculations (with imputation) from TEDS data show that approximately 23 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,726	22.2
Alcohol in combination with other drugs	11,716	23.1
Total	14,442	22.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 151,000 persons aged 12 and older (6.9 percent of Kansas's population) needed, but did not receive, treatment for alcohol use, and 48,000 persons (2.2 percent) needed, but did not receive, treatment for illicit drug use in Kansas.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.85	4.98	17.70	5.02
Needing but not receiving treatment for illicit drug use	2.20	3.88	6.29	1.16

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Planning occurs at the regional and county levels. Treatment service regions comprise five geographic areas that cover all 105 Kansas counties. The 13 RPCs cover prevention services in all counties.

Planning and evaluation relies on several sources of data including Communities That Care (CTC), a student survey that collects 57 archival indicators. These data are now available through an online portal that has enhanced the use of the CTC data for school districts and communities across the State. Furthermore, in FY 2005, a community profile builder tool will be added to allow communities to integrate important trend data into needs assessment documents. Social indicator data reporting will be expanded to provide more direct access and ensure linkages with risk and protective factor trends.

Although Kansas has not conducted a statewide formal treatment needs assessment since 1995, it is planning to select a vendor to perform an updated assessment.

Evaluation

In FY 2004, think tanks were established to review indicators of effectiveness on a continual basis in order to create a single, statewide approach across State agencies. This approach has the potential to help determine the cost-benefit ratio of prevention and treatment services.

AAPS is revising its standards for treatment services, the counselor credentialing process, and its policies and procedures manual. Capacity, tuberculosis services, and women's treatment services are monitored through data collection. Contractual agreements with State-funded programs include requirements for priority services for pregnant women, women with children, injection drug users (IDUs), and HIV-diagnosed clients.

Training and Assistance

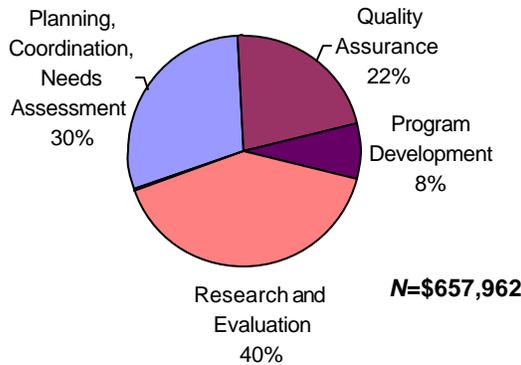
Kansas provides a variety of training and assistance activities to treatment and prevention personnel and providers. For treatment, a survey is administered to understand the needs of the Kansas addiction workforce. NIDA principles are disseminated and newsletters feature articles on and links to best practices. The Kansas Connecting Research to Services group also identifies evidence-based practices to disseminate to the field. Specialized training covers topics such as brain-related research and cognitive behavior approaches. AAPS continues to partner with other agencies, such as the Department of Corrections and Department of Health and Environment, to leverage training opportunities.

For prevention, a Prevention Workforce Survey was administered to determine the most effective professional development approach to recruit, train, and retain a competent prevention workforce. A long-range training schedule and strategies are under development. SRS/AAPS is developing online resources and updating training in the Communities That Care operating system that moves community coalitions toward science-based prevention processes. SRS/AAPS contracted with the Kansas Family Partnership to coordinate training opportunities and in FY 2005, the Kansas Family Partnership will also assume responsibility for management of the State's prevention professional credentialing system.

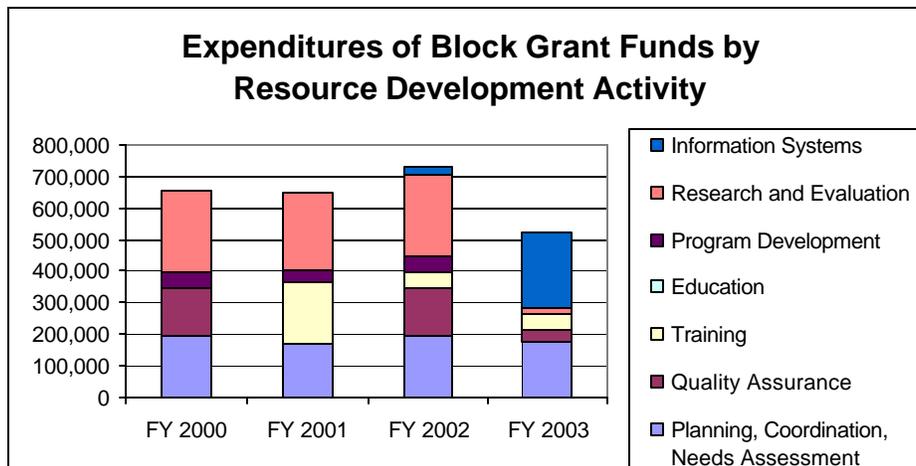
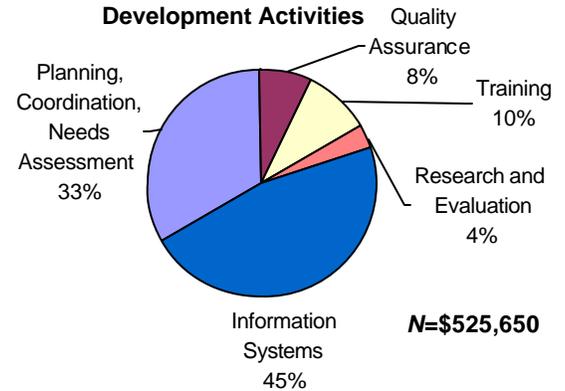
Expenditures of Block Grant Funds for Resource Development Activities

In FY 2003, Block Grant expenditures for resource development activities in Kansas totaled \$526,000, a decrease from earlier years. The largest proportion (45 percent) of these funds was earmarked for information systems, whereas in FY 2000 the largest proportion of funds (40 percent) was earmarked for research and evaluation projects.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	195,000	30	170,000	26	195,000	27	173,678	33
Quality Assurance	147,000	22	0	0	147,000	20	39,827	8
Training	0	0	195,000	30	50,296	7	50,376	10
Education	0	0	0	0	0	0	0	0
Program Development	50,000	8	35,000	5	50,000	7	0	0
Research and Evaluation	265,962	40	250,000	38	265,962	36	18,586	4
Information Systems	0	0	0	0	21,937	3	243,183	46
Total*	657,962	100	650,000	100	730,195	100	525,650	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded 15 prevention grants to Kansas in FY 2004 totaling nearly \$1.2 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Awards	Number of Awards	Total \$ Amount
Drug Free Communities	15	1,153,759
Total	15	1,153,759

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

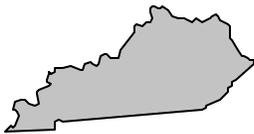
The Center for Substance Abuse Treatment (CSAT) did not award any discretionary grants to Kansas during FY 2004.

KENTUCKY

State SSA Director

Ms. Donna Hillman, Director
Department for Mental Health and Mental Retardation Services
Division of Mental Health and Substance Abuse
100 Fair Oaks 4E-D
Frankfort, KY 40601
Phone: 502-564-2880
Email: Donna.Hillman@ky.gov
Web site: mhmr.ky.gov

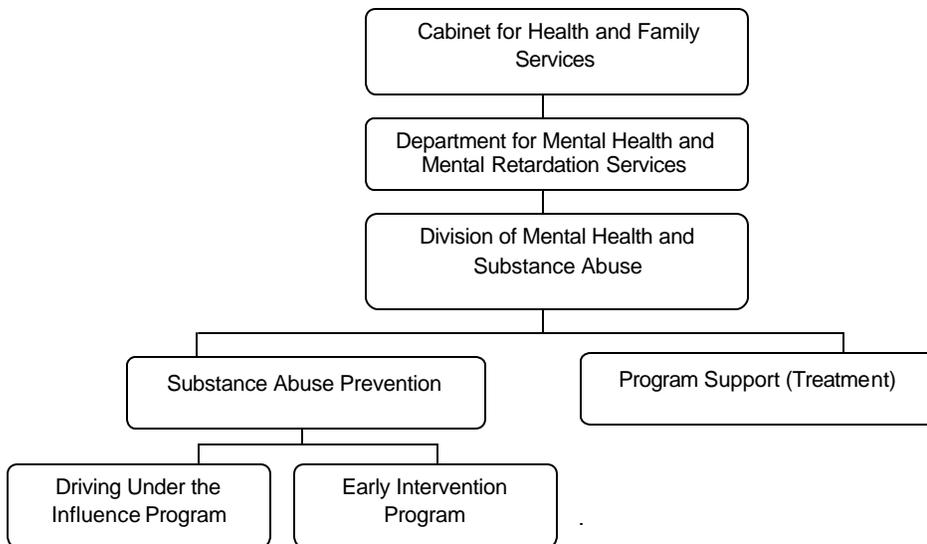
Structure and Function



The Cabinet for Health and Family Services was created by the Governor in July 2004 and includes the Department for Mental Health and Mental Retardation Services. Within the Department for Mental Health and Mental Retardation Services, the Division of Mental Health and Substance Abuse, the Single State Agency (SSA), is responsible for alcohol and other drug abuse prevention and treatment services.

The Division of Mental Health and Substance Abuse includes the Program Support Branch (Treatment Branch) that has primary responsibility for community alcohol and drug abuse treatment services and supports detoxification, family, residential, transition living, intensive outpatient, and other outpatient services. The Substance Abuse Prevention Program also resides in the Division of Mental Health and Substance Abuse and continues to oversee statewide prevention services and training. It oversees a network of 14 Regional Prevention Centers that provide technical assistance and training on prevention strategies.

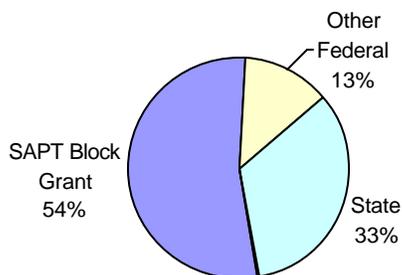
Single State Agency Structure



Single State Agency Funding Overview

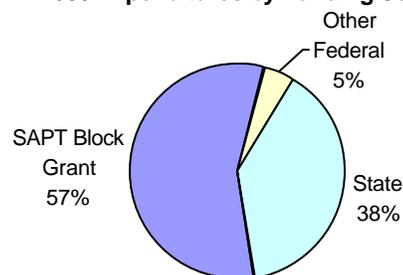
Although peaking in FY 2001 at \$40.4 million, overall expenditures by Kentucky's SSA remained fairly stable between FYs 2000 and 2003. Kentucky's overall SSA funding totaled \$36.5 million in FY 2003. Block grant funding accounted for 57 percent of total expenditures in FY 2003 and State funding accounted for 38 percent.

FY 2000 Expenditures by Funding Source

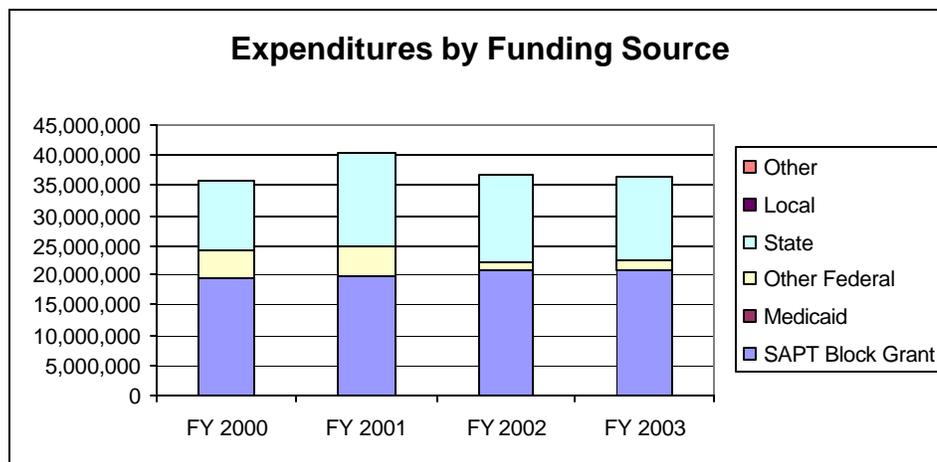


N=35,907,030

FY 2003 Expenditures by Funding Source



N=\$36,460,651



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	19,276,066	54	19,841,212	49	20,646,000	56	20,752,134	57
Medicaid	0	0	0	0	0	0	0	0
Other Federal	4,693,037	13	5,048,029	12	1,381,470	4	1,717,358	5
State	11,937,927	33	15,555,997	38	14,814,707	40	13,991,159	38
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	35,907,030	100	40,445,238	100	36,842,177	100	36,460,651	100

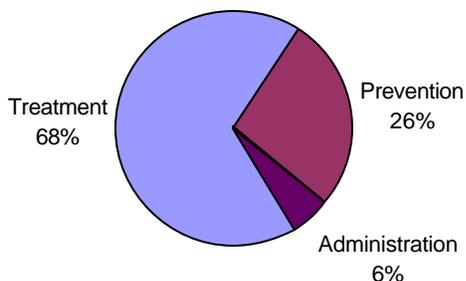
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

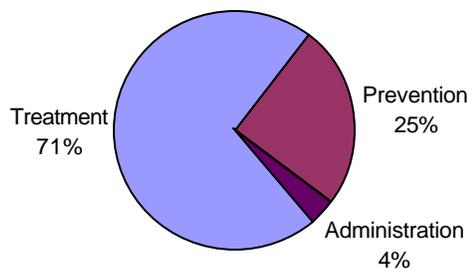
Nearly three quarters (71 percent) of the \$36.5 million SSA expenditures in FY 2003 were allocated for treatment services, followed by prevention (at 25 percent) and administration costs (at 4 percent). This is a slight change from FY 2000 when treatment accounted for 68 percent of expenditures and prevention accounted for 26 percent.

FY 2000 Expenditures by Activity

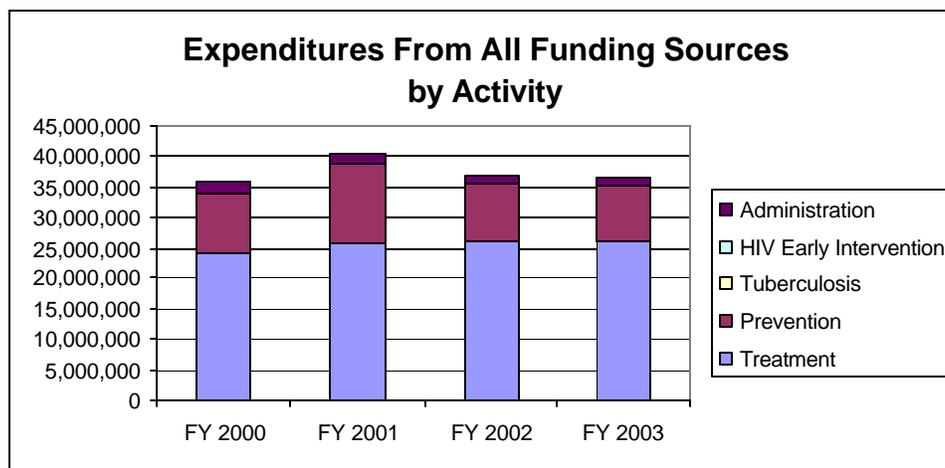


N=\$35,907,030

FY 2003 Expenditures by Activity



N=\$36,460,651



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	25,939,685	64	26,272,631	71	26,168,067	71
Alcohol Treatment	13,628,330	38	0	0				
Drug Treatment	10,715,574	30	0	0				
Prevention	9,504,298	26	12,950,898	32	9,212,534	25	8,967,526	25
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,058,828	6	1,554,655	4	1,357,012	4	1,325,058	4
Total*	35,907,030	100	40,445,238	100	36,842,177	100	36,460,651	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

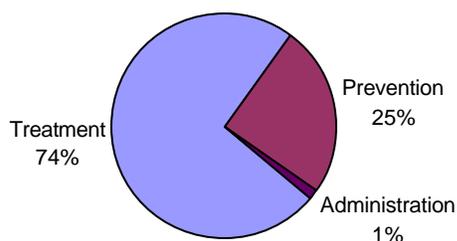
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

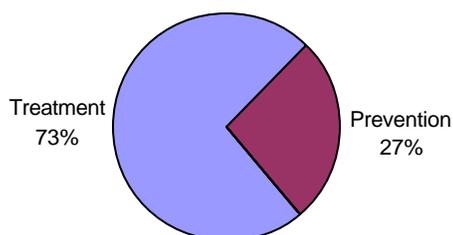
Block Grant expenditures for SSA activities in Kentucky have remained relatively stable over the years and have increased steadily from \$19.3 million in FY 2000 to nearly \$20.8 million in FY 2003. The distribution of funds has also remained stable. In FY 2003, 73 percent of the total funds were spent on treatment services, and 27 percent were spent on prevention services.

FY 2000 Block Grant Expenditures by Activity

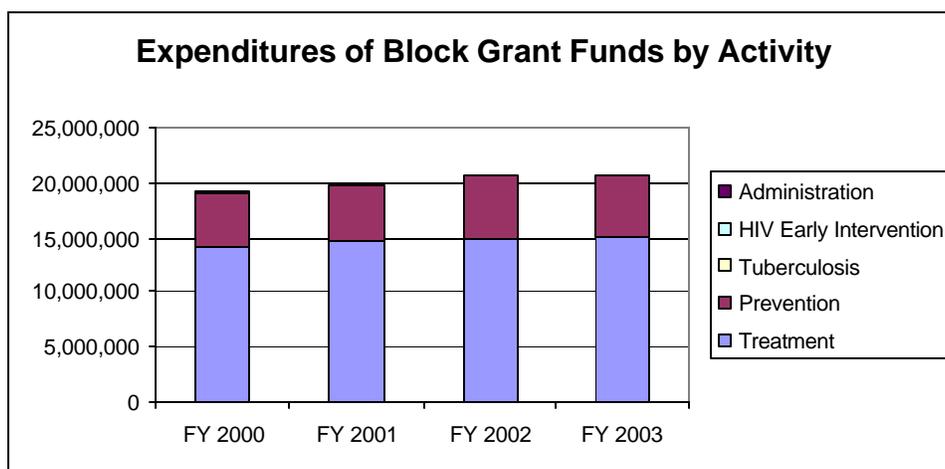


N=\$19,276,066

FY 2003 Block Grant Expenditures by Activity



N=\$20,752,134



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	14,800,709	75	14,841,177	72	15,197,700	73
Alcohol Treatment	7,559,139	39	0	0				
Drug Treatment	6,718,758	35	0	0				
Prevention	4,734,441	25	5,020,754	25	5,781,340	28	5,550,682	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	263,728	1	19,749	0	23,483	0	3,752	0
Total*	19,276,066	100	19,841,212	100	20,646,000	100	20,752,134	100

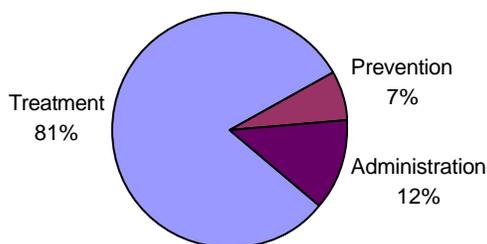
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

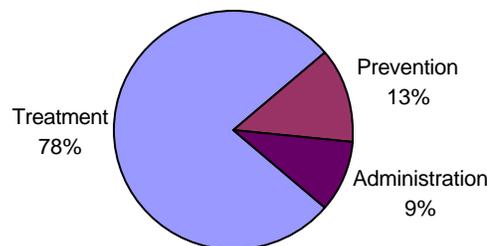
State expenditures increased from \$11.9 million in FY 2000 to \$15.6 million in FY 2001, and declined to \$14.0 million in FY 2003. A large portion (78 percent) of Kentucky's State expenditures for substance abuse services were spent on treatment in FY 2003. Prevention expenditures, peaking in FY 2001 at \$3.7 million, increased from just over \$800,000 in FY 2000 to nearly \$1.8 million in FY 2003.

FY 2000 State Expenditures by Activity

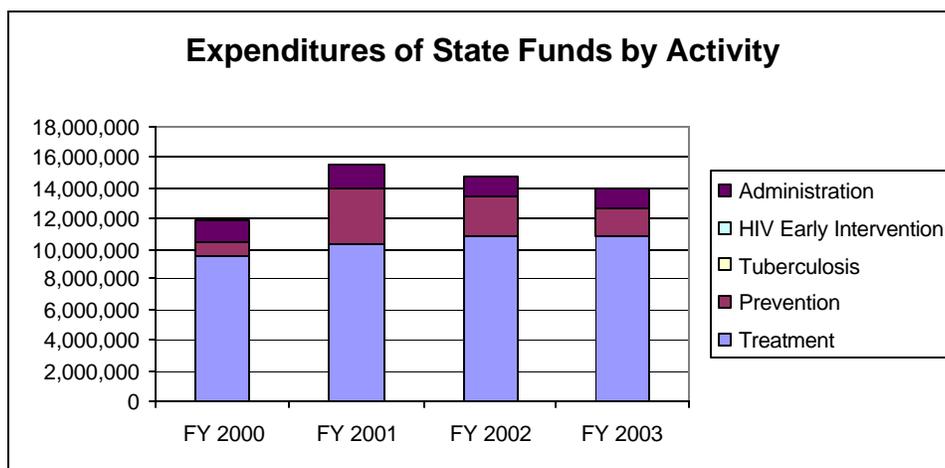


N=\$11,937,927

FY 2003 State Expenditures by Activity



N=\$13,991,159



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	10,319,455	66	10,923,788	74	10,892,858	78
Alcohol Treatment	5,647,449	47	0	0				
Drug Treatment	3,996,816	34	0	0				
Prevention	829,508	7	3,702,636	24	2,557,390	17	1,776,995	13
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,464,154	12	1,533,906	10	1,333,529	9	1,321,306	9
Total*	11,937,927	100	15,555,997	100	14,814,707	100	13,991,159	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

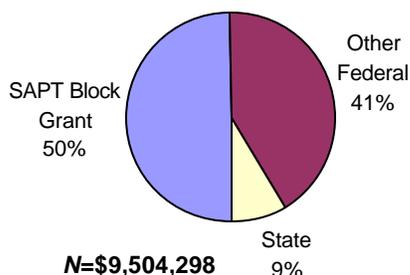
The Kentucky prevention system is based on interagency linkages and 14 Regional Prevention Centers that provide technical assistance and training on evidence-based prevention strategies. The objectives of the system are to assist in the development of community task forces and policy boards; raise community awareness; educate and train target groups, including youth, parents, school personnel, housing authority staff and residents, senior citizens, and employees of businesses; assist community efforts at problem identification and referral; support a network of RADAR associates; and provide alternative activities for youth through teen leadership activities.

Prevention Funding and Expenditures

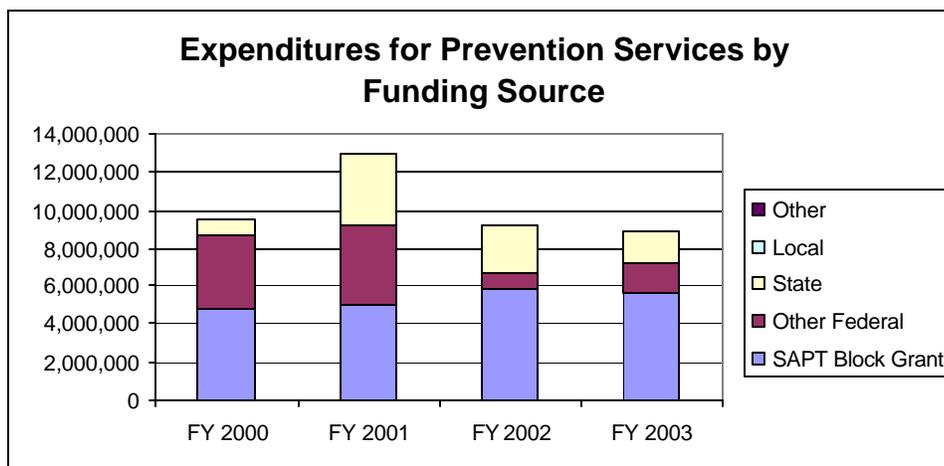
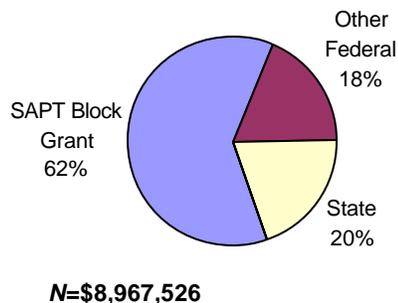
Prevention expenditures, after peaking in FY 2001 at nearly \$13.0 million, declined to about \$9.0 in FY 2003. The distribution of funding sources for prevention services also changed during that time period. In FY 2003, the Block Grant accounted for 62 percent of prevention funding, followed by State resources (at 20 percent) and other Federal resources (at 18 percent). In contrast, Block Grant funds accounted for 50 percent of funding in FY 2000, followed by other Federal (at 41 percent).

Block Grant funds for prevention in Kentucky increased from \$1.17 per capita in FY 2000 to \$1.41 in FY 2002. In FY 2003 Block Grant funds for prevention activities decreased slightly to \$1.35 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,734,441	50	5,020,754	39	5,781,340	63	5,550,682	62
Other Federal	3,940,349	41	4,227,508	33	873,804	9	1,639,849	18
State	829,508	9	3,702,636	29	2,557,390	28	1,776,995	20
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	9,504,298	100	12,950,898	100	9,212,534	100	8,967,526	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

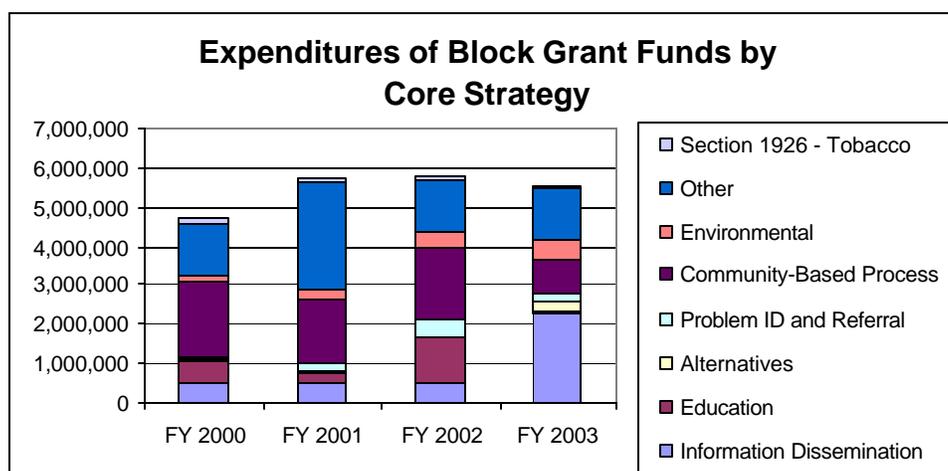
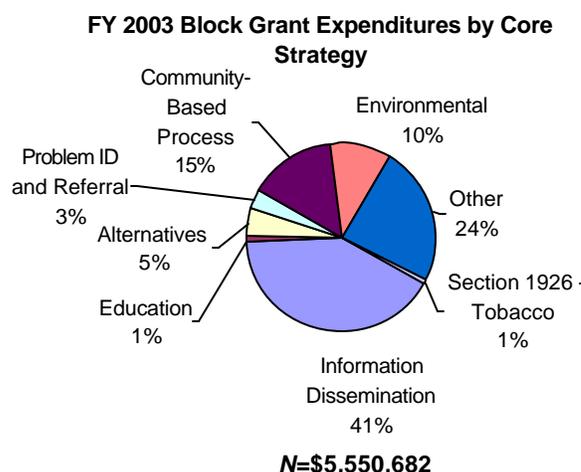
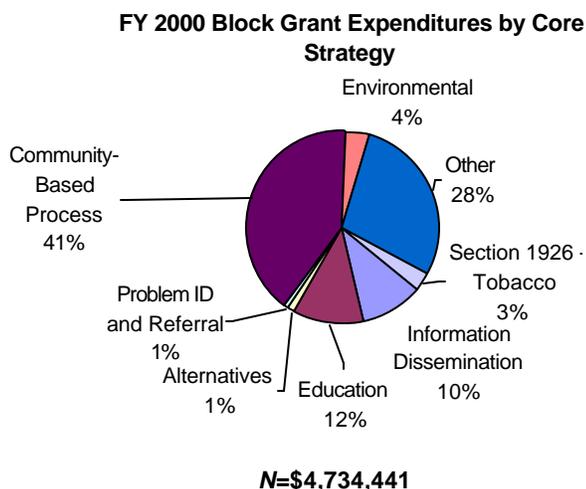
Core Strategies

Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	14 associate RADAR Centers disseminate information to communities.
Education	State police deliver the DARE program. The juvenile justice system utilizes the Early Intervention Program.
Alternatives	Youth Empower Strategy (Y.E.S.) engages youth in substance abuse prevention efforts. Other strategies include training on alcohol environmental strategies and media literacy.
Community-based Processes	The Champions program, a network of regional and county action groups, solicits local funding and in-kind support for evidence-based prevention projects. Regional Prevention Centers assist the groups with team building and planning.
Environmental	Champions groups and Regional Prevention Centers raise community awareness of alcohol advertising, marketing strategies, pricing issues, and smoke-free environments.
Problem Identification and Referral	Training and certification of community agencies assess and educate driving under intoxication (DUI) offenders. The Division trains and consults with schools and community groups on effective referrals for those with alcohol and drug problems.

Expenditures of Block Grant Funds for Core Strategies

Block Grant funds for prevention activities in Kentucky reached a high of \$5.8 million in FYs 2001 and 2002 and were \$5.6 million in FY 2003. The largest amount of funds (41 percent) from the Block Grant for prevention went toward the information dissemination strategy followed by strategies and the “other” category (24 percent). The proportion of funds targeted at community-based processes decreased during this time from 40 percent in FY 2000 to 15 percent in FY 2003.



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	486,646	10	491,136	9	502,464	9	2,254,159	41
Education	551,533	12	289,108	5	1,156,674	20	61,147	1
Alternatives	64,886	1	38,316	1	20,649	0	268,086	5
Problem ID and Referral	32,443	1	208,994	4	427,252	7	190,965	3
Community-Based Process	1,914,143	41	1,580,421	28	1,863,516	32	836,981	15
Environmental	194,659	4	272,477	5	412,672	7	573,695	10
Other	1,328,017	28	2,782,397	49	1,311,953	23	1,310,472	24
Section 1926 - Tobacco	162,114	3	54,800	1	86,160	1	55,177	1
Total*	4,734,441	100	5,717,649	100	5,781,340	100	5,550,682	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 *Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

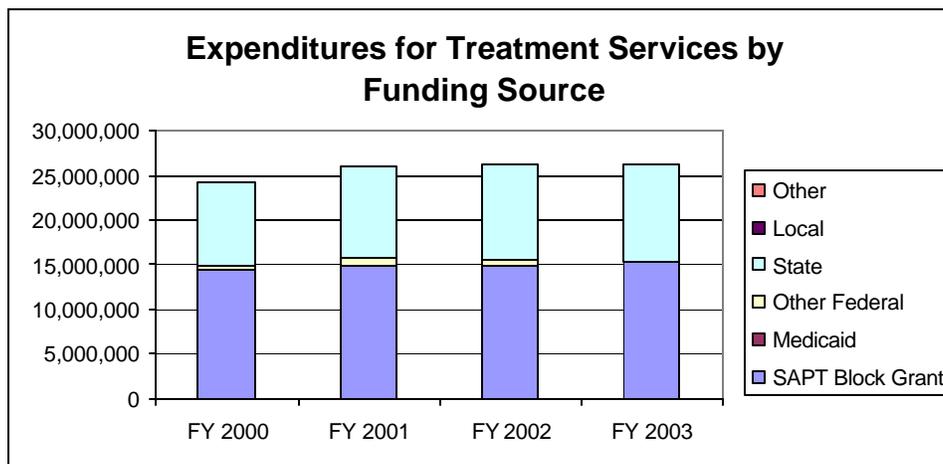
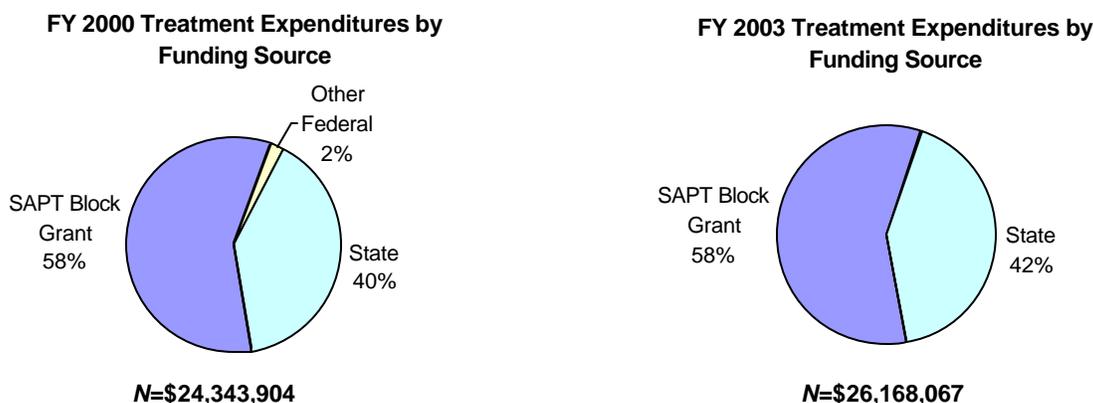
Kentucky’s treatment services are provided through community-based detoxification, residential, transitional, and outpatient service entities. In addition, an array of self-help programs, such as Alcoholics Anonymous, Narcotics Anonymous, and Oxford House for recovering persons and their family members are an integral part of the community-based treatment delivery system.

The treatment branch of the Single State Agency oversees the treatment functions including: (1) statewide planning and program development of treatment services, (2) administration of State and Federal funds, (3) development of programs to address the needs of special populations (i.e., women, adolescents, DUI offenders, injection drug users [IDUs], members of minority populations), (4) delivery of technical assistance for contracted service providers and affiliate agencies, and (5) quality assurance for contracted services. In addition, the branch administers the Kentucky Treatment Outcome Study to measure the impact of professional treatment on clients served.

Treatment Funding and Expenditures

Treatment expenditures in Kentucky increased slightly from \$24.3 million in FY 2000 to \$26.2 million in FY 2003. The proportion of funds expended from the different funding sources remained stable during this time. In FY 2003, the majority Block Grant accounted for the majority (58 percent) of treatment expenditures, followed by the State (42 percent).

Treatment expenditures per capita increased slightly from \$3.53 in FY 2000 to \$3.69 in FY 2003.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	14,277,897	58	14,800,709	57	14,841,177	56	15,197,700	58
Medicaid	0	0	0	0	0	0	0	0
Other Federal	421,742	2	819,521	3	507,666	2	77,509	0
State	9,644,265	40	10,319,455	40	10,923,788	42	10,892,858	42
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	24,343,904	100	25,939,685	100	26,272,631	100	26,168,067	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

In examining admissions by specific treatment modality, Kentucky provided services over 40,000 clients in State Fiscal Year 2003 (July 1, 2002, through June 30, 2003).

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=40,415)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	2,454	3,645	166
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,014	2,181	175
Long-term residential	146	489	22
Ambulatory (Outpatient)			
Outpatient (methadone)	0	474	0
Outpatient (non-methadone)	7,818	9,646	10,626
Intensive outpatient	607	993	139
Detoxification (outpatient)	0	0	0
Total	12,039	17,428	11,128

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

The Treatment Episode Data Set (TEDS) number for total unduplicated (across modalities and provider organizations)¹ clients served was over 18,000 (where at least one substance was known). Calculations (with imputation) from TEDS data show that nearly 38 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

¹ For example, in the specific service modality table, clients may have been admitted to residential, intensive outpatient, and outpatient at different points in the year. The modality specific admission table shows each of these admissions, unduplicated within each modality. Hence a client who was admitted twice to residential was not counted twice.

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	5,624	36.9
Alcohol in combination with other drugs	12,858	38.1
Total	18,482	37.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

While the National Survey of Drug Use and Health reports over 200,000 Kentucky residents 12 and over needing treatment for alcohol abuse or dependence and 88,000 for illicit drug use, State data are somewhat higher. In conducting a household survey using an adapted version of the NSDUH instrument, 423,502 met criteria for needing treatment using DSM-IV criteria or self reported need for treatment in 1999. The State contracts with the University of Kentucky Center on Drug and Alcohol Research to conduct the household survey of over 5,000 households to estimate the need for treatment. A current study has just been completed in 2005 with approximately the same finding. The adolescent survey has been completed but data have not yet been released from this study. Preliminary findings suggest that over 5 percent of the adolescent population needs treatment for substance use problems.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	5.90	5.21	14.15	4.55
Needing but not receiving treatment for illicit drug use	2.56	5.02	6.98	1.49

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The Division of Mental Health and Substance Abuse contracts with the University of Kentucky Center on Drug and Alcohol Research to conduct epidemiological studies to determine incidence and prevalence of substance abuse statewide, in the substate planning areas (SPAs), and at county levels. Data for planning purposes are also reported by the 14 Regional Mental Health and Mental Retardation Boards, and each board submits an annual service plan and budget to the Division of Mental Health and Substance Abuse. The data are used in the annual budget planning process. These plans serve as the basis for community substance abuse prevention and treatment services in the geographic regions. The University of Kentucky Center on Drug and Alcohol Research conducts household surveys using the core variables and measures from the NSDUH instrument and adds Kentucky specific measures as well. The current plan is to conduct an adult survey approximately every 2 years and an adolescent every 2 years on the alternate years of the adult surveys. Needs are analyzed factoring in those who have received treatment.

Evaluation

The Division of Mental Health and Substance Abuse monitors all Regional Mental Health/Mental Retardation Board programs off-site through regular data reporting and on-site through routine liaison activities and formal monitoring visits every 2 years. Regional Prevention Centers report their activities and outcomes into the Substance Abuse Prevention Program's Web-based data system. Staff then monitor the database entries and provide a monthly report to each center. Annually, Substance Abuse Prevention Program staff review the data and calculate performance measures regarding delivery of priority services and achievement of outcomes. The Division of Mental Health and Substance Abuse also contracts with University of Kentucky Center on Drug and Alcohol Research to conduct a substance abuse treatment outcome study on an ongoing annual basis. Baseline data are collected by clinicians during intake using a PDA-based data collection instrument based on the CSAT GPRA. Data are synchronized to UK CDAR and clients who consent to followup interviews are contacted by UK CDAR 12 months after treatment to assess change after treatment. Followup findings are published each year using a sample of about 20 percent of consenting clients who are selected randomly within a sample frame stratified by region of the State. Followup results parallel findings from other national studies on increased abstinence, decreased days of use by those still using, reduced crime, and increased employment. The State uses these data to evaluate the overall outcomes of treatment and to estimate cost offsets from treatment. In this State, for every \$1.00 spent on treatment, there is a \$4.52 saving in cost to Kentuckians through crime reductions and increased employment taxes. These data are reported to the Governor and State legislature annually.

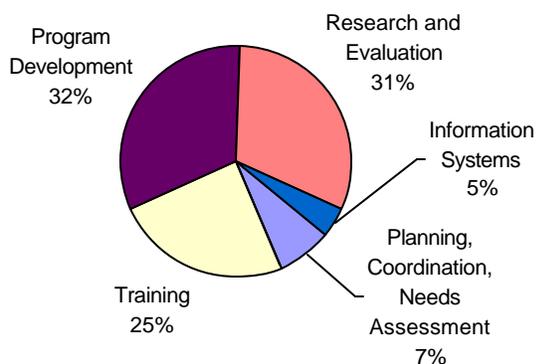
Training and Assistance

The State supports education and training for prevention and treatment professionals. Many trainings are provided by the Prevention Academy and the Kentucky School of Alcohol and Other Drug Studies. Prevention Academy targets Regional Prevention Center staff, early intervention specialists, and others with 2 weeks of intensive training in basic prevention concepts. The Kentucky School offers a 1-week event each summer with workshops on prevention and treatment topics. The Seven Counties Services' Jefferson Alcohol and Drug Abuse Center (JADAC) Training Institute provides training for counselors on best practices for treatment. Conferences are also held throughout the State and other resources include online courses. A workforce development needs assessment is being conducted to formulate a statewide training and development plan with a focus on developing leadership among new providers, training new specialists, and supporting professional certification.

Expenditures of Block Grant Funds for Resource Development Activities

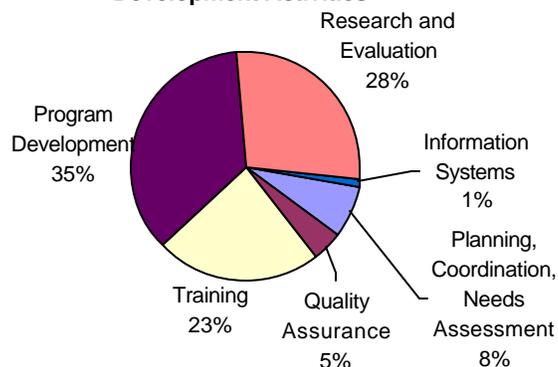
SAPT Block Grant funding for resource development activities in Kentucky totaled \$2.6 million in FY 2003. The type of activity that received most of these funds in FY 2003 was program development (at 35 percent of the total), followed by research and evaluation (at 28 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities

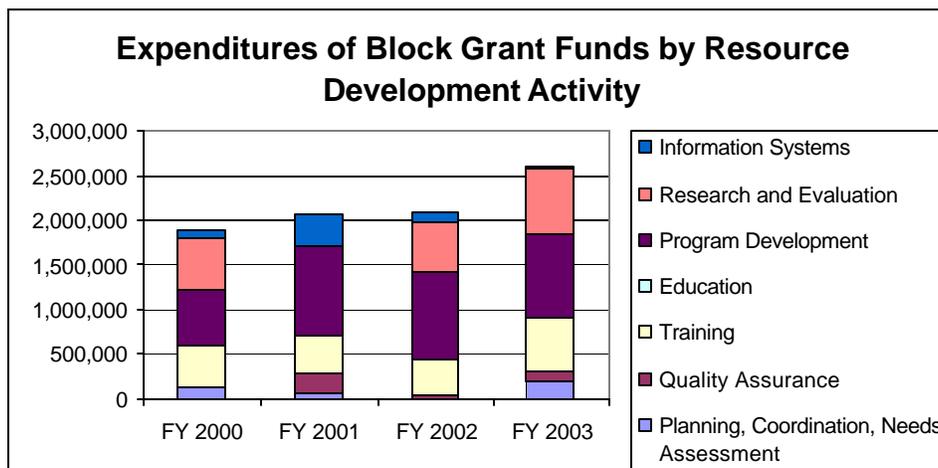


N=\$1,887,987

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$2,602,543



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	139,759	7	75,123	4	6,386	0	196,090	8
Quality Assurance	0	0	214,243	10	36,815	2	118,141	5
Training	465,000	25	425,455	21	407,160	19	599,581	23
Education	0	0	0	0	0	0	0	0
Program Development	612,811	32	1,002,998	49	961,274	46	930,788	35
Research and Evaluation	585,417	31	0	0	570,894	27	733,299	28
Information Systems	85,000	5	348,783	17	116,000	6	24,644	1
Total*	1,887,987	100	2,066,602	100	2,098,529	100	2,602,543	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$5.2 million in discretionary prevention grant funds to Kentucky entities in FY 2004. Most (28 of the 31 grants awarded) of these grants funded drug-free communities programs (\$2.6 million). The largest single award was for the Strategic Prevention Framework State Incentive Grant program (SPF SIG) (nearly \$2.4 million).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	74,558
Drug Free Communities	28	2,637,649
Drug Free Communities Mentoring	1	75,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	31	5,238,172

SOURCE: www.samhsa.com

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded \$4.0 million in discretionary treatment grant funds to Kentucky entities in FY 2004. These grants funded pregnant/post-partum women programs (\$1 million), Targeted Capacity- HIV/AIDS (\$500,000), and Adult, Juvenile, and Family Drug Courts (\$400,000), among others.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	1	400,000
CSAT 2004 Earmarks	1	112,333
Pregnant/Post-Partum Women	2	999,998
Recovery Community Support - Facilitating	1	350,000
Strengthening Communities -Youth	1	691,104
State Data Infrastructure	1	100,000
Targeted Capacity Expansion	1	495,697
Targeted Capacity - HIV/AIDS	2	885,389
Total	10	4,034,521

SOURCE: www.samhsa.gov

LOUISIANA

State SSA Director

Michael Duffy, Assistant Secretary
Office for Addictive Disorders
Louisiana Office of Health and Hospitals
1201 Capitol Access Road, P.O. Box 2790, Bin 18
Baton Rouge, LA 70821-2790
Phone: 225-342-6717
Fax: 225-342-3875
E-mail: mduffy@dhh.la.gov
Web site: www.dhh.louisiana.gov/offices

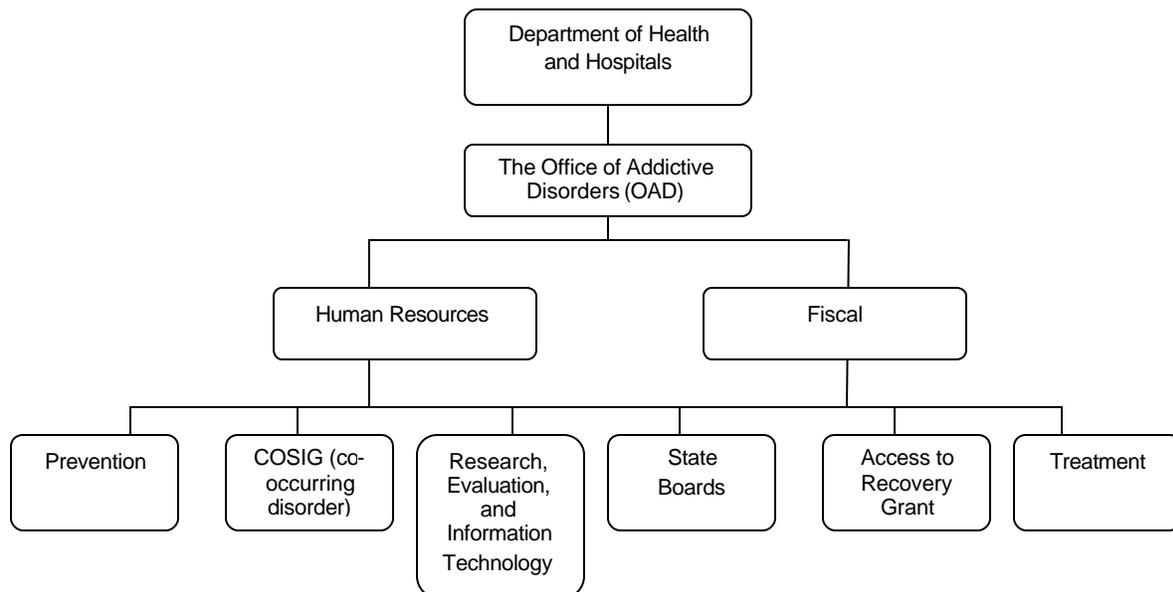
Structure and Function



The Office for Addictive Disorders (OAD) is the designated Single State Agency (SSA) in Louisiana. It is part of the Louisiana Department of Health and Hospitals and is focused on building and operating a system of prevention and treatment services that are client/family centered, evidence based, outcome driven, and cost effective. OAD envisions a State in which substance abuse prevention and treatment services are widely available and delivered by highly trained professionals.

OAD offers services through eight regional/district offices located throughout the State. Each region has an assigned regional manager who administers all programs and services through State-operated, contractual agreements and specific interagency agreements.

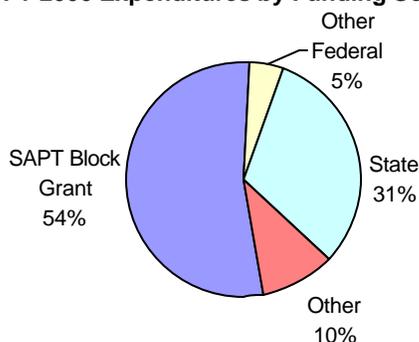
Single State Agency Structure



Single State Agency Funding Overview

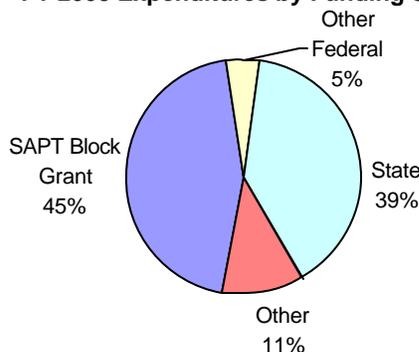
Louisiana’s total SSA expenditures totaled \$57.7 million in FY 2003—a large increase from FY 2000 when they totaled \$46.2 million. The sources of funding also changed. In FY 2003, the largest source of SSA expenditures came from the Block Grant at 45 percent of total funds (compared with 54 percent in FY 2000), followed by 39 percent from the State (compared with 31 percent in FY 2000). During both time periods, about 15 percent of total SSA funds came from other Federal and other sources.

FY 2000 Expenditures by Funding Source

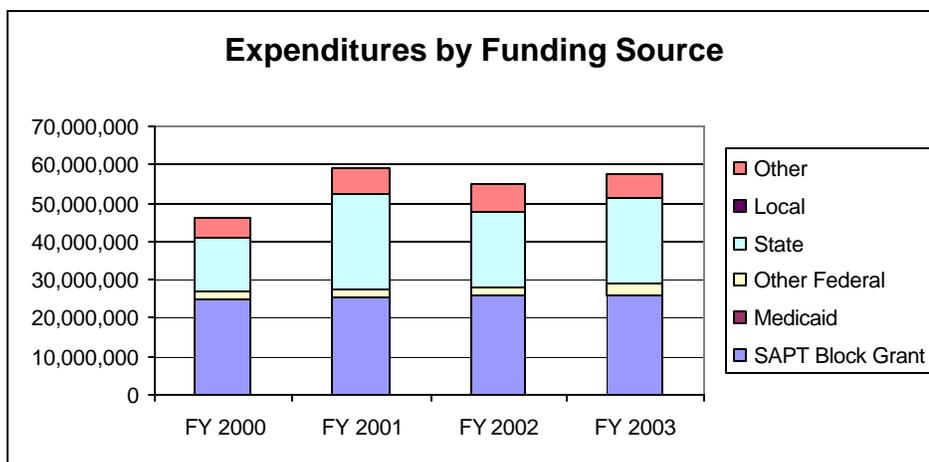


N=\$46,151,403

FY 2003 Expenditures by Funding Source



N=\$57,742,262



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	24,828,318	54	25,137,470	43	25,826,897	47	25,959,665	45
Medicaid	0	0	0	0	0	0	0	0
Other Federal	2,083,300	5	2,068,326	4	2,172,566	4	2,663,927	5
State	14,465,437	31	25,319,402	43	19,892,420	36	22,605,911	39
Local	0	0	0	0	0	0	0	0
Other	4,774,348	10	6,455,113	11	7,377,858	13	6,512,759	11
Total*	46,151,403	100	58,980,311	100	55,269,741	100	57,742,262	100

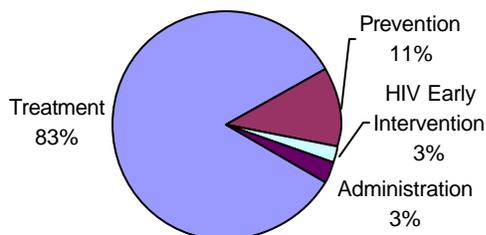
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

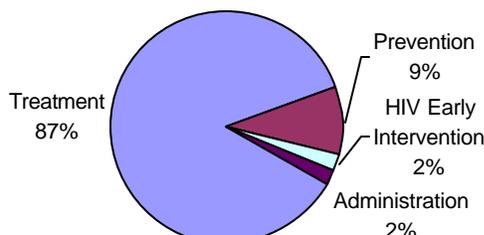
Most of the FY 2003 SSA expenditures in Louisiana went toward treatment services (87 percent), followed by prevention activities (9 percent). This distribution of funding was similar in FYs 2000 through 2002.

FY 2000 Expenditures by Activity

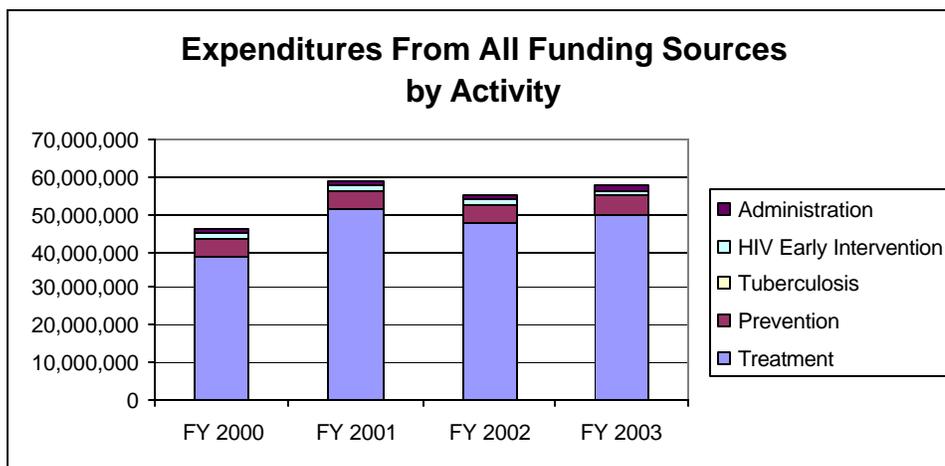


N=\$46,151,403

FY 2003 Expenditures by Activity



N=\$57,742,262



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	21,323,085	45	33,842,841	57	47,521,672	86	49,954,362	87
Alcohol Treatment	8,689,911	19	8,798,114	15				
Drug Treatment	8,689,911	19	8,798,114	15				
Prevention	4,965,664	11	5,027,494	9	5,165,379	9	5,191,933	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,241,416	3	1,256,874	2	1,291,345	2	1,297,984	2
Administration	1,241,416	3	1,256,874	2	1,291,345	2	1,297,983	2
Total*	46,151,403	100	58,980,311	100	55,269,741	100	57,742,262	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

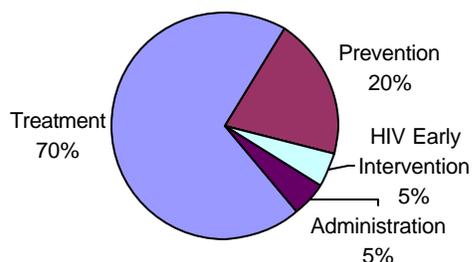
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

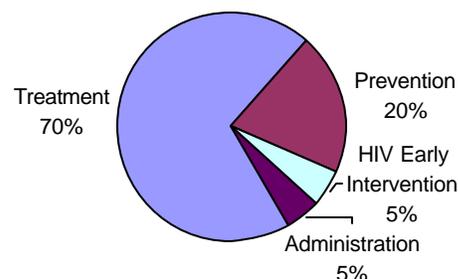
Block Grant funds in Louisiana have remained relatively stable over the past several years (increasing from \$24.8 million in FY 2000 to \$26 million in FY 2003), as has the distribution of funds to various services. Most (70 percent) of Block Grant funds in FY 2003 were earmarked for treatment services, followed by prevention services (at 20 percent) and HIV early intervention and administration costs (at 5 percent each).

FY 2000 Block Grant Expenditures by Activity

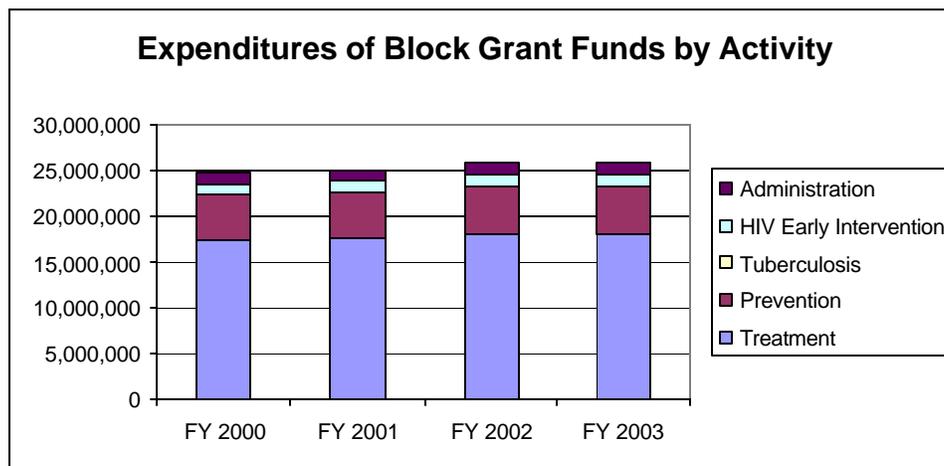


N=\$24,828,318

FY 2003 Block Grant Expenditures by Activity



N=\$25,959,665



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	18,078,828	70	18,171,765	70
Alcohol Treatment	8,689,911	35	8,798,114	35				
Drug Treatment	8,689,911	35	8,798,114	35				
Prevention	4,965,664	20	5,027,494	20	5,165,379	20	5,191,933	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,241,416	5	1,256,874	5	1,291,345	5	1,297,984	5
Administration	1,241,416	5	1,256,874	5	1,291,345	5	1,297,983	5
Total*	24,828,318	100	25,137,470	100	25,826,897	100	25,959,665	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

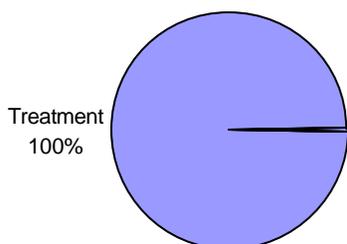
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

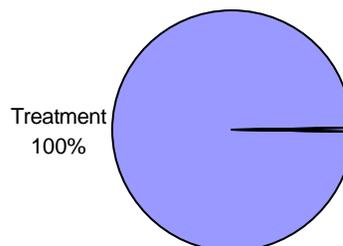
State expenditures in Louisiana increased dramatically between FYs 2000 and 2003 (from \$14.5 to \$22.6 million). One hundred percent of State funds were spent on treatment services—a stable proportion since FY 2000.

FY 2000 State Expenditures by Activity

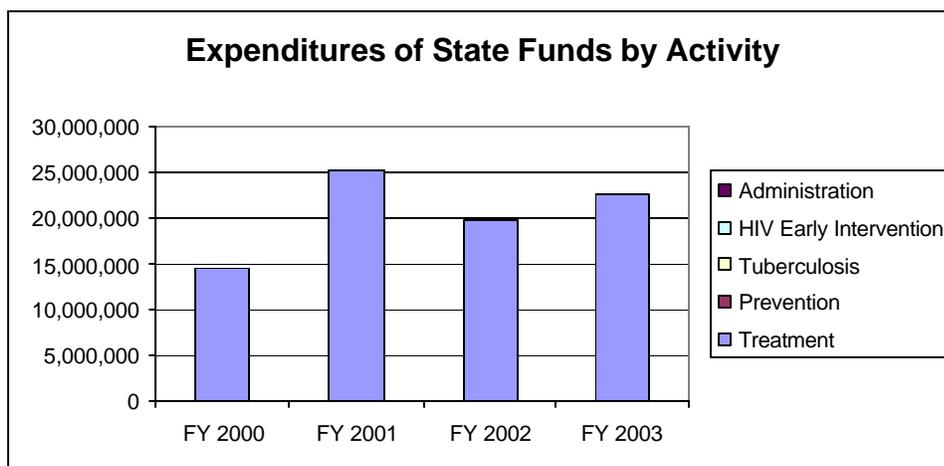


N=\$14,465,437

FY 2003 State Expenditures by Activity



N=\$22,605,911



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	14,465,437	100	25,319,402	100	19,892,420	100	22,605,911	100
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	14,465,437	100	25,319,402	100	19,892,420	100	22,605,911	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

The State's prevention goal is to develop, implement, maintain, and evaluate research-based prevention programs that address alcohol, tobacco, and other drug (ATOD) issues. This mission includes reducing high-risk behaviors associated with alcohol, tobacco, and other drugs and increasing the availability and effectiveness of a general health promotion and education message.

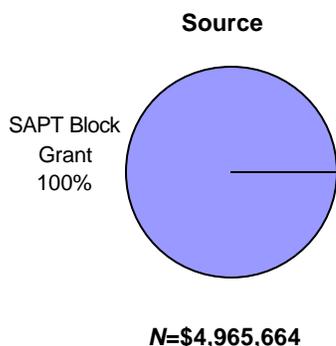
The Division of Prevention Services addresses the mission by: (1) funding a minimum of 40 community-based prevention projects using the Center for Substance Abuse Prevention's (CSAP's) six core strategies and following best practices; (2) promoting an evidence-based operating system to reduce the average age of onset for alcohol use using the steps of the Strategic Prevention Framework (SPF); (3) sponsoring youth drug prevention camps that are offered throughout the State; and (4) working to prevent underage tobacco and alcohol use.

Prevention Funding and Expenditures

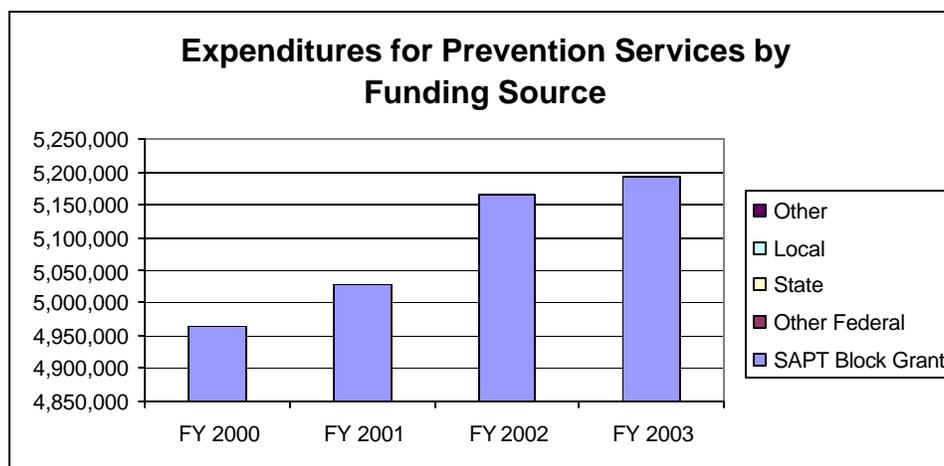
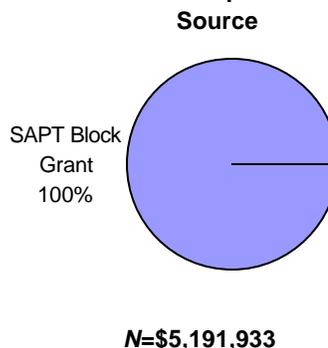
Prevention expenditures in the State have remained relatively stable since FY 2000 and totaled \$5.2 million in FY 2003. The SAPT Block Grant constituted 100 percent of Louisiana's prevention funding in FYs 2000-2003.

Between FYs 2000 and 2003 Block Grant prevention funding increased slightly from \$1.11 to \$1.16 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,965,664	100	5,027,494	100	5,165,379	100	5,191,933	100
Other Federal	0	0	0	0	0	0	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	4,965,664	100	5,027,494	100	5,165,379	100	5,191,933	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

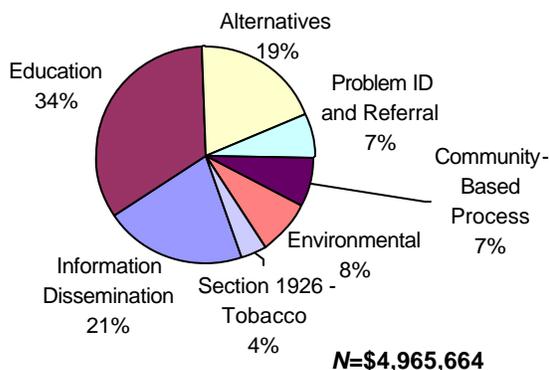
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Programs act as modified ATOD information clearinghouses. Regional Prevention Coordinators deliver presentations at schools, churches, agencies, and places of employment.
Education	Activities include instruction in life, social, refusal skills; delivery of parenting classes; use of youth and adult focus groups; and teleconferencing.
Alternatives	Activities include wilderness treks, ropes courses for team building, drug-free dances, summer camps, and basketball tournaments.
Community-Based Processes	Regional managers and prevention coordinators provide training and technical assistance in mobilization, resource assessment, drug abuse trends, new prevention strategies, use of the State's MIS system, and grant writing.
Environmental	Programs work with local governments on changes in ordinances regarding underage tobacco and alcohol use, conduct compliance checks, and educate merchants on sales to minors.
Problem Identification and Referral	The State provides an employee assistance program.

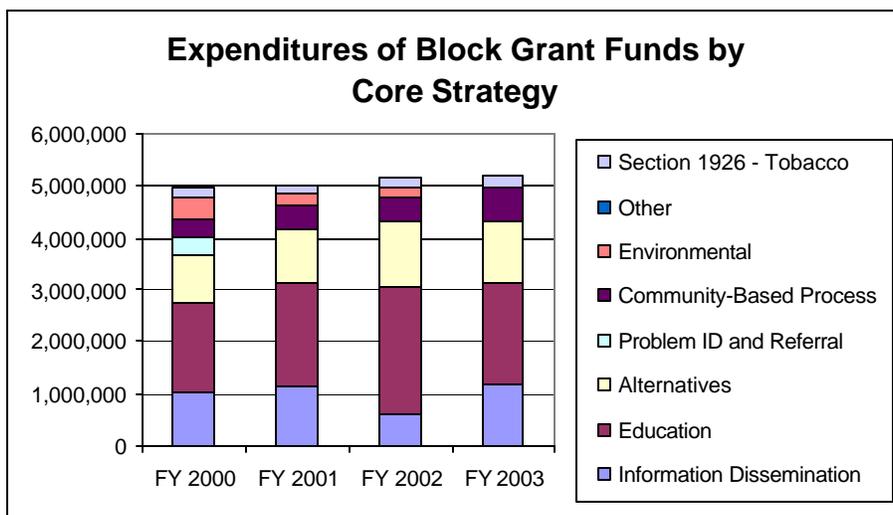
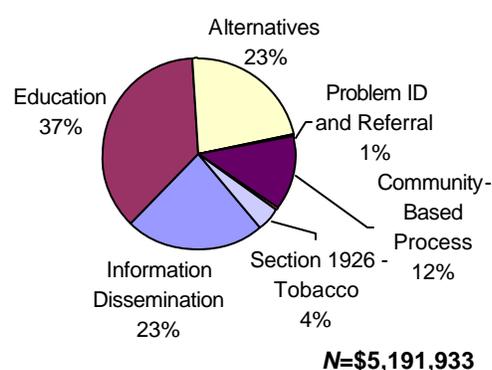
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention strategies remained remarkably stable between FYs 2000 and FY 2003, when funds totaled \$5.2 million. The distribution of funds per core strategy also remained similar during that time period. In FY 2003, just over one-third of Block Grant prevention funds was spent on education, 23 percent each went toward alternative strategies and information dissemination, and 12 percent toward community-based processes.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,043,477	21	1,143,447	23	617,698	12	1,194,145	23
Education	1,689,670	34	1,989,170	40	2,419,271	47	1,921,014	37
Alternatives	943,820	19	1,043,820	21	1,273,879	25	1,201,822	23
Problem ID and Referral	352,597	7	14,957	0	15,210	0	26,920	1
Community-Based Process	353,847	7	453,847	9	467,119	9	623,032	12
Environmental	397,253	8	197,253	4	167,202	3	25,000	0
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	185,000	4	185,000	4	205,000	4	200,000	4
Total*	4,965,664	100	5,027,494	100	5,165,379	100	5,191,933	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

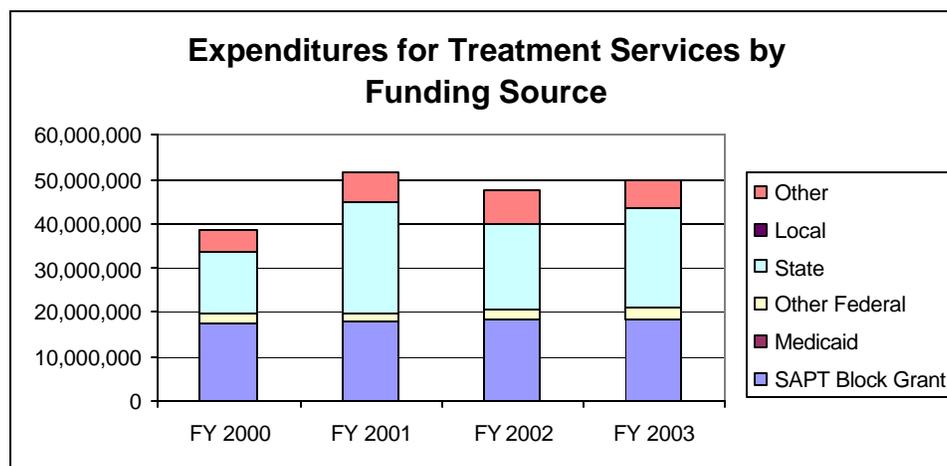
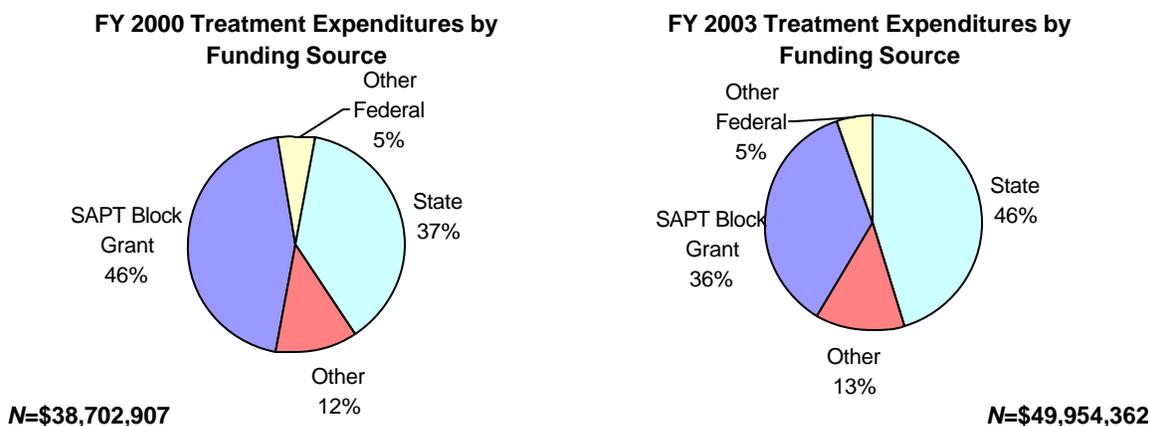
OAD conducts public forums in the regions and districts to identify treatment needs. A recurrent theme is a lack of adolescent treatment services including limited residential services for adolescents. Also, there is the need for services for persons with co-occurring disorders, training on faith-based initiatives, advocacy and legislative support, medical detoxification facilities, and halfway houses.

The State currently provides a continuum of services that includes medically supported and social detoxification programs, outpatient treatment programs, inpatient programs, a new adolescent inpatient program, drug court programs, and the IMPACT program run by the Department of Public Safety and Corrections that provides halfway house beds and aftercare services.

Treatment Funding and Expenditures

Treatment expenditures increased substantially between FYs 2000 and 2003 from \$38.7 to \$50 million. In FY 2003, the State provided the largest proportion (46 percent) of treatment funding, the Block Grant provided 36 percent, other Federal funding provided 5 percent, and other sources provided 13 percent. By contrast, in FY 2000 the Block Grant provided the largest proportion of treatment funding, followed by the State.

Block Grant treatment funding between FYs 2000 and 2003 increased steadily from \$3.89 per capita to \$4.05 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	17,379,822	45	17,596,228	34	18,078,828	38	18,171,765	36
Medicaid	0	0	0	0	0	0	0	0
Other Federal	2,083,300	5	2,068,326	4	2,172,566	5	2,663,927	5
State	14,465,437	37	25,319,402	49	19,892,420	42	22,605,911	45
Local	0	0	0	0	0	0	0	0
Other	4,774,348	12	6,455,113	13	7,377,858	16	6,512,759	13
Total*	38,702,907	100	51,439,069	100	47,521,672	100	49,954,362	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Louisiana's SAPT Block Grant application indicates that over 26,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone), short-term residential, and free-standing residential.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=26,250)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	492	569	3
Free-standing residential	1,949	4,169	42
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	2,224	4,276	44
Long-term residential	235	814	53
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	2,790	3,956	208
Intensive outpatient	1,575	2,690	161
Detoxification (outpatient)	0	0	0
Total	9,265	16,474	511

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 28,000 admissions (where at least one substance was known). Calculations (with imputation) from TEDS data show that less than 1 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	4,402	0.2
Alcohol in combination with other drugs	24,102	0.3
Total	28,504	0.3

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 265,000 persons aged 12 and older (7.3 percent of Louisiana's population) needed, but did not receive, treatment for alcohol use and 104,000 persons (2.9 percent) needed, but did not receive, treatment for illicit drug use in Louisiana.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.34	5.09	16.67	5.81
Needing but not receiving treatment for illicit drug use	2.89	4.25	6.77	1.90

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

State Needs Assessment Information

Louisiana, with assistance from a contractor, developed its own needs assessment methodology in 1999. The State has used these methods since that time. Findings for Louisiana's State fiscal year 2004 are shown in the following table.

Identified vs. Unmet Need

Service Type	Identified Need*	Need Met by Admissions (SFY 2004)	% in Need of Treatment
Adults	318,857	30,204 (10%)	90%
Adolescents	56,702	2,387 (5%)	95%
All Admissions	375,559**	32,591 (9%)	91%

*State of Louisiana: Integrated Population Estimates of Substance Abuse Treatment Needs (Herman-Stahl, Kuo, Moore, Teagle, Rachal, Becnel, Simmons, & Duffy, 1999)

**This number includes 74,400 persons (adults and adolescents) identified in need of treatment for gambling, of which 1,215 (2%) were admitted into treatment.

Resource Development Activities

Planning and Needs Assessment

The Governor's Commission on Addictive Disorders, a 13-member body selected by the Governor, (1) advises OAD concerning State policies for alcohol and drug abuse, (2) recommends an annual State plan that sets forth proposed policy and programs, (3) serves as the liaison among State and local governmental entities concerning substance abuse prevention and treatment, and (4) reports to the Governor, Secretary of the Department of Health and Hospitals, and legislative bodies. A Drug Policy Control Board established by the legislature advises elected officials regarding needed resources. An Interagency Coordinating Council and Children's Cabinet Youth Commission support the delivery of services for children and their families among State agencies.

To distribute new prevention and treatment funds OAD combines the results of State treatment needs assessment studies and the CSAP prevention needs assessment and risk and protective factors data gathered through the Communities That Care (CTC) youth survey. Historical funding and input from regional managers and public forums are used to determine allocations for existing programs.

To address the need for services for individuals with co-occurring disorders, OAD continues its partnership with the Office of Mental Health. Input from participants in public forums in 2004 identified the need for services for persons with co-occurring disorders as one of the top five issues in the State. To address this need for services, OAD collaborated with OMH and was awarded a Co-occurring State Infrastructure Grant (COSIG) through SAMHSA.

Evaluation

OAD monitors program compliance by conducting executive staff meetings and quarterly meetings with regional managers. It generates special reports that focus on utilization, productivity, and MIS data. A peer review program is in place to ensure and enhance the quality of treatment services by sharing programmatic and clinical expertise across regional administrations, programs, and profession disciplines, and to identify strengths and weaknesses in the service delivery system. A summary report of peer review findings and recommendations is sent to each program and OAD. In addition, there are quarterly OAD onsite inspections of treatment programs and quarterly program activity reports. Treatment programs and facilities are reviewed annually to determine if they meet licensure standards.

Training and Assistance

OAD coordinates workgroups with Louisiana colleges and universities, the Louisiana State Board of Certification for Substance Abuse Counselors, and the Gulf Coast Addiction Technology Transfer Center to address the educational needs of counselors and prevention professionals. Education and training services are provided by the Southwest CAPT, colleges and universities, and OAD.

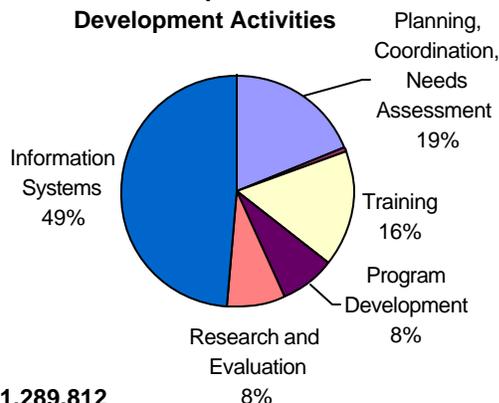
OAD delivers intense training and technical assistance to individual regions on an ongoing basis. The training and assistance is provided in the areas identified by a needs assessment. Examples of training provided to staff include prevention research, planning and evaluation, and contract development.

Texas Christian University conducted a statewide study of the impact of training on clinical practice. It provides outcome data and the affects the extent to which clinicians adopt co-occurring best practices and solution-focused therapy into direct practice. The study also assesses elements that affect adoption and influence outcomes.

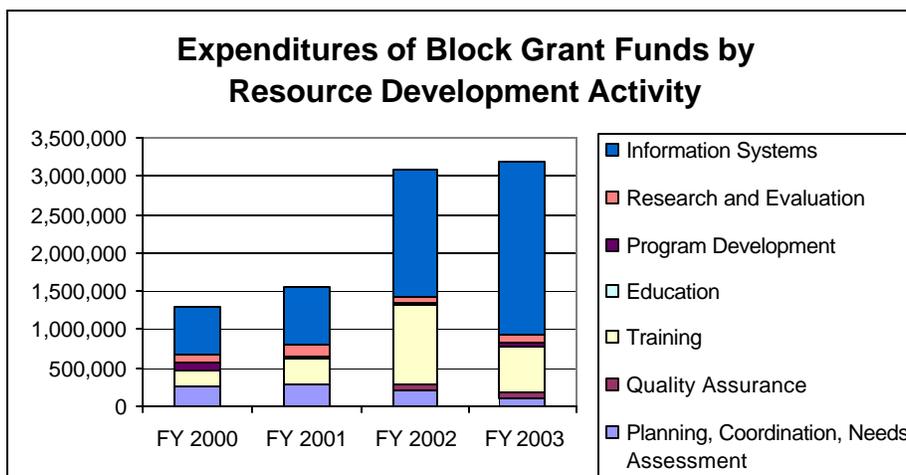
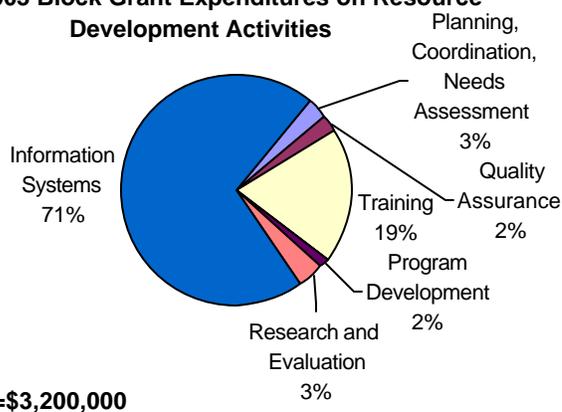
Expenditures of Block Grant Funds for Resource Development Activities

Between FYs 2000 and 2003, Block Grant expenditures on resource development activities more than doubled (from \$1.3 to \$3.2 million). During that time period, information systems strategies received the most funds, but the proportions differed—49 percent in FY 2000 compared with 71 percent in FY 2003.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	249,000	19	275,000	18	208,000	7	100,000	3
Quality Assurance	5,000	0	10,000	1	85,000	3	70,000	2
Training	205,000	16	320,000	21	1,016,000	33	600,000	19
Education	0	0	0	0	0	0	0	0
Program Development	100,000	8	30,000	2	20,000	1	50,000	2
Research and Evaluation	100,000	8	150,000	10	88,000	3	110,000	3
Information Systems	630,812	49	770,000	50	1,660,000	54	2,270,000	71
Total*	1,289,812	100	1,555,000	100	3,077,000	100	3,200,000	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 *Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded \$1 million in discretionary funds for prevention in FY 2004. Most (5 of the 7) awards went to drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Awards	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	298,230
Drug Free Communities	5	75,000
HIV/AIDS Cohort 4 Services	1	350,000
Total	7	1,070,514

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded a total of nearly \$10 million in discretionary funds for treatment in FY 2004. The majority of funds (\$7.6 million) went toward Access to Recovery (ATR) grants.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Awards	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
CSAT 2004 Earmarks	1	70,581
Access to Recovery	1	7,591,723
Targeted Capacity - HIV/AIDS	2	911,948
Treatment of Persons with Co-Occurring Substance Related and Mental Disorders	1	1,095,298
Strengthening Access and Retention	1	197,179
Total	7	9,966,729

SOURCE: www.samhsa.gov

MAINE

State SSA Director

Ms. Kimberly A. Johnson, Director
Office of Substance Abuse
Maine Department of Health and Human Services
11 State House Station
AMHI Complex
Marquardt Building, Third Floor
Augusta, ME 04333-0159
Phone: 207-287-2595
Fax: 207-287-4334
E-mail: kimberly.johnson@maine.gov
Web site: www.maine.gov/dhhs/bds/osa

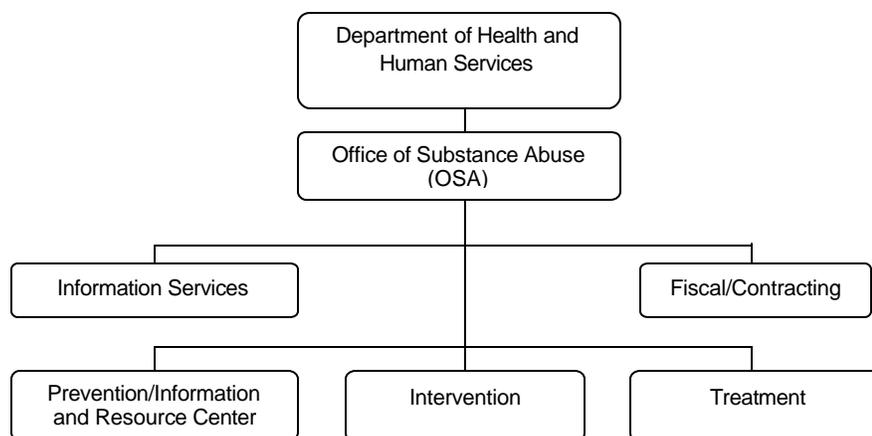
Structure and Function



The Maine Office of Substance Abuse (OSA), part of the State's Department of Health and Human Services is the Single State Agency (SSA) responsible for the planning, development, implementation, regulation, and evaluation of substance abuse services in Maine. OSA provides leadership in substance abuse prevention, intervention, and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse, and dependency.

There are three divisions within the SSA: (1) the Prevention/Information and Resource Center, which oversees prevention contracts in the State, provides prevention research and State planning, manages a State prevention consumer resource center, and liaisons with other State agencies involved with prevention; (2) Intervention, which oversees and administers the Driver Education and Evaluation Program (DEEP) and the Operating Under the Influence (OUI) driver education program; (3) Treatment, which oversees contracted alcohol and drug treatment programs in the State and provides oversight for special populations treatment needs, such as women's specialized services and also serves as the State Methadone Authority (SMA), and works with Department of Corrections to oversee jail-based treatment programs and liaisons with the Maine Judicial Branch for Maine's adult and adolescent drug courts.

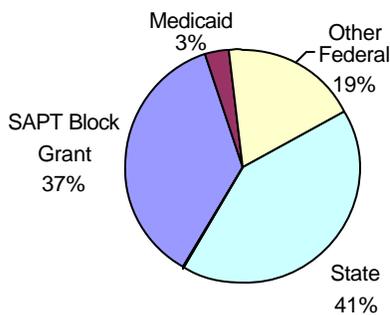
Single State Agency Structure



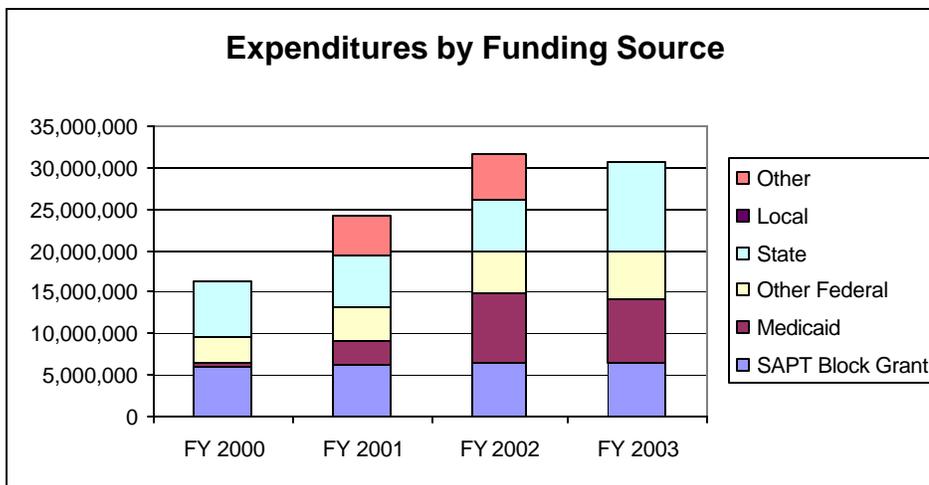
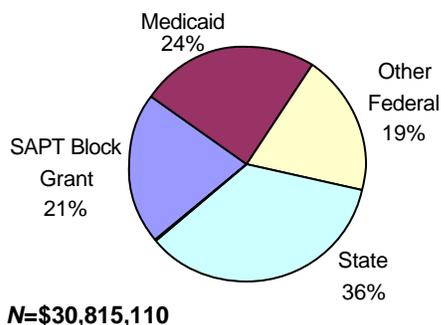
Single State Agency Funding Overview

Total SSA funding in Maine increased sharply between FYs 2000 and 2003—from \$16.2 million to \$30.8 million. While all funding sources increased in dollar value, the most dramatic was Medicaid—which increased from \$500,000 (3 percent of FY 2000 expenditures) to \$7.5 million (24 percent of FY 2003 expenditures).

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



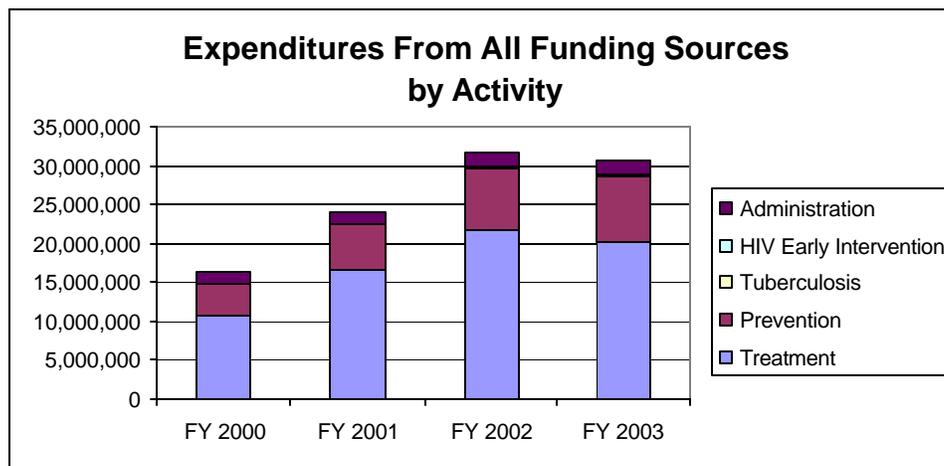
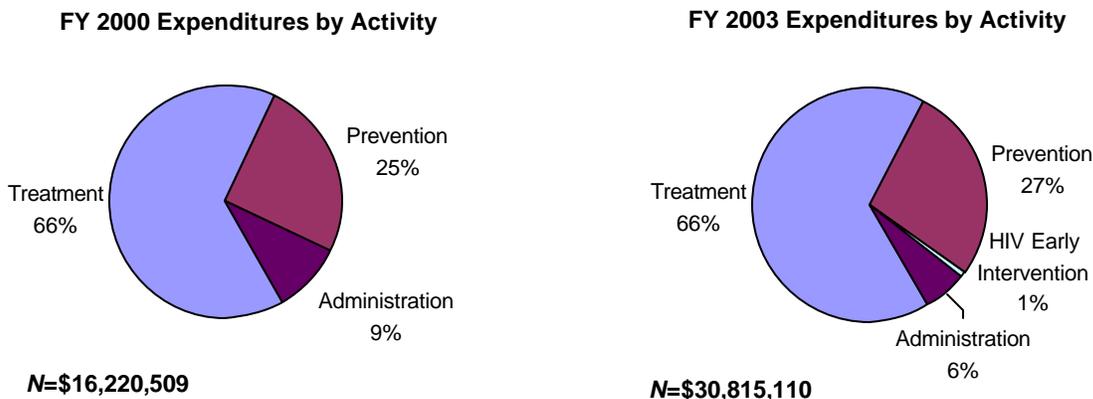
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	5,943,750	37	6,243,750	26	6,468,749	20	6,462,370	21
Medicaid	500,000	3	2,746,749	11	8,341,561	26	7,535,560	24
Other Federal	3,123,321	19	4,006,844	16	5,082,658	16	5,959,290	19
State	6,653,438	41	6,583,357	27	6,405,159	20	10,857,890	35
Local	0	0	0	0	0	0	0	0
Other	0	0	4,705,920	19	5,477,415	17	0	0
Total*	16,220,509	100	24,286,620	100	31,775,542	100	30,815,110	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

The distribution of total SSA funds remained relatively stable between FYs 2000 and 2003. Approximately two-thirds of funds were allocated for treatment and rehabilitation services and a quarter went toward prevention activities.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	6,220,925	38	16,532,608	68	21,693,184	68	20,344,891	66
Alcohol Treatment	2,231,384	14	0	0				
Drug Treatment	2,168,216	13	0	0				
Prevention	4,071,733	25	6,024,516	25	7,869,329	25	8,323,201	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	282,670	1	293,360	1
Administration	1,528,251	9	1,603,977	7	1,930,359	6	1,853,658	6
Total*	16,220,509	100	24,286,620	99	31,775,542	100	30,815,110	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

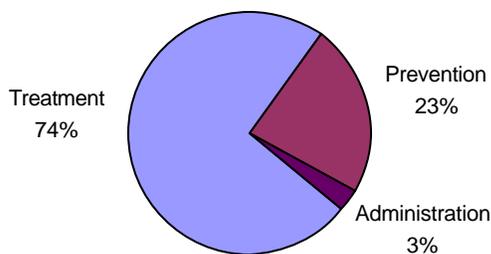
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

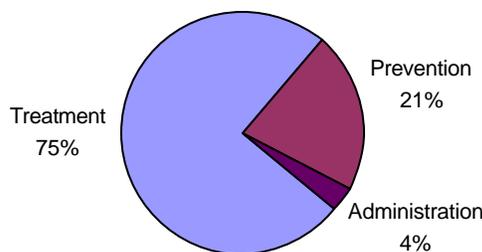
Block Grant expenditures for SSA activities in Maine increased slightly between FYs 2000 and 2003—from \$5.9 to \$6.5 million. The distribution of those funds remained relatively stable over the two periods: about three-quarters of the funds went toward treatment and rehabilitation services, one-fifth to one-quarter went toward prevention services, and the remainder went toward administrative costs.

FY 2000 Block Grant Expenditures by Activity

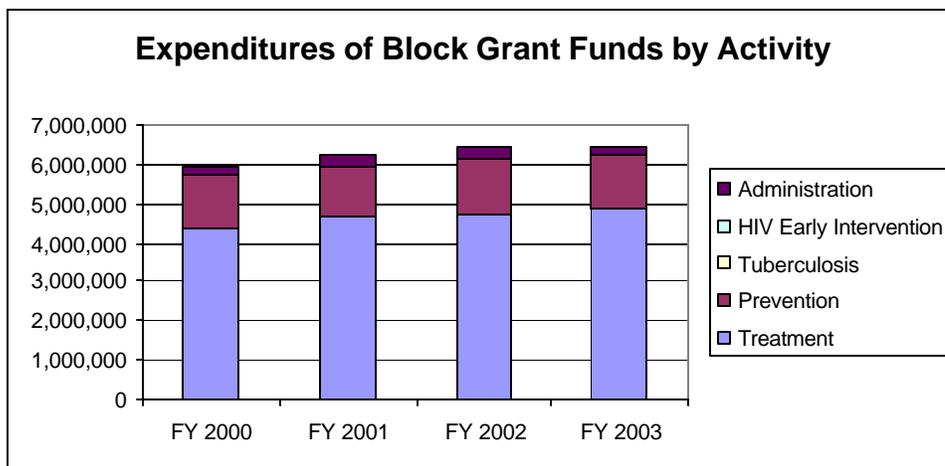


N=\$5,943,750

FY 2003 Block Grant Expenditures by Activity



N=\$6,462,370



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	4,661,293	75	4,752,911	73	4,870,969	75
Alcohol Treatment	2,231,384	38	0	0				
Drug Treatment	2,168,216	36	0	0				
Prevention	1,338,728	23	1,274,235	20	1,389,802	21	1,363,847	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	205,422	3	308,222	5	326,036	5	227,554	4
Total*	5,943,750	100	6,243,750	100	6,468,749	100	6,462,370	100

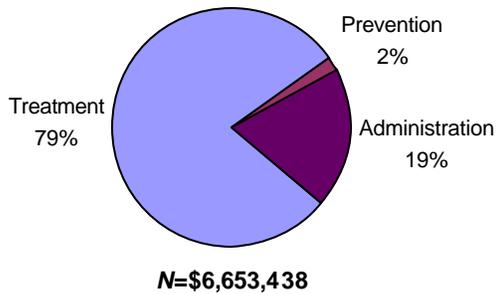
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

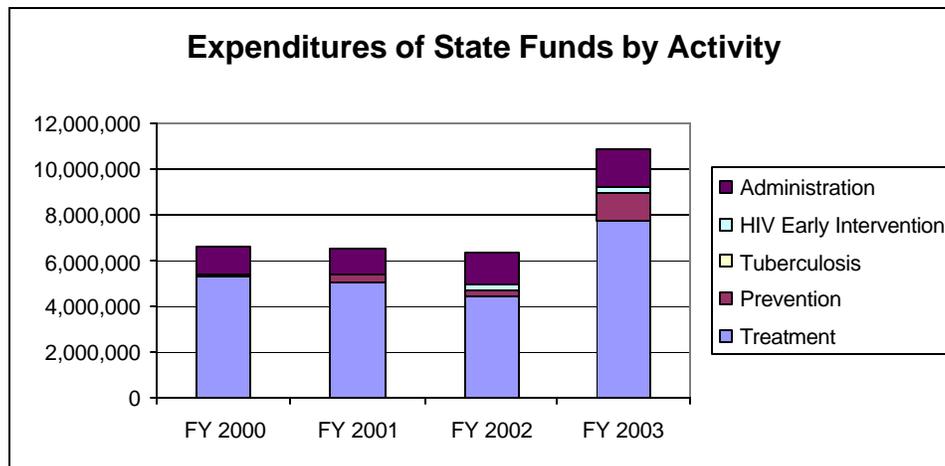
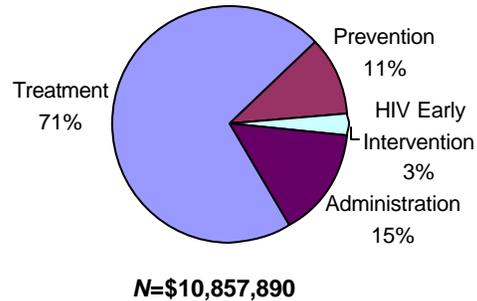
Expenditures of State Funds

State expenditures increased considerably between FYs 2000 and 2003 (from \$6.7 to \$10.9 million). Treatment and rehabilitation activities accounted for a declining majority of those funds (from 79 to 71 percent) between the two periods, while prevention activities increased in proportion (from 2 to 11 percent).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	5,263,594	79	5,010,037	76	4,421,043	69	7,756,371	71
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	126,322	2	308,988	5	243,055	4	1,183,963	11
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	282,670	4	293,360	3
Administration	1,263,522	19	1,264,332	19	1,458,391	23	1,624,196	15
Total*	6,653,438	100	6,583,357	100	6,405,159	100	10,857,890	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

OSA's approach to substance abuse prevention uses research-based concepts, tools, skills, and strategies to reduce the risk of alcohol and other drug-related problems. The Prevention Services System (PSS) administers contracts funded from a variety of sources. These include the Safe and Drug-free Schools and Communities Act (SDFSCA) monies (Title IV-A of the No Child Left Behind Act), the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), Enforcing Underage Drinking Laws (EUDL) monies (Office of Juvenile Justice Delinquency Prevention), One ME--Stand United for Prevention (State Incentive Grant [SIG]), and Fund for Healthy Maine monies (tobacco settlement funding).

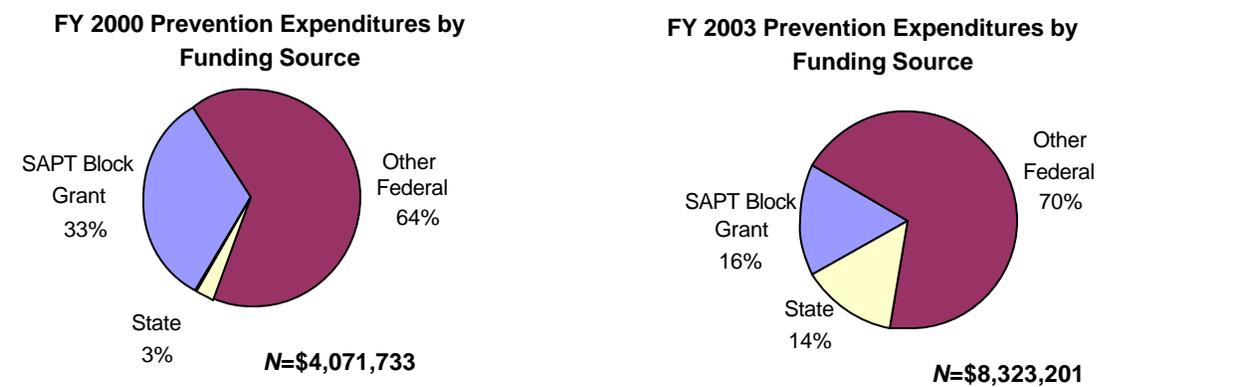
Approximately 170 school systems receive SDFSCA funding through an annual application process. Types of programs funded include substance abuse counselors, bullying prevention, programs, and student assistance teams.

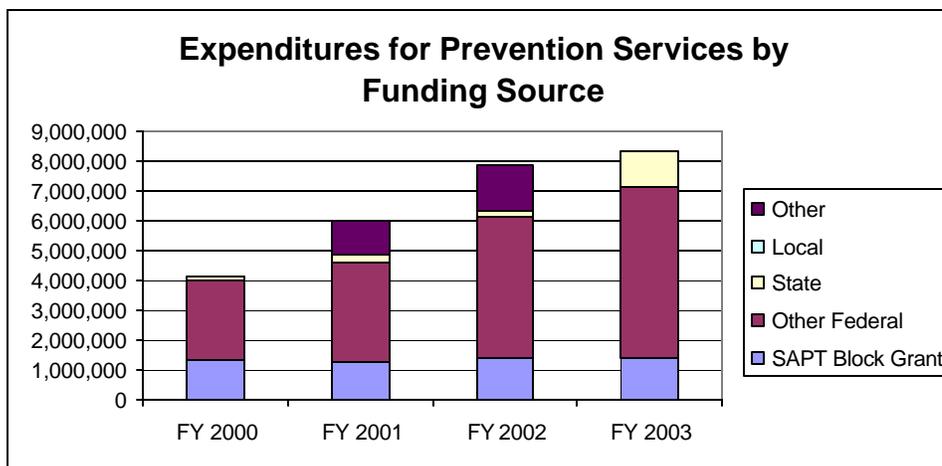
Currently 40 programs are funded using the SAPTBG. All of these programs were selected through a Request for Proposal (RFP) process. Types of programs funded include alternative schools, afterschool, peer leader, service learning, and arts-related programs.

Prevention Funding and Expenditures

Prevention funding more than doubled between FYs 2000 and 2003 (from \$4.1 to \$8.3 million). In particular, Federal funds from sources other than the Block Grant increased sharply and paid for a growing majority of prevention expenditures between those two periods (from 64 percent in FY 2000 to nearly 70 percent in FY 2003). State funding also increased dramatically (from \$126,000 to \$1.2 million, and from 3 percent to 14 percent of prevention expenditures).

Block Grant prevention funds ranged from \$0.99 to \$1.07 per capita between FYs 2000 and 2003.





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	1,338,728	33	1,274,235	21	1,389,802	18	1,363,847	16
Other Federal	2,606,683	64	3,282,655	54	4,741,662	60	5,775,391	69
State	126,322	3	308,988	5	243,055	3	1,183,963	14
Local	0	0	0	0	0	0	0	0
Other	0	0	1,158,638	19	1,494,810	19	0	0
Total*	4,071,733	100	6,024,516	100	7,869,329	100	8,323,201	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

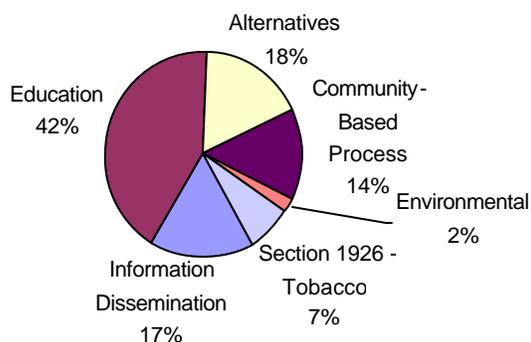
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Communications strategies include public education, social marketing campaigns, and media advocacy approaches that encourage various media outlets to change the way they portray substance use issues in order to ultimately influence policy changes.
Education	OSA staff provides educational presentations to groups, and contracted agencies deliver curriculum-based programs.
Alternatives	Increasingly, schools and communities are working together to incorporate recreational, enrichment, and leisure activities into their approach to prevention. Drop-in recreation centers, afterschool and weekend programs, dances, community service activities, tutoring, mentoring, and other events are offered in these programs as alternatives to substance abuse, violence, and other dangerous activities.
Community-Based Processes	Coalition development was given a boost using State Incentive Grant (SIG) funding. Many stand-alone programs became connected with a One ME coalition and many One ME coalitions worked with other groups in their area such as Communities for Children, Healthy Maine Partnerships, and Healthy Community coalitions.
Environmental	This strategy continued to be more extensively used primarily by One ME Coalitions. Fourteen of the coalitions adopted either Communities Mobilizing for Change on Alcohol or Community Intervention Trials.
Problem Identification and Referral	Strategies include school surveys and needs assessment.

Expenditures of Block Grant Funds for Core Strategies

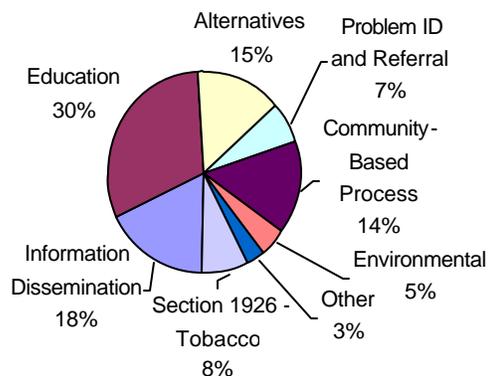
Block Grant funding for prevention core strategies in Maine remained stable between FYs 2000 and 2003, at approximately \$1.3 million. Education was the highest priority during this time, receiving 30 percent of Block Grant prevention funds in FY 2003. The remaining funds were distributed among a wide variety of core strategies, particularly information dissemination, alternative strategies, and community-based process strategies.

FY 2000 Block Grant Expenditures by Core Strategy

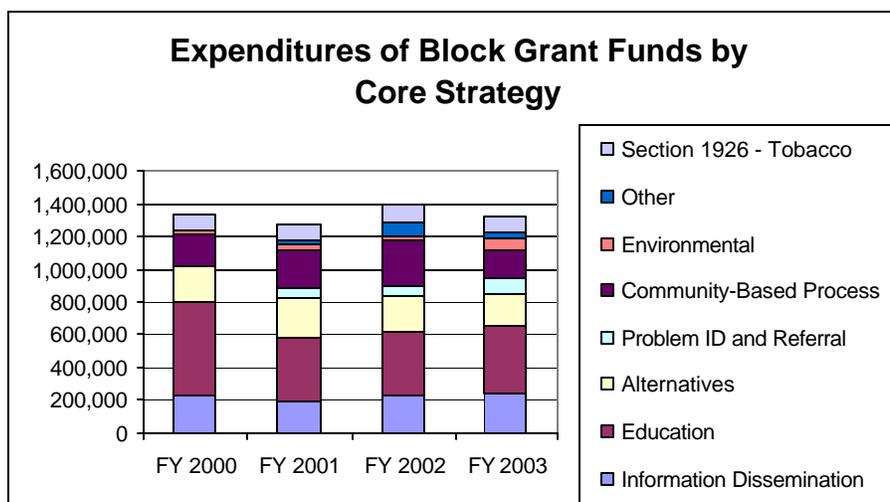


N=\$1,338,728

FY 2003 Block Grant Expenditures by Core Strategy



N=\$1,327,847



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	222,971	17	192,540	15	222,621	16	236,339	18
Education	569,815	42	387,314	30	386,083	28	416,419	30
Alternatives	235,358	18	236,184	19	221,339	16	193,098	15
Problem ID and Referral	0	0	58,026	5	60,400	4	87,450	7
Community-Based Process	185,809	14	249,538	20	283,072	20	190,964	14
Environmental	24,775	2	27,550	2	34,471	2	64,035	5
Other	0	0	23,083	2	81,817	6	39,542	3
Section 1926 - Tobacco	100,000	7	100,000	8	100,000	7	100,000	8
Total*	1,338,728	100	1,274,235	100	1,389,803	100	1,327,847	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

The Treatment Team of the Office of Substance Abuse assists service providers with the coordination, planning, and implementation of alcohol and drug abuse programs. The services provided by the team include technical assistance to providers for program development, content and best practices, financial support to programs through a competitive bid process, participation in planning groups and committees concerned with substance abuse, coexisting disorders of substance abuse and mental illness, and the treatment system.

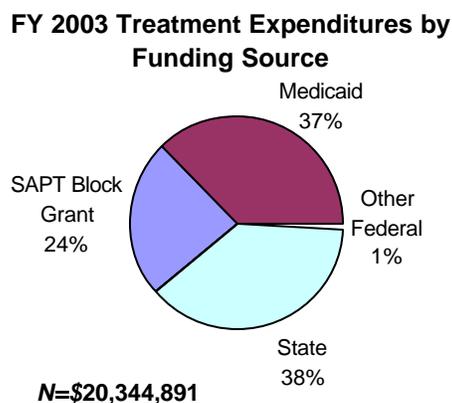
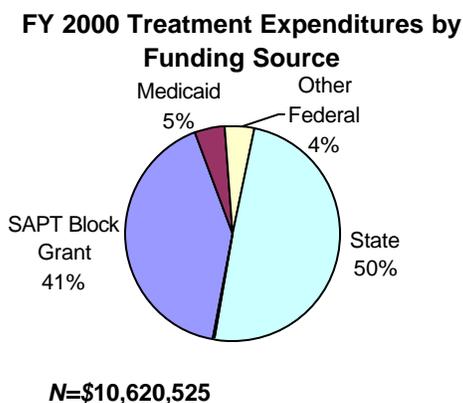
OSA contracts for treatment services throughout the State, which is divided into three regions, with one OSA treatment staff person assigned as a liaison to each region’s OSA-contracted alcohol and drug programs. The treatment section also provides oversight for special populations treatment needs, such as women’s specialized services and also serves as the SMA.

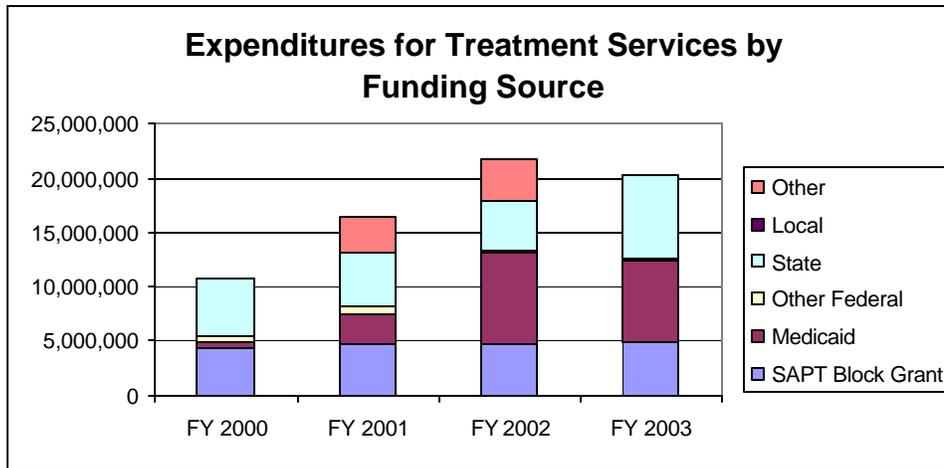
There are approximately 175 licensed adult and adolescent substance abuse treatment facilities in Maine, which offer treatment modalities including the following: overnight shelters, extended shelters, detoxification services, medically monitored and managed inpatient treatment, short- and long-term residential treatment, halfway houses, outpatient treatment, and intensive outpatient treatment.

Treatment Funding and Expenditures

Treatment funding in Maine nearly doubled between FYs 2000 and 2003 (from \$10.6 to \$20.3 million), largely due to a dramatic increase in Medicaid funding. With Medicaid’s increased representation among treatment expenditures (from 5 to 37 percent), all other sources shrank in proportion between the two comparison periods.

Per capita, Block Grant funding for treatment services increased from \$3.44 to \$3.72 between FYs 2000 and 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,399,600	41	4,661,293	28	4,752,911	22	4,870,969	24
Medicaid	500,000	5	2,746,749	17	8,341,561	38	7,535,560	37
Other Federal	457,331	4	692,766	4	330,870	2	181,991	1
State	5,263,594	50	5,010,037	30	4,421,043	20	7,756,371	38
Local	0	0	0	0	0	0	0	0
Other	0	0	3,421,763	21	3,846,799	18	0	0
Total*	10,620,525	100	16,532,608	100	21,693,184	100	20,344,891	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Maine’s SAPT Block Grant application indicates that over 9,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=9,134)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	99	124	0
Free-standing residential	610	77	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	10	3	0
Short-term residential	216	220	0
Long-term residential	599	337	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	974	0
Outpatient (non-methadone)	5,469	2,812	1,036
Intensive outpatient	585	623	0
Detoxification (outpatient)	0	0	0
Total	7,588	5,170	1,036

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 12,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 31 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 25 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 35 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	4,635	24.9
Alcohol in combination with other drugs	7,236	35.3
Total	11,871	31.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 73,000 persons aged 12 and older (6.6 percent of Maine's population) needed, but did not receive, treatment for alcohol use and 32,000 persons (2.8 percent) needed, but did not receive, treatment for illicit drug use in Maine.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.59	5.43	17.24	5.15
Needing but not receiving treatment for illicit drug use	2.84	5.35	8.95	1.61

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The OSA uses data from its State Treatment Needs Assessment Project (STNAP) to identify and target treatment needs throughout the State. Because each of the three planning regions has a unique client base, the STNAP data allows Maine to be specific to meet the needs of those clients. In Round II of Maine's STNAP, a Treatment System Study and the final Integration Study have provided very useful data and reports. In particular, a series of maps representing Maine's Treatment System, overlaid with the need by ASAM level, has proved to be particularly effective and useful.

Maine also collects data through its Maine Youth Drug and Alcohol Use Survey to guide its planning for prevention and treatment services.

Evaluation

The OSA has performance-based contracting for all its contracts. For treatment contracts, effectiveness and efficiency reports are produced on a regular basis throughout the contract period to enable OSA and the contractor to review its performance. Maine has also implemented a Performance Based Prevention System that allows it to collect performance data on its prevention contracts. All other contracts have performance measures that are monitored periodically through a variety of methods.

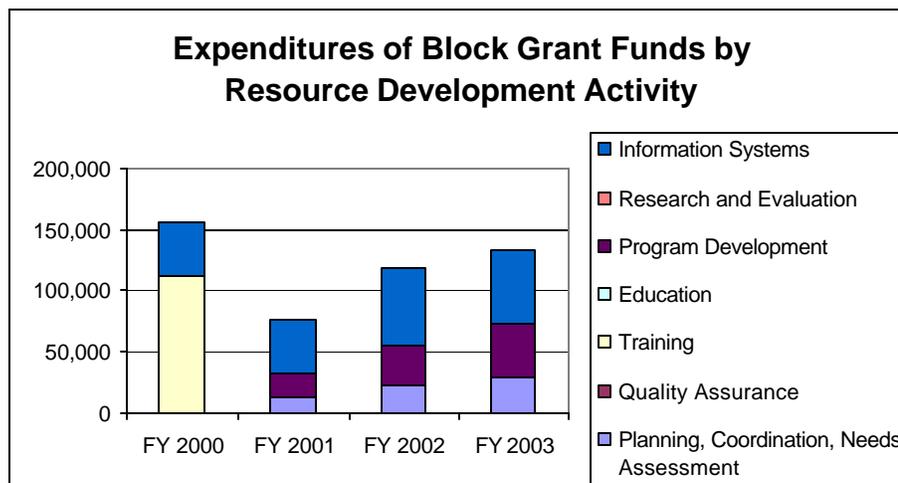
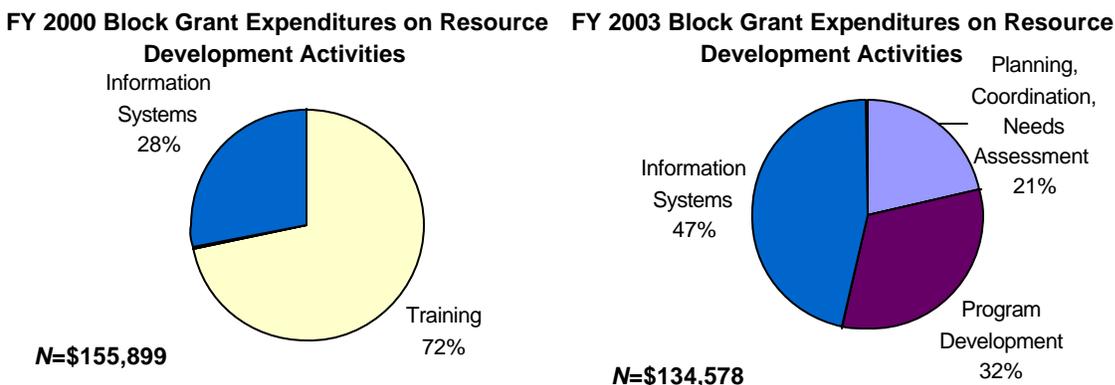
Furthermore, OSA has an advisory body, Maine's Substance Abuse Services Commission. The Commission provides OSA with feedback on its planning process and works with OSA on resource allocation. The Substance Abuse Services Commission holds a public hearing each year to enable the public and interested parties to provide feedback regarding the SAPT Block Grant.

Training and Assistance

OSA provides current information and education to employees of prevention and treatment agencies across the State through a contract with AdCare, a local education and training agency affiliated with New England Institute of Addiction Services (NEIAS), to assist in the planning, development, and delivery of the trainings, seminars, and conferences. Additionally, the Addiction Technology Transfer Center (ATTC) generates opportunities for bringing additional information and resources for workforce development issues.

Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Maine declined between FYs 2000 and 2003, from approximately \$156,000 to \$135,000. Priorities shifted dramatically between the two periods: training activities, previously accounting for nearly three-quarters of the resource development funds, were totally eliminated—to be replaced by a growing focus on information systems (accounting for nearly half of FY 2003 expenditures), program development (32 percent), and planning, coordination, and needs assessment activities (21 percent).



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	12,516	16	21,785	19	28,843	21
Quality Assurance	0	0	0	0	0	0	0	0
Training	111,653	72	0	0	0	0	0	0
Education	0	0	0	0	0	0	0	0
Program Development	0	0	19,584	26	32,678	28	43,264	32
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	44,246	28	43,873	58	63,041	54	62,471	46
Total*	155,899	100	75,973	100	117,504	100	134,578	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$3.7 million to Maine in FY 2004 in discretionary funding for prevention. The majority of funds went toward Strategic Prevention Framework State Incentive Grants (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	8	687,167
HIV/AIDS Cohort 3 Services	1	350,000
Prevention of Methamphetamine and Inhalant Use	1	349,997
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	11	3,738,129

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, Center for Substance Abuse Treatment (CSAT) awarded Maine nearly \$750,000 in discretionary funding for treatment. Monies went toward adult, juvenile, and family drug courts; effective adolescent treatment; and State data infrastructure.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	1	394,813
Effective Adolescent Treatment	1	249,997
State Data Infrastructure	1	100,000
Total	3	744,810

SOURCE: www.samhsa.gov

MARYLAND

State SSA Director

Peter F. Luongo, Ph.D., Director
 Alcohol and Drug Abuse Administration
 Maryland Department of Health and Mental Hygiene
 Spring Grove Hospital Center
 Vocational Rehabilitation Building
 55 Wade Avenue
 Catonsville, MD 21228
Phone: 410-402-8610
Fax: 410-402-8601
E-Mail: pluongo@dhmh.state.md.us
Web site: www.maryland-adaa.org/ka/index.cfm

Structure and Function



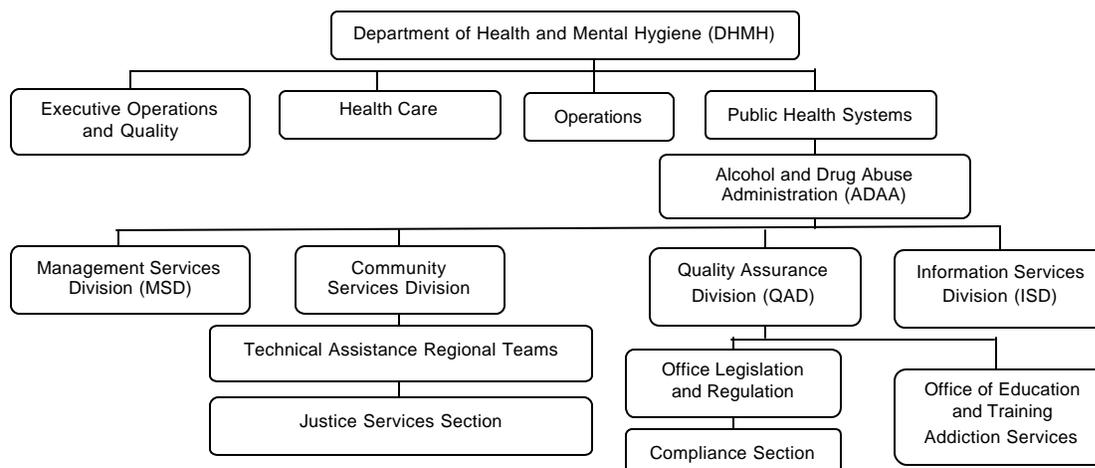
The Alcohol and Drug Abuse Administration (ADAA) is the Single State Agency (SSA) responsible for the planning, development, and funding of services to prevent harmful involvement with alcohol and other drugs and to treat the illness of chemical dependency. ADAA maintains a constant focus on resident needs, responsive programming, and fiscal accountability. Further, ADAA recognizes and supports the role of local government in the development of appropriate substance abuse

prevention, intervention, and addiction treatment activities.

The ADAA is located within the Department of Health and Mental Hygiene (DHMH) and in addition to the Office of Executive Direction comprises four divisions:

- Management Services Division (MSD)—is responsible for the agency budget and the Federal Block Grant application. This unit processes and monitors grant awards, tracks agency expenditures, and offers fiscal assistance to Maryland's 24 jurisdictions. The MSD is responsible for the provision of procurement, contract management, and personnel services for the entire administration.
- Community Services Division (CSD)—liaises prevention and treatment services providers The Justice Services Section is an essential component of this division. Staff are responsible for coordinating court-ordered evaluations and referrals to treatment from the 350 district and circuit court judges.
- Information Services Division (ISD)—collects, maintains, and reports statistical information Quality Assurance Division (QAD)—evaluates effectiveness of the service network. The QAD also responds to legislation regarding alcohol and drug abuse treatment issues during the time the Maryland General Assembly is in session. The Office of Education and Training for Addiction Services (OETAS) delivers training for treatment and prevention clinicians and program management staff.

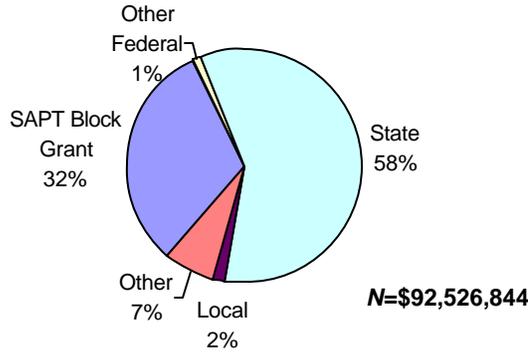
Single State Agency Structure



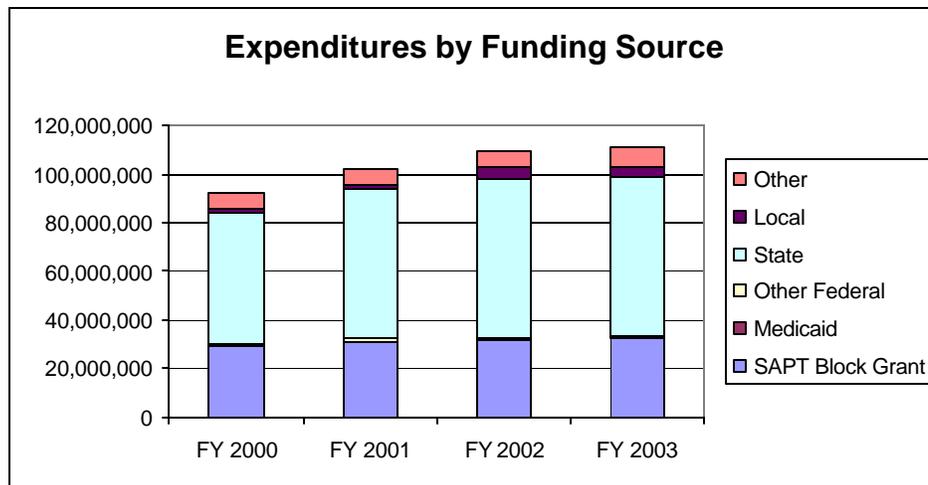
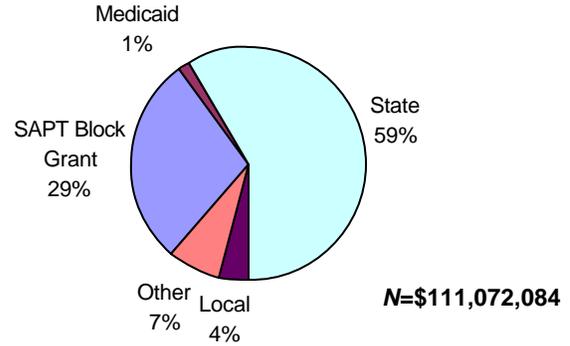
Single State Agency Funding Overview

Maryland's SSA funds totaled over \$111 million in FY 2003, a steady increase from FY 2000. During that time period, State funds accounted for about 60 percent of that total, and Block Grant funds accounted for nearly 30 percent of that total.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

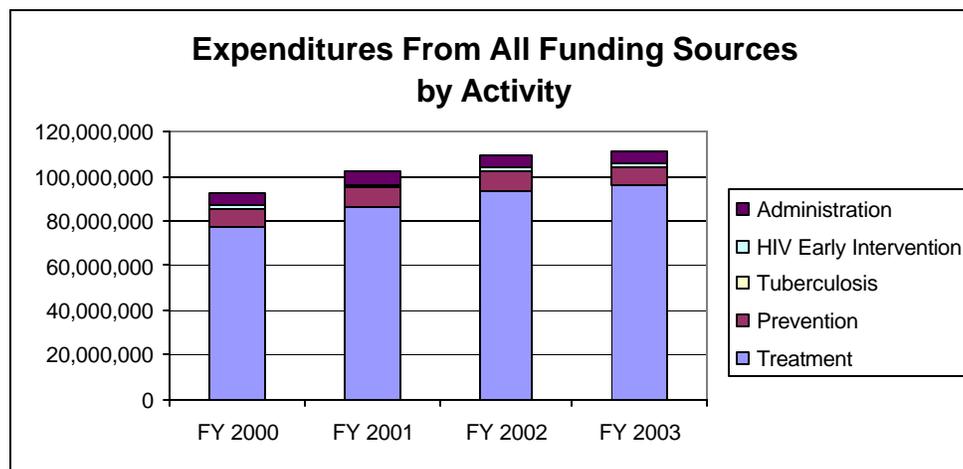
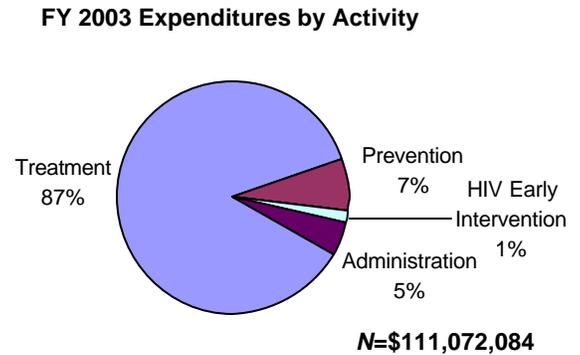
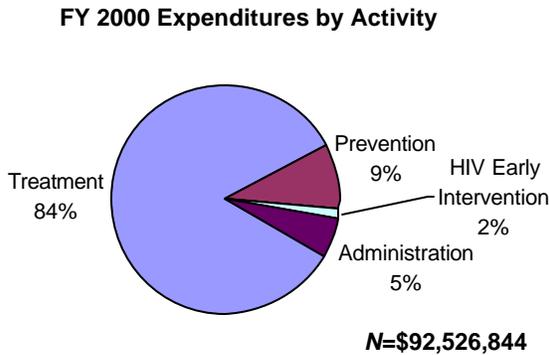
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	29,389,161	32	31,079,266	30	31,950,492	29	32,114,739	29
Medicaid	115,894	0	115,894	0	211,807	0	1,509,383	1
Other Federal	719,867	1	965,825	1	31,903	0	0	0
State	54,442,086	58	62,293,645	61	65,685,309	60	65,241,515	59
Local	1,445,782	2	1,445,782	1	4,963,862	5	4,328,589	4
Other	6,414,054	7	6,445,154	6	6,330,909	6	7,877,858	7
Total*	92,526,844	100	102,345,566	100	109,174,282	100	111,072,084	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Expenditures for substance abuse treatment services accounted for most (more than 80 percent) of the SSA expenditures since FY 2000. Funding for treatment steadily increased, and funding for prevention declined slightly.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	57,887,363	62	65,194,498	64	93,949,918	86	96,230,477	87
Alcohol Treatment	7,200,344	8	7,467,414	7				
Drug Treatment	12,678,250	14	13,868,055	14				
Prevention	8,228,447	9	8,325,961	8	8,751,609	8	7,885,787	7
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,469,458	2	1,553,963	2	1,597,525	1	1,605,737	1
Administration	5,062,982	5	5,935,675	6	4,875,230	4	5,350,083	5
Total*	92,526,844	100	102,345,566	100	109,174,282	100	111,072,084	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

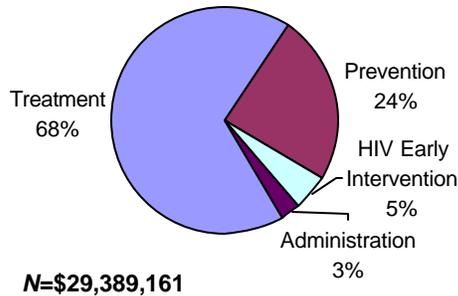
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

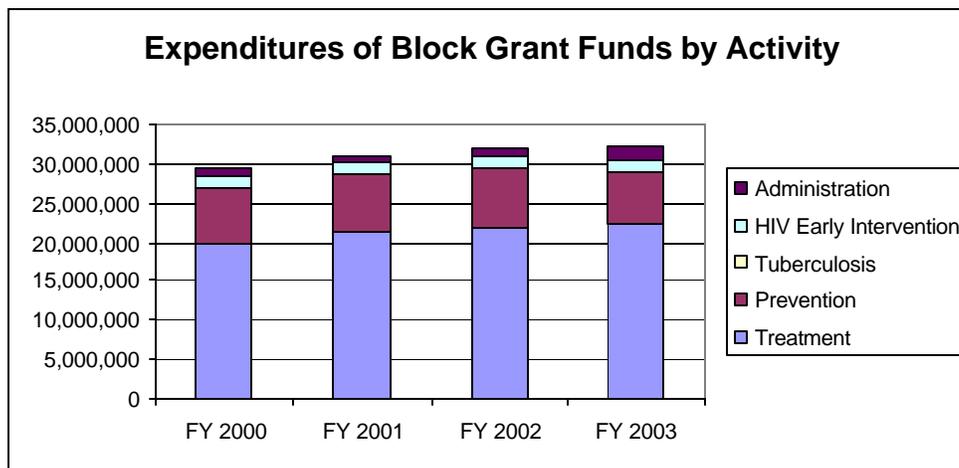
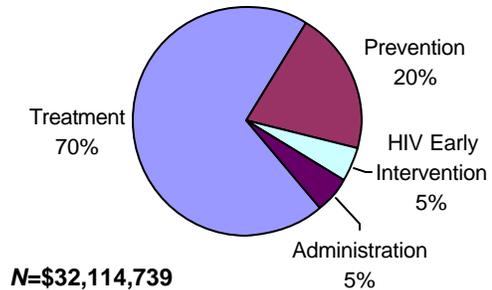
Expenditures of Block Grant Funds

Block Grant expenditures totaled more than \$32 million in FY 2003, a relatively stable total since FY 2000. The majority (70 percent) of dollars in FY 2003 went toward treatment services, followed by prevention services (20 percent).

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	21,802,473	68	22,480,317	70
Alcohol Treatment	7,200,344	24	7,467,414	24				
Drug Treatment	12,678,250	44	13,868,055	45				
Prevention	7,159,942	24	7,257,456	23	7,591,979	24	6,422,948	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,469,458	5	1,553,963	5	1,597,525	5	1,605,737	5
Administration	881,167	3	932,378	3	958,515	3	1,605,737	5
Total*	29,389,161	100	31,079,266	100	31,950,492	100	32,114,739	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

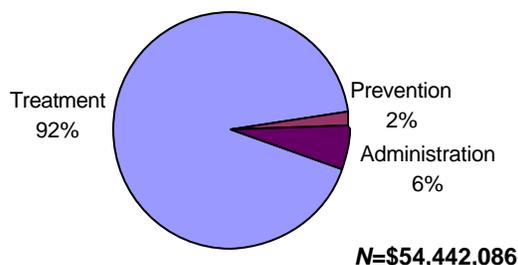
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* Totals may not equal 100 percent due to rounding.

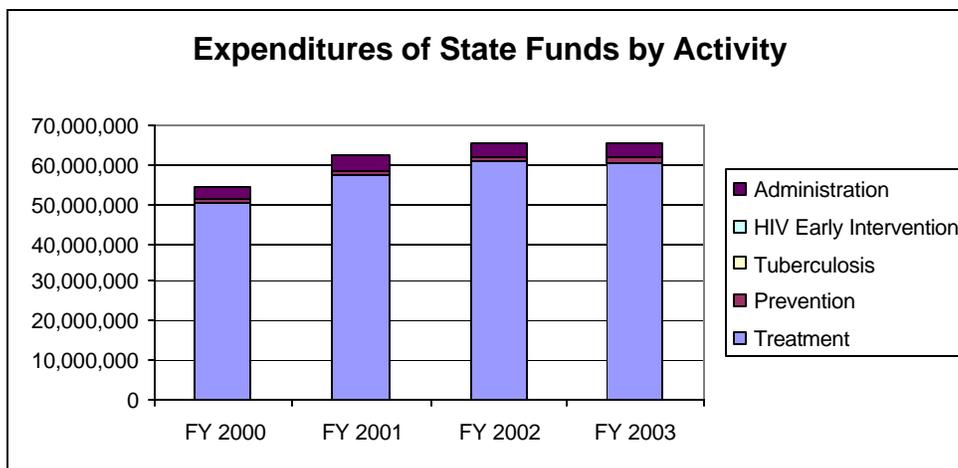
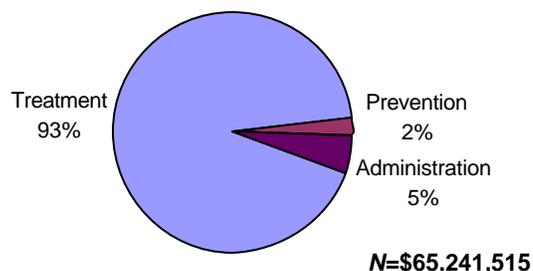
Expenditures of State Funds

Maryland State expenditures on treatment and prevention services increased substantially between FYs 2000 and 2003 (from \$54.4 to \$65.2 million). Nearly all (92 percent) of FY 2003 State funds went toward treatment services, a relatively stable proportion since FY 2000. Only 2 percent of State funds have been spent on prevention since FY 2000.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	50,137,078	92	57,444,213	92	60,959,468	93	60,455,542	93
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	1,068,505	2	1,068,505	2	1,159,630	2	1,462,839	2
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	3,236,503	6	3,780,927	6	3,566,211	5	3,323,134	5
Total*	54,442,086	100	62,293,645	100	65,685,309	100	65,241,515	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Maryland’s ADAA supports a statewide prevention network—the Prevention Coordinators network—that uses a community development model as its primary method of planning and implementing prevention services.

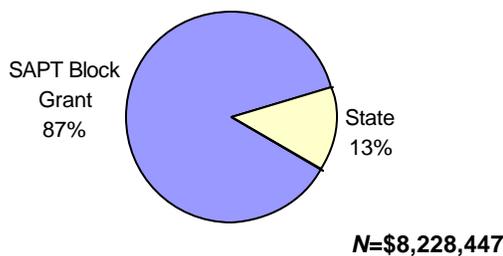
ADAA funds approximately 614 community prevention programs statewide, and SAPT funds are awarded to 6 subdivisions to target high-risk youth at 41 sites throughout these subdivisions. Additionally, the Homeless Demonstration Grant provides a continuum of alcohol, tobacco, and other drug (ATOD) prevention activities for approximately 230 participants in Baltimore. ADAA continues to fund four strategically located College/University ATOD Prevention Centers in the western, central, eastern, and southern regions of the State. These centers have taken leadership roles for all colleges in their respective regions.

Prevention Funding and Expenditures

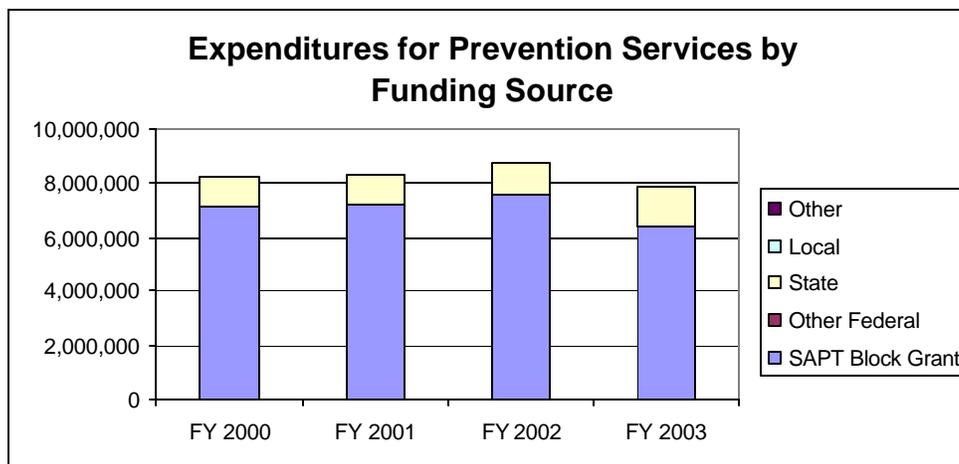
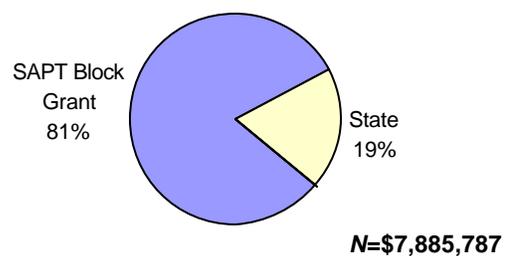
Between FYs 2000 and 2003 prevention funding in Maryland declined from \$8.2 to \$7.9 million. The Block Grant’s proportion of total prevention funds declined from 87 to 81 percent during this time period, and the State’s proportion increased from 13 to 19 percent.

Between FYs 2000 and 2002 Block Grant prevention funds in Maryland ranged from \$1.35 to \$1.40 per capita. In FY 2003 Block Grant expenditures per capita dropped to \$1.17.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	7,159,942	87	7,257,456	87	7,591,979	87	6,422,948	81
Other Federal	0	0	0	0	0	0	0	0
State	1,068,505	13	1,068,505	13	1,159,630	13	1,462,839	19
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	8,228,447	100	8,325,961	100	8,751,609	100	7,885,787	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

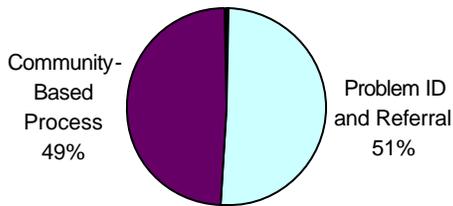
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Regional Alcohol and Drug Abuse Prevention Centers are located on four Maryland university campuses. Dissemination also occurs via health/community fairs, and media campaigns .
Education	Activities include parenting skill-training programs and training for SAMHSA model program implementation, and peer leadership programs for youth.
Alternatives	Strategies include Project Graduation activities and grants for community-based organizations to provide before and afterschool ATOD prevention programs.
Community-Based Processes	Training and technical assistance that implements model programs is provided to prevention coordinators, their staff, and community representatives. Funds also support assistance in the development of ATOD programs and activities .
Environmental	Technical assistance is provided to community groups and organizations on how to develop appropriate legislative and media resources .
Problem Identification and Referral	Funding supports student assistance programs.

Expenditures of Block Grant Fund for Core Strategies

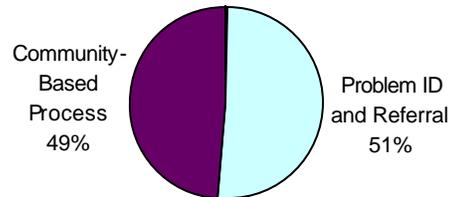
Between FYs 2000 and 2003 total Block Grant funds declined from over \$7.2 to \$6.4 million. Since FY 2000 about half of Block Grant expenditures were directed to community-based processes and about half were directed toward problem identification and referral.

FY 2000 Block Grant Expenditures by Core Strategy

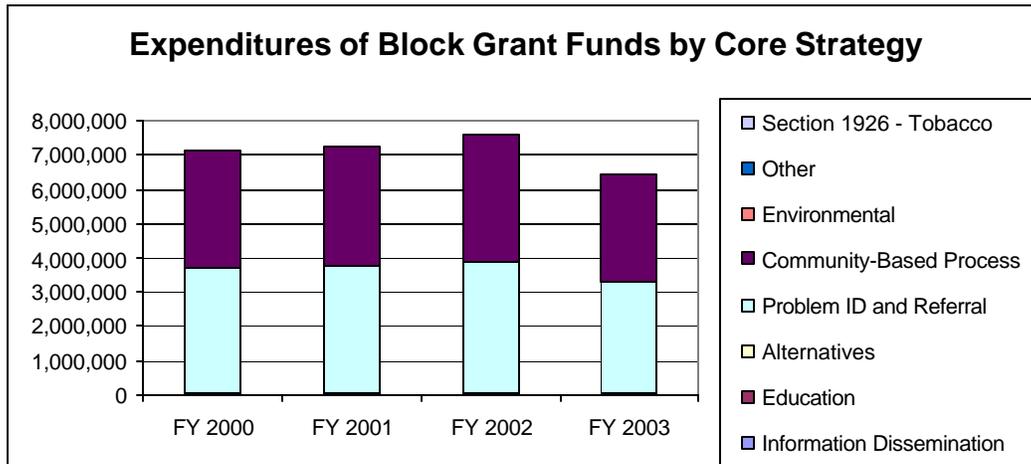


N=\$7,159,942

FY 2003 Block Grant Expenditures by Core Strategy



N=\$6,422,948



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	10,000	0	10,000	0	10,000	0	10,000	0
Education	10,000	0	10,000	0	10,000	0	10,000	0
Alternatives	10,000	0	10,000	0	10,000	0	10,000	0
Problem ID and Referral	3,633,720	51	3,683,452	51	3,854,059	51	3,257,853	51
Community-Based Process	3,491,222	49	3,539,004	49	3,702,920	49	3,130,095	49
Environmental	5,000	0	5,000	0	5,000	0	5,000	0
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	7,159,942	100	7,257,456	100	7,591,979	100	6,422,948	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

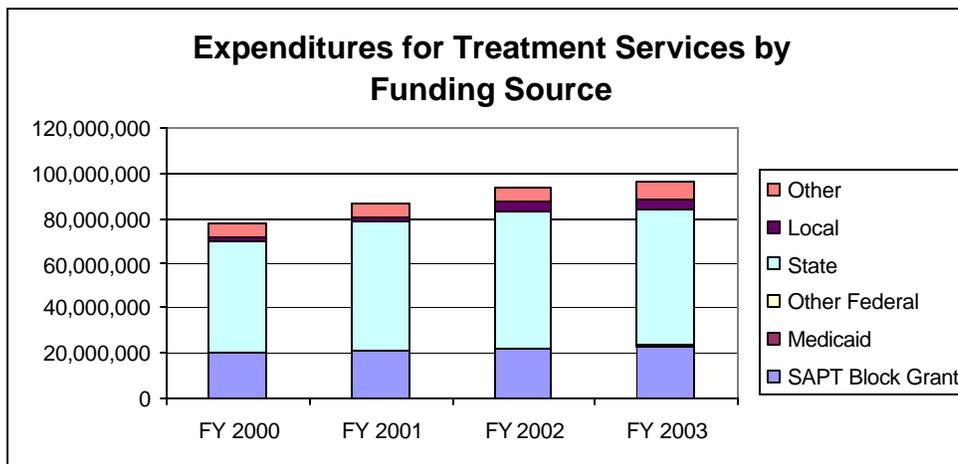
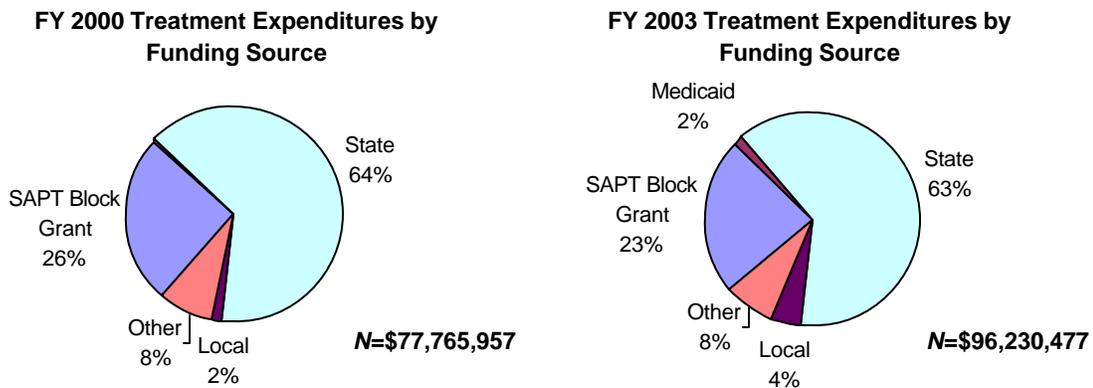
The State of Maryland's continuum of care offers various modalities of treatment, in which individuals move from one modality to another, based on their needs. The modalities include outpatient, intensive outpatient, and residential (including halfway houses, therapeutic communities, extended care, intermediate care, medication assistance, and detoxification services within various modalities). Over 50,000 treatment episodes were provided within these modalities in FY 2002.

ADAA requires all programs to give priority admission to pregnant women. Such patients are not allowed to be placed on the waiting list or be subject to involuntary termination. Furthermore, all funded treatment programs in Baltimore, where there is the highest incidence of injection drug use (IDU), participate in a central referral process—a mechanism that allows programs to refer patients on the day of initial contact. ADAA has in place a management information system by which capacity levels are monitored and has instructed all programs that any individual who requests and is in need of treatment be placed in the appropriate treatment within 10 days or be referred to another certified program.

Treatment Funding and Expenditures

Between FYs 2000 and 2003 treatment funding in Maryland increased from \$77.8 to \$96.2 million. State funds accounted for two-thirds of Maryland's funding for treatment and rehabilitation during this time period. The SAPT Block Grant accounted for about one quarter of total treatment funds.

Between FYs 2000 and 2003 Block Grant treatment funds in Maryland increased steadily from \$3.74 to \$4.08 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	19,878,594	26	21,335,469	25	21,802,473	23	22,480,317	23
Medicaid	115,894	0	115,894	0	211,807	0	1,509,383	2
Other Federal	0	0	0	0	0	0	0	0
State	50,137,078	64	57,444,213	66	60,959,468	65	60,455,542	63
Local	1,445,782	2	1,445,782	2	4,963,862	5	4,328,589	4
Other	6,188,609	8	6,188,609	7	6,012,308	6	7,456,646	8
Total*	77,765,957	100	86,529,967	100	93,949,918	100	96,230,477	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Maryland's SAPT Block Grant application indicates that over 56,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=56,114)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	848	2,575	2,523
Long-term residential	587	1,109	1,244
Ambulatory (Outpatient)			
Outpatient (methadone)	536	5,949	2,839
Outpatient (non-methadone)	6,281	11,811	15,907
Intensive outpatient	454	1,876	1,575
Detoxification (outpatient)	0	0	0
Total	8,706	23,320	24,088

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate more than 70,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 24 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 19 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 25 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	14,455	19.3
Alcohol in combination with other drugs	56,194	24.7
Total	70,649	23.6

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 317,000 persons aged 12 and older (7.1 percent of Maryland's population) needed, but did not receive, treatment for alcohol use and 119,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in Maryland.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.09	5.19	15.17	6.08
Needing but not receiving treatment for illicit drug use	2.68	4.96	8.62	1.43

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Through the Governor's Cabinet Council on Crime Control and Juvenile Justice an annual crime control and prevention plan is prepared. The council's framework is an extensive committee and task force structure with membership that ensures the input and involvement of citizens, providers, human service professionals, business leaders, local government representatives, and legislators.

ADAA uses the truncated Poisson probability distribution to estimate Statewide and local need based on analysis of treatment episode data. All certified treatment programs in Maryland, both public and private, are required to report to the Substance Abuse Management Information System (SAMIS). Based on data from SAMIS, The Outlook and Outcomes Annual Report is produced and distributed statewide. This report and other selected patient-based data and treatment utilization reports provides details of treatment services delivered in every sector of the State.

Besides SAMIS, Maryland also gathers pertinent information through its program advisor offices. These prevention and treatment offices serve as the major liaison between ADAA and the AOD treatment and prevention providers throughout the State. Information gathered by these offices on abuse trends and targeted populations serve as an important mechanism that compliments the sometimes more formalized data collection systems.

Evaluation

The Treatment Compliance Office is responsible for developing, implementing, and maintaining service improvement strategies that will enhance the quality of addiction treatment services that are provided in Maryland. Two strategies used to meet this goal are compliance reviews and complaint investigations.

The data in Outlook and Outcomes reflect the status of substance abuse treatment, intervention, and prevention programs in Maryland, the services they deliver, and the populations that they serve. Data collected through the tracking of patients who have entered the treatment system provide a rich repository of information on activity and treatment outcomes in the statewide treatment network. The identification of these trends and patterns leads to long-term planning to meet the population needs and to outcome measures that ensure quality treatment and fiscal accountability.

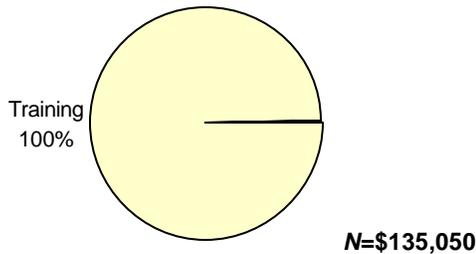
Training and Assistance

The ADAA's Office of Education and Training for Addiction Services (OETAS) delivers training events, including courses approved for prevention certification or recertification. The ADAA sponsors management conferences and regional skill application training for clinical supervisors, prevention coordinators, and program managers.

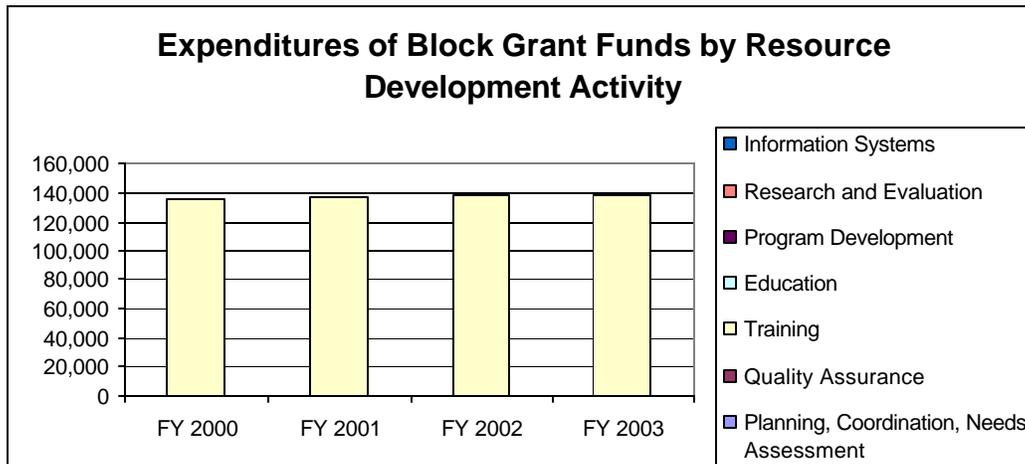
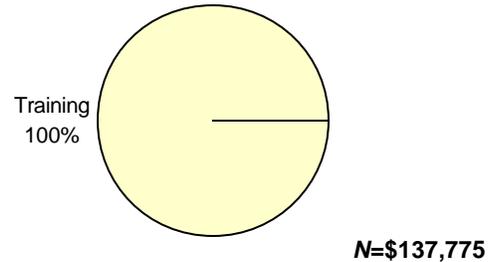
Expenditures of Block Grant Fund for Resource Development Activities

The total dollar amount for resource development activities in Maryland remained relatively stable from FYs 2000 through 2003 at about \$135,000. During this time period, 100 percent of SAPT Block Grant funding for resource development activities went towards training activities.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	0	0	0	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	135,050	100	136,775	100	137,775	100	137,775	100
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	135,050	100	136,775	100	137,775	100	137,775	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary funds for prevention activities in Maryland totaled \$2.8 million in FY 2004. Eight of the 10 awards went to Drug Free Communities grantees totaling \$624,000. The largest single award was for Family Strengthening for \$475,000.

Center for Substance Abuse Prevention Discretionary Awards in Maryland for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
Drug Free Communities	8	623,554
Family Strengthening	1	474,997
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	345,825
HIV/AIDS Cohort 4 Services	2	700,000
Youth Transition into the Workplace	2	300,000
Total	16	2,800,368

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded 10 discretionary grants to Maryland entities totaling \$4.5 million in FY 2004. The largest single award was a CSAT 2004 Earmarks grant. The area receiving the most funds was targeted capacity-HIV/AIDS (at 1.3 million).

Center for Substance Abuse Treatment Discretionary Awards in Maryland for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	649,933
CSAT 2004 Earmarks	1	994,100
DATA Physician Clinical Support System	1	499,681
Effective Adolescent Treatment	1	238,490
Residential SA Treatment	1	250,174
State Data Infrastructure	1	100,000
Targeted Capacity - HIV/AIDS	3	1,315,406
TCE Innovative Treatment	1	500,000
Total	10	4,547,784

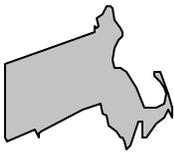
SOURCE: www.samhsa.gov

MASSACHUSETTS

State SSA Director

Mr. Michael Botticelli, Assistant Commissioner
 Bureau of Substance Abuse Services
 Massachusetts Department of Public Health
 250 Washington Street, Third Floor
 Boston, MA 02108-4619
Phone: 617-624-5151
Fax: 617-624-5185
E-mail: michael.botticelli@state.ma.us
Web site: www.mass.gov/dph/bsas/bsas.htm

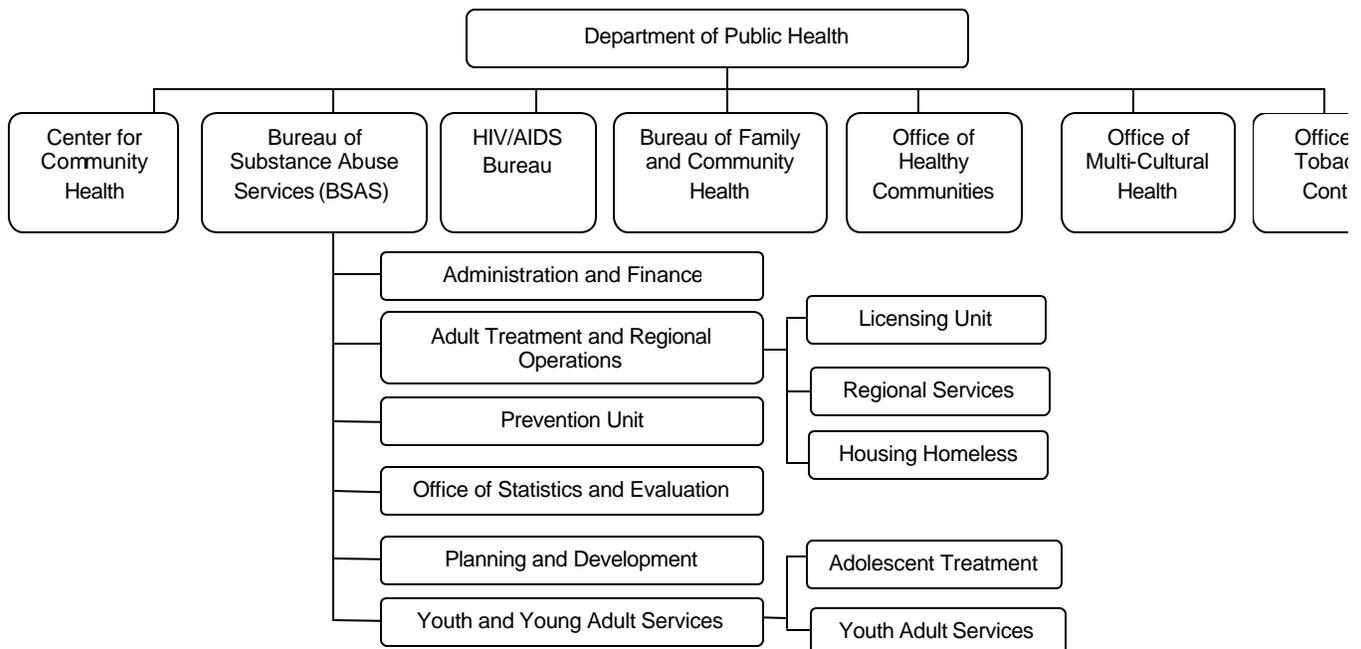
Structure and Function



The Executive Office of Health and Human Services (EOHHS) is the Single State Agency (SSA) under which the Massachusetts Department of Public Health, Bureau of Substance Abuse Services (BSAS), falls. The BSAS oversees the substance abuse prevention and treatment services in the Commonwealth. BSAS responsibilities include licensing programs and counselors, funding and monitoring prevention and treatment services, providing access to treatment for the indigent and uninsured, developing and implementing policies and programs, and tracking substance abuse trends in the State.

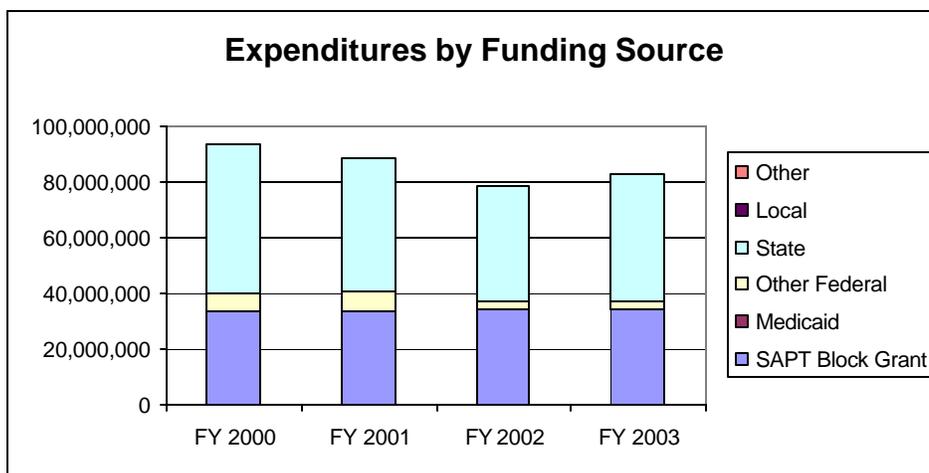
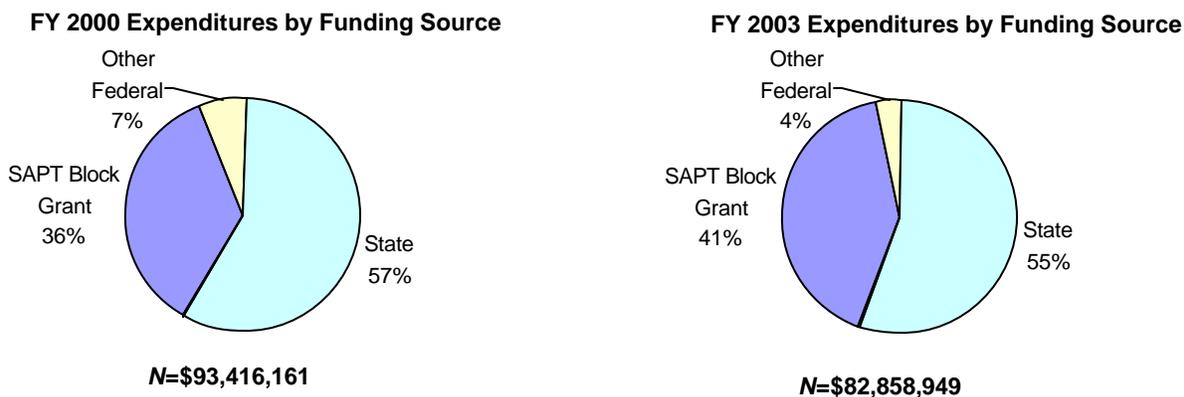
The BSAS mission is to promote an integrated, consumer-based, culturally competent continuum of substance abuse and addiction prevention, intervention, treatment and recovery support services which are (1) responsive to the needs of individuals, families and communities, and (2) committed to quality, availability and accessibility. BSAS envisions a Commonwealth, which understands the impact of alcohol, tobacco, and other drug (ATOD) problems and addictions; fully supports a continuum of prevention, early intervention, and treatment services which are accessible to everyone across the lifespan in culturally competent settings; eliminates the stigma attached to individuals and families with ATOD problems and addictions; and promotes a culture of recovery and healthy life choices for all.

Single State Agency Structure



Single State Agency Funding Overview

SSA total expenditures for Massachusetts declined between FYs 2000 and 2003 (from \$93.4 million to \$82.9 million)—largely due to declines in funding from the State and from Federal sources other than the Block Grant. State funds, however, continued to pay for more half of all expenditures.



Single State Agency Expenditures From All Funding Sources

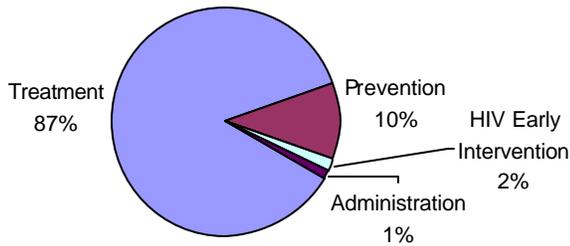
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	33,214,336	36	33,627,906	38	33,999,328	43	34,174,108	41
Medicaid	0	0	0	0	0	0	0	0
Other Federal	6,475,035	7	6,459,178	7	3,230,989	4	3,047,432	4
State	53,726,790	57	48,306,748	55	41,831,940	53	45,637,409	55
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	93,416,161	100	88,393,832	100	79,062,257	100	82,858,949	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

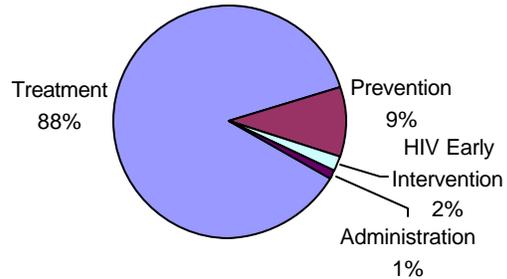
Despite the funding decline, the relative distribution of total SSA funds remained stable between FYs 2000 and 2003. Treatment and rehabilitation activities continued to account for the vast majority of expenditures.

FY 2000 Expenditures by Activity

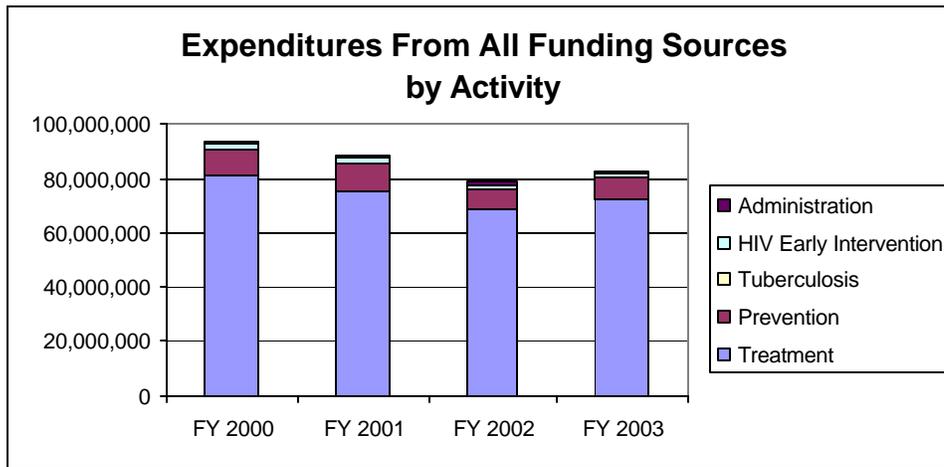


N=\$93,416,161

FY 2003 Expenditures by Activity



N=\$82,858,949



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	57,166,550	61	51,276,475	58	68,746,791	87	72,270,519	88
Alcohol Treatment	11,944,358	13	12,076,684	14				
Drug Treatment	11,944,358	13	12,076,684	14				
Prevention	9,532,167	10	10,229,593	12	7,251,989	9	7,825,701	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,807,563	2	1,756,396	2	1,774,983	2	1,565,933	2
Administration	1,021,165	1	978,000	1	1,288,494	2	1,196,796	1
Total*	93,416,161	100	88,393,832	100	79,062,257	100	82,858,949	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

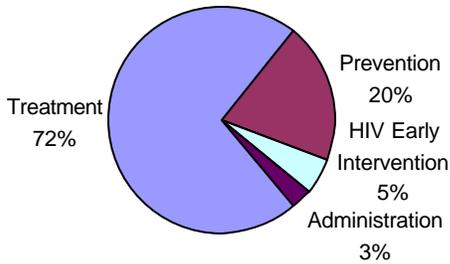
* Totals may not equal 100 percent due to rounding

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

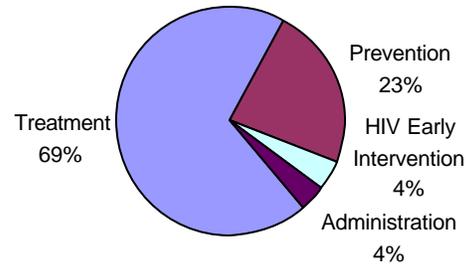
Block Grant expenditures for SSA activities in Massachusetts increased slightly between FYs 2000 and 2003 (from \$33.2 to \$34.2 million). The distribution of those funds shifted slightly over the two periods: treatment and rehabilitation activities accounted for a declining majority (from 72 percent to 69 percent), offset by a slight increase in prevention activities.

FY 2000 Block Grant Expenditures by Activity

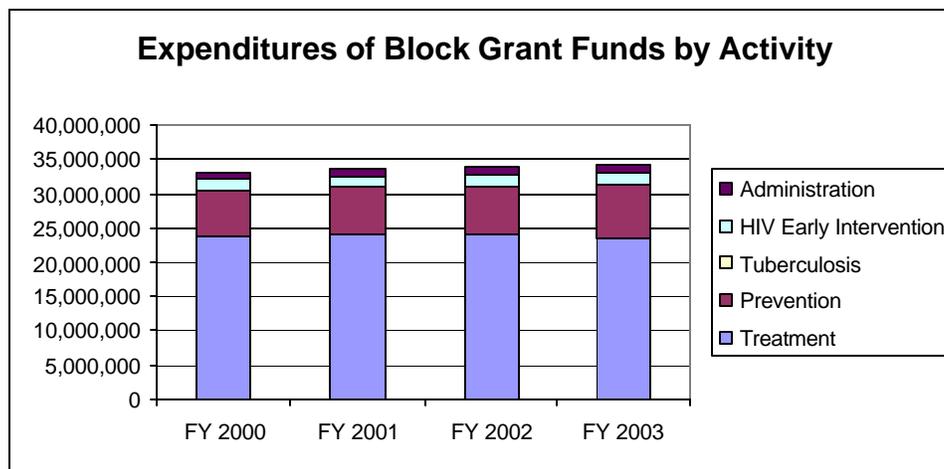


N=\$33,214,336

FY 2003 Block Grant Expenditures by Activity



N=\$34,174,108



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	24,207,078	71	23,660,678	69
Alcohol Treatment	11,944,358	36	12,076,684	36				
Drug Treatment	11,944,358	36	12,076,684	36				
Prevention	6,643,740	20	6,815,142	20	6,803,773	20	7,825,701	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,660,715	5	1,681,396	5	1,699,983	5	1,490,933	4
Administration	1,021,165	3	978,000	3	1,288,494	4	1,196,796	4
Total*	33,214,336	100	33,627,906	100	33,999,328	100	34,174,108	100

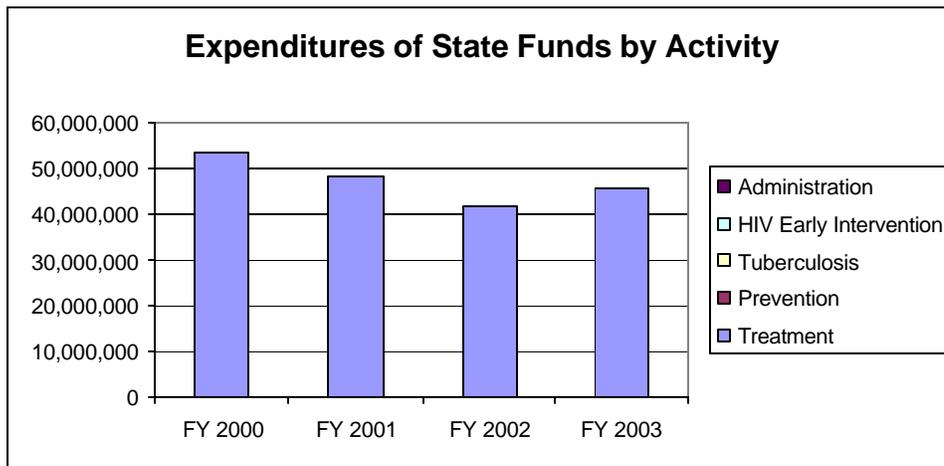
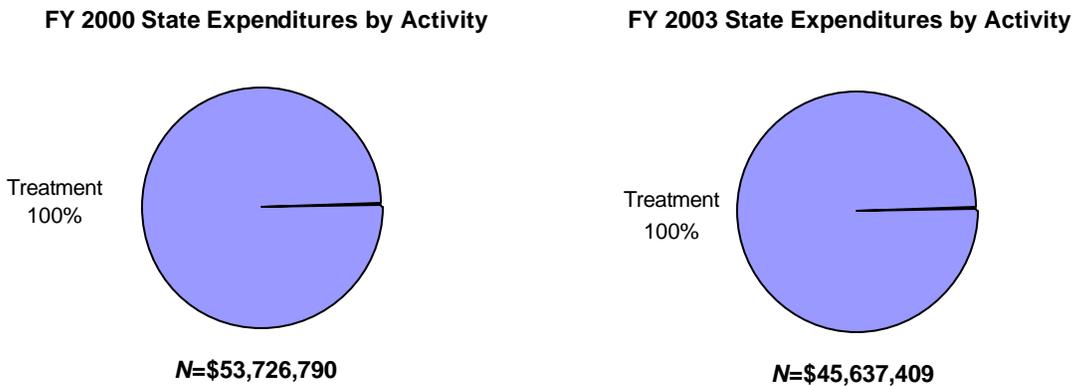
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

State funding in Massachusetts declined considerably between FYs 2000 and 2003 (from \$53.7 million to \$45.6 million). Nearly all of those funds were spent on treatment and rehabilitation activities.



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	53,651,790	100	48,231,748	100	41,756,940	100	45,562,409	100
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	75,000	0	75,000	0	75,000	0	75,000	0
Administration	0	0	0	0	0	0	0	0
Total*	53,726,790	100	48,306,748	100	41,831,940	100	45,637,409	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

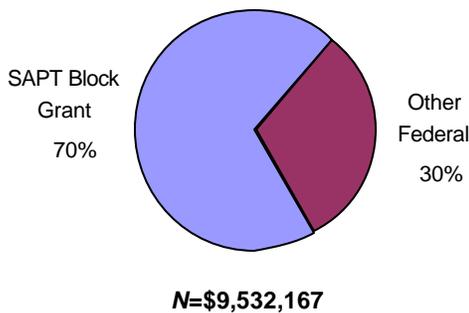
The Office of Healthy Communities, under the Massachusetts Department of Public Health, has organized the Massachusetts prevention system into six Regional Centers for Healthy Communities (RCHCs). In so doing, Massachusetts is promoting a statewide capacity-building system to support healthier communities and to reduce alcohol and substance abuse with an emphasis on youth development. The RCHC's provide new and more effective ways to build support for health and safety related initiatives in communities across the Commonwealth. The goals of the RCHC's are to promote partnerships among regional and local public health leaders, encourage collaboration among communities to reduce the use of alcohol, tobacco, and other drugs, and mobilize youth and young adults for leadership and civic action.

Prevention Funding and Expenditures

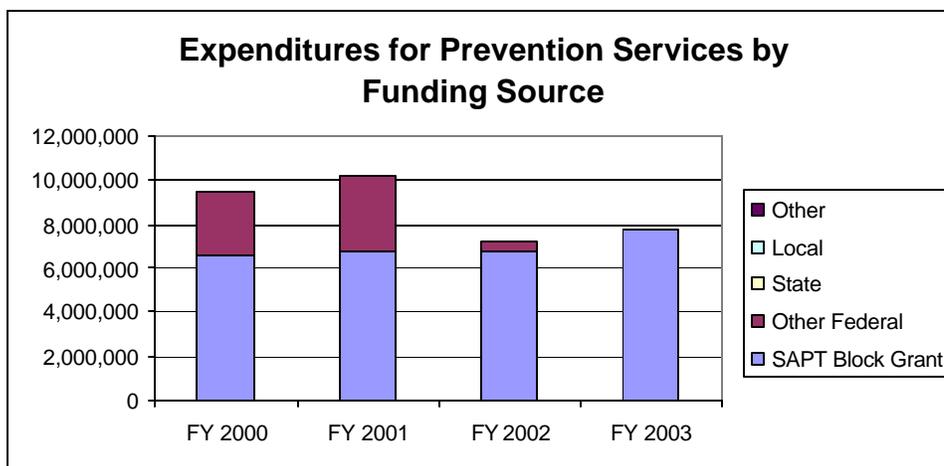
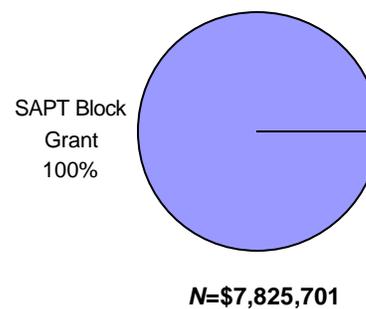
Prevention funding declined in Massachusetts between FYs 2000 and 2003 (from \$9.5 to \$7.8 million). With the elimination of other Federal funds, the Block Grant became the sole source of prevention funding in FY 2003.

Block Grant expenditures on prevention activities increased from FY 2000 to FY 2003, both in total value (from \$6.6 million to \$7.8 million) and per capita (from \$1.04 to \$1.22).

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	6,643,740	70	6,815,142	67	6,803,773	94	7,825,701	100
Other Federal	2,888,427	30	3,414,451	33	448,216	6	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	9,532,167	100	10,229,593	100	7,251,989	100	7,825,701	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

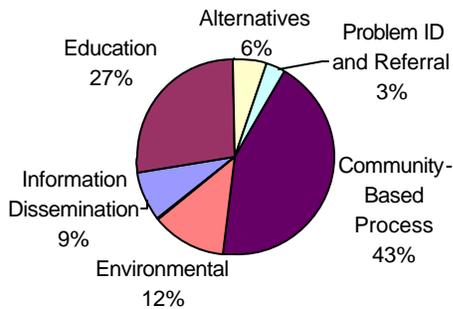
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Information dissemination strategies include bilingual media campaigns, health promotion clearinghouse, policy development initiatives, and conferences.
Education	Activities include afterschool and school prevention programs and training and technical assistance.
Alternatives	Funding supports creative writing contests, photography, theater productions, community service, adventure and team-building activities.
Community-Based Processes	Regional Centers for Healthy Communities provide community health planning, prevention program planning, evaluation, organizational development, and professional development.
Environmental	Consultation and training is provided to community-based groups, coalitions, organizations, and schools on how to maximize the effectiveness of environmental strategies that decreased ATOD use.
Problem Identification and Referral	Strategies include street outreach programs and court diversion programs.

Expenditures of Block Grant Funds for Core Strategies

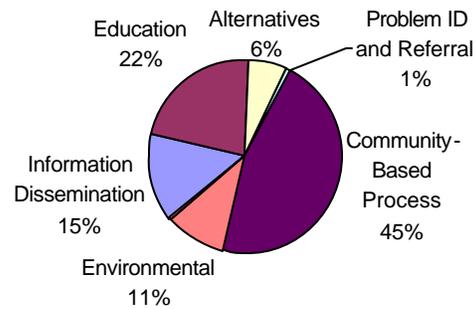
Block Grant funding for prevention core strategies in Massachusetts increased from \$6.6 million to \$7.8 million between FYs 2000 and 2003. Community-based process strategies remained the highest priority in FY 2003, at 45 percent of the Block Grant prevention funds—slightly down from 43 percent in FY 2000. Education—the second highest priority—also declined slightly in proportion, while information dissemination strategies increased somewhat, accounting for 15 percent of FY 2003 Block Grant prevention funding. Smaller proportions of the funds were spent on environmental, alternative, and problem identification and referral strategies.

FY 2000 Block Grant Expenditures by Core Strategy

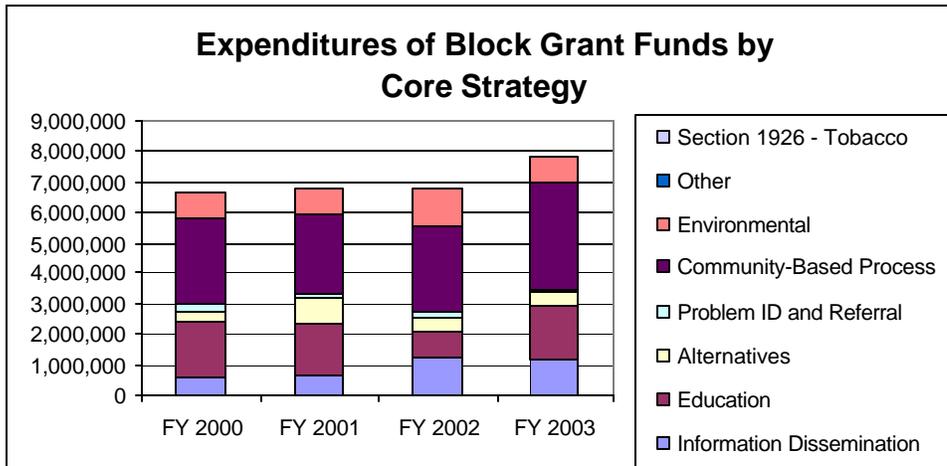


N=\$6,643,740

FY 2003 Block Grant Expenditures by Core Strategy



N=\$7,825,701



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	579,999	9	678,788	10	1,224,679	18	1,158,204	15
Education	1,798,460	27	1,642,449	24	816,453	12	1,745,131	22
Alternatives	370,056	6	847,804	12	476,264	7	477,368	6
Problem ID and Referral	223,894	3	144,481	2	204,113	3	78,257	1
Community-Based Process	2,852,158	43	2,651,090	39	2,857,585	42	3,537,217	45
Environmental	819,173	12	850,530	12	1,224,679	18	829,524	11
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	6,643,740	100	6,815,142	100	6,803,773	100	7,825,701	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

The BSAS works to ensure the delivery of the highest quality, culturally competent, cost-effective array of alcohol and other treatment and recovery services to individuals, families, and communities in Massachusetts. BSAS also ensures that HIV education and prevention programs are incorporated into treatment services and that priority for admission to treatment is given to the high-risk intravenous drug users and to pregnant and addicted women.

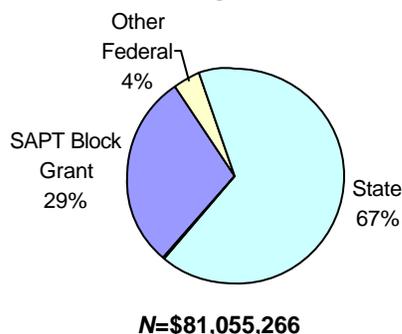
The array of treatment services includes acute treatment services, transitional support services, residential rehabilitation services, and ambulatory services (outpatient counseling, acupuncture programs, intensive outpatient treatment, and dual diagnosis programs). BSAS funds 28 program types and provides licensure to 389 separate nonprofit and private substance abuse treatment programs.

Treatment Funding and Expenditures

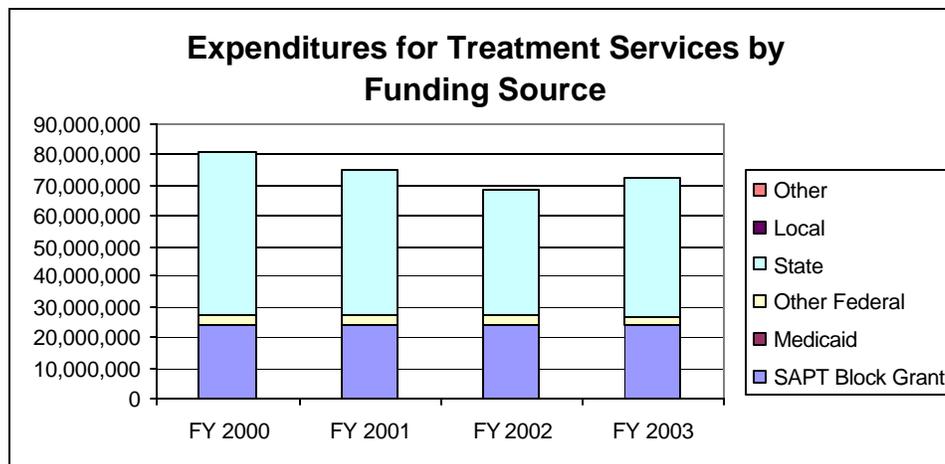
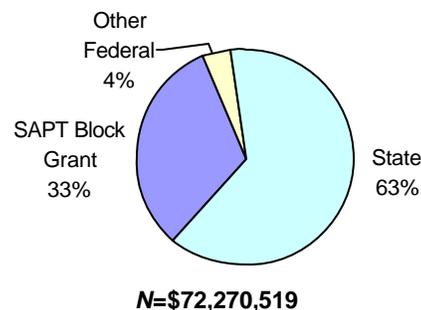
Treatment expenditures in Massachusetts declined by nearly \$8.8 million between FYs 2000 and 2003, totaling about \$72.2 million in the latter year. This decline reflected decreases from all funding sources, particularly the State. Nevertheless, the State continued to fund the largest portion of those expenditures (63 percent), while Block Grant funds accounted for one-third of FY 2003 expenditures.

Per capita, Block Grant treatment funding in the State declined from \$3.75 to \$3.69 during the two comparison years.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	23,888,716	29	24,153,368	32	24,207,078	35	23,660,678	33
Medicaid	0	0	0	0	0	0	0	0
Other Federal	3,514,760	4	3,044,727	4	2,782,773	4	3,047,432	4
State	53,651,790	66	48,231,748	64	41,756,940	61	45,562,409	63
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	81,055,266	100	75,429,843	100	68,746,791	100	72,270,519	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Massachusetts's SAPT Block Grant application indicates that over 140,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) and free-standing residential treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=140,614)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	17,878	33,028	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	3,788	3,352	0
Long-term residential	2,727	5,665	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	10,932	0
Outpatient (non-methadone)	37,877	23,894	0
Intensive outpatient	0	0	0
Detoxification (outpatient)	659	814	0
Total	62,929	77,685	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 68,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 32 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	12,115	32.0
Alcohol in combination with other drugs	55,402	32.0
Total	67,517	32.0

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 423,000 persons aged 12 and older (7.9 percent of Massachusetts's population) needed, but did not receive, treatment for alcohol use, and 168,000 persons (3.1 percent) needed, but did not receive, treatment for illicit drug use in Massachusetts.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.86	7.15	18.08	6.31
Needing but not receiving treatment for illicit drug use	3.12	6.08	10.41	1.60

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The Commonwealth is divided into six substate planning areas, or regions (Western, Central, Northeast, Southeast, Metrowest, and Metro-Boston). Within each region, the DPH identifies natural service areas (CHNAs) into which providers and communities are clustered. The CHNAs (27 in the State) are a vehicle for partnership between the communities and State agencies that enhance the effort in developing a preventive, primary care health model in each community.

BSAS obtains needs assessment data from a variety of sources. These studies include (1) the MassCaLL team, which looks at social indicator measures of substance abuse, (2) the Criminal Justice Needs Assessment study, (3) the Treatment Needs Among the Elderly in Primary Care Settings, (4) the Substance Abuse Surveillance Network Study, (5) the Treatment Needs Among IDUs Study, (6) Triennial School Survey, (7) the Youth Health Survey, and (8) BRFSS Telephone Survey.

Evaluation

All BSAS treatment providers under contract must document all service delivery phases from intake to discharge, including a summary of the discharge destination. Beginning with the assessment, data are collected. Data collection, documentation, and tracking are vital to BSAS's understanding of the success of the provider's transition/discharge planning efforts and is reflected in outcomes as stated in contract performance measures.

Data collection efforts by contracted prevention programs illustrate the range of prevention services through a variety of data collection efforts. These efforts provide BSAS with valuable information about both short- and long-term outcomes. Contracted providers provide monthly activity reports through a MIS system and matched pre-post Core Measure surveys to look at individual change. Additionally, the Youth Health Survey, a statewide survey, helps evaluate communities' progress throughout the Commonwealth.

Training and Assistance

BSAS provides continuing education trainings for employees of facilities that provide substance abuse treatment services and has recently expanded core training to include advance training on fiscal management and board development as well as emerging issues pertinent to the substance abuse services field. BSAS also developed culturally appropriate and gender-specific training. Finally, BSAS enhanced technologies to enable the use of distance learning techniques.

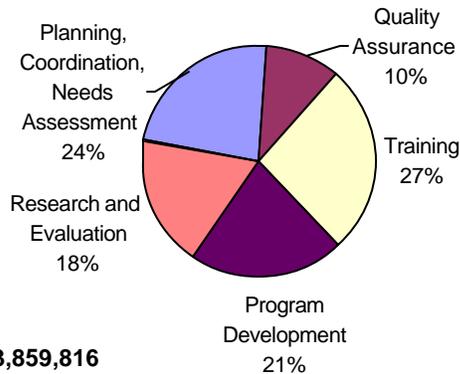
BSAS also offers a variety of training and assistance opportunities to its prevention workforce. BSAS offered a series of trainings through their first Center for Substance Abuse Prevention (CSAP)-funded State Incentive Grant (SIG) that were open to anyone interested in learning more about prevention. Other trainings in this series were mandated for BSAS funded providers and included topics such as evidence-based prevention, the strategic prevention framework, combating racism, and drug trends and implications for prevention practice.

BSAS also provides training and technical assistance through its Regional Centers for Healthy Communities. Each regional center has a resource library, conducts training, and provides technical assistance to BSAS-funded and nonfunded programs. Finally, BSAS funds a training institute, collaborates with the Northeast CAPT, and encourages prevention programs and agencies to attend trainings offered, not only by the Bureau, but by other agencies, such as the New England Technology Transfer Center.

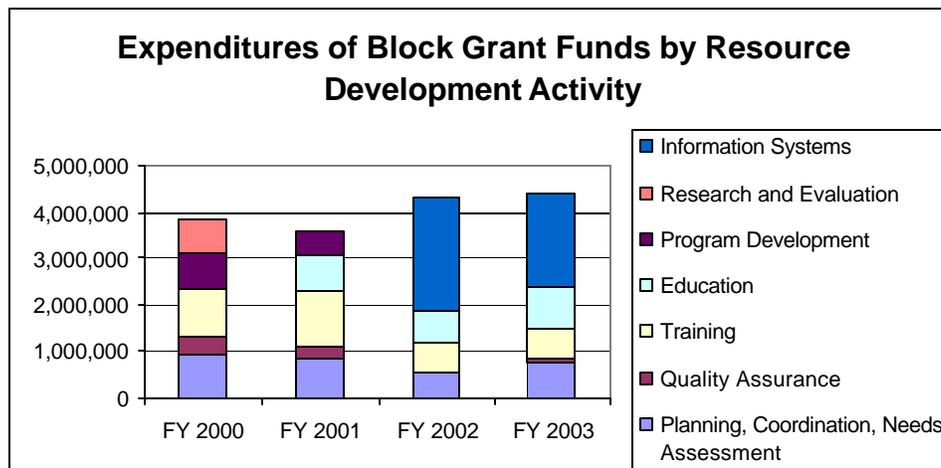
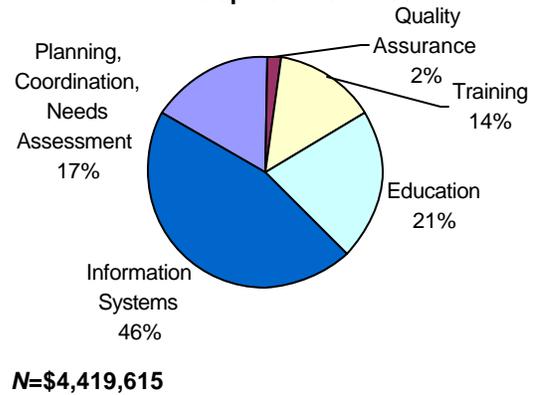
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Massachusetts increased from nearly \$3.9 million in FY 2000 to over \$4.4 million in FY 2003. Priorities shifted dramatically between the two periods, with a new focus on information systems and education, the elimination of program development and research and evaluation activities, and a decline in activities involving training, quality assurance, and planning, coordination, and needs assessment.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	912,591	24	846,222	23	534,025	12	760,000	17
Quality Assurance	399,477	10	251,200	7	0	0	75,000	2
Training	1,017,129	26	1,190,112	33	640,562	15	637,960	14
Education	0	0	824,500	23	678,438	16	915,622	21
Program Development	824,378	21	493,150	14	0	0	0	0
Research and Evaluation	706,241	18	0	0	0	0	0	0
Information Systems	0	0	0	0	2,463,583	57	2,031,033	46
Total*	3,859,816	100	3,605,184	100	4,316,608	100	4,419,615	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$5.6 million in 41 discretionary grants to entities in Massachusetts during FY 2004. Nearly half of those grants were targeted at drug-free communities, and nearly half went toward HIV/AIDS services.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
Drug Free Communities	29	2,665,360
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	4	1,104,341
HIV/AIDS Cohort 4 Services	2	518,126
HIV/AIDS Cohort 5 Services	4	1,000,000
Total	41	5,643,819

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$11.5 million in discretionary grants to a wide range of Massachusetts entities during FY 2004. The largest awards were directed at targeted capacity for HIV/AIDS (more than \$4.5 million), homeless addictions treatment (nearly \$1.9 million), and the Youth Offender Reentry Program (nearly \$1 million).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	2	786,114
Effective Adolescent Treatment	3	688,343
Homeless Addictions Treatment	4	1,893,728
Pregnant/Post-Partum Women	2	947,043
Recovery Community Service	1	324,999
State Data Infrastructure	1	99,960
SAMHSA Conference Grants	1	50,000
Strengthening Access and Retention	1	200,000
Targeted Capacity Expansion	1	500,000
Targeted Capacity - HIV/AIDS	10	4,501,159
TCE Rural Populations	1	500,000
Youth Offender Reentry Program 2004	2	963,170
Total	29	11,454,516

SOURCE: www.samhsa.gov

MICHIGAN

State SSA Director

Mr. Donald Allen, Director
Bureau of Substance Abuse and Addiction Services
Office of Drug Control Policy
Michigan Department of Community Health
320 South Walnut Street, Fifth Floor
Lansing, MI 48933-2014

Phone: 517-373-2724

Fax: 517-241-2199

E-mail: allendon@michigan.gov

Web site: www.michigan.gov/odcp

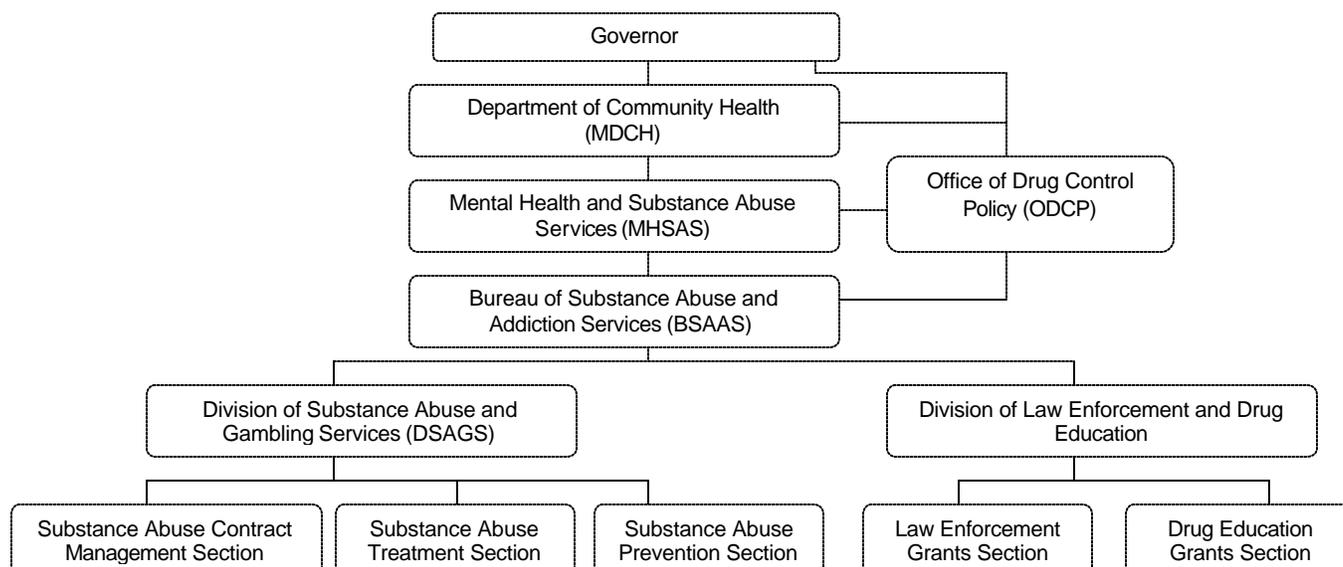
Structure and Function



The Michigan Bureau of Substance Abuse and Addiction Services (BSAAS) serves as the Single State Agency (SSA) and reports to two units within the Michigan Department of Community Health (MDCH)—the Office of Drug Control Policy (ODCP) and Mental Health and Substance Abuse Services Administration (MHSAS).

Operating within the BSAAS are as follows: Division of Substance Abuse and Gambling Services, Substance Abuse Contract Management Section, Substance Abuse Treatment Section, and Substance Abuse Prevention Section; Division of Law Enforcement & Drug Education, Law Enforcement Grants Section, and Drug Education Grants Section. The State procures substance abuse services primarily through 16 substate entities established pursuant to Michigan Public Act 368, of 1978 as amended, called Coordinating Agencies (CAs), which serve 83 counties; Medicaid substance abuse benefits are administered through 18 Specialty Prepaid Inpatient Health Plans. The CAs are either local governmental units under the auspices of one or more counties or are free-standing nonprofit entities. CAs are responsible for comprehensive planning, review, and data collection. Monitoring and evaluating services are provided through contracts with licensed substance abuse providers to deliver a continuum of substance abuse prevention and treatment services.

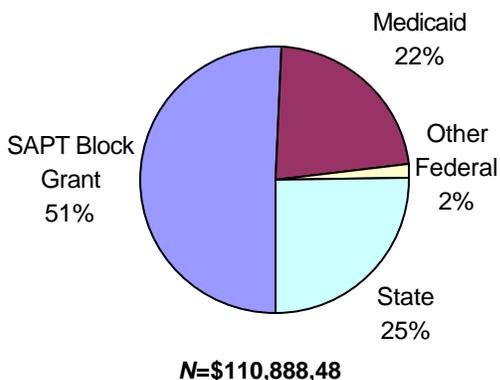
Single State Agency Structure



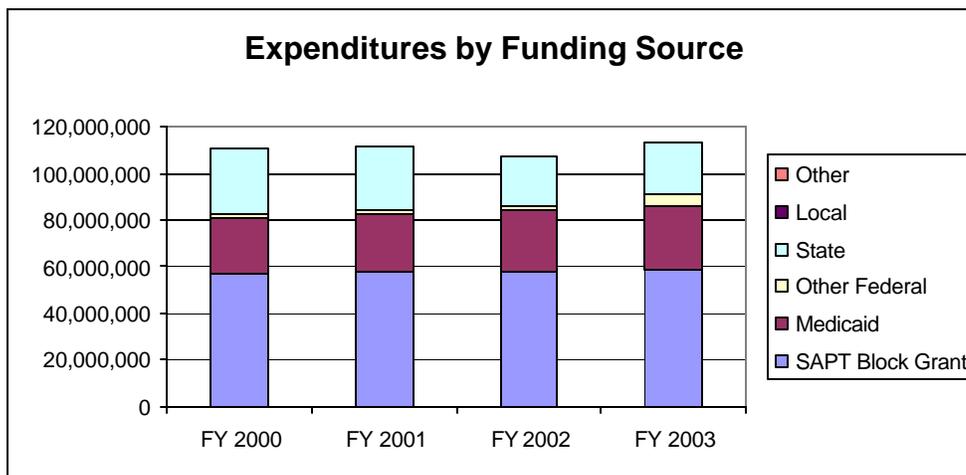
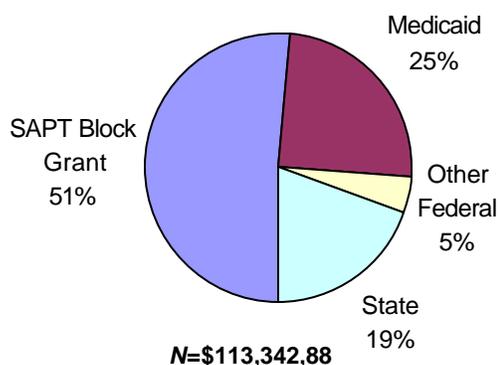
Single State Agency Funding Overview

Total SSA funding in Michigan was \$113.3 million in FY 2003, an increase from \$107.5 million in FY 2002. Interestingly, funding for FY 2000 and 2001 were slightly higher than 2002, at \$110.8 million and \$111.9 million, respectively. Funding sources for total substance abuse expenditures in FY 2003 were divided among Block Grant funds (51 percent), Medicaid (25 percent), and the State (19 percent). These proportions are relatively the same for the previous three FYs (2000, 2001 and 2002).

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

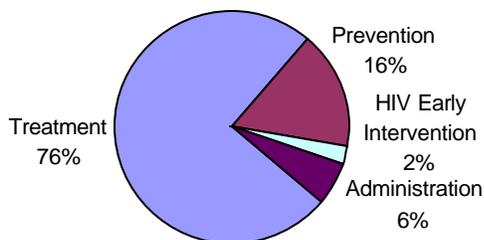
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	56,510,128	51	57,213,767	51	57,845,696	54	58,143,061	51
Medicaid	24,347,273	22	25,980,257	23	27,082,285	25	28,144,755	25
Other Federal	1,955,778	2	1,113,158	1	1,347,631	1	5,131,953	5
State	28,075,307	25	27,565,798	25	21,178,910	20	21,923,111	19
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	110,888,486	100	111,872,980	100	107,454,522	100	113,342,880	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

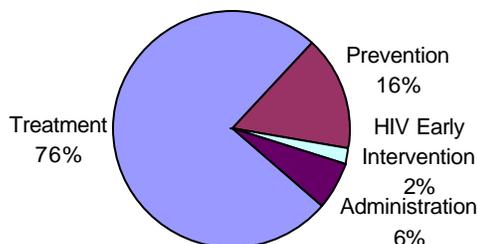
Total SSA expenditures were stable between FYs 2000 and 2003, and the distribution of funds, per type of activity also remained relatively stable. For example, in FY 2003 most (76 percent) of total expenditures were earmarked for treatment services. In FY 2000, 2001 and 2002, the proportions, were virtually equal (76 percent, 75 and 74 percent, respectively). For each year, approximately 16 percent was spent on prevention (with the exception of 2002, when 17 percent was spent on prevention), 6 percent on administration, and 2 percent on HIV Early Intervention.

FY 2000 Expenditures by Activity

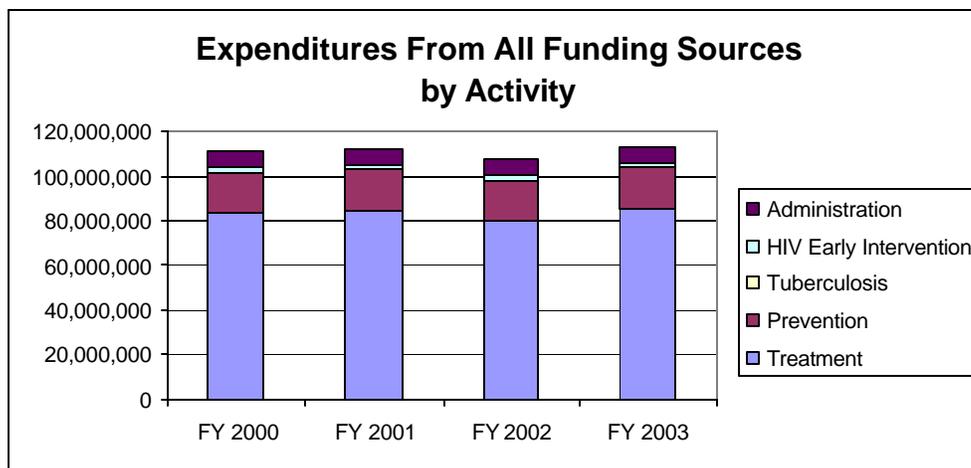


N=\$110,888,48

FY 2003 Expenditures by Activity



N=\$113,342,88



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	24,347,273	22	25,980,257	23	79,936,657	74	85,880,552	76
Alcohol Treatment	29,614,480	27	29,392,230	26				
Drug Treatment	29,614,481	27	29,392,230	26				
Prevention	18,212,667	16	18,228,538	16	18,292,904	17	17,953,763	16
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,464,664	2	2,315,999	2	2,273,730	2	2,145,741	2
Administration	6,634,921	6	6,563,726	6	6,951,231	6	7,362,824	6
Total*	110,888,486	100	111,872,980	100	107,454,522	100	113,342,880	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

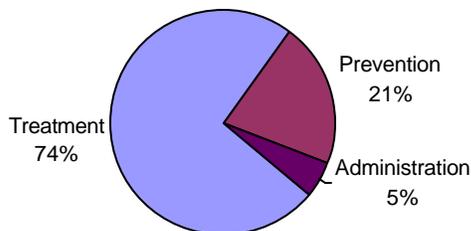
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

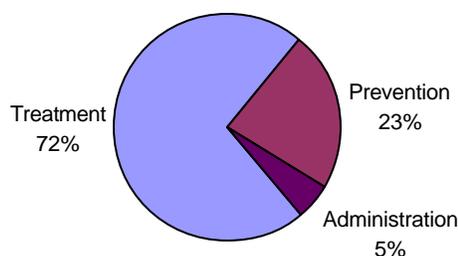
In FY 2003, Block Grant expenditures were \$58.1 million in Michigan, a relatively stable total since FY 2000. Nearly three-quarters (72 percent) of that total is expected to go toward treatment services followed by prevention services at 23 percent, which is also relatively stable since FY 2000.

FY 2000 Block Grant Expenditures by Activity

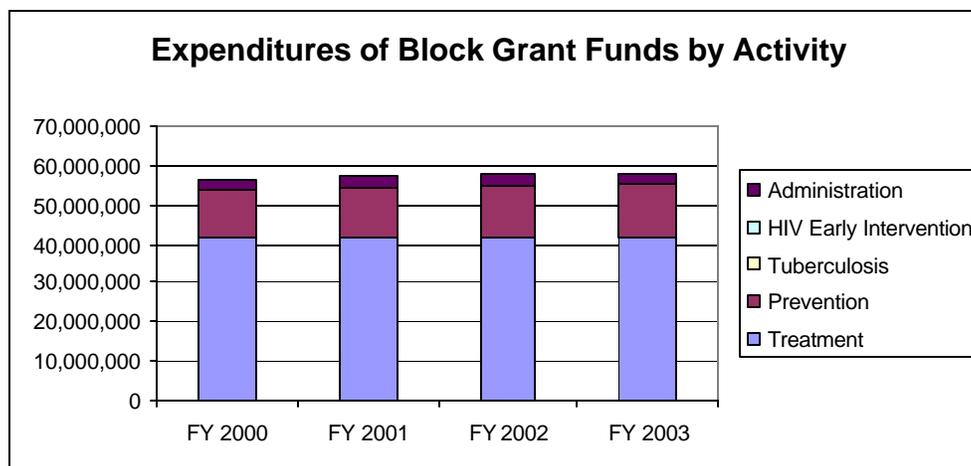


N=\$56,510,128

FY 2003 Block Grant Expenditures by Activity



N=\$58,143,061



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	41,629,289	72	42,021,077	72
Alcohol Treatment	20,872,269	37	20,983,676	37				
Drug Treatment	20,872,270	37	20,983,676	37				
Prevention	11,940,083	21	12,385,727	22	13,324,122	23	13,249,022	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,825,506	5	2,860,688	5	2,892,285	5	2,872,962	5
Total*	56,510,128	100	57,213,767	100	57,845,696	100	58,143,061	100

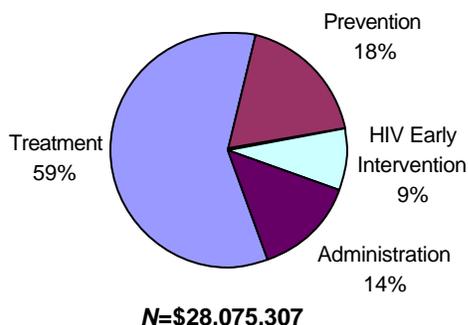
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

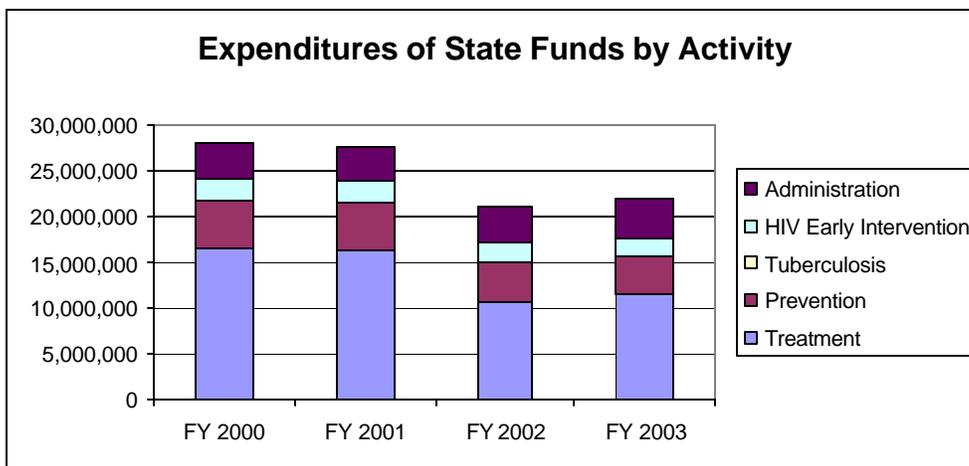
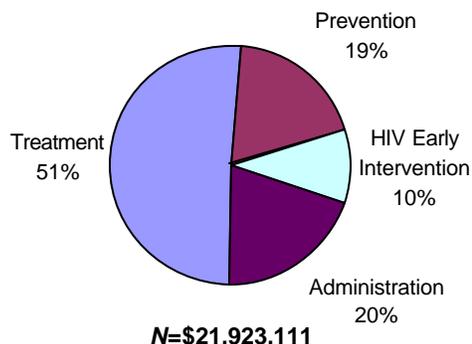
Expenditures of State Funds

Overall State funding decreased from \$28.1 million in FY 2000 to \$21.9 million in FY 2003. About half of State expenditures went toward treatment services in FYs 2002 and 2003, an increase from FYs 2000 and 2001, when 60 percent of State expenditures went toward treatment services. During FYs 2002 and 2003, approximately 20 percent of State funds went toward administration costs and prevention services, and 10 percent toward HIV early intervention services.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	10,620,336	50	11,334,531	52
Alcohol Treatment	8,335,989	30	8,187,237	30				
Drug Treatment	8,335,989	30	8,187,237	30				
Prevention	5,129,250	18	5,172,287	19	4,280,125	20	4,115,363	19
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,464,664	9	2,315,999	8	2,273,730	11	2,145,741	10
Administration	3,809,415	14	3,703,038	13	4,004,719	19	4,327,476	20
Total*	28,075,307	100	27,565,798	100	21,178,910	100	21,923,111	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The Division of Substance Abuse and Gambling Services (DSAGS) is assigned principal responsibility for providing leadership and guidance for prevention services in the State. DSAGS contracts with the 16 CAs to provide statewide alcohol, tobacco, and other drug (ATOD) treatment and prevention services. CAs then contract with community providers for actual delivery of services.

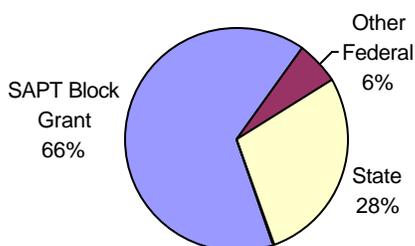
DSAGS works closely with CAs and providers to institute research-based/theory-driven prevention activities and requires 90 percent of CA-contracted prevention services to be research based and theory driven.

Prevention Funding and Expenditures

Prevention funding remained stable between FYs 2000 and 2003 at approximately \$18.0 million. Most of the funding for prevention services came from the Block Grant, which increased in proportion over time from 66 percent of total funding in FY 2000 to 74 percent in FY 2003. State funds accounted for approximately one quarter of prevention expenditures during this period (28 percent in FYs 2000 and 2001, and 23 percent in FYs 2002 and 2003).

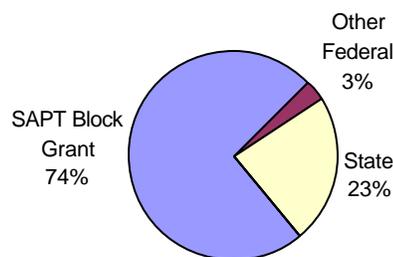
Between FYs 2000 and 2003 Block Grant expenditures for prevention increased steadily in Michigan, from \$1.20 per capita (in FY 2000) to \$1.31 per capita (in FY 2003).

FY 2000 Prevention Expenditures by Funding Source

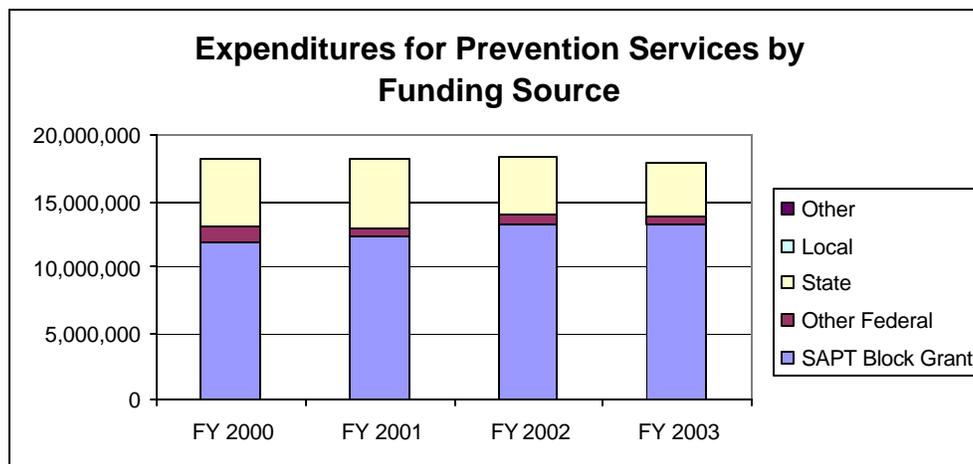


N=\$18,212,667

FY 2003 Prevention Expenditures by Funding Source



N=\$17,953,763



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	11,940,083	66	12,385,727	68	13,324,122	73	13,249,022	74
Other Federal	1,143,334	6	670,524	4	688,657	4	589,378	3
State	5,129,250	28	5,172,287	28	4,280,125	23	4,115,363	23
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	18,212,667	100	18,228,538	100	18,292,904	100	17,953,763	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

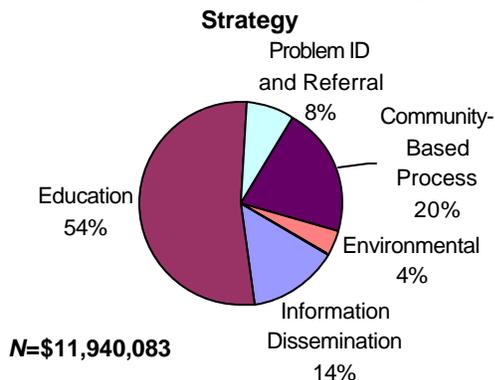
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The Michigan Resource Center (MRC), a statewide clearinghouse, supports a statewide toll-free information line, materials distribution, speaking engagements, local resources directories, and health fair/health promotion initiatives.
Education	Activities include parent education and family management classes/trainings, peer leadership and peer assistance programs, classroom presentations/curricula, educational support groups, youth group education initiatives, preschool programs, and mentoring activities.
Alternatives	Minimal State or Federal funds are used to support alternative strategies for adult mentoring programs.
Community-Based Processes	Funding supports community assessment of risk and protective factors, systematic/multi-faceted planning, technical assistance, volunteer trainings, community team building, resource identification, program development, environmental strategy training, and a mini-grant program.
Environmental	Strategies include measures to impact point-of-sale issues; technical assistance to communities throughout the State to maximize local enforcement procedures governing the availability, sale, and distribution of tobacco to minors; tobacco law enforcement trainings; and increased compliance check activity.
Problem Identification and Referral	Funds support training and implementation of student assistance programs for students who have experimented or indulged in illegal use of alcohol, tobacco, and other drugs and for students at risk of such behaviors. Programs also include driving while under the influence (DUI)/and driving while intoxicated education programs, minor in possession (MIP) programs, and court-coordinated programs for youth and parents.

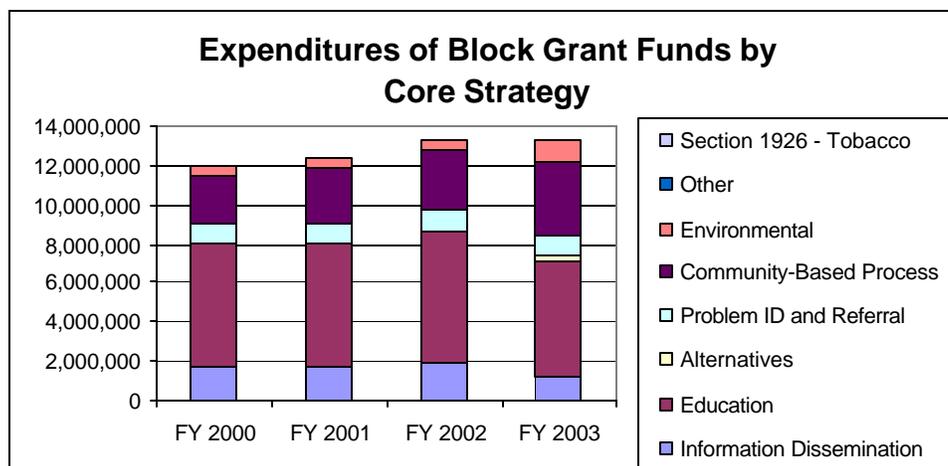
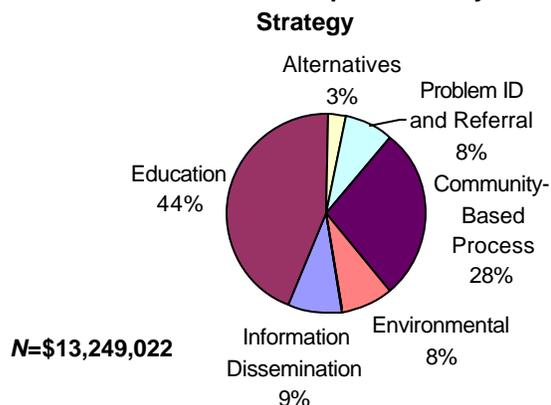
Expenditures of Block Grant Funds for Core Strategies

Of the \$13.2 million Block Grant expenditures in Michigan for FY 2003, 44 percent was spent on education activities, 28 percent for community-based processes, 9 percent for information dissemination, 8 percent for problem identification and referral, and 8 percent for environmental strategies. This distribution by prevention core strategies has remained relatively stable since FY 2000.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,731,312	14	1,734,002	14	1,865,377	14	1,192,412	9
Education	6,328,244	53	6,316,721	51	6,795,302	51	5,829,569	44
Alternatives	0	0	0	0	0	0	397,471	3
Problem ID and Referral	955,207	8	990,858	8	1,065,930	8	1,059,922	8
Community-Based Process	2,447,717	20	2,848,717	23	3,064,548	23	3,709,726	28
Environmental	477,603	4	495,429	4	532,965	4	1,059,922	8
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	11,940,083	100	12,385,727	100	13,324,122	100	13,249,022	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Treatment services that must be available within a CA include outpatient, intensive outpatient, subacute detoxification, short-term residential, long-term residential, methadone, and assessment and referral. In addition to the minimal required service set, many CAs provide the following: therapeutic community, case management, treatment for co-occurring disorders, urinalysis, and acupuncture.

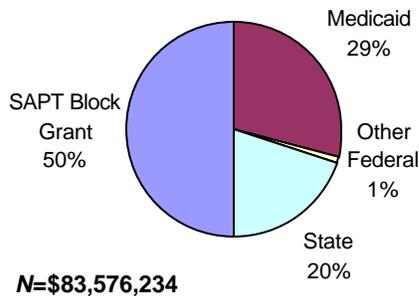
Programs serving injection drug users (IDUs) contact the CA when they are at or above 90 percent capacity. CAs are required to report this capacity data on a monthly basis. CAs are also required to submit a Federal Priority Population Waiting List form verifying that either no pregnant women or IDU clients were waiting for services more than the allowed time, or listing those who were.

Treatment Funding and Expenditures

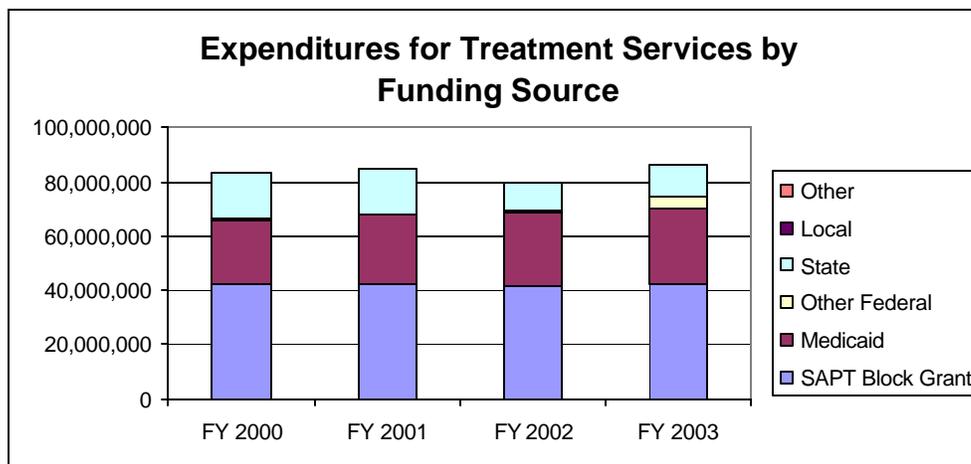
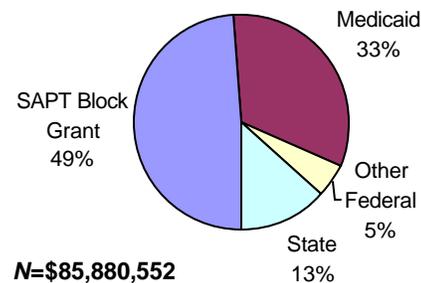
Michigan's expenditures on treatment services fluctuated between FYs 2000 and FY 2003 (from \$83.6 million in FY 2000 to \$85.9 million in FY 2003). While Block Grant and Medicaid funds remained relatively stable during this period, funding from the State decreased (from \$16.7 to \$11.3 million).

Between FYs 2000 and 2003 Block Grant expenditures on treatment services in Michigan remained stable, and ranged from \$4.15 per capita (in FY 2002) to \$4.20 per capita (in FY 2001).

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	41,744,539	50	41,967,352	50	41,629,289	52	42,021,077	49
Medicaid	24,347,273	29	25,980,257	31	27,082,285	34	28,144,755	33
Other Federal	812,444	1	442,634	1	604,747	1	4,380,189	5
State	16,671,978	20	16,374,474	19	10,620,336	13	11,334,531	13
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	83,576,234	100	84,764,717	100	79,936,657	100	85,880,552	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Michigan's SAPT Block Grant application indicates that over 65,000 persons were admitted to treatment during FY 2003.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=65,584)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	3,651	4,480	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	2,894	4,065	6
Long-term residential	1,437	2,170	85
Ambulatory (Outpatient)			
Outpatient (methadone)	61	2,491	0
Outpatient (non-methadone)	19,902	15,046	165
Intensive outpatient	3,765	5,366	0
Detoxification (outpatient)	0	0	0
Total	31,710	33,618	256

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2003

Treatment Episode Data Set (TEDS) data indicate more than 64,000 admissions (where at least one substance is known), of which over 18,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 12 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	18,651	10.3
Alcohol in combination with other drugs	45,706	12.4
Total	64,357	11.8

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 667,000 persons aged 12 and older (8.1 percent of Michigan's population) needed, but did not receive, treatment for alcohol use and 215,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Michigan.

Treatment Gap by Age Group

Measure	2002-2003			
	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.05	6.22	17.31	6.70
Needing but not receiving treatment for illicit drug use	2.60	5.88	7.19	1.33

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Regional planning by CAs depends on data obtained from several types of needs assessment studies, including community surveys, community forums, key informants, treatment outcomes, and social indicators. CAs also use results from the MDCH/ODCP substance abuse needs assessment studies. Community forums have included public hearings conducted by CAs in compliance with MDCH/ODCP annual planning requirements and often include numerous other public hearings and activities conducted by CAs.

MDCH/ODCP assesses prevention needs locally by requiring CA prevention coordinators to survey their region and provide information within their annual plans. This process is supported and contributed to by the statewide Prevention Needs Assessment (PNA), a 3-year project which has been conducted and completed by MDCH/ODCP and was funded through a Federal grant. The PNA consists of a school survey, a community prevention services assessment (COMPASA) survey, compilation of community indicators, and a synthesis of parts the aforementioned parts.

Rates of individuals in treatment specific to regions are obtained from the statewide data system. Social indicator data used by CAs is obtained from census data, the Treatment Needs Assessment Report, health statistics from local health departments, and Michigan State Police Uniform Crime Reports (UCRs), among others.

Evaluation

Treatment services are evaluated through these methods:

1. Quarterly performance indicator reports, capturing data on penetration rates, client satisfaction, access timeliness, and other factors.
2. Analyses of TEDS and encounter data.
3. Reviews of the SAMHSA NOMS outcome data.

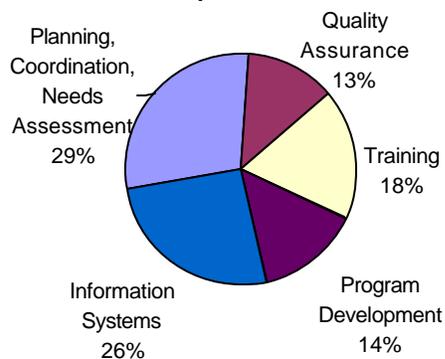
Training and Assistance

The major investment in training and professional development is channeled through a contract with the Michigan Association of Community Mental Health Boards. This statewide training program emphasizes prevention, treatment, and administrative topics. All 16 coordinating agencies distribute the bimonthly training calendar published by the Substance Abuse Training Project, which is funded by MDCH/ODCP. CAs sponsored or provided 40 trainings in FY 2004.

Expenditures of Block Grant Funds for Resource Development Activities

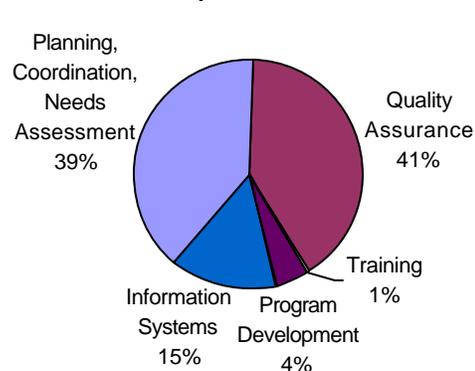
Between FY 2000 and FY 2003, SAPT Block Grant funding for resource development activities jumped from nearly \$1.6 million to nearly \$4.7 million. Of the \$4.7 million in FY 2003, 41 percent went toward quality assurance, 39 percent to planning, coordination, and needs assessment, and 15 percent toward information systems. This is a change from FY 2000, when 29 percent went towards planning, coordination, and needs assessment, 26 percent went towards information systems, and 18 percent went toward training.

FY 2000 Block Grant Expenditures on Resource Development Activities

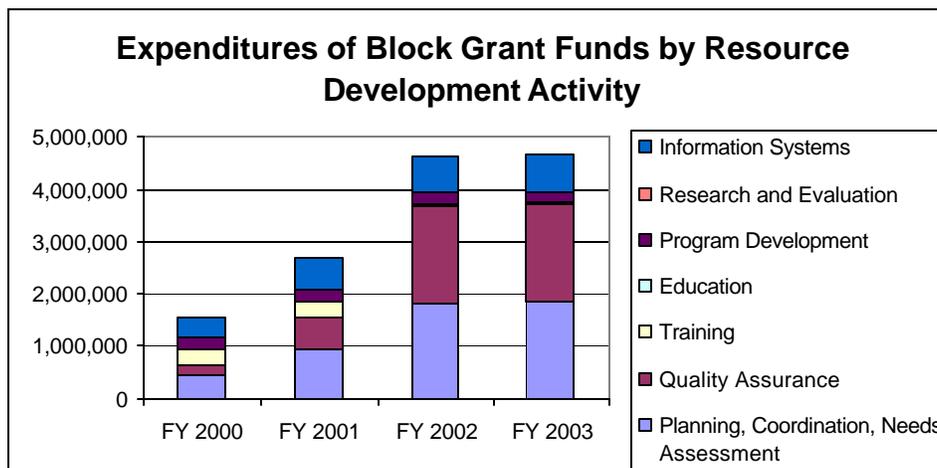


N=\$1,555,000

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$4,658,288



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	450,000	29	955,000	36	1,800,000	39	1,833,288	39
Quality Assurance	200,000	13	600,000	22	1,900,000	41	1,895,000	41
Training	280,000	18	300,000	11	30,000	1	30,000	1
Education	0	0	0	0	0	0	0	0
Program Development	225,000	14	225,000	8	200,000	4	200,000	4
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	400,000	26	600,000	22	700,000	15	700,000	15
Total*	1,555,000	100	2,680,000	100	4,630,000	100	4,658,288	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Michigan received nearly \$7.7 million in Center for Substance Abuse Prevention (CSAP) discretionary funds in FY 2004. Most grants (16 of the 23) were awarded for drug-free communities. The largest single grants were for a State Incentive Cooperative Agreement (nearly \$3 million) and a Strategic Prevention Framework State Incentive Grant (SPF SIG) (\$2.4 million).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Drug Free Communities	16	1,351,518
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	271,597
HIV/AIDS Cohort 5 Services	1	250,000
Prevention of Methamphetamine and Inhalant Use	1	349,942
State Incentive Cooperative Agreements	1	2,967,318
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	23	7,668,612

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Nearly \$5.5 million in Center for Substance Abuse Treatment (CSAT) discretionary funds was awarded to Michigan in FY 2004. Five of 13 of these awards were for targeted capacity-HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
CSAT 2004 Earmarks	1	347,935
Effective Adolescent Treatment	2	467,911
Homeless Addictions Treatment	1	389,428
Recovery Community Service	1	324,965
Strengthening Communities -Youth	1	750,000
Targeted Capacity Expansion	1	488,505
Targeted Capacity - HIV/AIDS	5	2,199,664
TCE Innovative Treatment	1	500,000
Total	13	5,468,408

SOURCE: www.samhsa.gov

MINNESOTA

State SSA Director

Mr. Donald R. Eubanks, Director
Chemical Health Division
Minnesota Department of Human Services
P.O. Box 64977
St. Paul, MN 55164-0977
Phone: 651-431-2457
Fax: 651-431-7449
E-mail: don.eubanks@state.mn.us
Web site: www.dhs.state.mn.us/main

Structure and Function

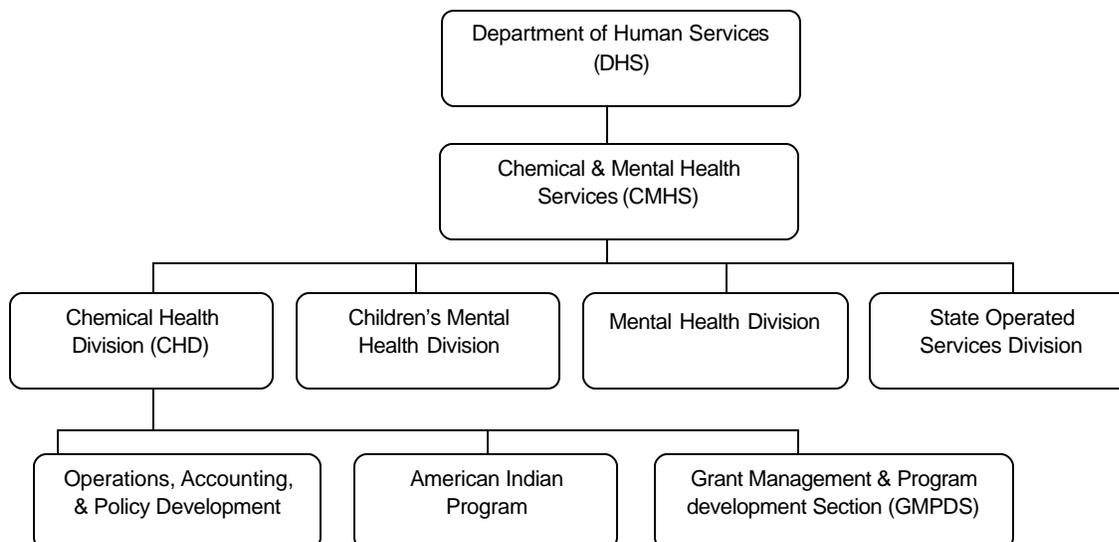


The Minnesota Chemical Health Division (CHD) is a division within the Department of Human Services (DHS), Chemical and Mental Health Services (CMHS), as of October 2004. CHD has 23.5 FTE and three operating units: Operations, Grants Management and Program Development Section (GMPDS), and American Indian Programs. The CHD is the designated Single State Agency (SSA) for Minnesota.

In Minnesota, there is no organizational separation between prevention and treatment activities. Funding planning and policy are conducted for both activities by the Operations section. The Operations unit is responsible for needs assessment, policy and procedure development, SAPT Block Grant fund management and compliance, budgeting, and peer review. The Operations unit also manages the fee-for-service chemical dependency treatment funding program (CCDTF).

GMPDS is responsible for grants management and evaluation, prevention services, women's services, Synar compliance, training State agency and provider staff, and capacity and program development.

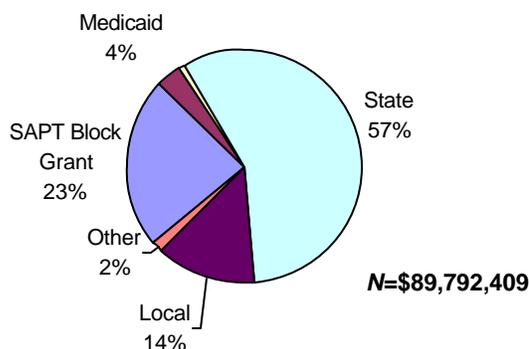
Single State Agency Structure



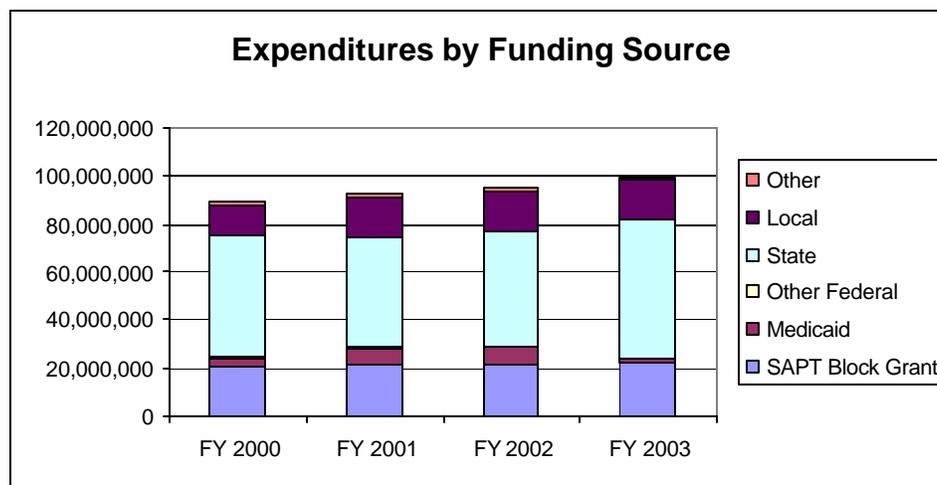
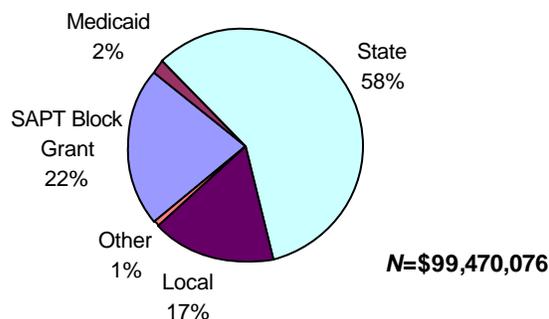
Single State Agency Funding Overview

Minnesota's SSA funding totaled \$99.5 million in FY 2003—an increase of almost \$10 million since FY 2000. The State carried the majority (58 percent) of FY 2003 expenditures, Block Grant funding accounted for 22 percent, and local resources accounted for 17 percent. These proportions are similar to those in FY 2000.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

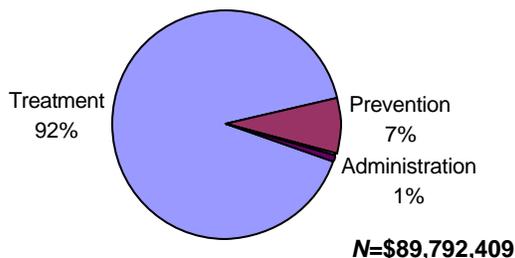
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	20,877,637	23	21,137,597	23	21,672,297	23	21,783,707	22
Medicaid	3,366,822	4	7,103,704	8	7,503,598	8	2,014,998	2
Other Federal	435,822	0	822,474	1	0	0	0	0
State	51,200,491	57	45,964,036	49	47,946,092	50	58,088,886	58
Local	12,295,620	14	16,580,773	18	16,807,636	18	16,627,562	17
Other	1,616,017	2	1,332,851	1	1,787,901	2	954,923	1
Total*	89,792,409	100	92,941,435	100	95,717,524	100	99,470,076	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

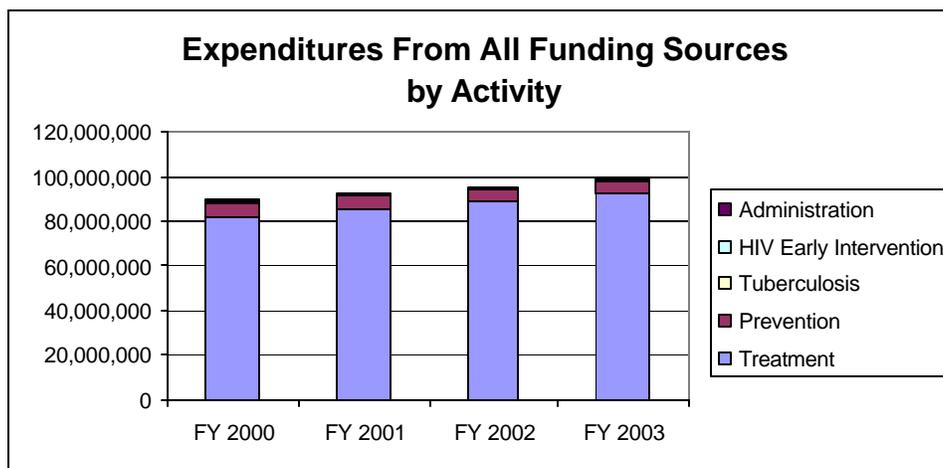
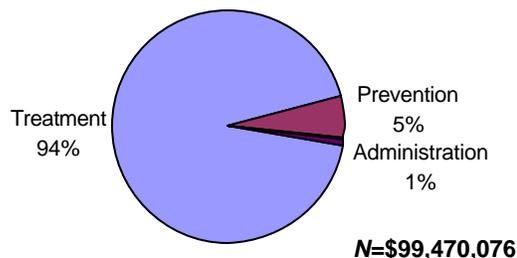
Activities and Expenditures From All Funding Sources

Nearly all (over 90 percent) of Minnesota's SSA expenditures went toward treatment services from FYs 2000 through 2003. By contrast, 5 to 7 percent of total SSA funds go toward prevention services.

FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	251,540	0	85,292,456	92	89,217,203	93	92,788,214	93
Alcohol Treatment	48,722,280	54	0	0				
Drug Treatment	32,944,113	37	0	0				
Prevention	6,630,363	7	6,354,567	7	5,328,057	6	5,465,144	5
Tuberculosis	335,865	0	377,385	0	406,770	0	431,209	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	908,248	1	917,026	1	765,494	1	785,509	1
Total*	89,792,409	100	92,941,435	100	95,717,524	100	99,470,076	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

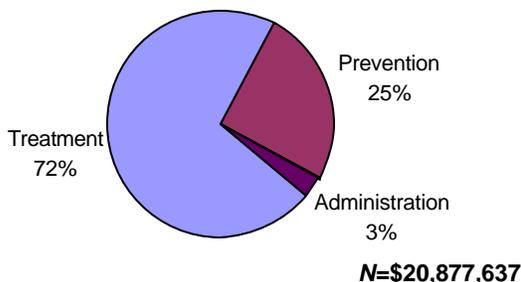
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

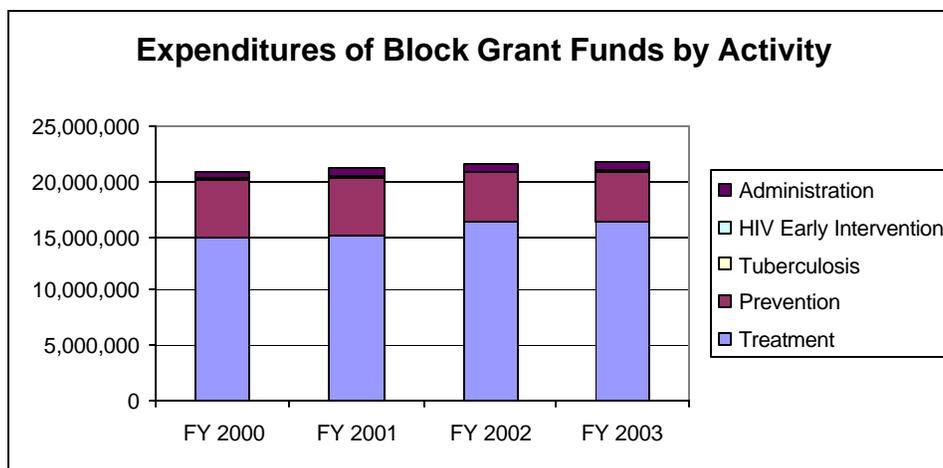
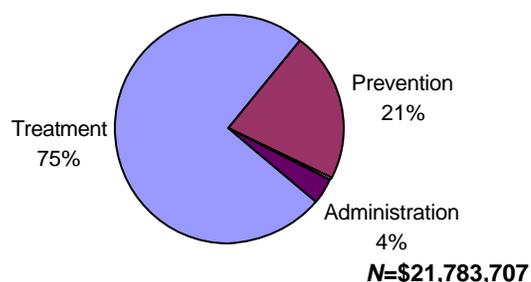
Expenditures of Block Grant Funds

In FY 2003, Minnesota spent approximately \$21.8 million in SAPT Block Grant funds, a relatively stable amount since FY 2000. Two-thirds of the total went toward treatment services in FY 2003 (up from 72 percent in FY 2000), and 21 percent went toward prevention strategies (down from 25 percent in FY 2000).

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	15,031,643	71	16,343,933	75	16,324,664	75
Alcohol Treatment	8,684,438	42	0	0				
Drug Treatment	6,252,217	30	0	0				
Prevention	5,220,033	25	5,332,732	25	4,475,538	21	4,610,981	21
Tuberculosis	79,276	0	66,482	0	87,332	0	62,553	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	641,673	3	706,739	3	765,494	4	785,509	4
Total*	20,877,637	100	21,137,596	100	21,672,297	100	21,783,707	100

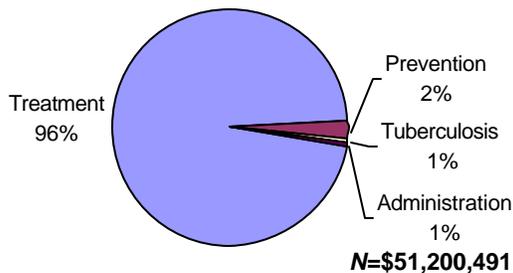
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

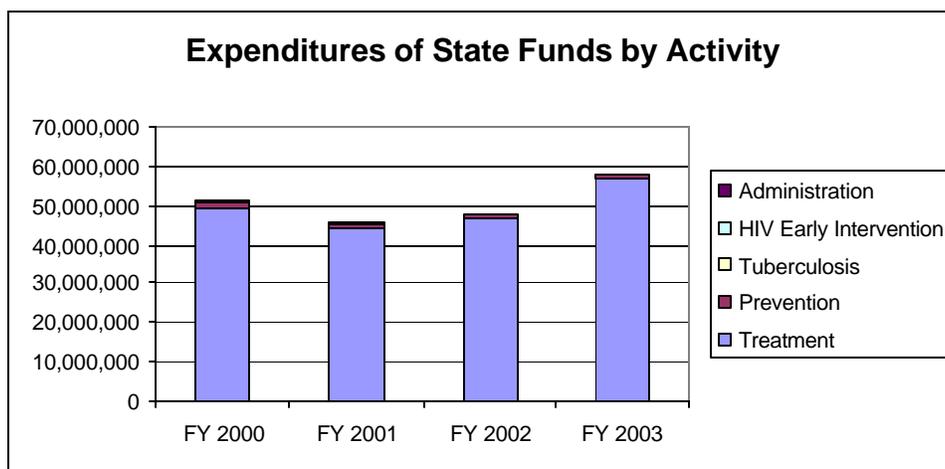
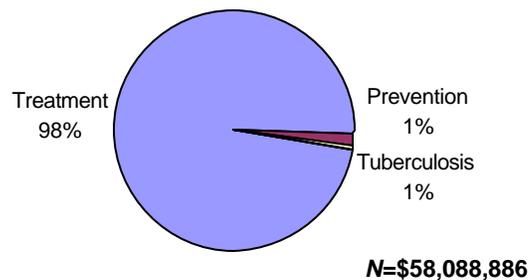
Expenditures of State Funds

State expenditures on alcohol and drug abuse services increased between FYs 2000 and 2003 (from \$51.2 to \$58.1 million). Nearly all (96 to 98 percent) State expenditures were spent on treatment during this time period, and only 1 to 2 percent went toward prevention services.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	44,421,011	97	46,774,135	98	56,866,067	98
Alcohol Treatment	29,670,767	57	0	0				
Drug Treatment	19,780,512	39	0	0				
Prevention	1,226,048	2	1,021,835	2	852,519	2	854,163	1
Tuberculosis	256,589	1	310,903	1	319,438	1	368,656	1
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	266,575	1	210,287	0	0	0	0	0
Total*	51,200,491	100	45,964,036	100	47,946,092	100	58,088,886	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The Minnesota ATOD Prevention Coordinating Council (MAPCC) enhances collaboration and partnership in the area of prevention. Prevention programs use either Center for Substance Abuse Prevention (CSAP) evidence-based model programs or the evidence-based alcohol, tobacco, and other drug (ATOD) prevention principles. Each funded program is based on the risk and protective factor framework. This focus on scientifically defensible interventions helps prevention practitioners maintain accountability and improve their capacity to provide effective services.

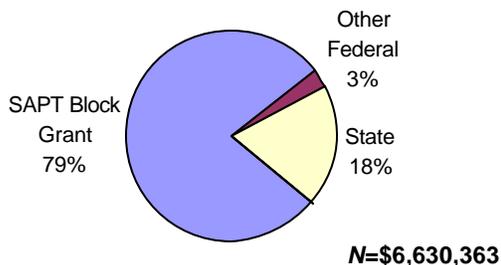
Minnesota has six resource centers that offer prevention services statewide. The services offered range from prevention materials and resources to guidance on access to treatment, with a few resource centers focused on specific communities of people.

Prevention Funding and Expenditures

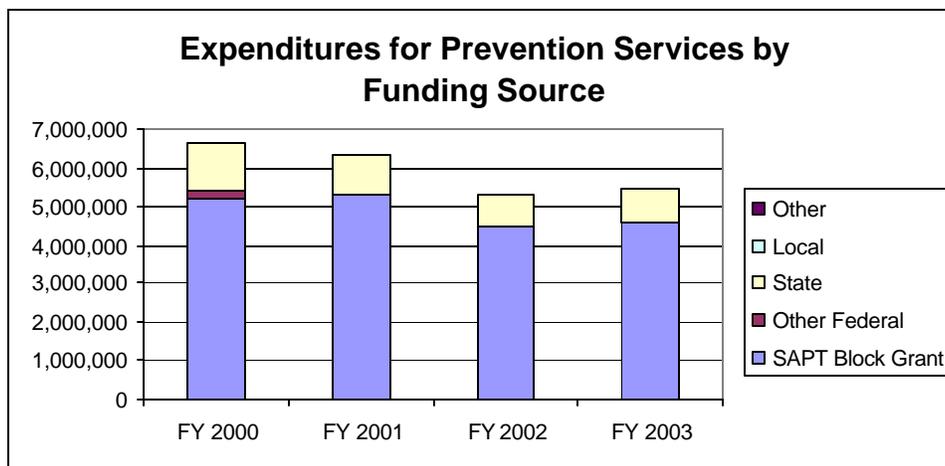
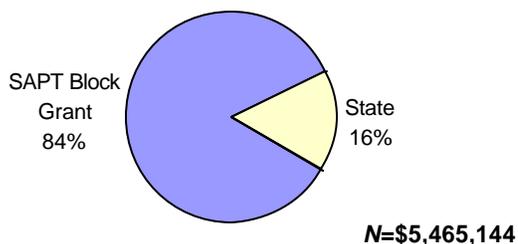
Minnesota's ATOD prevention expenditures declined from \$6.6 to \$5.5 million between FYs 2000 and 2003. Funding from all three primary sources declined in dollar value during this time period, while the distribution of funds remained fairly stable. The Block Grant's proportion of prevention funds increased from 79 to 84 percent, the State's proportion declined slightly from 18 to 16 percent, and the proportion of other Federal sources declined from 3 to 0 percent.

Block Grant funds for prevention services in Minnesota declined steadily between FYs 2000 and 2002 (from \$1.06 to \$0.89 per capita). In FY 2003, that amount totaled \$0.91 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	5,220,033	79	5,332,732	84	4,475,538	84	4,610,981	84
Other Federal	184,282	3	0	0	0	0	0	0
State	1,226,048	18	1,021,835	16	852,519	16	854,163	16
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	6,630,363	100	6,354,567	100	5,328,057	100	5,465,144	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

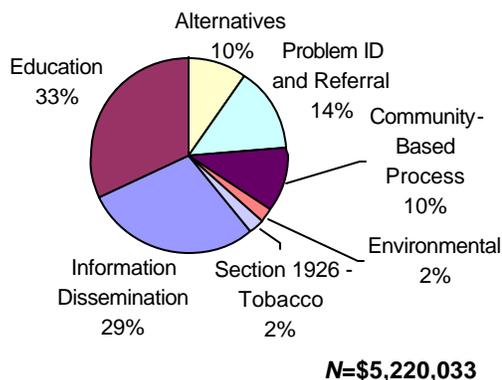
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The six clearinghouses/resource centers develop resource directories, media campaigns, print materials, public service announcements, health fairs, speakers bureaus, video presentations, and a network of prevention resources for communities.
Education	Activities include school and community discussions, parenting classes, statewide conferences, cultural education, peer leader and mentoring programs, and preschool ATOD prevention programs.
Alternatives	Programs that provide activities, such as afterschool activities and skill building in schools, are designed to provide constructive and healthy alternatives to offset the attraction of substance use for young people.
Community-Based Processes	Funds support community and volunteers training, multi-agency collaboration/coordination, and community team-building activities.
Environmental	24 projects include the environmental strategy as part of their array of prevention strategies.
Problem Identification and Referral	Services include student and employee assistance programs as well as juvenile and adult offender programs.
Other: Traditional/Cultural	Support for cultural activities includes funding for the participation of elders and the transmission of tribal history, values, and beliefs for Native American prevention programs, as well as other culturally based activities for African American, Chicano/Latino, and Asian populations.

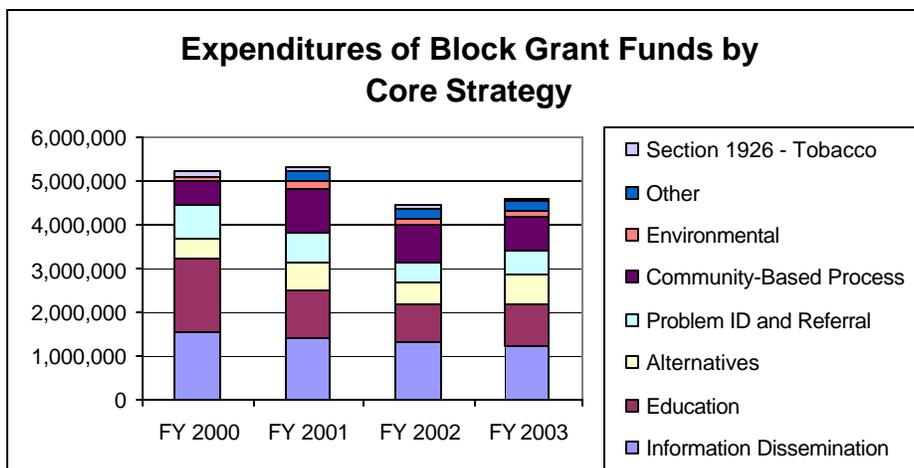
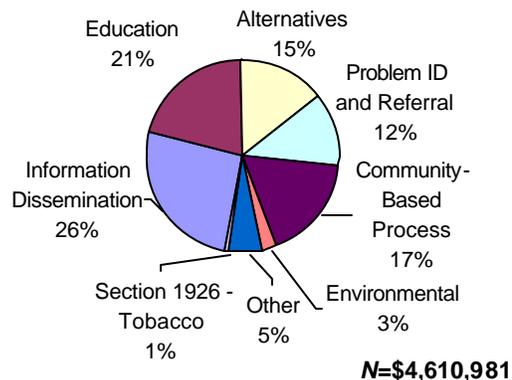
Expenditures of Block Grant Fund for Core Strategies

In Minnesota, Block Grant expenditures for prevention services declined slightly between FYs 2000 and 2003 (from \$5.2 to \$4.6 million). These funds were split among a wide variety of core strategies, with education receiving the largest proportion in FY 2000, and information dissemination receiving the largest amount in FY 2003.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,519,753	29	1,378,220	26	1,302,842	29	1,208,818	26
Education	1,673,237	33	1,117,513	21	857,265	19	951,850	21
Alternatives	526,250	10	633,934	12	514,970	12	698,923	15
Problem ID and Referral	733,492	14	690,950	13	458,553	10	552,770	12
Community-Based Process	540,048	10	1,009,627	19	872,318	19	795,875	17
Environmental	120,497	2	161,691	3	139,828	3	117,175	3
Other	0	0	247,612	5	213,533	5	240,927	5
Section 1926 - Tobacco	106,756	2	93,185	2	116,229	3	44,643	1
Total*	5,220,033	100	5,332,732	100	4,475,538	100	4,610,981	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Minnesota has the benefit of a robust treatment system for chemical dependency that is able to provide treatment on demand for nearly all types of treatment needs. There were no cases (in 2004) where treatment was not provided due to a lack of overall treatment capacity.

CMHS believes that no single treatment approach is appropriate for all individuals, and that finding the right treatment program involves careful consideration. Treatment approaches and services include inpatient facilities, outpatient programs, halfway houses, extended care, detoxification centers, mental health assessment/treatment, and Alcoholics Anonymous or other support groups.

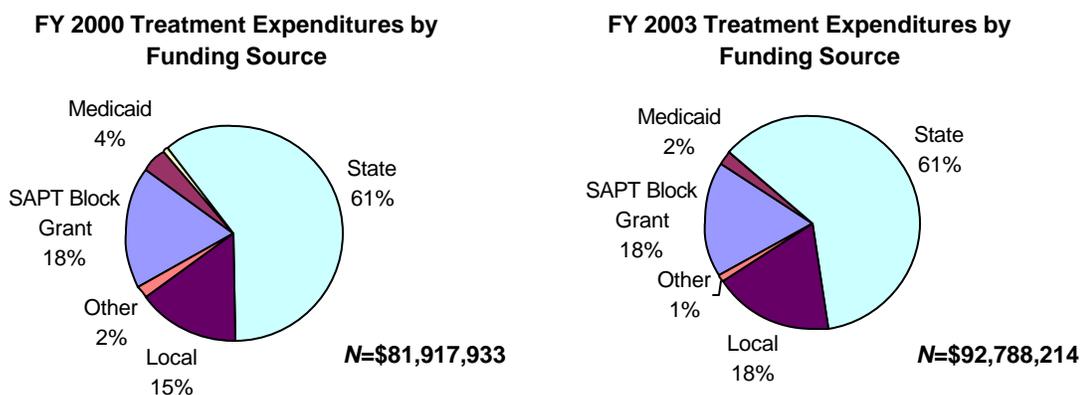
Treatment services are provided through the CCDTF in which counties and tribal governments have responsibility for assessing and placing people in treatment to the more than 400 treatment providers in the State.

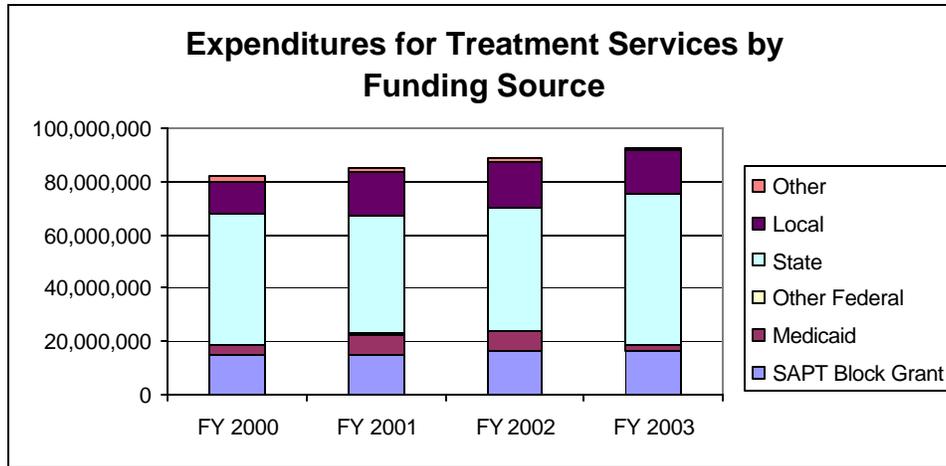
New licensing standards in 2004 allow for more flexible and individualized care with more capability for programs to address mental health issues during substance abuse treatment. Funds will be used to provide training in the various areas that will be part of the new treatment format, including mental health training.

Treatment Funding and Expenditures

Expenditures on treatment services (CCDTF only, which account for 45 percent of all treatment admissions in the State) in Minnesota increased steadily between FYs 2000 and 2003 (from \$81.9 to \$92.8 million). During that time period, the State contributed the majority (at 61 percent) of treatment funding, followed by the Block Grant (18 percent), and local sources (15 to 18 percent). Detoxification services are not included in this funding data because they are supported by county funds at an estimated cost of \$16 million per year.

Block Grant funding for treatment services in Minnesota ranged from \$3.02 per capita to \$3.25 per capita between FYs 2000 and 2002. In FY 2003, per capita funding totaled \$3.23.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	14,936,655	18	15,031,643	18	16,343,933	18	16,324,664	18
Medicaid	3,366,822	4	7,103,704	8	7,503,598	8	2,014,998	2
Other Federal	251,540	0	822,474	1	0	0	0	0
State	49,451,279	60	44,421,011	52	46,774,135	52	56,866,067	61
Local	12,295,620	15	16,580,773	19	16,807,636	19	16,627,562	18
Other	1,616,017	2	1,332,851	2	1,787,901	2	954,923	1
Total*	81,917,933	100	85,292,456	100	89,217,203	100	92,788,214	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Minnesota’s SAPT Block Grant application indicates that over 20,000 persons were admitted to treatment during FY 2002, of which most were admitted for intensive outpatient treatment or short- or long-term residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=20,159)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	454	459	16
Short-term residential	2,046	2,521	94
Long-term residential	2,844	2,825	150
Ambulatory (Outpatient)			
Outpatient (methadone)	0	1,118	0
Outpatient (non-methadone)	0	0	0
Intensive outpatient	3,929	3,539	164
Detoxification (outpatient)	0	0	0
Total	9,273	10,462	424

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 38,000 admissions (where at least one substance is known), of which nearly 14,000 are for alcohol only. Calculations (with imputation) from TEDS data show that 21 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	13,651	19.6
Alcohol in combination with other drugs	24,414	21.7
Total	38,065	20.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 340,000 persons aged 12 and older (8.1 percent of Minnesota's population) needed, but did not receive, treatment for alcohol use and 107,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Minnesota.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.14	6.55	19.75	6.26
Needing but not receiving treatment for illicit drug use	2.57	5.46	6.97	1.36

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Two substate planning areas (the Metropolitan and Non-metropolitan Areas) are identified for reporting activities and State needs assessment activities.

Prevention and treatment needs assessment data are obtained from the Adult Household Survey and the Minnesota Student Survey, administered to adolescents in mainstream public schools, alternative education centers, residential behavioral treatment programs, and juvenile correctional facilities. Furthermore, two councils (the State Alcohol and Other Drug Abuse Advisory Council and the American Indian Advisory Council) review the Block Grant spending plan and identify unmet needs.

Evaluation

Minnesota is a Federal pilot State for the Minimum Data Set Version 3 (MDS-3)—a Web-based data collection and report system that enables providers, substate entities, and State agencies to uniformly collect and analyze prevention services data.

Training and Assistance

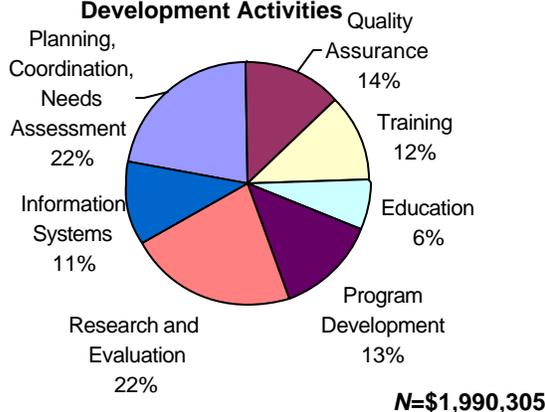
Projects are funded to provide specific training to professionals providing prevention and treatment services to women, and an additional project provides training on the special treatment and recovery issues for American Indian women. Funds are also used to provide services to American Indian chemically dependent people. Conferences include the Prevention Program Sharing Conference, Post-Secondary Institutions Conference, Making Prevention Work Conference, and the American Indian Chemical Dependency Summer Institute.

Staff also present trainings and educational seminars at several other events during the year and provide trainings to programs when a need for additional training is identified during licensing reviews. Professional licensure requires annual training and extensive requirements for cultural competency training.

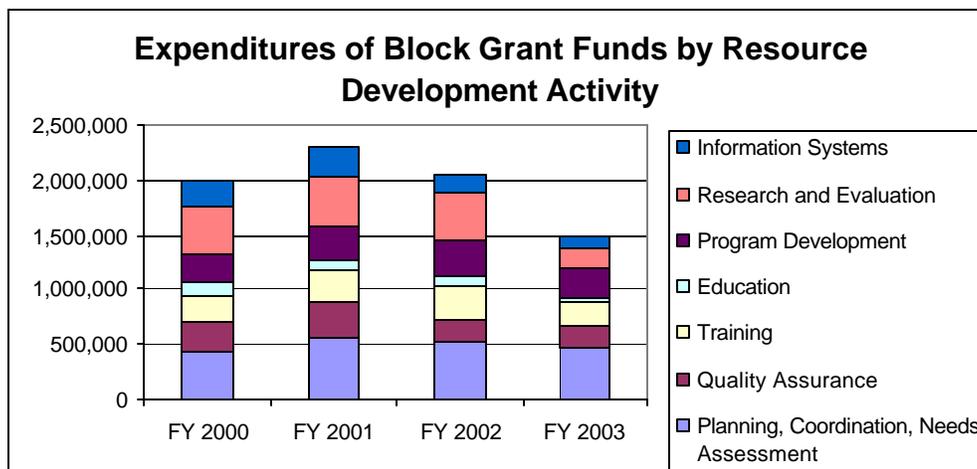
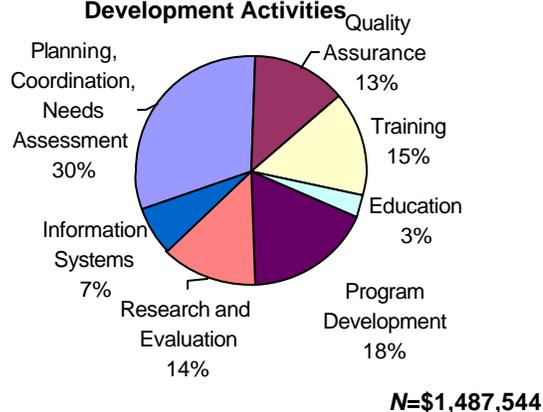
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Minnesota declined between FYs 2000 and 2003 (from \$2 to \$1.5 million). In FY 2003, the largest proportion of these funds went toward planning, coordination, and needs assessment, and the remainder was distributed among a wide array of activities.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	434,089	22	554,880	24	522,920	25	465,670	30
Quality Assurance	270,135	14	328,171	14	205,467	10	193,482	13
Training	230,676	12	290,893	13	301,756	15	219,252	15
Education	127,621	6	82,053	4	77,917	4	41,296	3
Program Development	265,750	13	325,529	14	355,088	17	265,091	18
Research and Evaluation	442,511	22	447,331	19	422,252	21	205,710	14
Information Systems	219,523	11	278,145	12	165,553	8	97,043	7
Total*	1,990,305	100	2,307,002	100	2,050,953	100	1,487,544	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded 15 grants to Minnesota totaling \$1.7 million in FY 2004. Twelve of the 15 grants were for drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Drug Free Communities	12	1,099,063
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 5 Services	2	500,000
Total	15	1,662,699

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) discretionary awards totaled more than 248,000 in Minnesota in FY 2004. All of the grants were CSAT 2004 Earmark awards.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
CSAT 2004 Earmarks	2	248,525
Total	2	248,525

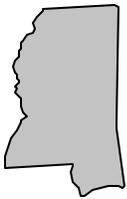
SOURCE: www.samhsa.gov

MISSISSIPPI

State SSA Director

Mr. Herbert L. Loving, Division Director
Division of Alcohol and Drug Abuse
Mississippi Department of Mental Health
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
Phone: 601-359-1288
Fax: 601-576-4040
E-mail: herb.loving@dmh.state.ms.us
Web site: www.mississippi.gov

Structure and Function

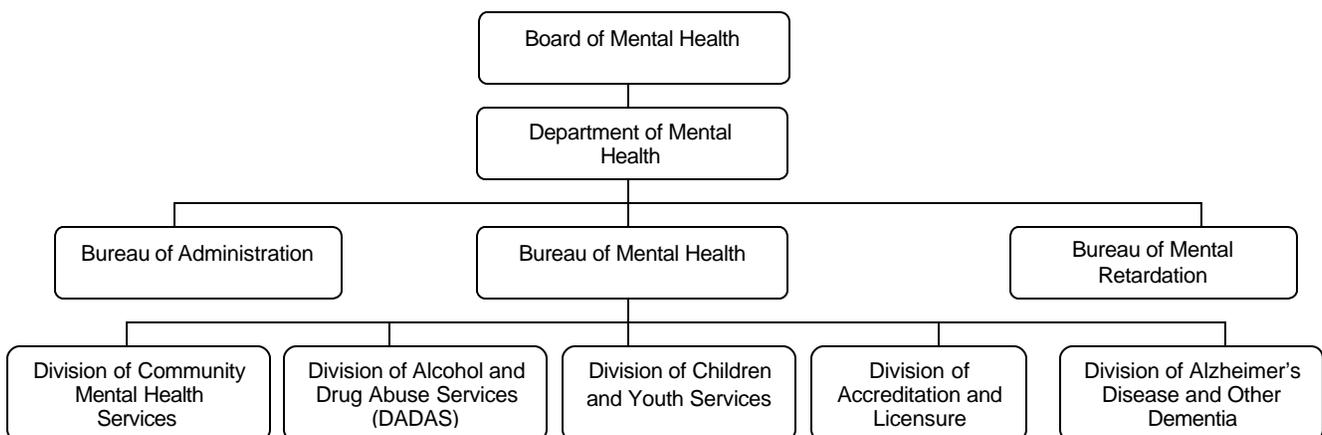


The Mississippi Department of Mental Health administers the public system of alcohol and drug abuse prevention and treatment services in Mississippi through the Division of Alcohol and Drug Abuse Services (DADAS) located in the Bureau of Mental Health. These services are provided through a statewide network, which includes State-operated facilities, regional community mental health centers, and other nonprofit community-based programs.

The DADAS is the designated Single State Agency (SSA) for Mississippi and is responsible for establishing, maintaining, monitoring, and evaluating a statewide system of alcohol and drug abuse services, including prevention, treatment, and rehabilitation. DADAS has designed a system of services for alcohol and drug abuse prevention and treatment reflecting its philosophy that alcohol and drug abuse is a treatable and preventable illness.

A variety of outpatient and community-based residential alcohol and drug abuse prevention and treatment services are provided by regional community mental health/mental retardation centers (CMHCs). The DADAS's goal is for each CMHC to have a full range of treatment options available for the citizens in its region.

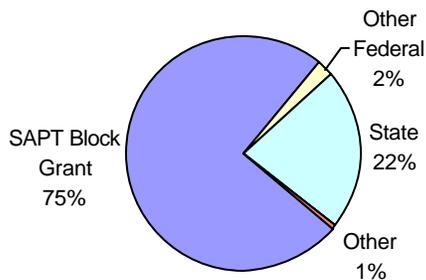
Single State Agency Structure



Single State Agency Funding Overview

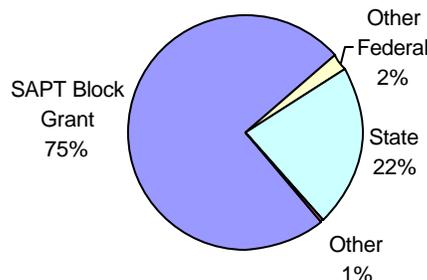
SSA funding in Mississippi totaled more than \$18.8 million in FY 2003—about \$1.2 million more than in FY 2000. The Block Grant continued to fund three-fourths of the total, and the State funded more than one-fifth (22 percent) of the total.

FY 2000 Expenditures by Funding Source

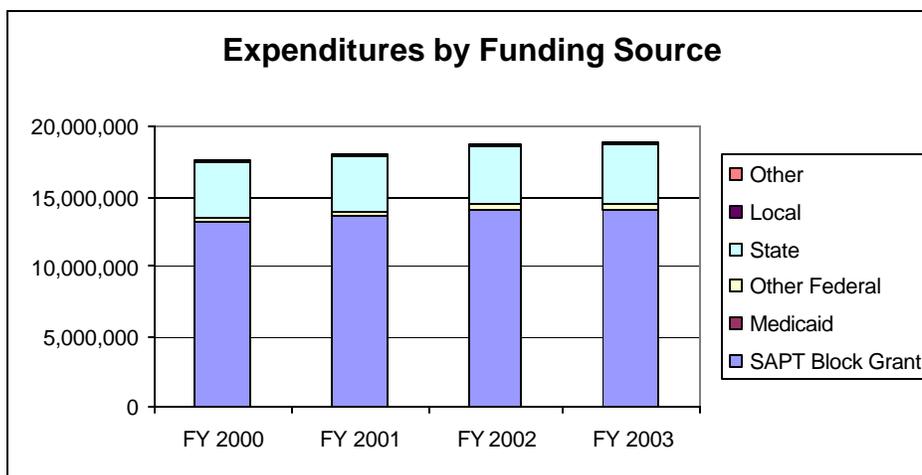


N=\$17,583,349

FY 2003 Expenditures by Funding Source



N=\$18,823,881



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	13,183,451	75	13,610,335	75	14,067,607	75	14,139,924	75
Medicaid	0	0	0	0	0	0	0	0
Other Federal	373,178	2	373,178	2	373,178	2	373,178	2
State	3,912,684	22	3,949,673	22	4,133,058	22	4,184,548	22
Local	0	0	0	0	0	0	0	0
Other	114,036	1	119,737	1	120,220	1	126,231	1
Total*	17,583,349	100	18,052,923	100	18,694,063	100	18,823,881	100

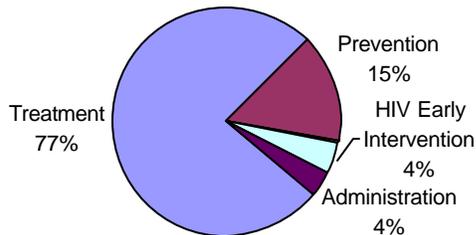
SOURCE: FY 2003–2006 SAPT Block Grant Applications, Forms 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

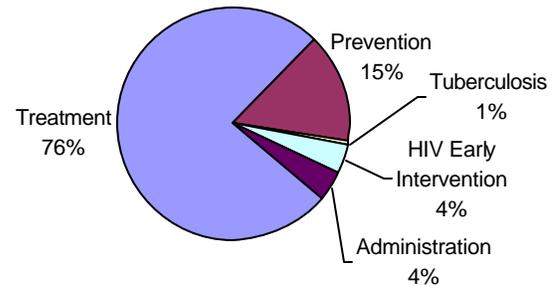
The distribution of SSA funds in the State remained relatively stable between FYs 2000 and 2003, with more than three-quarters directed toward treatment services, 15 percent toward prevention services, and 4 percent each toward HIV early intervention and administrative costs.

FY 2000 Expenditures by Activity

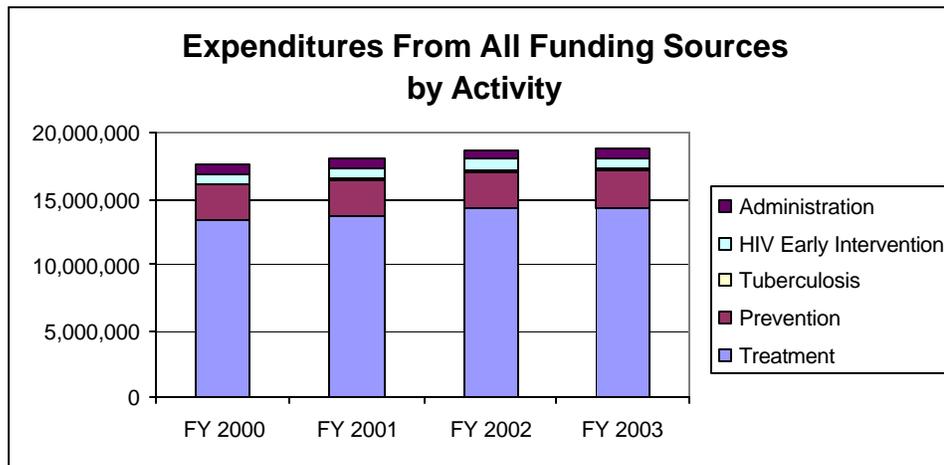


N=\$17,583,349

FY 2003 Expenditures by Activity



N=\$18,823,881



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	14,263,397	76	14,359,497	76
Alcohol Treatment	8,836,813	50	9,002,746	50				
Drug Treatment	4,630,687	26	4,763,618	26				
Prevention	2,636,690	15	2,722,067	15	2,813,521	15	2,827,985	15
Tuberculosis	79,737	0	83,723	0	90,165	0	96,176	1
HIV Early Intervention	740,249	4	800,253	4	823,600	4	833,227	4
Administration	659,173	4	680,516	4	703,380	4	706,996	4
Total*	17,583,349	100	18,052,923	100	18,694,063	100	18,823,881	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

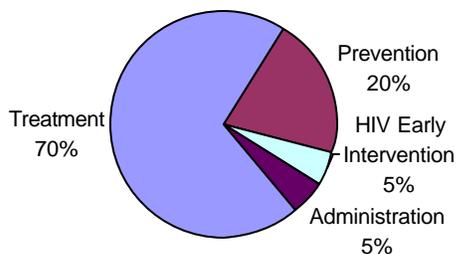
* Totals may not equal 100 percent due to rounding

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

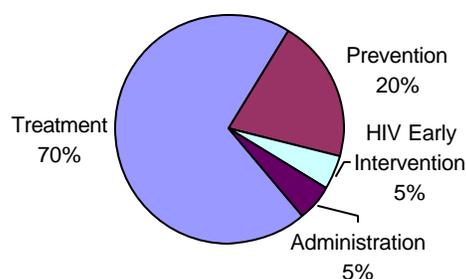
Block Grant funding totaled more than \$14.1 million in FY 2003—about \$1 more than in FY 2000. The distribution of Block Grant funds in Mississippi remained stable, with most (70 percent) remaining allocated for treatment, 20 for prevention services, and 5 percent each for HIV early intervention and administration costs.

FY 2000 Block Grant Expenditures by Activity

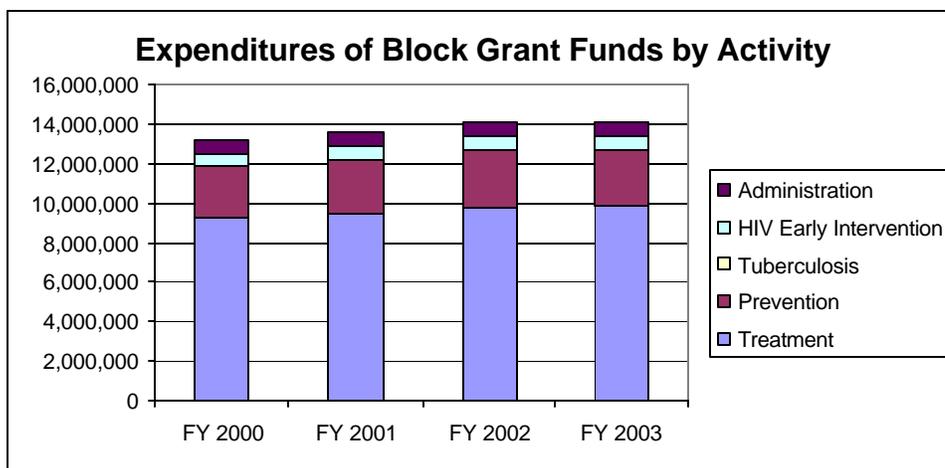


N=\$13,183,451

FY 2003 Block Grant Expenditures by Activity



N=\$14,139,924



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	9,847,326	70	9,897,947	70
Alcohol Treatment	4,630,688	35	4,763,618	35				
Drug Treatment	4,630,687	35	4,763,618	35				
Prevention	2,636,690	20	2,722,067	20	2,813,521	20	2,827,985	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	626,213	5	680,516	5	703,380	5	706,996	5
Administration	659,173	5	680,516	5	703,380	5	706,996	5
Total*	13,183,451	100	13,610,335	100	14,067,607	100	14,139,924	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

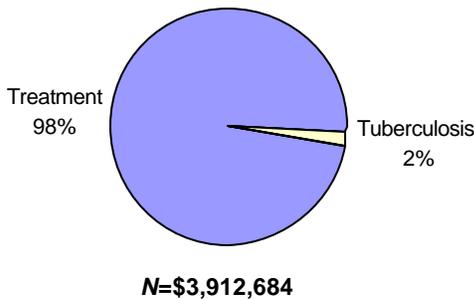
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding

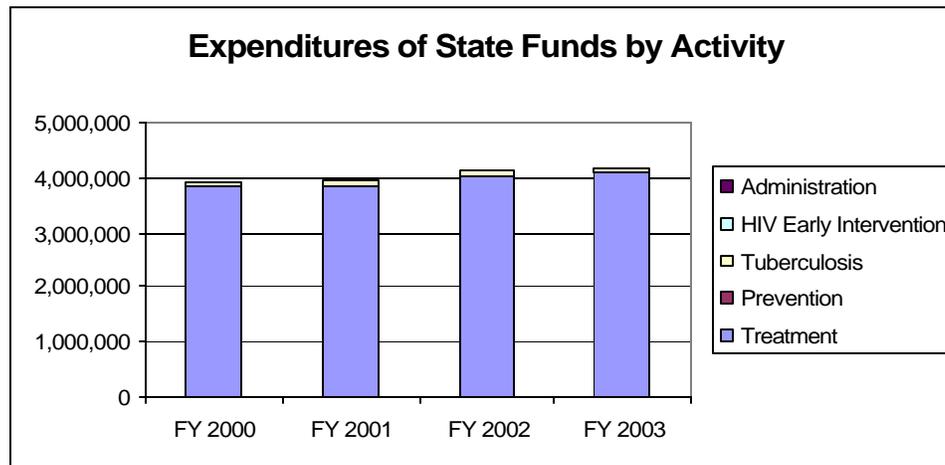
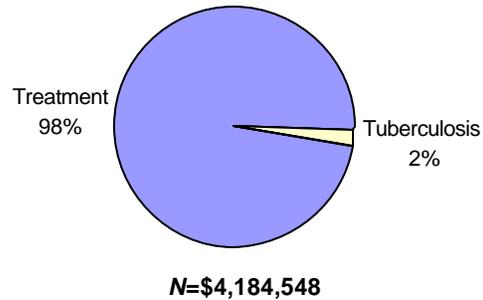
Expenditures of State Funds

State expenditures remained relatively unchanged between FYs 2000 and 2003, hovering around \$4 million. Nearly all (98 percent) the State funds went toward treatment and rehabilitation services, and 2 percent for tuberculosis services.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	4,042,893	98	4,088,372	98
Alcohol Treatment	3,832,947	98	3,865,950	98				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	79,737	2	83,723	2	90,165	2	96,176	2
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	3,912,684	100	3,949,673	100	4,133,058	100	4,184,548	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

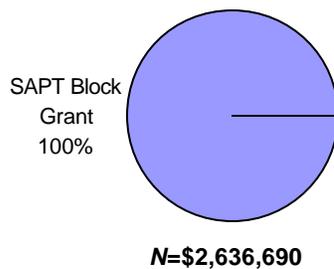
DADAS funds a statewide network of 29 prevention programs located in 15 CMHCs and 14 community-based organizations. The CMHCs are the foundation and primary service providers for the mental health system, offering a full range of mental health, substance abuse treatment, and prevention activities in a designated number of counties. Each CMHC has a designated staff person, a prevention coordinator, who is responsible for substance abuse prevention services, including developing RFPs for sub-grantees, monitoring programs and maintaining prevention activity information in an online tracking database, and providing technical assistance.

Prevention Funding and Expenditures

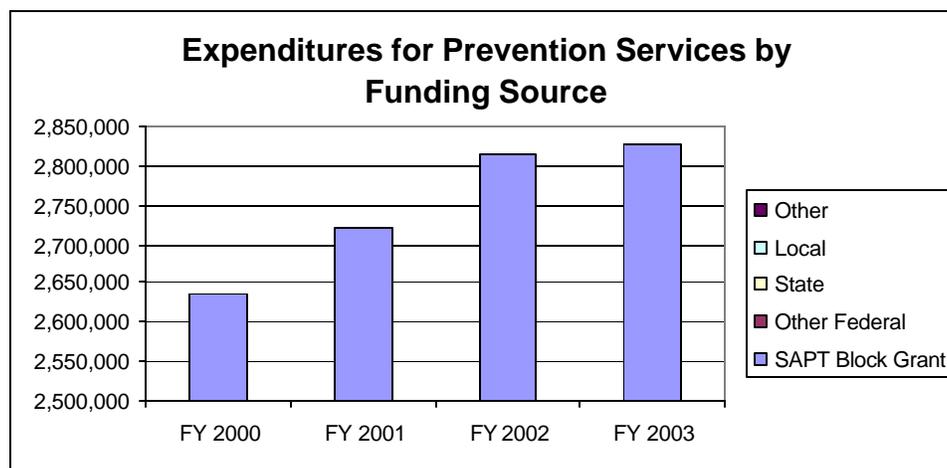
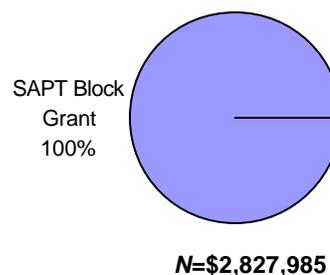
Since FY 2000, the Block Grant has funded 100 percent of prevention activities in Mississippi. The total amount of prevention funds increased slightly between FYs 2000 and 2003—from \$2.6 million to \$2.8 million.

Per capita, Block Grant prevention funding increased from \$0.93 to \$0.98 between those two comparison years.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,636,690	100	2,722,067	100	2,813,521	100	2,827,985	100
Other Federal	0	0	0	0	0	0	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	2,636,690	100	2,722,067	100	2,813,521	100	2,827,985	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

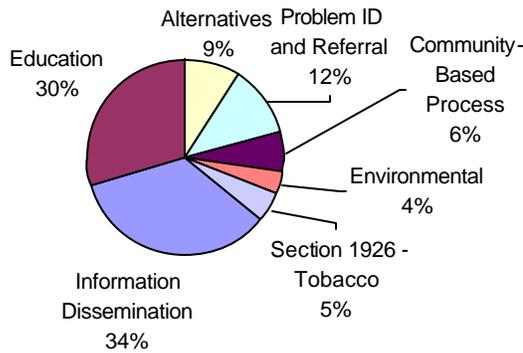
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Information dissemination activities include public service announcements, speakers' bureaus, health fairs, and newsletters.
Education	Funding supports youth leadership programs; mentoring, tutoring, and service-learning projects; youth leadership conferences; and afterschool enrichment activities.
Alternatives	Strategies incorporate youth leadership conferences, scholarships to disadvantaged youth, creative arts works by youth, community and youth volunteers, and day camps for girls and boys.
Community-Based Processes	The Jackson Community Prevention Coalition members attend monthly neighborhood meetings of associations and serve on councils and coalitions. Central Prevention Services recruits leaders from faith-based other grass roots organizations and provides training, supports, and prevention curriculum.
Environmental	Activities include merchant education trainings on tobacco legislation.
Problem Identification and Referral	Problem identification and referral is inherent in most of Mississippi's prevention programs and is usually conducted on an individual basis. All programs utilize DADA's Alcohol and Drug Treatment and Prevention Resources Directory to make referrals whenever the need arises.

Expenditures of Block Grant Funds for Core Strategies

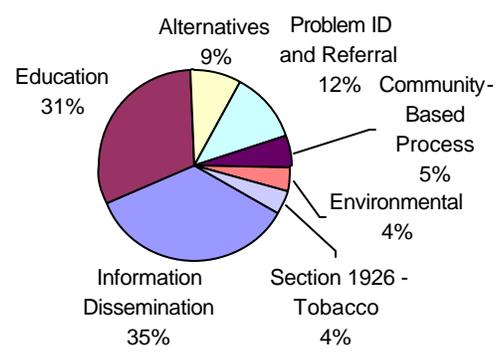
The distribution of Block Grant funding among prevention core strategies remained fairly stable in Mississippi between FYs 2000 and 2003. The largest proportions were allocated to information dissemination (slightly more than one-third) and education (slightly less than one-third), and the rest was distributed among a wide range of core strategies.

FY 2000 Block Grant Expenditures by Core Strategy

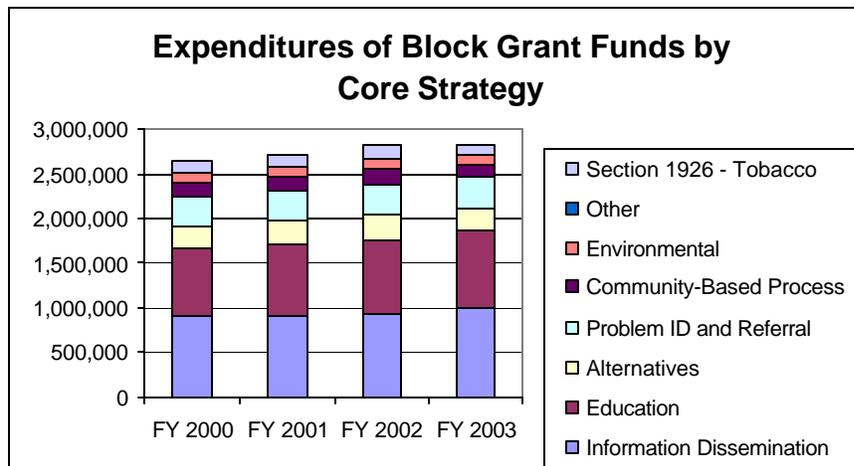


N=\$2,636,690

FY 2003 Block Grant Expenditures by Core Strategy



N=\$2,827,985



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	896,475	34	898,282	33	928,462	33	989,795	35
Education	791,007	30	816,620	30	844,056	30	876,675	31
Alternatives	237,302	9	272,207	10	281,352	10	254,519	9
Problem ID and Referral	316,403	12	326,648	12	337,623	12	339,358	12
Community-Based Process	158,201	6	163,324	6	168,811	6	141,400	5
Environmental	105,468	4	108,883	4	112,541	4	113,119	4
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	131,834	5	136,103	5	140,676	5	113,119	4
Total*	2,636,690	100	2,722,067	100	2,813,521	100	2,827,985	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

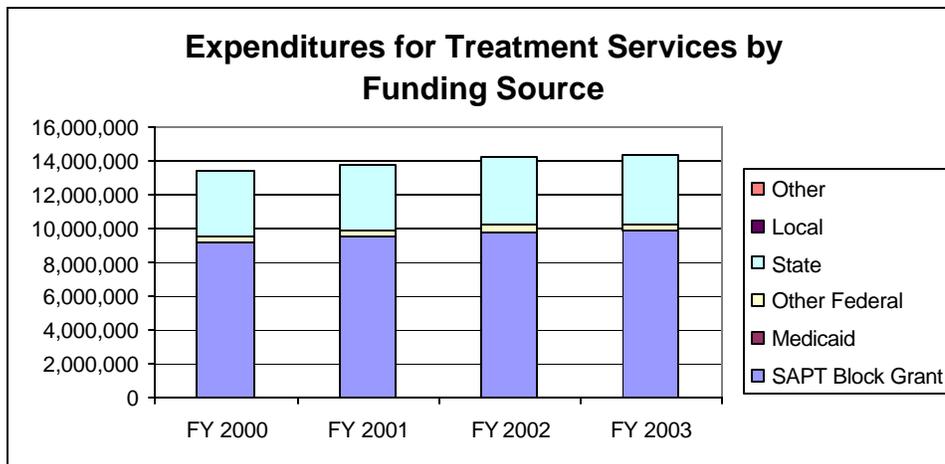
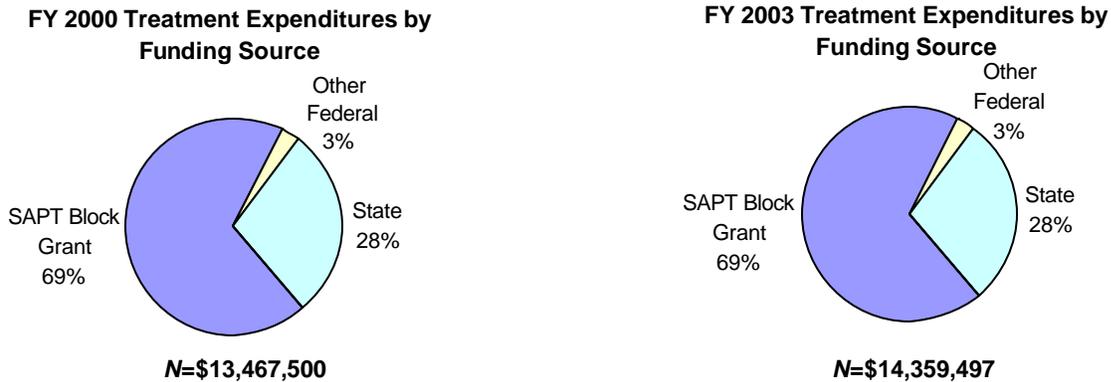
Central to the comprehensive substance abuse service system is the belief that persons with alcohol and drug abuse problems are most effectively treated in their community, close to their personal resources and support systems, including their families and jobs. Therefore, the geographic areas in which statewide alcohol and drug abuse services have been developed correspond to the 15 community mental health regions which serve the residents of several counties.

The Mississippi treatment continuum includes specialized services for pregnant women, pregnant women with dependent children, adolescents, youth with dual diagnoses, adults in need of vocational rehabilitation, clients with tuberculosis or HIV/AIDS, prisoners, female ex-offenders, and dually diagnosed adult males.

Treatment Funding and Expenditures

Treatment expenditures in Mississippi increased by nearly \$1 million between FYs 2000 and 2003, from \$13.5 to \$14.4 million. The proportion of funds originating from the different funding sources remained stable during this time. In FY 2003, the Block Grant funded 69 percent of expenditures, while State funds constituted 28 percent.

Per capita, Block Grant treatment funding in the State increased from \$3.25 to \$3.44 during the two comparison years.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	9,261,375	69	9,527,236	69	9,847,326	69	9,897,947	69
Medicaid	0	0	0	0	0	0	0	0
Other Federal	373,178	3	373,178	3	373,178	3	373,178	3
State	3,832,947	28	3,865,950	28	4,042,893	28	4,088,372	28
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	13,467,500	100	13,766,364	100	14,263,397	100	14,359,497	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Mississippi's SAPT Block Grant application indicates that over 21,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) and short-term residential services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=21,367)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	2,104	3,907	0
Long-term residential	264	617	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	6,378	6,868	0
Intensive outpatient	587	642	0
Detoxification (outpatient)	0	0	0
Total	9,333	12,034	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 11,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 29 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,656	31.5
Alcohol in combination with other drugs	8,237	28.4
Total	10,893	29.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 143,000 persons aged 12 and older (6.2 percent of Mississippi's population) needed, but did not receive, treatment for alcohol use and 58,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Mississippi.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.17	3.47	13.69	5.06
Needing but not receiving treatment for illicit drug use	2.52	3.92	6.26	1.55

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Prevention and treatment needs assessment data are obtained from multiple sources: the Adult Population Household Study, the Needs Assessment Survey conducted by the DADAS Advisory Council, a Needs Assessment Study funded by the Center for Substance Abuse Treatment, the Adolescent Study, Social Indicator Study, and the Youth Risk Behavior Survey.

Evaluation

Compliance with RFP requirements is monitored on annual site visits and through data entered monthly by all funded prevention programs on the web-based data collection tool, SureTool. SureTool™ quickly and easily collects and compiles data needed for the Center for Substance Abuse Prevention's (CSAP) required Minimum Data Set reporting, and includes information such as the core strategies, prevention dollars expended, science-based program classification, the Institute of Medicine's classification, and other program-specific information.

Training and Assistance

The DADAS staff provide ongoing technical assistance to alcohol/drug abuse services on regularly schedule site, certification, and record monitoring visits, as well as to providers requesting help in specific areas. An annual conference and other advanced training and prevention conferences are also supported by DADAS.

Expenditures of Block Grant Funds for Resource Development Activities

Mississippi did not report any expenditures for resource development activities for FY 2000 through FY 2003.

Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	N/R**	-	N/R	-	N/R	-	N/R	-
Quality Assurance	N/R	-	N/R	-	N/R	-	N/R	-
Training	N/R	-	N/R	-	N/R	-	N/R	-
Education	N/R	-	N/R	-	N/R	-	N/R	-
Program Development	N/R	-	N/R	-	N/R	-	N/R	-
Research and Evaluation	N/R	-	N/R	-	N/R	-	N/R	-
Information Systems	N/R	-	N/R	-	N/R	-	N/R	-
Total*	N/R	-	N/R	-	N/R	-	N/R	-

SOURCE: FY 2003–2005 SAPT Block Grant Applications, Forms 4b

*Totals may not equal 100 percent due to rounding.

N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded Mississippi \$2.2 million in discretionary funding for prevention in FY 2004. Nine of the 14 grants (and more than \$750,000) went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
Drug Free Communities	9	792,832
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	329,254
HIV/AIDS Cohort 5 Services	1	250,000
SE Ctr for Appl. Of Prev Technologies	1	481,920
Total	14	2,209,998

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, the Center for Substance Abuse Treatment (CSAT) awarded Mississippi just over \$320,000 in discretionary treatment funding. Grants were awarded to State data infrastructure and targeted capacity-HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
Targeted Capacity - HIV/AIDS	1	221,556
Total	2	321,556

SOURCE: www.samhsa.gov

MISSOURI

State SSA Director

Mr. Michael Couty, Director
Division of Alcohol and Drug Abuse
Missouri Department of Mental Health

P.O. Box 687

Jefferson City, MO 65102

Phone: 573-751-9499

Fax: 573-751-7814

E-mail: michael.couty@dmh.mo.gov

Web site: www.dmh.missouri.gov/ada/adaindex.htm

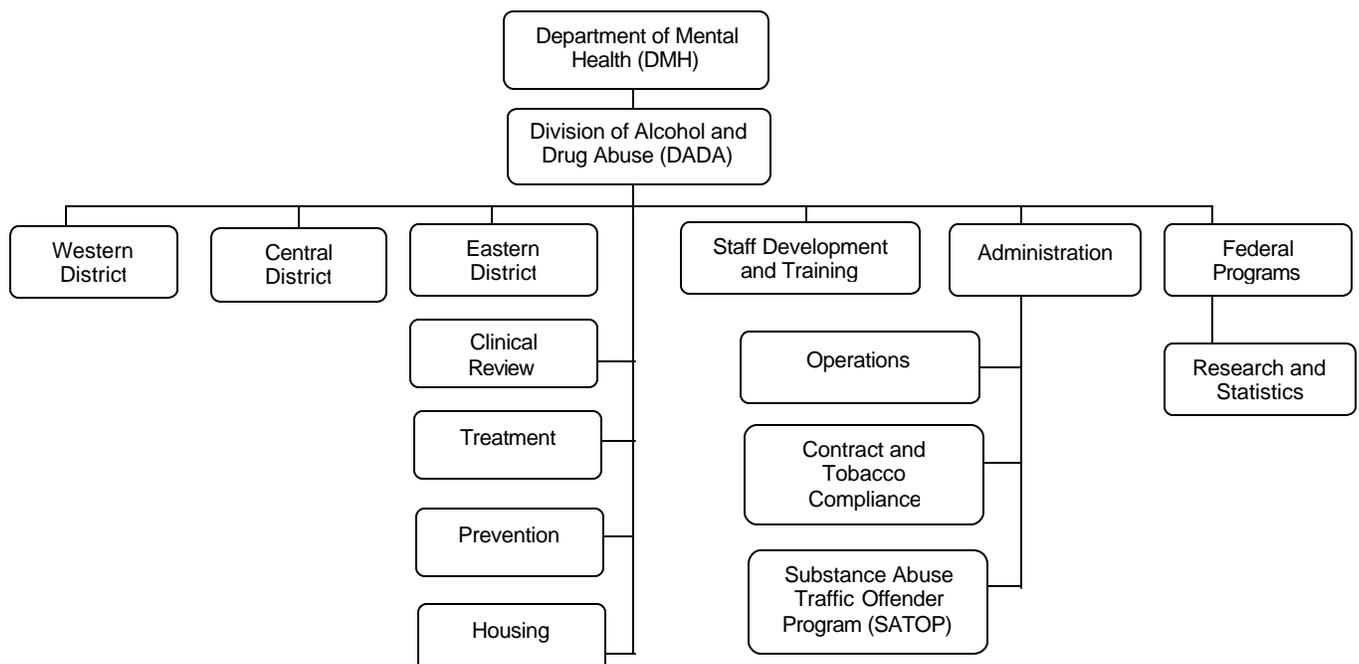
Structure and Function



The Missouri Department of Mental Health (DMH) is the Single State Agency (SSA) responsible for substance abuse treatment and prevention services in the State. DMH oversees the Division of Alcohol and Drug Abuse (DADA), among others.

DADA administers services for substance abuse prevention and treatment, the Substance Abuse Traffic Offender Program (SATOP), the Compulsive Gambling Treatment Program, training initiatives, and statewide planning efforts. Operating sections within DADA include the following eight units: treatment, clinical review (conducts utilization reviews of client clinical plans), prevention, administration, Oxford Houses (manages funds for groups establishing residential housing for recovering clients), staff development and training, planning, and district administration.

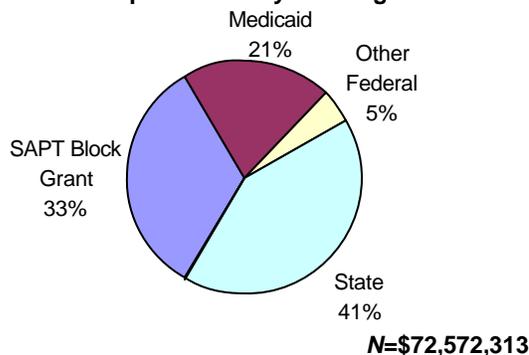
Single State Agency Structure



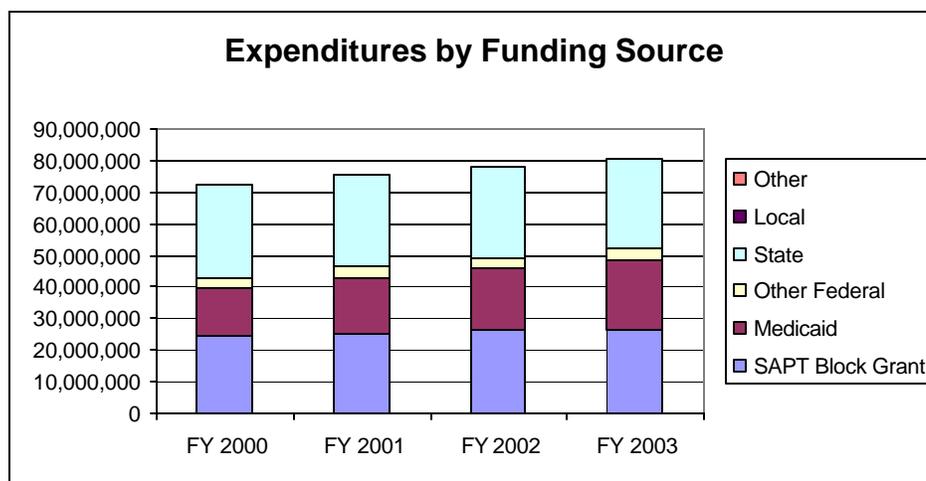
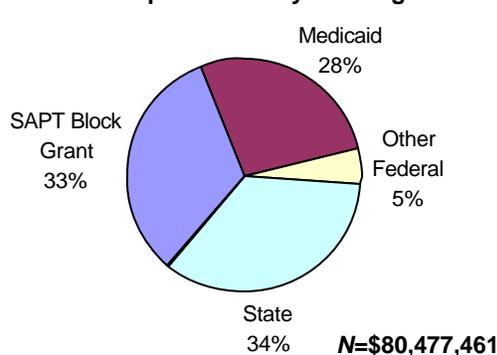
Single State Agency Funding Overview

SSA expenditures in Missouri increased between FYs 2000 and 2002, from \$72.6 to \$80.5 million. The State's proportion of these funds declined from 41 to 34 percent during this time period, the Block Grant's proportion remained stable (at 33 percent) as did the proportion supported by other Federal sources (at 5 percent). By contrast, the proportion of SSA funds supported by Medicaid increased from 21 to 28 percent.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



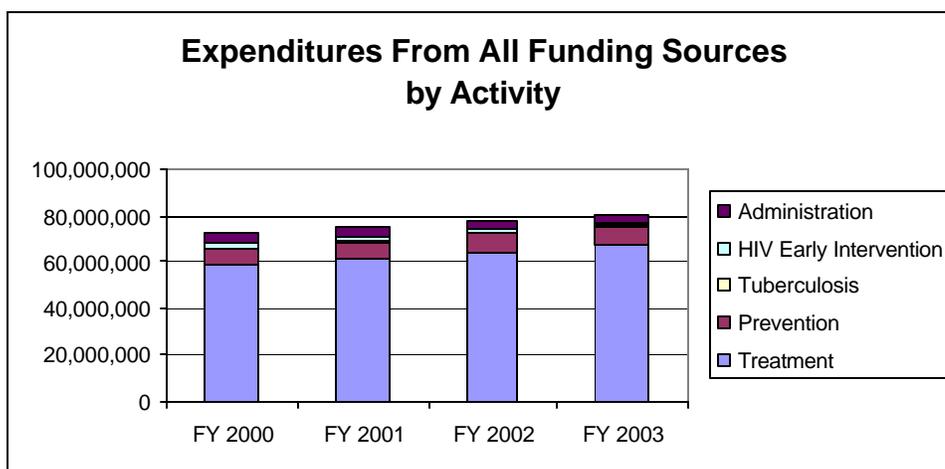
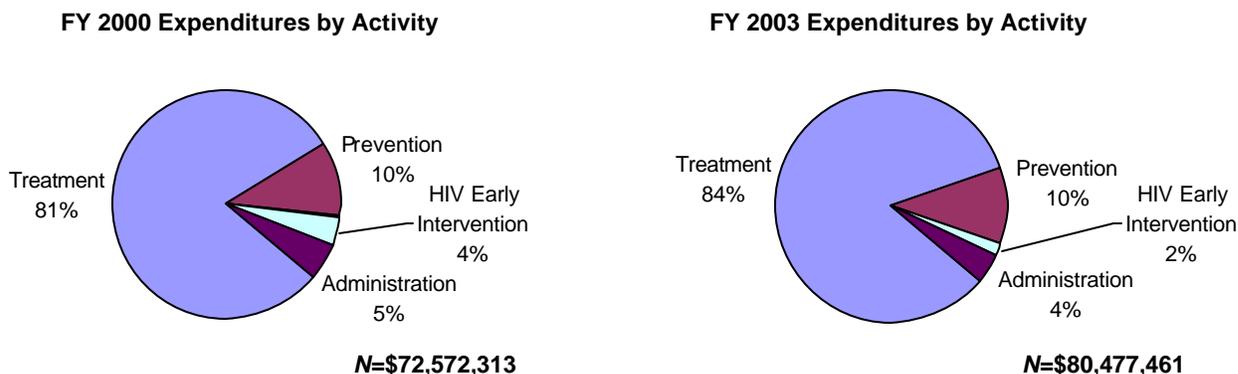
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	24,223,136	33	25,157,268	33	26,134,320	34	26,268,669	33
Medicaid	14,953,268	21	17,532,176	23	19,728,656	25	22,346,941	28
Other Federal	3,307,043	5	3,464,547	5	3,342,906	4	3,815,059	5
State	30,088,866	41	29,319,153	39	28,712,545	37	28,046,792	35
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	72,572,313	100	75,473,144	100	77,918,427	100	80,477,461	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

The distribution of SSA funds in Missouri remained relatively stable between FYs 2000 and 2003. During this time period, treatment received the majority of funds (from 81 to 84 percent), prevention received 10 to 11 percent of total funds, and administration costs and HIV early intervention received the remainder.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	19,267,827	27	19,094,881	25	64,766,054	83	67,434,569	84
Alcohol Treatment	18,252,109	25	19,696,985	26				
Drug Treatment	20,758,065	29	22,853,212	30				
Prevention	7,461,959	10	7,325,055	10	8,356,151	11	8,311,621	10
Tuberculosis	131,780	0	312,496	0	126,646	0	108,616	0
HIV Early Intervention	2,978,228	4	1,991,293	3	1,335,758	2	1,463,790	2
Administration	3,722,345	5	4,199,222	6	3,333,818	4	3,158,865	4
Total*	72,572,313	100	75,473,144	100	77,918,427	100	80,477,461	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

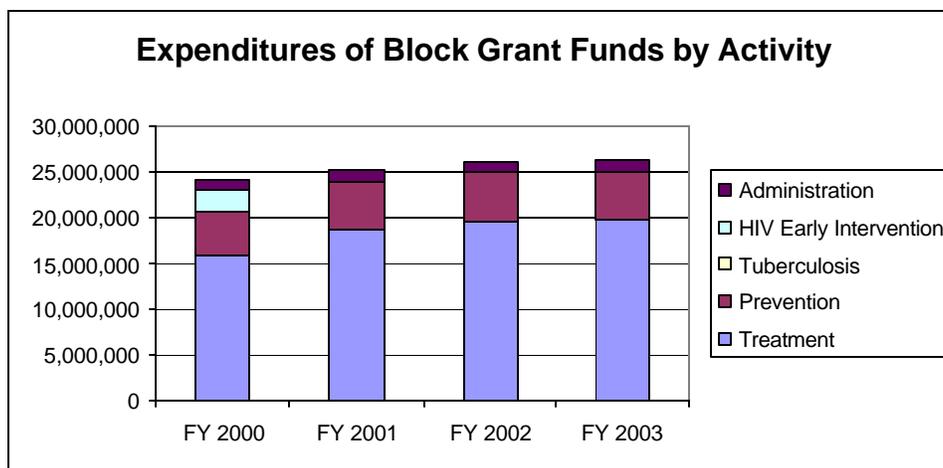
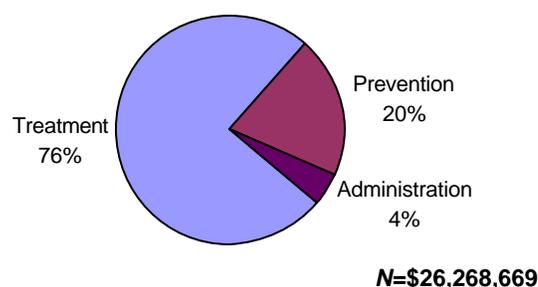
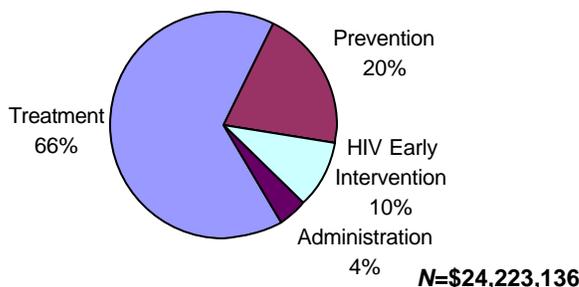
Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

Block Grant funds for Missouri have increased steadily since FY 2000, increasing from \$24.2 to \$26.3 million by FY 2003. The proportion of total funds going toward treatment services increased during this time period (from 66 to 76 percent), while the proportion of funds going toward HIV early intervention declined from 10 to 0 percent. The proportion of funds spent on prevention services and administration costs, however, remained stable (at 20 and 4 percent, respectively).

FY 2000 Block Grant Expenditures by Activity

FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	19,706,989	75	19,841,893	76
Alcohol Treatment	7,623,044	31	8,933,636	36				
Drug Treatment	8,308,083	35	9,897,805	39				
Prevention	4,848,824	20	5,033,395	20	5,226,864	20	5,253,735	20
Tuberculosis	42,153	0	40,191	0	35,100	0	27,644	0
HIV Early Intervention	2,339,822	10	0	0	0	0	0	0
Administration	1,061,210	4	1,252,241	5	1,165,367	4	1,145,397	4
Total*	24,223,136	100	25,157,268	100	26,134,320	100	26,268,669	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

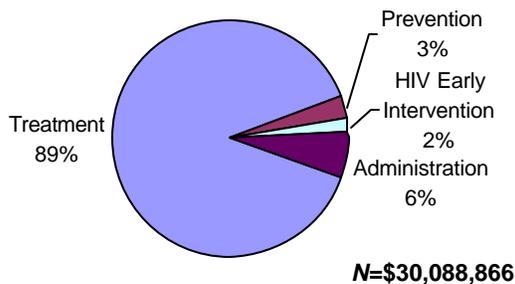
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

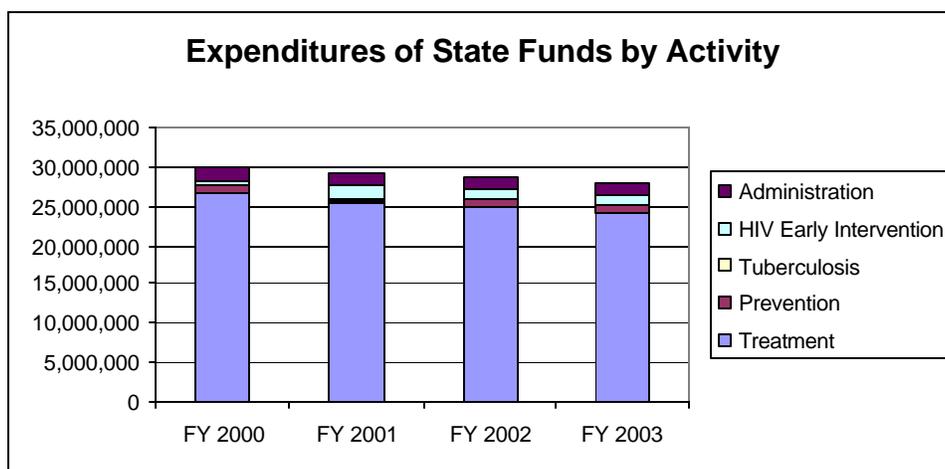
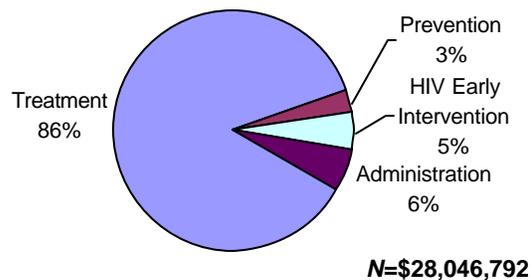
Expenditures of State Funds

Between FYs 2000 and 2002, State funds declined from \$30.1 to \$28 million in Missouri. Distribution of State funds, however, remained stable during that time period, with more than 85 percent going toward treatment, 6 percent for administration costs, and 3 percent for prevention services.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	12,160,289	41	11,342,480	39	24,934,331	87	24,292,141	86
Alcohol Treatment	6,708,203	22	6,393,497	22				
Drug Treatment	7,857,418	26	7,695,593	26				
Prevention	898,710	3	309,968	1	909,634	3	773,017	3
Tuberculosis	48,358	0	122,562	0	40,193	0	31,960	0
HIV Early Intervention	563,984	2	1,710,213	6	1,237,137	4	1,368,284	5
Administration	1,851,904	6	1,744,840	6	1,591,250	6	1,581,390	6
Total*	30,088,866	100	29,319,153	100	28,712,545	100	28,046,792	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The five components of the DADA's prevention system (Community 2000, school-based initiative, community-based services for youth and others, regional support centers [RSC]s), and the statewide training and resource center) combine to create a continuum of prevention services available to all populations and all regions of the State.

Highlights of these unique components follow:

- Community 2000 is a network of volunteer, community teams focusing on reducing the incidence of substance use and abuse in their communities and changing community norms toward substance use by youth and others.
- RSCs are the primary source of technical assistance support for the Community 2000 teams. Each RSC has a mobilizer or prevention specialist who works directly with the teams in his or her area and assists with the development of teams and task forces in communities that desire to develop one. Also, through their tobacco retailer education activities, the RSCs play a key role in Missouri's efforts to limit the sales of tobacco products to underage youth.

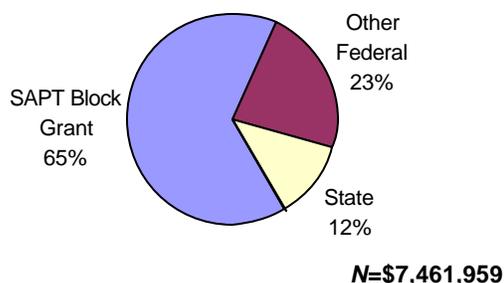
In addition, the Leadership to Keep Children Alcohol Free, a unique coalition of Governors' spouses, Federal agencies, and public and private organizations, is an initiative to prevent the use of alcohol by children ages 9 to 15. It is the only national effort that focuses on alcohol use in this age group.

Prevention Funding and Expenditures

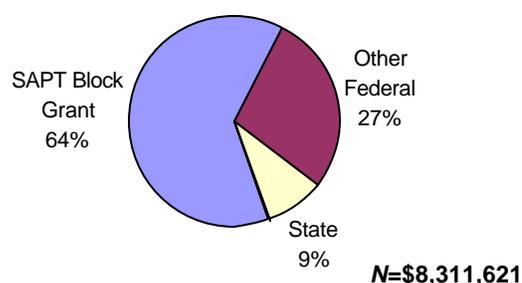
Prevention funding increased between FYs 2000 and 2002 from \$7.5 to \$8.3 million. The distribution of these funds remained stable during this time period. In FY 2003, 64 percent of prevention funds came from the Block Grant, 9 percent from the State, and 27 percent from other Federal sources.

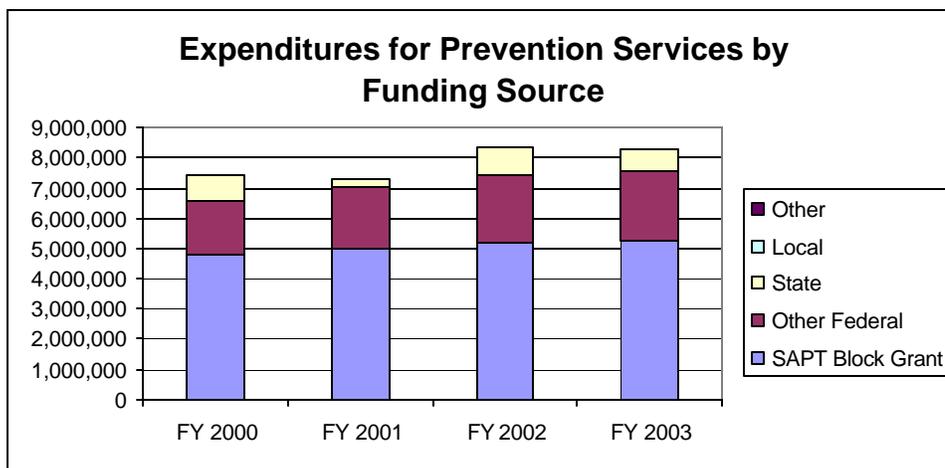
Between FYs 2000 and 2003 Block Grant prevention funds ranged from \$0.86 to \$0.92 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,848,824	65	5,033,395	69	5,226,864	63	5,253,735	64
Other Federal	1,714,425	23	1,981,692	27	2,219,653	27	2,284,869	27
State	898,710	12	309,968	4	909,634	11	773,017	9
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,461,959	100	7,325,055	100	8,356,151	100	8,311,621	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

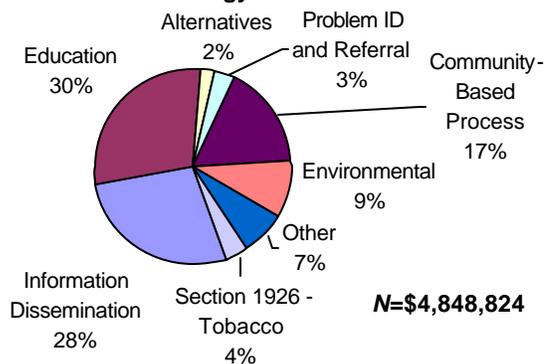
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Materials distribution occurs at health and prevention fairs, parades, and resource fairs and via presentations and speakers bureaus .
Education	Activities include training and technical assistance, classroom curricula, prevention newsletter, training resource center conference, and other family and youth programs .
Alternatives	Coalition activities promote healthy alternatives via youth development activities, racial/ethnic cultural activities, and afterschool activities .
Community-Based Processes	Funding supports the Regional Alcohol and Drug Awareness Resource (RADAR) network, 11 Regional Support Centers, and a statewide resource center. The University of Missouri sites make available information to practitioners.
Environmental	Strategies include a newsletter, legislation, tv ad campaigns, and university coalitions .
Problem Identification and Referral	Funds support children of substance abusers screenings and services, youth substance abuse identification and services, and hearing impaired services and referrals .

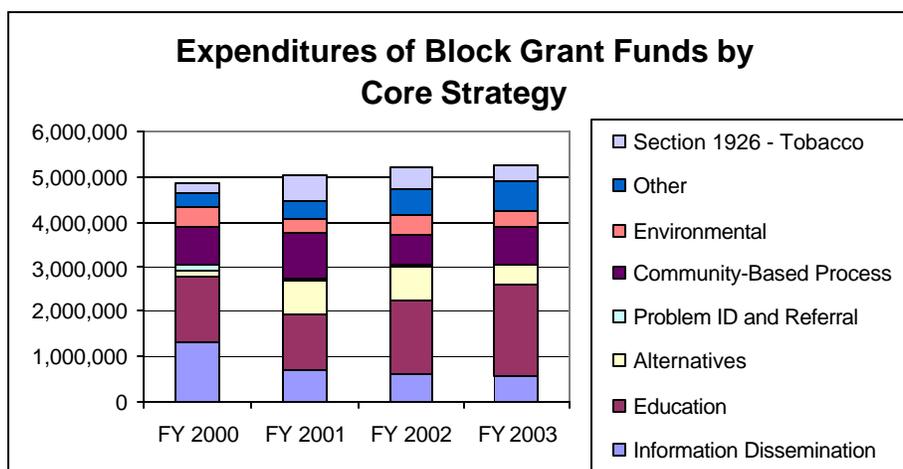
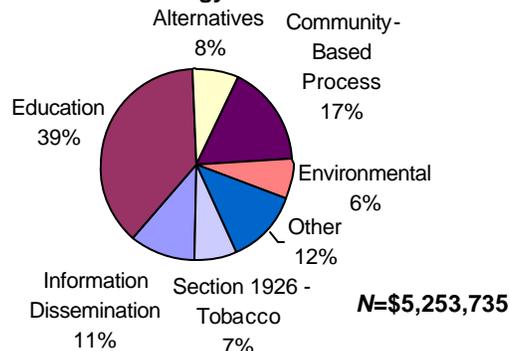
Expenditures of Block Grant Fund for Core Strategies

Block Grant funding for prevention core strategies increased between FYs 2000 and 2003 from \$4.8 to \$5.3 million. The largest portion of these funds went toward education activities, and the remainder was spread widely among a variety of prevention core strategies.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,333,700	28	679,838	14	617,757	12	583,888	11
Education	1,440,309	30	1,267,306	25	1,605,006	31	2,013,427	38
Alternatives	111,978	2	728,278	14	743,559	14	408,855	8
Problem ID and Referral	156,967	3	22,499	0	55,729	1	4,855	0
Community-Based Process	842,492	17	1,048,741	21	704,650	13	904,643	17
Environmental	437,068	9	338,893	7	447,218	9	332,268	6
Other	333,032	7	398,358	8	552,549	11	647,458	12
Section 1926 - Tobacco	193,278	4	549,482	11	500,396	10	358,341	7
Total*	4,848,824	100	5,033,395	100	5,226,864	100	5,253,735	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

DADA contracts with 34 general treatment service programs and 43 agencies that provide Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) programs. Clinical treatment and recovery support services are designed to provide a continuum of services to assist individuals with substance use disorders in achieving and maintaining recovery.

A comprehensive package of individualized services and therapeutic structured activities is designed to achieve and promote recovery from substance abuse. These services have three basic levels of intensity and routinely include assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive measures. Detoxification and residential support services are offered for those who need a safe drug-free environment early in the treatment process.

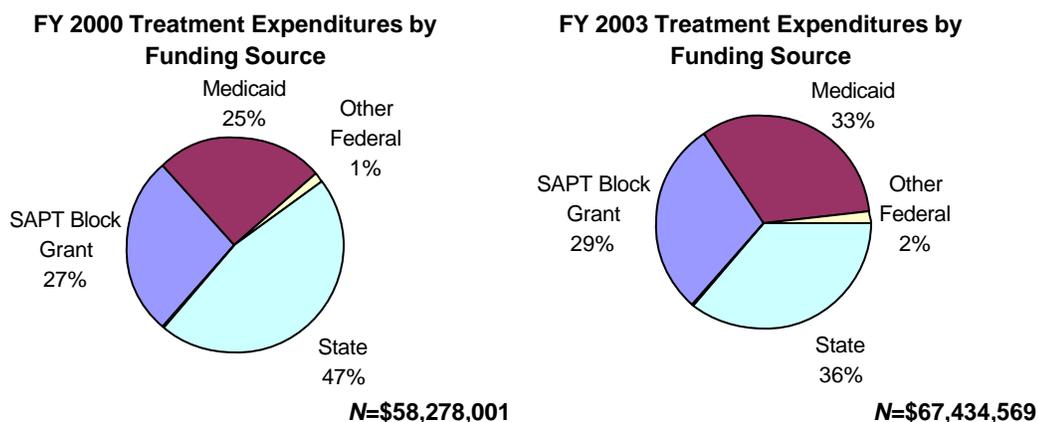
Unique highlights of these services include the following:

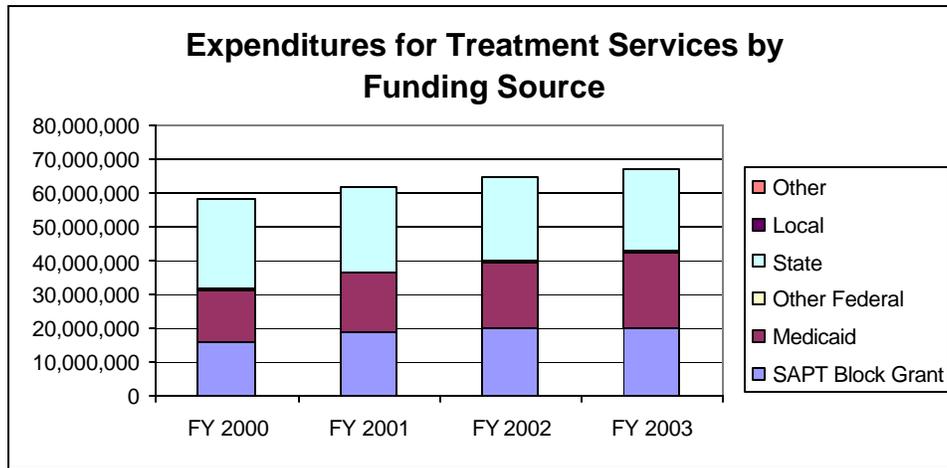
- Recovery Support Services offer an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment, improved functioning, and recovery from substance use disorders.
- CSTAR is a unique approach to substance abuse and addiction treatment. It offers a flexible combination of clinical services, living arrangements, and support services that are individually tailored for each client. CSTAR focuses on providing a complete continuum of recovery services, including extended outpatient services, in the community and, where possible, close to home. Under the CSTAR umbrella are specialized women's treatment programs, adolescent treatment programs, and women offenders' programs.

Treatment Funding and Expenditures

Between FYs 2002 and 2003 treatment funding in Missouri increased substantially from \$58.3 to \$67.4 million. The dollar amounts of funding from the Block Grant, Medicaid, and other Federal sources increased during this time period, while the dollar amount from the State decreased. The proportion of funds supported by the State also declined from 47 to 36 percent, Medicaid's proportion increased from 25 to 33 percent, and the Block Grant's proportion remained relatively stable at almost 30 percent.

Between FYs 2000 and 2003 Block Grant funding for treatment in Missouri increased from \$2.84 to \$3.47 per capita.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	15,931,127	27	18,831,441	31	19,706,989	30	19,841,893	29
Medicaid	14,837,577	25	17,101,353	28	19,578,682	30	22,202,423	33
Other Federal	783,387	1	280,714	0	546,052	1	1,098,112	2
State	26,725,910	46	25,431,570	41	24,934,331	38	24,292,141	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	58,278,001	100	61,645,078	100	64,766,054	100	67,434,569	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Missouri’s SAPT Block Grant application indicates that nearly 50,000 persons were admitted to treatment during FY 2002, of which most were admitted for intensive outpatient and outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=48,449)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	14	4	5
Free-standing residential	2,684	1,882	3,116
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,619	3,087	3,052
Long-term residential	173	655	563
Ambulatory (Outpatient)			
Outpatient (methadone)	1	268	72
Outpatient (non-methadone)	5,998	4,587	5,699
Intensive outpatient	2,021	6,091	6,858
Detoxification (outpatient)	0	0	0
Total	12,510	16,574	19,365

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 41,000 admissions (where at least one substance is known), of which nearly 10,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 20 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	9,845	16.3
Alcohol in combination with other drugs	31,396	20.7
Total	41,241	19.6

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 357,000 persons aged 12 and older (7.6 percent of Missouri's population) needed, but did not receive, treatment for alcohol use and 130,000 persons (2.8 percent) needed, but did not receive, treatment for illicit drug use in Missouri.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.63	6.09	19.32	5.78
Needing but not receiving treatment for illicit drug use	2.78	4.66	8.01	1.60

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Missouri DMH's five planning regions used by DADA are divided further into service areas consisting of clusters of counties. In contrast to the planning regions, the service areas are large enough to support most substance abuse service modalities yet small enough for the services to be geographically accessible to the residences. To support program planning at this level of detail, data on prevention and treatment needs, social indicators, and client demographics are aggregated to the service areas for analysis.

Prevention and treatment needs assessment data are obtained from copious sources: the Household Telephone Survey, Substance Abuse and Need for Treatment Among Missouri Jail Inmates; Prevention Needs of Statewide School-Aged Population, Substance Use, Delinquent Behavior & Risk and Protective Factors Among Students in the State of Missouri; Substance Use and Need for Treatment Among the Household Population in Missouri; Integrating Population Estimates of Treatment Need in Missouri; and the Missouri Student Survey. Additional special studies provide information and data for needs of the two fastest growing racial/ethnic groups in the State: Latinos and Asian/Pacific Islanders. Results from most of the studies are posted on the DADA Web site.

Evaluation

The DADA monitors administrative and clinical functions and annually reports outcome measures in the State budget. Among quantitative performance measures are the expenditure percentages for services and administration, the number of clients serviced, the number of clients and families housed, the occupancy rates of supported client housing, and the number of youth and families serviced by evidence-based prevention programs.

The programmatic performance of contracted treatment service providers is evaluated by the DADA through formal yearly surveys, periodic certification surveys, periodic peer reviews, and unscheduled incident inquiries. ADA regional staff performs yearly safety and basic assurance reviews of each program to assure compliance with State contracts requirements and Federal Block Grant goals.

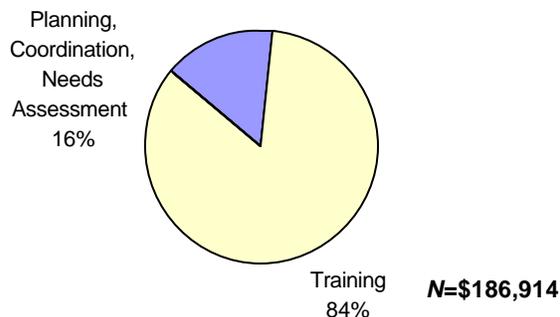
Training and Assistance

The Statewide Training and Resource Center (STRC) conducts a variety of activities and programs on behalf of the DADA and the overall State prevention system. The STRC provides resources, training, and technical assistance for the RSC and community-based service providers and conducts a number of statewide prevention conferences and workshops throughout the year. STRC also operates a consultant resource bank with resources available to the prevention community, administers the Community 2000 mini-grant program, and operates the statewide RADAR resource site.

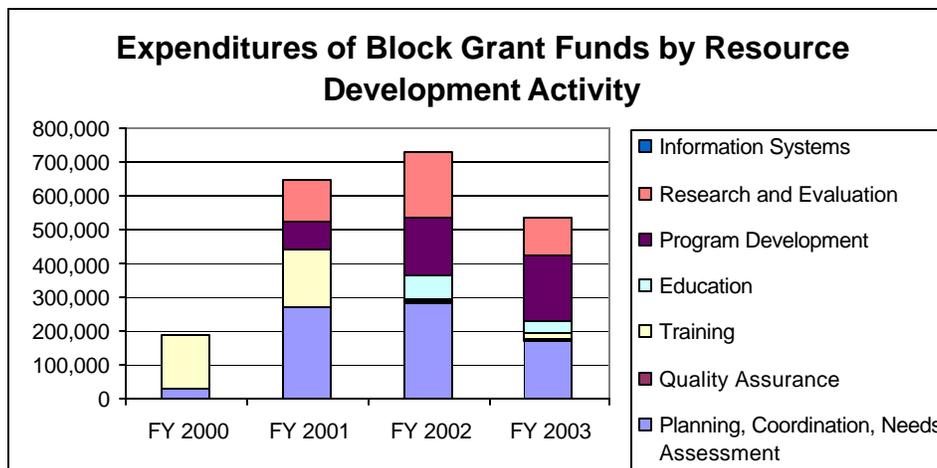
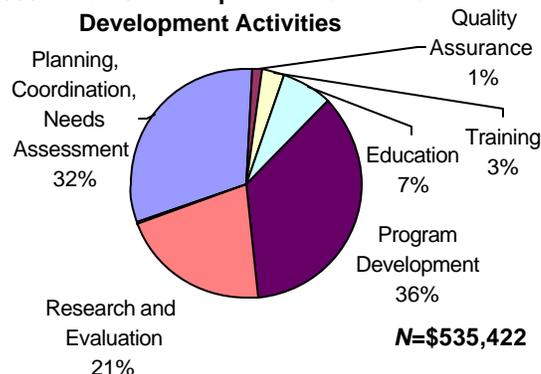
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funds for resource development activities increased dramatically between FYs 2000 and 2002, from approximately \$186,000 to \$535,000. In FY 2000, 84 percent of funds went toward training activities and the remainder went toward planning, coordination, and needs assessment. In FY 2003, however, program development received the largest portion (36 percent) of funds; planning, coordination, and needs assessment received 32 percent, and research and evaluation received 21 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	29,745	16	267,047	41	282,446	39	168,997	32
Quality Assurance	0	0	0	0	2,161	0	7,000	1
Training	157,169	84	177,748	27	9,390	1	16,875	3
Education	0	0	0	0	70,698	10	37,212	7
Program Development	0	0	79,263	12	172,013	24	191,434	36
Research and Evaluation	0	0	125,834	19	195,076	27	113,904	21
Information Systems	0	0	0	0	0	0	0	0
Total*	186,914	100	649,892	100	731,784	100	535,422	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary funds for prevention totaled \$4.2 million in Missouri in FY 2004. Thirteen of the 17 awards were for drug-free communities. The largest single award was a Strategic Prevention Framework State Incentive Grant (SPF SIG) for \$2.3 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	13	1,103,899
Drug Free Communities Mentoring	1	75,000
HIV/AIDS Cohort 3 Services	1	350,000
Prevention of Meth and Inhalant Use	1	349,073
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	17	4,228,937

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Approximately \$12 million was awarded to Missouri in Center for Substance Abuse Treatment (CSAT) discretionary grants in FY 2004. The largest single award was for the Access to Recovery (ATR) program for \$7.6 million. Other awards included the Addiction Technical Transfer Center, Homeless Addictions Treatment, and Targeted Capacity—HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Addiction Technical Transfer Center	2	1,299,930
Effective Adolescent Treatment	1	239,589
Homeless Addictions Treatment	2	996,575
State Data Infrastructure	1	100,000
Strengthening Communities -Youth	1	407,658
Targeted Capacity - HIV/AIDS	3	1,365,425
Treatment of Persons with Co-Occurring Substance Related and Mental Disorders	1	931,722
Total	13	12,932,622

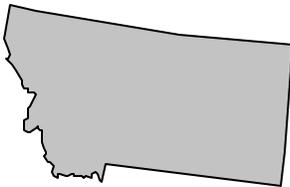
SOURCE: www.samhsa.gov

MONTANA

State SSA Director

Ms. Joan Cassidy, Chief
Chemical Dependency Bureau
Addictive and Mental Disorders Division
Montana Department of Public Health and Human Services
P.O. Box 202905
Helena, MT 59620-2905
Phone: 406-444-6981
Fax: 406-444-9389
E-mail: jcassidy@mt.gov
Web site: www.dhs.state.mn.us/main

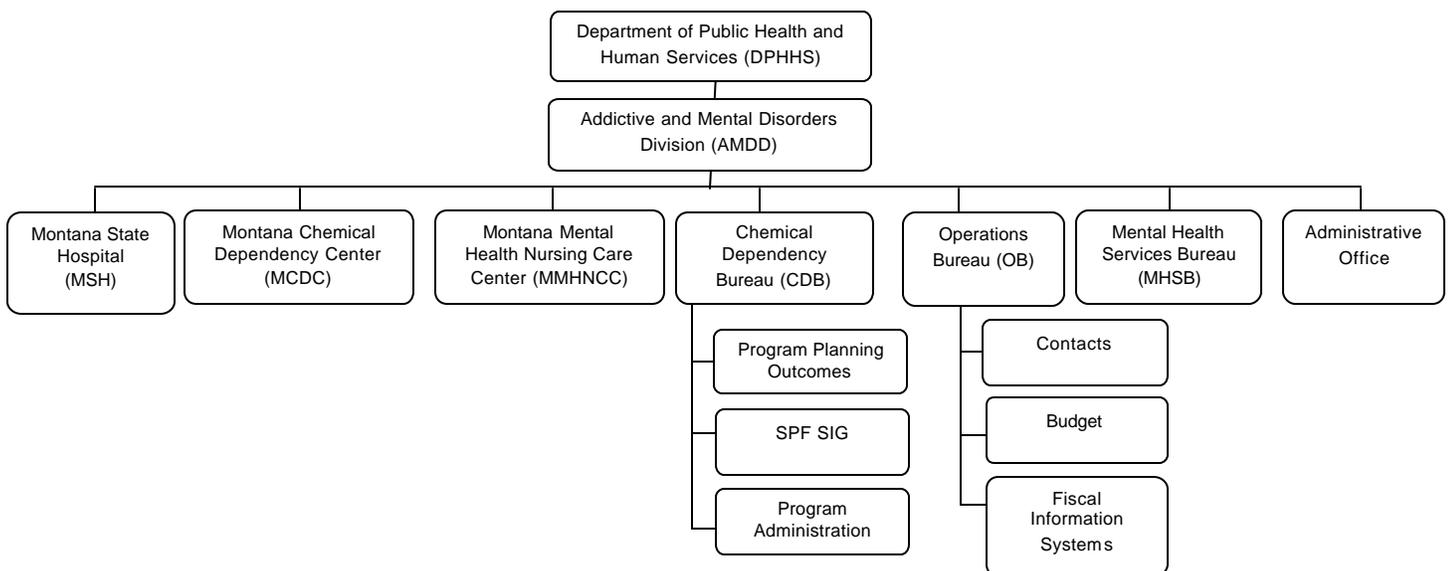
Structure and Function



The Department of Public Health and Human Services (DPHHS) is the designated Single State Agency (SSA) for alcohol and drug treatment and prevention in Montana. Responsibilities for alcohol and drug services are delegated to the Addictive and Mental Disorders Division (AMDD), which falls under DPHHS. AMDD is charged with implementing and improving systems of prevention and treatment for Montana residents with addictive and mental disorders.

AMDD units include the Chemical Dependency Bureau (CDB), which assesses alcohol and drug treatment and prevention needs and is responsible for providing alcohol and drug services to low-income Montana residents; the Operations Bureau (OB), which is responsible for data management and collection, Federal reporting, contract development and monitoring, and accounting functions; Mental Health Services Bureau (MHSB), which is responsible for the development, evaluation, and oversight of the mental health services delivery system; and Montana Mental Health Nursing Care Center (MMHNCC), which is charged with providing nursing care to Montana residents whose mental disorders would make them ineligible for care at other nursing homes throughout the State.

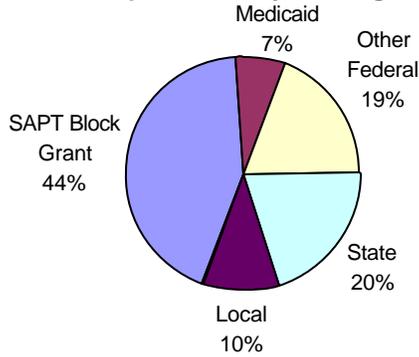
Single State Agency Structure



Single State Agency Funding Overview

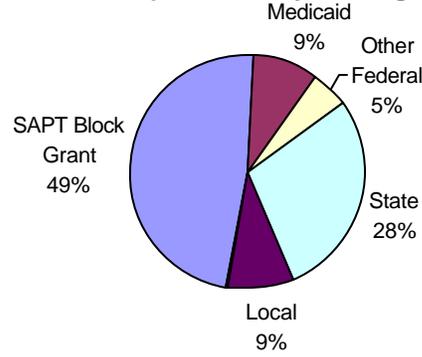
SSA funding in Montana inched up between FYs 2000 and 2003—from \$12.9 to about \$13.6 million. The Block Grant funded nearly half of the FY 2003 total, and the State funded more than one-quarter—increases over FY 2000 proportions. Other Federal funding sources declined during that time period.

FY 2000 Expenditures by Funding Source

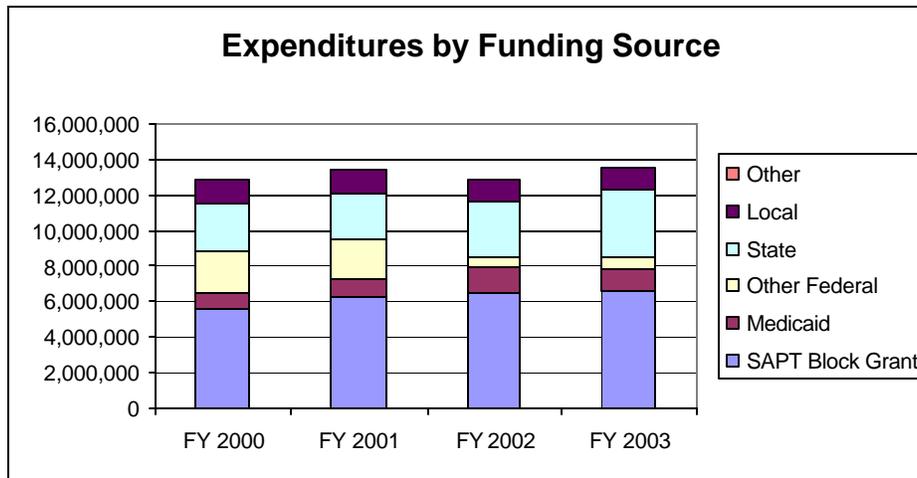


N=\$12,875,211

FY 2003 Expenditures by Funding Source



N=\$13,571,803



Single State Agency Expenditures From All Funding Sources

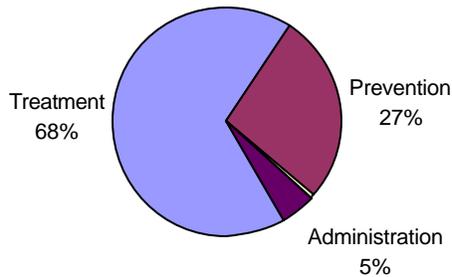
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	5,584,315	44	6,243,750	46	6,468,750	50	6,577,245	49
Medicaid	894,441	7	923,724	7	1,459,446	11	1,200,971	9
Other Federal	2,411,287	19	2,411,287	18	527,128	4	705,239	5
State	2,636,366	20	2,517,842	19	3,161,125	25	3,830,948	28
Local	1,348,802	10	1,348,802	10	1,226,636	10	1,257,400	9
Other	0	0	0	0	0	0	0	0
Total*	12,875,211	100	13,445,405	100	12,843,085	100	13,571,803	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

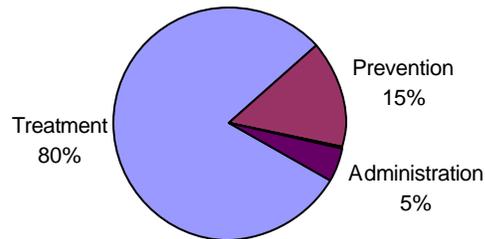
Treatment and rehabilitation activities increased as a proportion of SSA funds in Montana between FYs 2000 and 2003—from 68 to 80 percent. Conversely, prevention activities declined, both in dollar value and proportion.

FY 2000 Expenditures by Activity

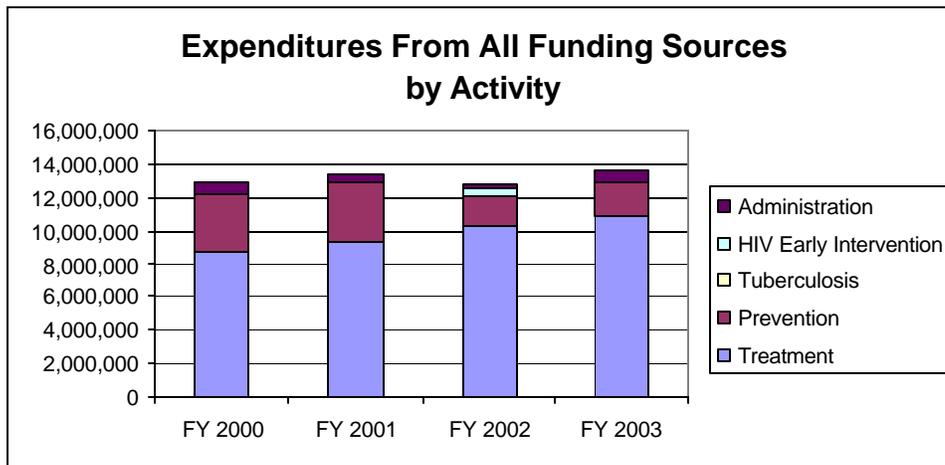


N=\$12,875,211

FY 2003 Expenditures by Activity



N=\$13,571,803



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	1,348,802	11	1,348,802	10	10,265,851	80	10,913,500	80
Alcohol Treatment	4,253,266	33	4,899,169	36				
Drug Treatment	3,136,192	24	3,075,100	23				
Prevention	3,463,218	27	3,596,220	27	1,855,235	14	1,980,822	15
Tuberculosis	18,491	0	18,506	0	18,840	0	18,840	0
HIV Early Intervention	0	0	0	0	398,562	3	0	0
Administration	655,242	5	507,608	4	304,597	2	658,641	5
Total*	12,875,211	100	13,445,405	100	12,843,085	100	13,571,803	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

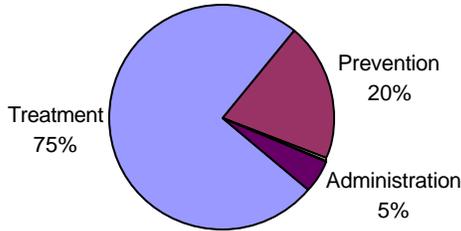
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

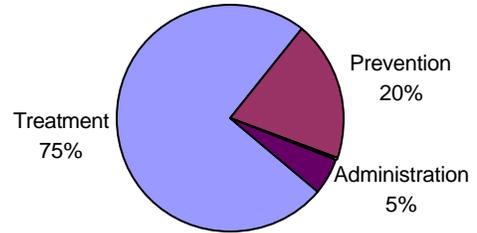
Block Grant expenditures in Montana increased by nearly \$1 million between FYs 2000 and 2003 (from around \$5.6 to \$6.6 million). Treatment and rehabilitation activities continued to account for three-quarters of those expenditures, while prevention activities accounted for one-fifth.

FY 2000 Block Grant Expenditures by Activity

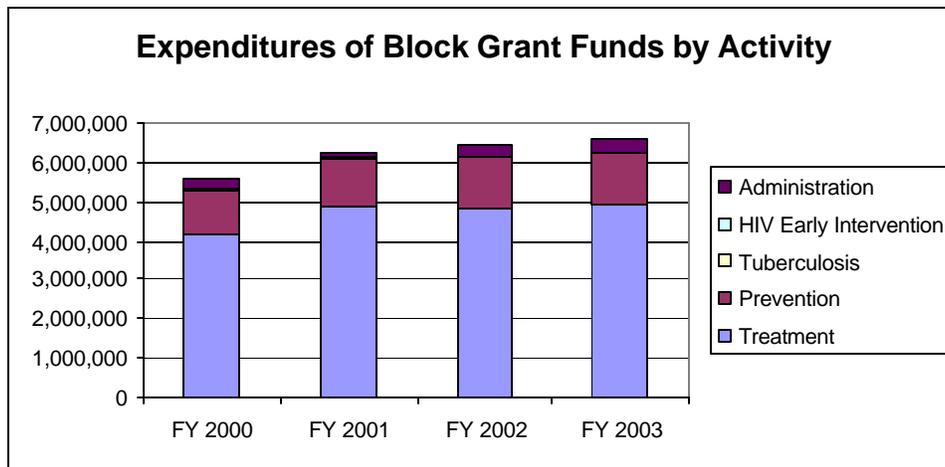


N=\$5,584,315

FY 2003 Block Grant Expenditures by Activity



N=\$6,577,245



Single State Agency Expenditures of Block Grant Funds by Activity

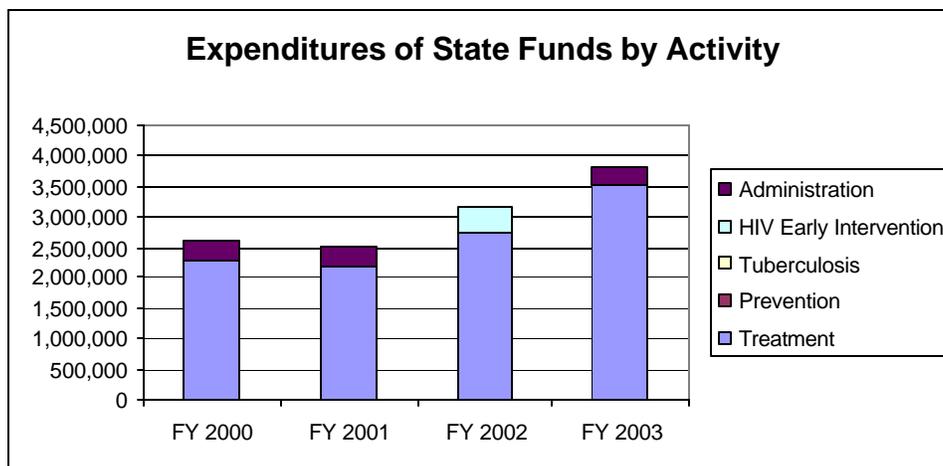
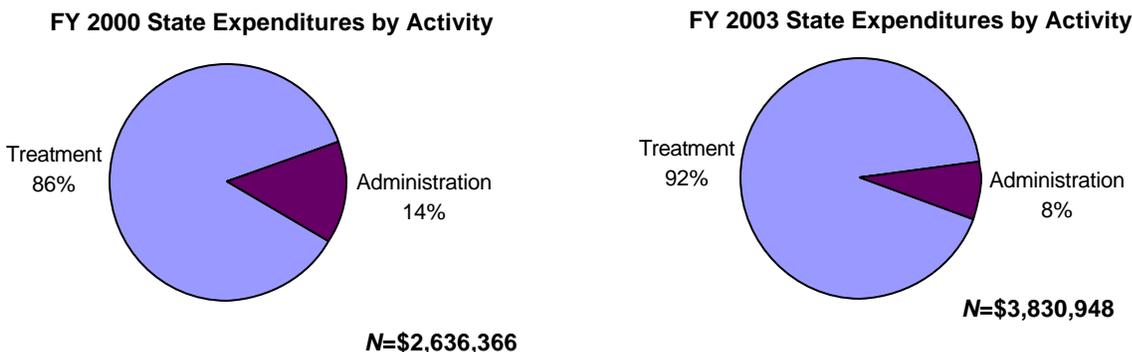
Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	4,817,206	74	4,913,384	75
Alcohol Treatment	2,225,135	40	2,929,501	47				
Drug Treatment	1,963,345	35	1,935,138	31				
Prevention	1,117,785	20	1,250,787	20	1,328,107	21	1,316,159	20
Tuberculosis	18,491	0	18,506	0	18,840	0	18,840	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	259,559	5	109,818	2	304,597	5	328,862	5
Total*	5,584,315	100	6,243,750	100	6,468,750	100	6,577,245	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

State expenditures increased by nearly \$1.2 million between FYs 2000 and 2003 (from \$2.6 to \$3.8 million). Treatment and rehabilitation activities accounted for an increasing majority of those funds (from 86 percent in FY 2000 to 92 percent in FY 2003). Administrative costs declined in proportion (from 14 to 8 percent) during the same time period. No State funds were allocated for prevention activities.



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	2,762,563	87	3,541,745	92
Alcohol Treatment	1,455,689	55	1,378,485	55				
Drug Treatment	818,825	31	775,398	31				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	398,562	13	0	0
Administration	361,852	14	363,959	14	0	0	289,203	8
Total*	2,636,366	100	2,517,842	100	3,161,125	100	3,830,948	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Mandated in 1993, the Interagency Coordinating Council (ICC) for State Prevention Programs' mission is to create and sustain a coordinated, comprehensive system of prevention services in the State of Montana. The strategies of the ICC include the coordination of a statewide approach to prevention, and the developing, implementing, maintaining, and evaluating of prevention programs.

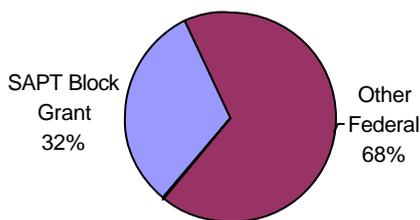
All of Montana's 56 counties provide prevention services through a system of 17 State-approved programs. The 14 prevention programs are responsible for development of strategies based on local risk and protective factors, as well as the implementation of State-level initiatives including organizing communities to participate in evidence-based programs, campaigns to reduce youth access to tobacco and alcohol, and the development of other prevention programs and activities.

Prevention Funding and Expenditures

Prevention funding in Montana declined between FYs 2000 and 2003 (from \$3.5 to less than \$2 million)—driven by a sharp decline in Federal funding sources other than the Block Grant. Federal sources dwindled from about two-thirds to about one-third of total prevention expenditures, while the reverse held true for Block Grant funding. During this time, Block Grant dollars spent remained stable and increased slightly.

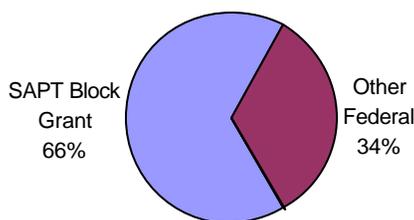
Per capita, Block Grant spending on prevention in Montana increased from \$1.24 to \$1.43 over the two comparison periods.

FY 2000 Prevention Expenditures by Funding Source

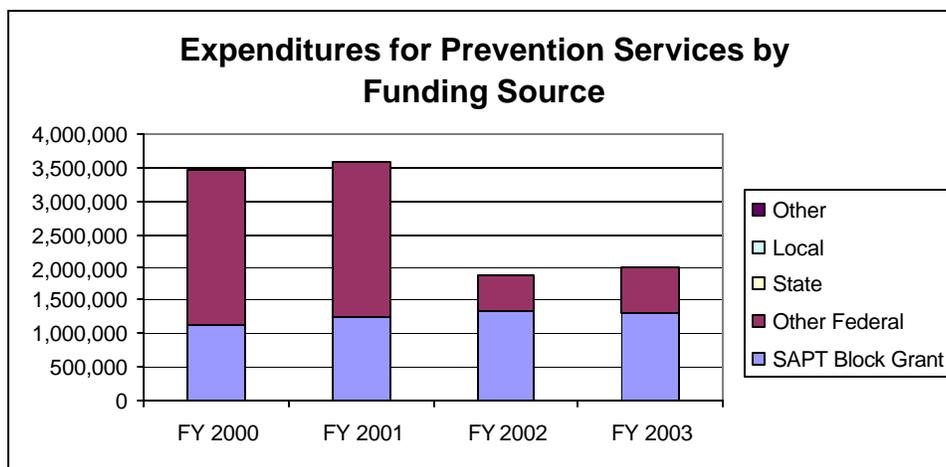


N=\$3,463,218

FY 2003 Prevention Expenditures by Funding Source



N=\$1,980,822



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	1,117,785	32	1,250,787	35	1,328,107	72	1,316,159	66
Other Federal	2,345,433	68	2,345,433	65	527,128	28	664,663	34
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,463,218	100	3,596,220	100	1,855,235	100	1,980,822	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

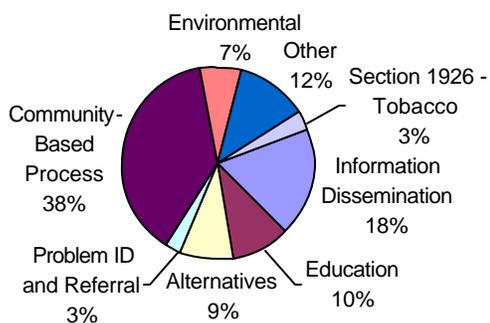
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Materials are available for use throughout the year for prevention-related activities, including school presentations, health fairs, and related activities. The Prevention Connection is published quarterly and goes to a current mailing list of close to 2,000.
Education	Activities include classroom presentations, working with youth groups, providing family management classes, and working with community leaders. Under the terms of the prevention contracts, programs are required to implement programs based in the principles and strategies identified as best practices. AMDD also conducts trainings for school and community personnel, presents assemblies, and make public presentations to the general public.
Alternatives	Activities include camps, drug-free social activities, youth leadership activities, and mentoring. Most notable is the project developed in the city of Missoula, the Flagship Project at CS Porter Middle School. This project is located in a school with an annual student turnover of 50%. Each of the 14 programs was designed to provide children and youth with caring adults, safe places, opportunities to serve, a healthy start, and marketable skills.
Community-Based Processes	Prevention specialists continue to be actively involved in community coalitions, especially in the 11 communities that received funding under the State Incentive Grant (SIG) process.
Environmental	AMDD continues to work with WE CARD to provide education to merchants on Montana's law regarding sales of tobacco products to minors. AMDD has also continued the program of merchant education through store surveys that was begun with the SFY 2003 contract period. During the SFY 2004 contract period, this activity was expanded to include more of the rural/frontier counties.
Problem Identification and Referral	AMDD recently developed a new Minor In Possession (MIP) course for use by State-approved programs. The new course places a stronger emphasis on current knowledge regarding addiction. Local programs are involved in providing student assistance program, employee assistance programs, and prevention assessments services within their service areas. In addition, programs use Block Grant funds to support participants in MIP classes, in some cases.

Expenditures of Block Grant Fund for Core Strategies

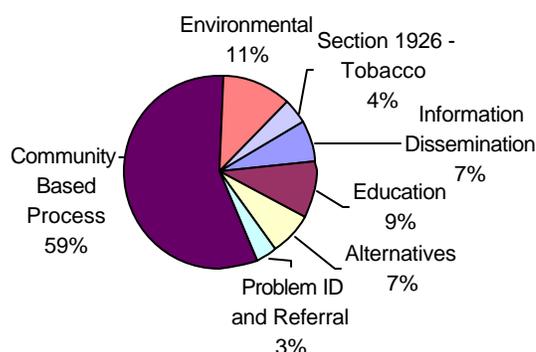
Community-based process strategies received the majority (59 percent) of Block Grant funding for prevention core strategies in Montana in FY 2003—an increase from their 38 percent share in FY 2000. Some of this increase was offset by a decline in information dissemination strategies (from 18 percent to 7 percent). The remainder of the funding was spread among a wide variety of strategies.

FY 2000 Block Grant Expenditures by Core Strategy

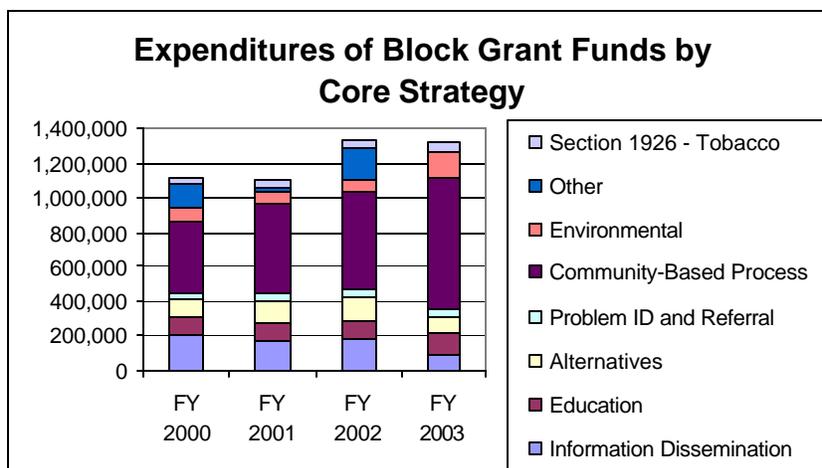


N=\$1,117,785

FY 2003 Block Grant Expenditures by Core Strategy



N=\$1,316,159



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	200,365	18	166,601	15	176,899	13	92,094	7
Education	109,207	10	106,256	10	112,824	8	121,255	9
Alternatives	99,571	9	123,167	11	130,780	10	97,121	7
Problem ID and Referral	29,711	3	43,240	4	45,912	3	44,529	3
Community-Based Process	431,277	39	533,492	48	566,470	43	757,415	58
Environmental	77,314	7	64,068	6	68,028	5	150,195	11
Other	134,848	12	23,015	2	183,725	14	0	0
Section 1926 - Tobacco	35,492	3	40,939	4	43,469	3	53,550	4
Total*	1,117,785	100	1,100,778	100	1,328,107	100	1,316,159	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

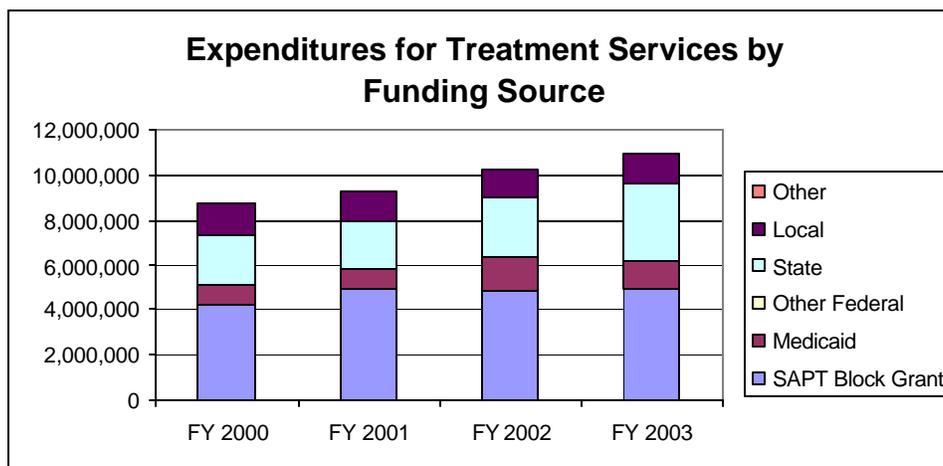
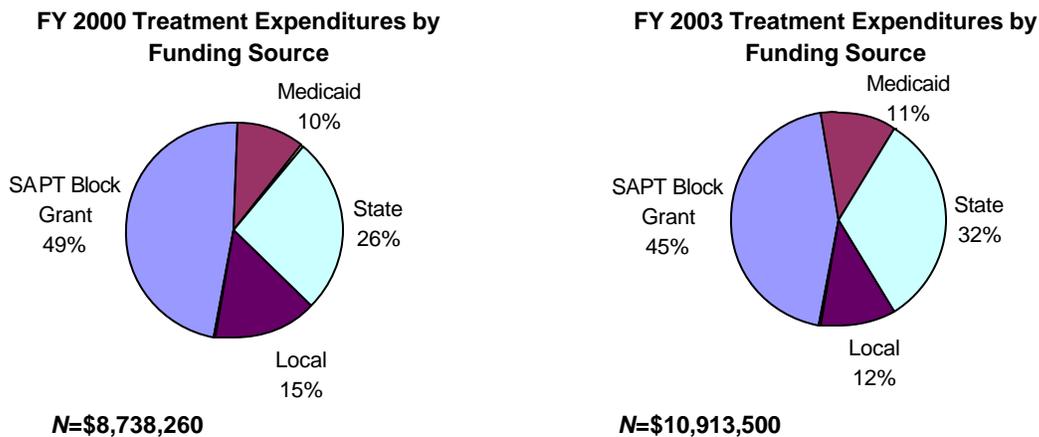
Treatment and Rehabilitation Services

AMDD contracts for alcohol and drug treatment service programs across the State's three regions. AMDD-funded treatment modalities include outpatient treatment, intensive outpatient treatment, assessment, family therapy, case management, individual and group probation and parole, individual and group waiting list monitoring, inpatient and day treatment, and transitional housing.

Treatment Funding and Expenditures

Single State Agency funding for treatment in Montana increased somewhat between FYs 2000 and 2003 (from \$8.7 to \$10.9 million). This increase was driven largely by an increase in funding from the State and by a slightly smaller increase in Block Grant dollars. Thus, Block Grant dollars accounted for a declining share of treatment expenditures (from 49 to 45 percent), while the State share increased somewhat (from 26 to 32 percent).

Per capita, Block Grant treatment funds increased from \$4.64 to \$5.35 between the two comparison periods.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,188,480	48	4,864,639	52	4,817,206	47	4,913,384	45
Medicaid	894,441	10	923,724	10	1,459,446	14	1,200,971	11
Other Federal	32,023	0	32,023	0	0	0	0	0
State	2,274,514	26	2,153,883	23	2,762,563	27	3,541,745	32
Local	1,348,802	15	1,348,802	14	1,226,636	12	1,257,400	12
Other	0	0	0	0	0	0	0	0
Total*	8,738,260	100	9,323,071	100	10,265,851	100	10,913,500	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Montana's SAPT Block Grant application indicates that over 7,500 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=7,703)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	397	120	0
Free-standing residential	0	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	252	187	0
Short-term residential	743	673	0
Long-term residential	43	35	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	2,511	1,709	0
Intensive outpatient	546	487	0
Detoxification (outpatient)	0	0	0
Total	4,492	3,211	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 7,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,112	17.3
Alcohol in combination with other drugs	4,584	20.4
Total	6,696	19.4

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 76,000 persons aged 12 and older (10.0 percent of Montana's population) needed, but did not receive, treatment for alcohol use and 22,000 persons (2.9 percent) needed, but did not receive, treatment for illicit drug use in Montana.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.99	10.37	22.55	7.69
Needing but not receiving treatment for illicit drug use	2.90	6.42	8.02	1.49

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

DPHHS is required to develop a 4-year plan for alcohol and drug prevention and treatment in the State and to publish plan updates every 2 years. CDB and other AMDD units participate in the development of the State plan, in various other planning efforts, and in training activities.

Additionally, the Governor's Drug Policy Task Force (GDPTF), a 22-member group of legislators, providers, community advocates, law enforcement, and other community members, was convened in 2002 and ended its work with a comprehensive report and related recommendations to the Governor and attorney general. The Governor reconvened the task force again in June 2004 to address the methamphetamine issue Montana faces.

Needs assessment is based on various sources including the Native American survey, the Adult Treatment Needs Assessment, and the Youth Prevention Needs Assessment. AMDD conducted the Native American survey on six of the seven reservations in Montana, accomplished by agreements with the tribal counsels. The Adult Treatment Needs Assessment provides the ADMM with a baseline for data-driven strategic planning. An objective is to establish provider service area profiles and to match resources to populations reflected in the Household Survey. Montana updated Provider Service Area profiles on an annual basis and used the Household Survey and the Youth Risk and Protective Factor Survey. The Youth Prevention Needs Assessment was conducted in March 2004. A sample size of approximately 22,500 8th, 10th, and 12th graders responded statewide.

Evaluation

AMDD has established performance outcome measures to evaluate the effectiveness of Montana's adult and youth prevention and treatment initiatives. Providers and stakeholders are asked to participate in ongoing planning sessions to develop effectiveness indicators and define best and promising prevention and treatment practices.

Training and Assistance

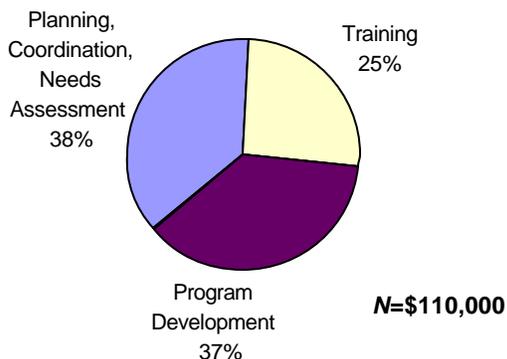
The AMDD provides a system of training in partnership with the Department of Labor's Licensing Bureau, the Montana Addictions Service Providers, and the Montana Licensed Addiction Counselors association and other agencies. Certified chemical dependency counselors are made available to trainers. The AMDD also works with the University of Great Falls, Addiction Training Center, to plan and provide training opportunities for both chemical dependency and mental health counselors in Montana.

Additionally, through a technical assistance request to the Center for Substance Abuse Treatment, AMDD hosted a conference for Native American mental health and addictions counselors in July and August of 2002 to address and the provision of services to Native American persons with co-occurring diagnosis.

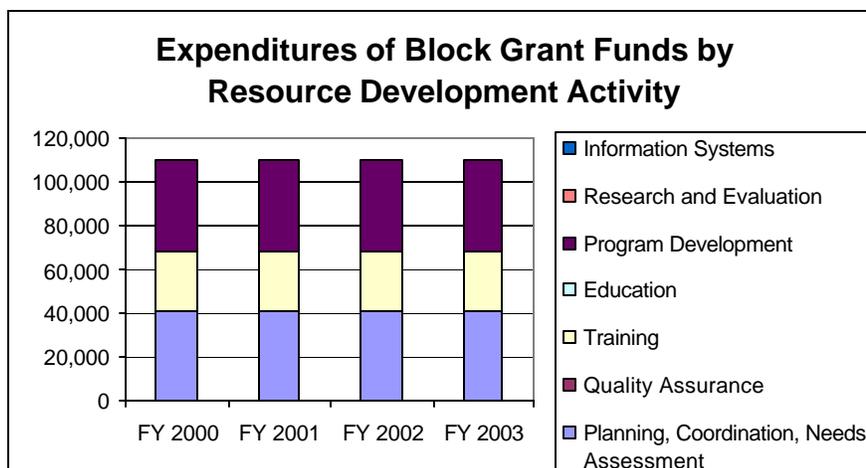
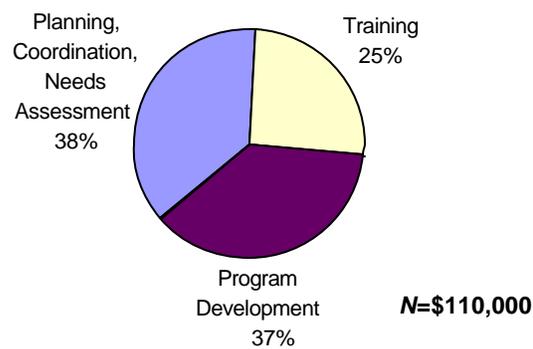
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Montana remained unchanged between FYs 2000 and 2003. The distribution of that \$110,000 also remained unchanged: 38 percent was directed at planning, coordination, and needs assessment activities; 37 percent was directed at program development activities; and the remaining 25 percent funded training activities.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	41,000	37	41,000	37	41,000	37	41,000	37
Quality Assurance	0	0	0	0	0	0	0	0
Training	28,000	25	28,000	25	28,000	25	28,000	25
Education	0	0	0	0	0	0	0	0
Program Development	41,000	37	41,000	37	41,000	37	41,000	37
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	110,000	100	110,000	100	110,000	100	110,000	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$2 million in discretionary prevention funding to Montana in FY 2004. Most funds went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	14	1,288,142
State Incentive Cooperative Agreements	1	750,000
Total	15	2,038,142

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

One Center for Substance Abuse Treatment (CSAT) grant of \$319,000 was awarded to adult, juvenile, and family drug courts in FY 2004.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	1	319,500
Total	1	319,500

SOURCE: www.samhsa.gov

NEBRASKA

State SSA Director

Mr. Ron Sorensen, Administrator
Division of Behavioral Health Services
Nebraska Department of Health and Human Services

P.O. Box 98925

Lincoln, NE 68509-8925

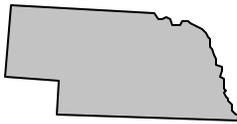
Phone: 402-471-7791

Fax: 402-471-7859

E-mail: ron.sorensen@hsss.ne.gov

Web site: www.hhs.state.ne.us/sua/suaindex.htm

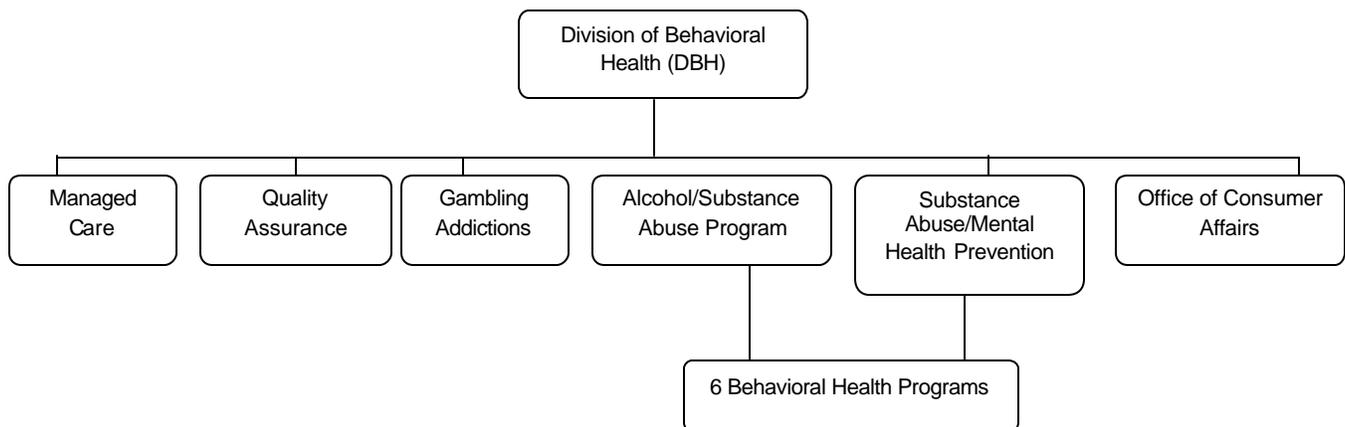
Structure and Function



The Division of Behavioral Health (DBH) is the Single State Agency (SSA) responsible for the statewide planning, organizing, coordinating, and delivery of behavioral health services including mental health, substance abuse, addiction services, problem gambling, and treatment and prevention activities.

Adult substance abuse services funded by DBH include prevention, emergency services, short-term residential treatment, intermediate residential treatment, halfway house treatment, therapeutic community, intensive outpatient treatment, partial care, outpatient methadone maintenance, community support, and women's and children's specialized treatment.

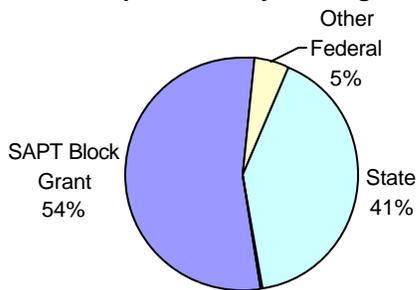
Single State Agency Structure



Single State Agency Funding Overview

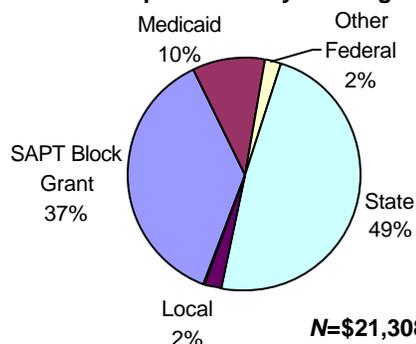
Total SSA funding in Nebraska increased substantially between FYs 2000 and 2003, from \$13.6 to \$21.3 million—largely driven by a near doubling in State funding and by the introduction of Medicaid funding in FY 2003. Block Grant dollars remained relatively stable but declined as a percentage of expenditures (from 54 to 37 percent), while the State funding share increased to nearly half of FY 2003 expenditures.

FY 2000 Expenditures by Funding Source

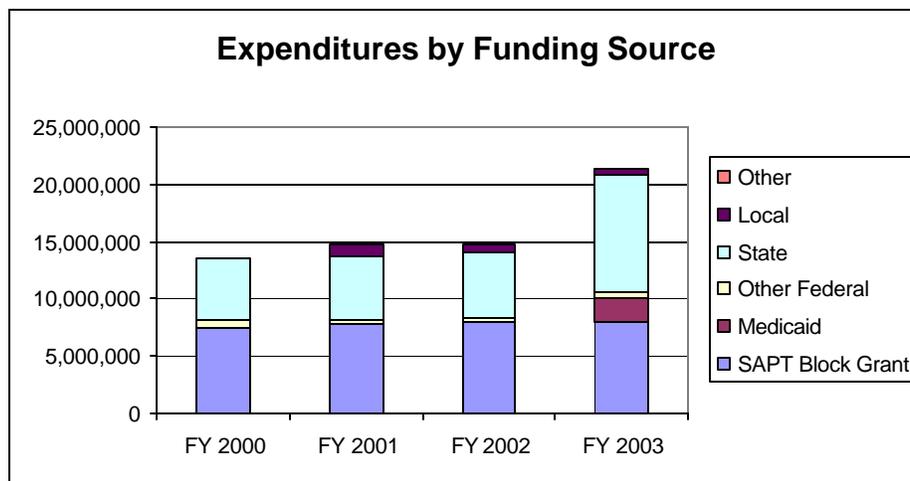


N=\$13,641,519

FY 2003 Expenditures by Funding Source



N=\$21,308,465



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	7,472,914	54	7,689,486	52	7,885,645	53	7,926,182	37
Medicaid	0	0	0	0	0	0	2,109,870	10
Other Federal	629,606	5	419,129	3	416,000	3	494,934	1
State	5,538,999	41	5,604,615	38	5,771,139	39	10,314,101	49
Local	0	0	1,115,265	8	739,846	5	463,378	2
Other	0	0	0	0	0	0	0	0
Total*	13,641,519	100	14,828,495	100	14,812,630	100	21,308,465	100

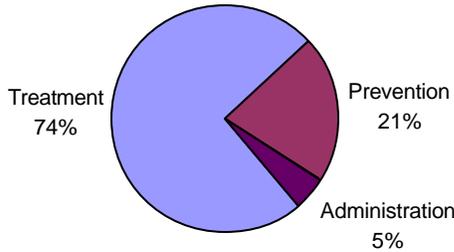
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

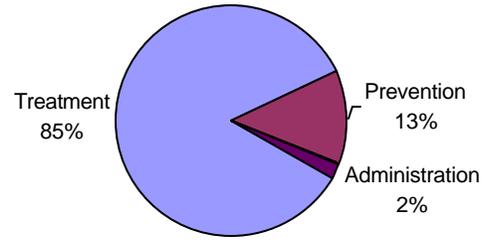
Treatment and rehabilitation activities increased as a proportion of SSA funds in Nebraska between FYs 2000 and 2003—from 74 percent to 85 percent. Conversely, prevention activities declined in proportion, although the dollar value of prevention activities remained relatively stable.

FY 2000 Expenditures by Activity

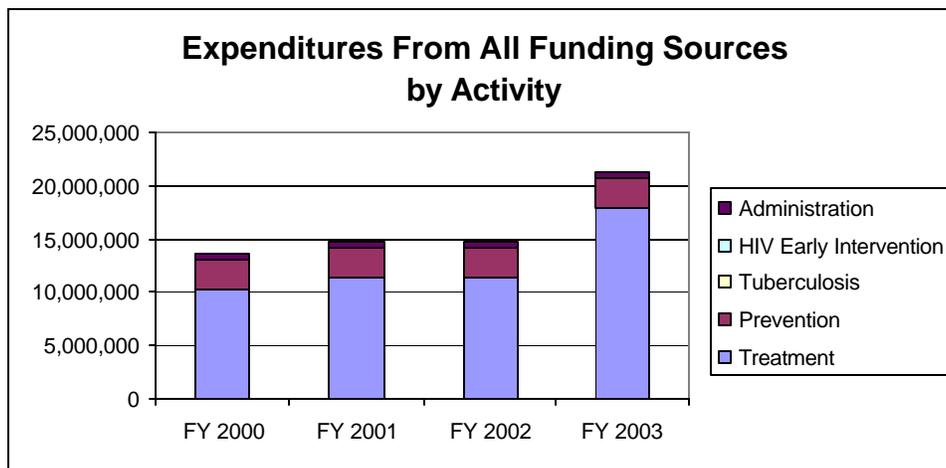


N=\$13,641,519

FY 2003 Expenditures by Activity



N=\$21,308,465



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	5,272,999	39	11,217,605	76	11,305,363	76	18,050,881	85
Alcohol Treatment	2,614,928	19	0	0				
Drug Treatment	2,241,282	16	0	0				
Prevention	2,872,665	21	2,951,416	20	2,862,985	19	2,755,895	13
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	639,645	5	659,474	4	644,282	4	501,689	2
Total*	13,641,519	100	14,828,495	100	14,812,630	100	21,308,465	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

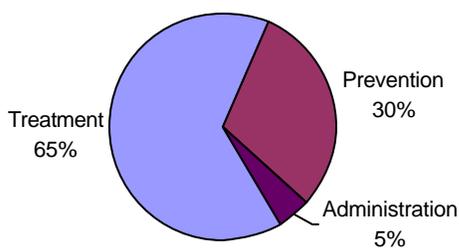
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

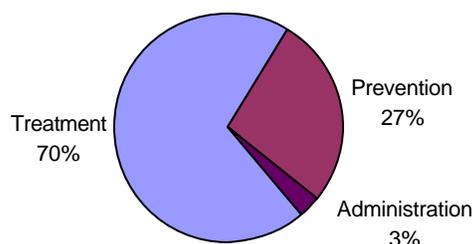
Block Grant expenditures in Nebraska increased slightly between FYs 2000 and 2003 (from \$7.4 million to \$7.9 million). Treatment and rehabilitation activities increased slightly as a percentage of Block Grant expenditures during those two periods (from 65 percent to 70 percent), while prevention activities declined in proportion (from 30 to 27 percent).

FY 2000 Block Grant Expenditures by Activity

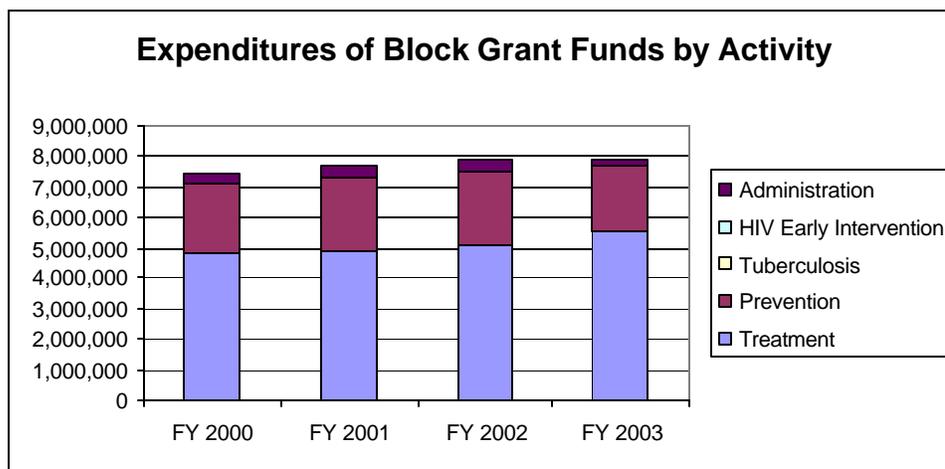


N=\$7,472,914

FY 2003 Block Grant Expenditures by Activity



N=\$7,926,182



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	4,921,920	64	5,108,271	65	5,545,248	70
Alcohol Treatment	2,614,928	35	0	0				
Drug Treatment	2,241,282	30	0	0				
Prevention	2,243,059	30	2,383,092	31	2,383,092	30	2,134,625	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	373,645	5	384,474	5	394,282	5	246,309	3
Total*	7,472,914	100	7,689,486	100	7,885,645	100	7,926,182	100

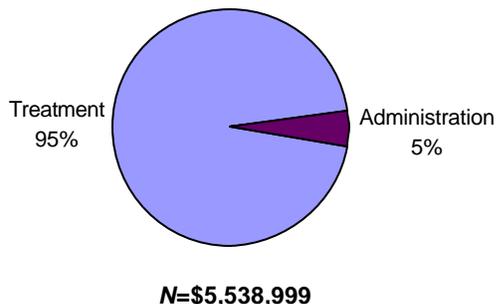
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

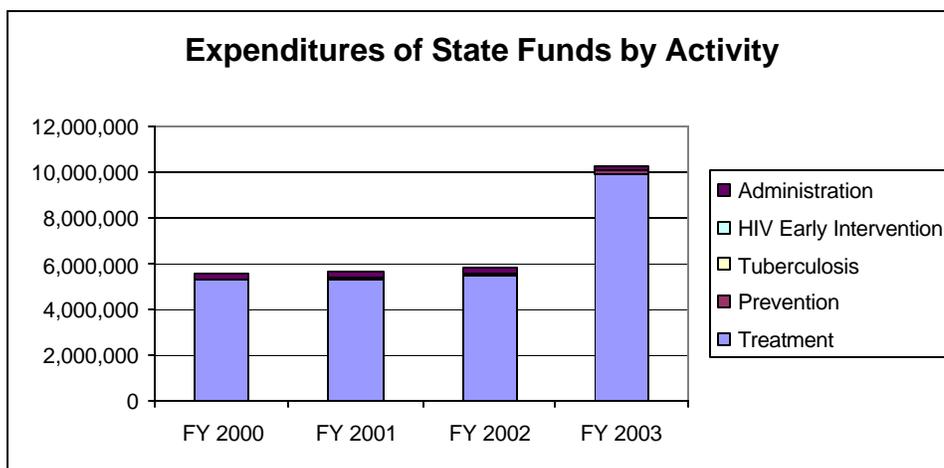
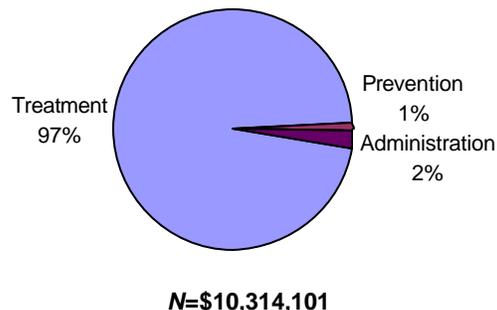
Expenditures of State Funds

State expenditures for substance abuse services nearly doubled between FYs 2000 and 2003, from \$5.5 to \$10.3 million. The majority of funds during this time period went toward treatment and rehabilitation services, ranging from 95 percent of the total in FY 2000 to 97 percent in FY 2003.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	5,272,999	95	5,307,294	95	5,457,246	95	9,969,310	97
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	22,321	0	63,893	1	89,411	1
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	266,000	5	275,000	5	250,000	4	255,380	2
Total*	5,538,999	100	5,604,615	100	5,771,139	100	10,314,101	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Nebraska provides comprehensive substance abuse prevention services through the six behavioral health regions of Nebraska. The State contracts with each of the six behavioral health regions to provide prevention coordination and service delivery (either through direct service or through subcontracts with service providers) in order to ensure effective management of prevention resources and a comprehensive array of needed services.

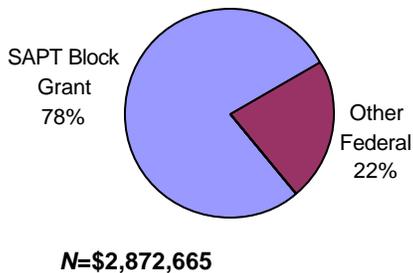
Through this system, programming is implemented in all 93 counties of the State throughout the course of the fiscal year. Nebraska funds prevention service delivery through regional contracts, direct grants, and subcontracts through the behavioral health regions. Prevention services are available to the general public and specific at-risk groups such as children of substance abusers.

Prevention Funding and Expenditures

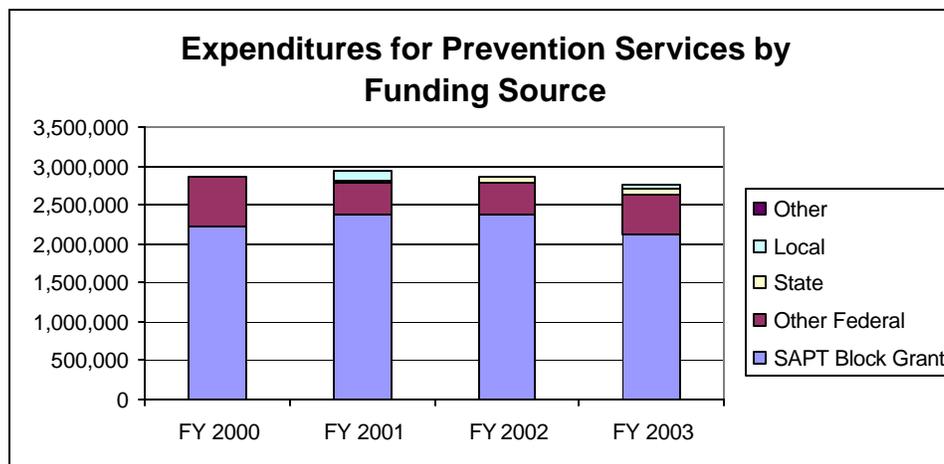
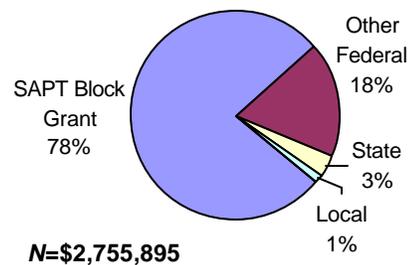
Prevention funding in Nebraska declined slightly between FYs 2000 and 2003 (from \$2.9 million to \$2.8 million). Block Grant funding remained fairly stable, both in dollar amount and in proportion of total funding for prevention activities. In FY 2003, Block Grant funds accounted for 78 percent of total expenditures and other Federal sources contributed 18 percent.

Per capita Block Grant prevention funds in Nebraska declined from \$1.31 in FY 2000 to \$1.23 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,243,059	78	2,383,092	81	2,383,092	83	2,134,625	78
Other Federal	629,606	22	419,129	14	416,000	15	494,934	18
State	0	0	22,321	1	63,893	2	89,411	3
Local	0	0	126,874	4	0	0	36,925	1
Other	0	0	0	0	0	0	0	0
Total*	2,872,665	100	2,951,416	100	2,862,985	100	2,755,895	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

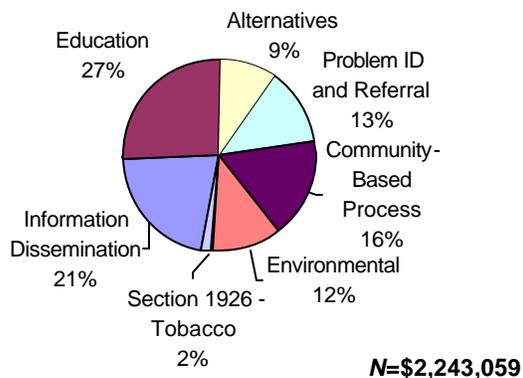
Examples of core prevention strategies supported by Block Grants include:

Core Strategy	Examples of Activities
Information Dissemination	The Nebraska Regional Alcohol and Drug Awareness Resources (RADAR) Clearinghouse provides technical assistance and support to the Associate RADAR Network centers located in Regional Prevention Centers and community-based prevention centers around the State.
Education	Education services are designed to be culturally and developmentally appropriate and to address an array of services (including family management classes with a strong substance abuse prevention component) as well as classroom and small group sessions for preschoolers, school-age youth, adults, and middle-aged and older adults.
Alternatives	Each Behavioral Health Region provides (or contracts) for youth/adult leadership services, supports training for adult sponsors and drug-free youth groups, provides for mentoring services, and provides for community activities that encourage youth to abstain from alcohol, tobacco, and other drugs, and encourage adults to model low-risk use of alcohol. Additionally, community drop-in centers are supported on Native American reservations and in North and South Omaha.
Community-Based Processes	Regional Prevention Centers assist local community coalitions with broad-based memberships (including public and behavioral health, education, law enforcement, and public safety) to identify priority local substance abuse prevention needs and select and implement locally and culturally appropriate substance abuse prevention strategies.
Environmental	Regional Prevention Centers, community coalitions, and local providers work with local law enforcement to reduce minor access to alcohol. Other enforcement efforts include increased enforcement of adult procurement of alcohol for minors.
Problem Identification and Referral	School Community Intervention Programs (SCIP) create knowledgeable, interdisciplinary school-based teams that can effectively identify students at risk of developing substance abuse problems and design and implement early interventions.

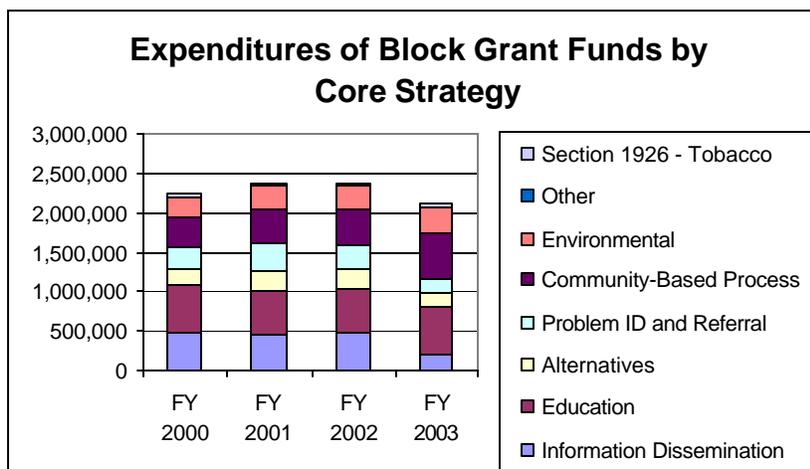
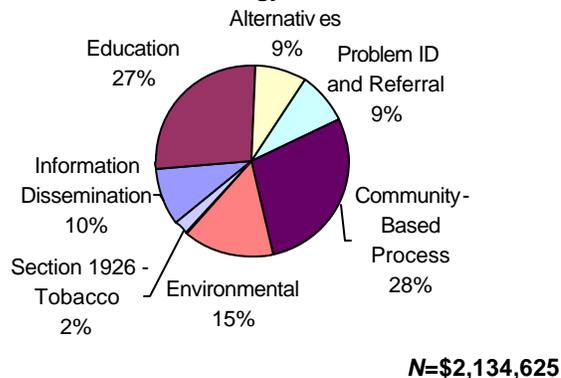
Expenditures of Block Grant Funding for Core Strategies

Block Grant funding for prevention core strategies in Nebraska remained relatively stable between FYs 2000 and 2003 (totaling \$2.2 and \$2.1 million, respectively). The largest share of the FY 2003 dollars went toward community-based process activities (28 percent) and education (27 percent), and a wide range of activities accounted for the balance. Priorities appeared to shift between the two periods, with a decline in information dissemination activities (from 21 to 10 percent of Block Grant prevention expenditures) and an increase in community-based process activities (from 16 to 28 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	477,789	21	450,884	19	464,863	20	202,865	10
Education	596,787	27	561,346	24	554,341	23	584,649	27
Alternatives	206,751	9	246,286	10	253,923	11	183,778	9
Problem ID and Referral	291,952	13	361,777	15	324,673	14	182,330	9
Community-Based Process	365,824	16	431,687	18	445,072	19	606,724	28
Environmental	268,686	12	293,774	12	302,882	13	324,164	15
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	35,270	2	37,338	2	37,338	2	50,115	2
Total*	2,243,059	100	2,383,092	100	2,383,092	100	2,134,625	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

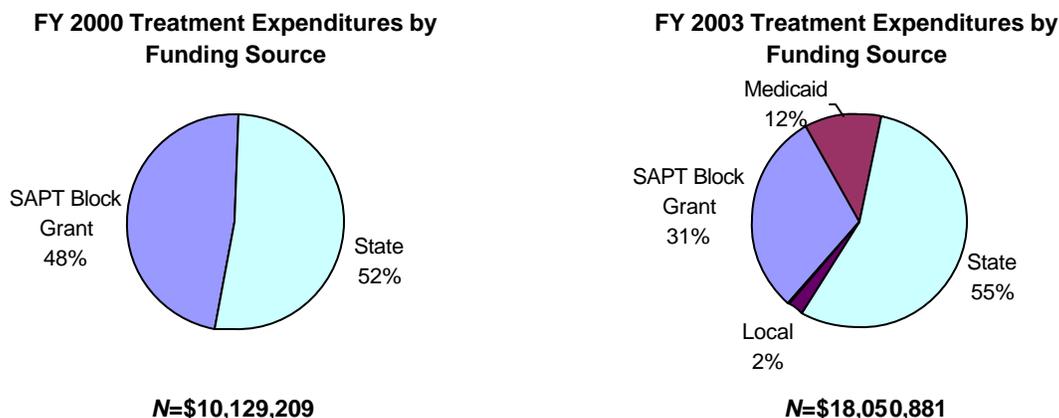
DBH is statutorily responsible for the overall statewide planning of substance abuse and mental health services and contracts with the six regions in Nebraska annually to fund authorized services to clients who meet the DBH sliding-scale fee schedule. Regions are required to “develop, maintain, and provide system coordination for a provider network, including providers who can provide all levels of care, cornerstone services, prevention services, and the special services for the region’s geographical area to meet the behavioral health needs of persons who meet the State’s clinical and financial criteria,” according to the *Guidelines for the Submission of the FY 2000 Regional Behavioral Health Plan of Expenditures*. In addition to substance abuse services, regions provide mental health and vocation rehabilitation services. Five of the regions contract with providers for substance abuse treatment service delivery, and one region manages its own treatment system.

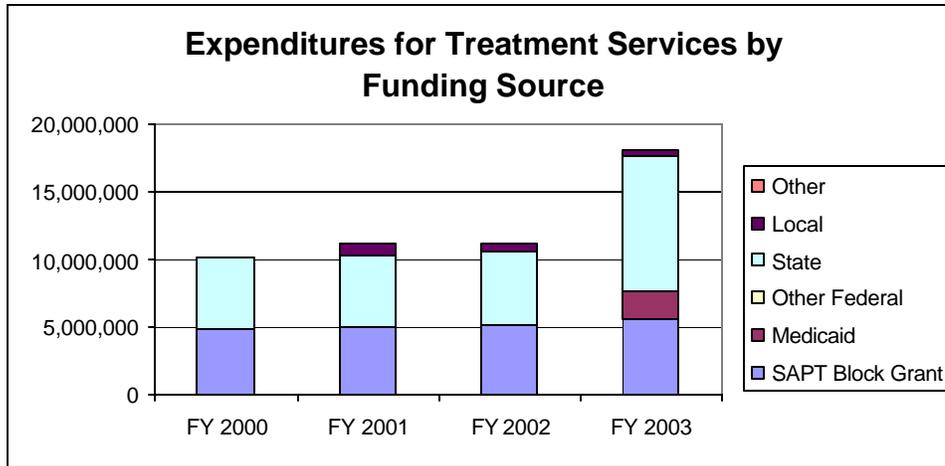
Each region has a Regional Governing Board (RGB) composed of a county commissioner from each county within the region. RGBs make the decisions regarding the regional administration and appoint members to the Regional Advisory committee (RAC). The RAC in turn makes recommendations to the RGB regarding all service needs, funding allocations, and subcontractors.

Treatment Funding and Expenditures

SSA funding for treatment in Nebraska increased sharply between FYs 2000 and 2003 (from \$10.1 to nearly \$18.1 million). This increase was driven largely by a considerable increase in funding from the State and by the introduction of Medicaid funding in FY 2003. Block Grant dollars also increased, but less dramatically, thus accounting for a declining share of treatment expenditures (from 48 to 31 percent).

Per capita, Block Grant treatment funds increased from \$2.83 to \$3.19 between the two comparison periods.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,856,210	48	4,921,920	44	5,108,271	45	5,545,248	31
Medicaid	0	0	0	0	0	0	2,109,870	12
Other Federal	0	0	0	0	0	0	0	0
State	5,272,999	52	5,307,294	47	5,457,246	48	9,969,310	55
Local	0	0	988,391	9	739,846	7	426,453	2
Other	0	0	0	0	0	0	0	0
Total*	10,129,209	100	11,217,605	100	11,305,363	100	18,050,881	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Nebraska's SAPT Block Grant application indicates that nearly 16,000 persons were admitted to treatment during FY 2002, of which over 11,000 were admitted for alcohol problems. Most of Nebraska's clients were admitted for free-standing residential and outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=15,840)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	6,482	355	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	910	1,105	0
Long-term residential	304	443	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	46	0
Outpatient (non-methadone)	2,831	1,985	0
Intensive outpatient	739	640	0
Detoxification (outpatient)	0	0	0
Total	11,266	4574	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 8,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 20 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	3,206	17.6
Alcohol in combination with other drugs	4,806	21.1
Total	8,012	19.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 135,000 persons aged 12 and older (9.5 percent of Nebraska's population) needed, but did not receive, treatment for alcohol use and 37,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Nebraska.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.51	8.42	23.20	7.03
Needing but not receiving treatment for illicit drug use	2.64	5.36	6.25	1.55

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Funding from SAMHSA through the Nebraska State Incentive Cooperative Agreement (SICA) has facilitated the development of important prevention and treatment planning and needs assessment infrastructure. Approximately 32,000 students from 146 public and private school districts throughout 65 counties participated in the Nebraska Risk and Protective Factor Student Survey (NRPFSS) in the fall of 2003. In October, 2005, survey participation increased to approximately 42,000 students in 191 school districts in 72 counties. Data from this survey, which measures incidence and prevalence of substance abuse, antisocial behaviors, and problem gambling, as well as source and place of substance abuse, has been instrumental in providing communities and schools with local-level, actionable information for needs assessment and planning purposes. Currently, three-fourths of the State's population are covered by comprehensive community plans that use NRPFSS data to identify and address priority issues through carefully-selected locally and culturally-appropriate evidence-based strategies.

In FY 2004 extensive training on needs assessment, a workbook for communities, and opportunities for communities to participate in a risk and protective factor survey were offered throughout the State.

Nebraska also uses NSDUH results, social indicator data, service utilization data, and data collected by provider agencies in the Magellan Client Data System to look at prevalence, utilization and penetration rates to facilitate needs assessment and planning for treatment services.

Evaluation

Monitoring of activities is conducted in combination with the Regional Behavioral Health Authorities, which reviews program compliance with contracts and regulations based on the draft Audit Orientation Workbook. This workbook summarizes the Federal Block Grant Requirement, State regulations, and contract compliance issues. The Regional Behavioral Health Authority staff conduct program audits each year in each agency. Every agency that provides direct counseling services must be licensed by the DHHS Regulation and Licensure.

Through the Nebraska SICA initiative, the State has been engaged in a comprehensive systematic transformation guided by the Nebraska Partners in Prevention. This group has focused on developing State, regional, and local systems for assessing needs, planning, mobilizing decision-makers, implementing evidence-based programs, and evaluating the effectiveness of strategies.

Training and Assistance

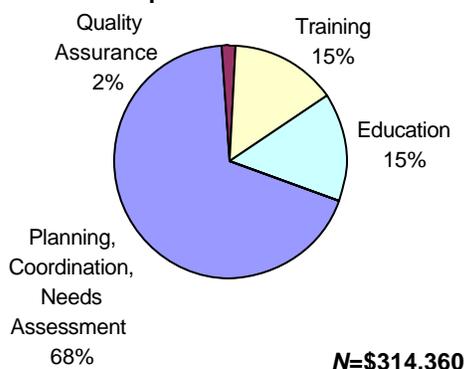
The DBH contracts with Lincoln Medical Education Foundation to provide core education course training throughout the State to prepare future counselors for meeting Nebraska's Certified Alcohol and Drug Abuse Counselor Certification Requirements.

The Nebraska Prevention System is undergoing extensive system change facilitated by the SICA grant. SICA funds have provided for State, regional, and local training in assessment; mobilization; strategic planning; selection and implementation of locally and culturally appropriate evidence-based policies, practices, and programs; evaluation; and sustainability in planning. A particular emphasis has been placed upon organizational development of multi-sector partnerships and environmental prevention strategies.

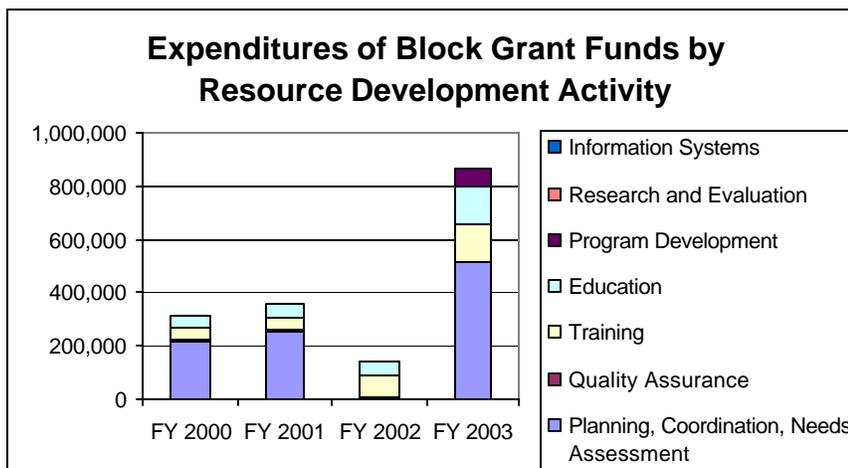
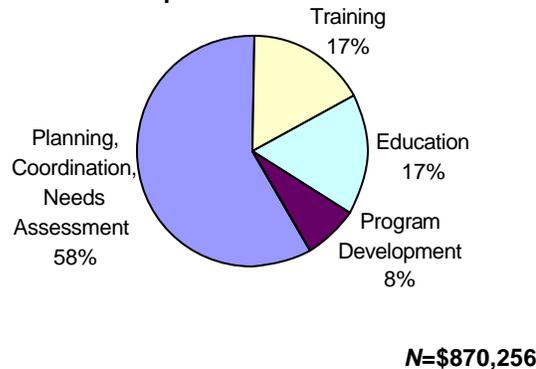
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Nebraska increased considerably between FYs 2000 and 2003 (from \$314,000 to \$870,000). Planning, coordination, and needs assessment activities accounted for the largest share (58 percent) of the FY 2003 funding—although this percentage was lower than the FY 2000 share (68 percent). Training and education each accounted for 17 percent of expenditures in FY 2003, and program development activities accounted for 8 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	214,870	68	250,000	70	0	0	513,187	58
Quality Assurance	6,800	2	6,800	2	6,800	5	0	0
Training	46,345	15	48,850	14	81,933	57	145,450	17
Education	46,345	15	49,000	14	54,622	38	143,619	17
Program Development	0	0	0	0	0	0	68,000	8
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	314,360	100	354,650	100	143,355	100	870,256	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Nebraska received three Center for Substance Abuse Prevention (CSAP) discretionary awards totaling nearly \$263,000 in FY 2004. All of these funds went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	3	262,899
Total	3	262,899

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, Nebraska received four Center for Substance Abuse Treatment (CSAT) discretionary grants totaling nearly \$1.2 million. Most (\$1 million) is allocated for targeted capacity expansion.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
SAMHSA Conference Grants	1	50,000
Targeted Capacity Expansion	2	1,000,000
Total	4	1,150,000

SOURCE: www.samhsa.gov

NEVADA

State SSA Director

Ms. Maria D. Canfield, Bureau Chief
Bureau of Alcohol and Drug Abuse
Nevada State Health Division
505 East King Street, Room 500
Carson City, NV 89701-3703

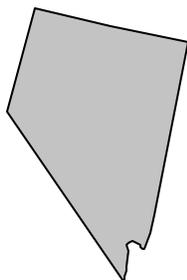
Phone: 775-684-4190

Fax: 775-684-4185

E-mail: mcanfield@nvhd.state.nv.us

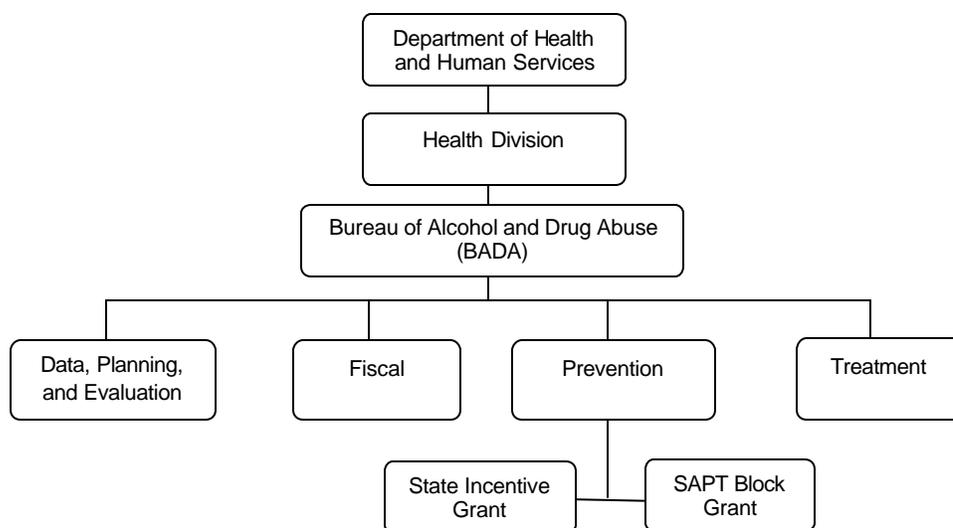
Web site: health2k.state.nv.us/BADA

Structure and Function



The Bureau of Alcohol and Drug Abuse (BADA) is the Single State Agency (SSA) for the State of Nevada and is responsible for alcohol and other drug treatment and prevention. The mission of BADA is to reduce the impact of substance abuse in Nevada and has three objectives: (1) statewide formulation and implementation of a State plan for prevention, intervention, treatment and recovery of substance abuse; (2) statewide coordination and implementation of State and Federal funding for alcohol and drug abuse programs; and (3) statewide development and publication of standards for certification and the authority to certify treatment levels of care and prevention programs. BADA does not provide direct treatment or prevention services; rather, BADA provides oversight and funding for community-based and nonprofit agencies that perform these services. Organizationally, BADA is one of seven units in the Health Division of the Nevada Department of Human Resources.

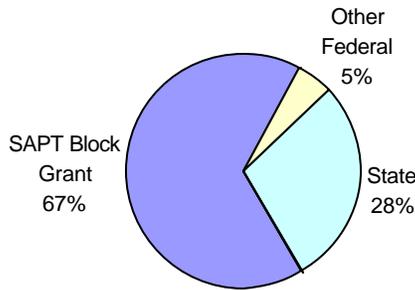
Single State Agency Structure



Single State Agency Funding Overview

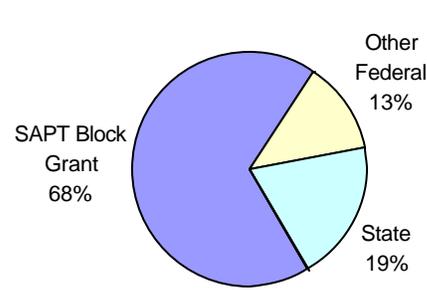
Between FYs 2000 and 2003, total SSA expenditures in Nevada increased steadily from \$14.5 to \$18.9 million. The proportion of funds supported by the Block Grant remained relatively stable (at 67 to 68 percent), while the dollar amount increased from \$10.2 to \$12.7 million. The proportion of funds supported by the State declined from 28 to 19 percent, and the proportion of funds supported by other Federal sources increased from 5 to 13 percent during that same time period.

FY 2000 Expenditures by Funding Source

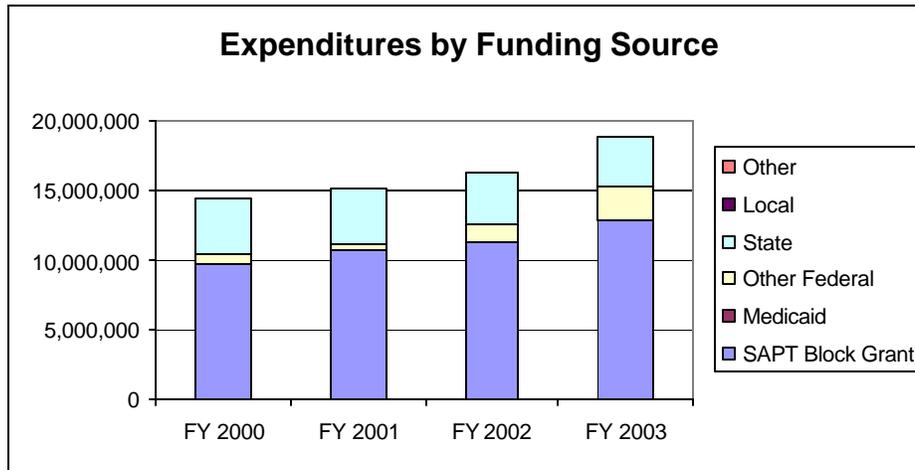


N=\$14,518,587

FY 2003 Expenditures by Funding Source



N=\$18,935,708



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	9,619,717	66	10,767,511	71	11,290,684	69	12,860,149	68
Medicaid	0	0	0	0	0	0	0	0
Other Federal	758,821	5	467,224	3	1,398,327	9	2,405,666	13
State	4,122,910	28	3,940,646	26	3,585,591	22	3,651,093	19
Local	0	0	0	0	0	0	0	0
Other	17,139	0	16,500	0	21,800	0	18,800	0
Total*	14,518,587	100	15,191,881	100	16,296,402	100	18,935,708	100

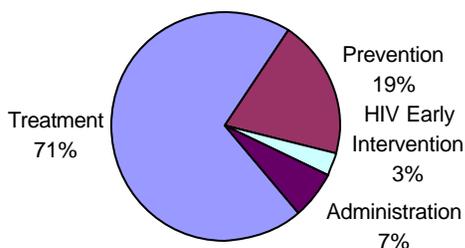
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

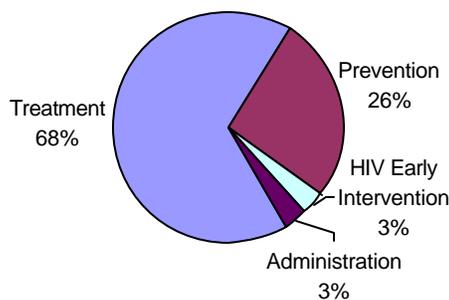
In FY 2003 the largest proportion (68 percent) of total SSA expenditures went toward treatment, followed by prevention (at 26 percent), and HIV early intervention and administration costs at (3 percent each). By contrast, in FY 2000 treatment received 71 percent of the total, followed by prevention at 19 percent, administration costs at 7 percent, and HIV early intervention at 3 percent.

FY 2000 Expenditures by Activity

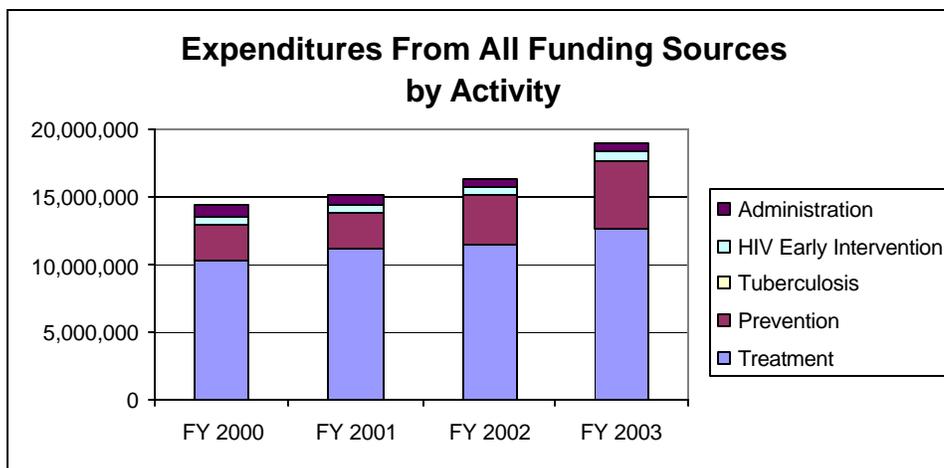


N=\$14,518,587

FY 2003 Expenditures by Activity



N=\$18,935,708



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	3,770,032	26	3,787,596	25	11,553,745	71	12,730,406	68
Alcohol Treatment	3,216,586	22	3,658,964	24				
Drug Treatment	3,260,533	22	3,743,627	25				
Prevention	2,805,699	19	2,717,984	18	3,598,736	22	4,918,396	26
Tuberculosis	0	0	28,340	0	0**	0	33,843	0
HIV Early Intervention	482,806	3	538,373	4	594,249	4	643,008	3
Administration	982,931	7	716,997	5	549,672	3	610,055	3
Total*	14,518,587	100	15,191,881	100	16,296,402	100	18,935,708	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

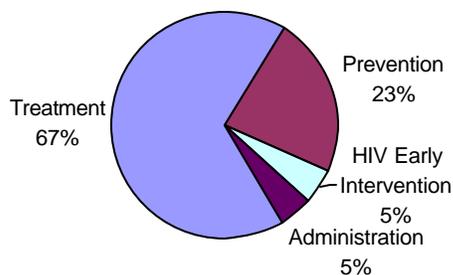
**Included in HIV expenditures

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

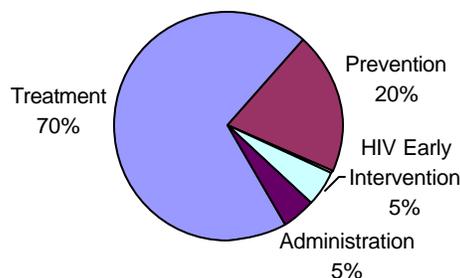
Block Grant expenditures in Nevada increased from \$9.6 to \$12.9 million between FYs 2000 and 2003. The majority of funds (70 percent) in FY 2003 was spent on treatment services, followed by prevention (at 20 percent of the total) and HIV early intervention and administration costs (at 5 percent each). The distribution of funds in FY 2000 was similar.

FY 2000 Block Grant Expenditures by Activity

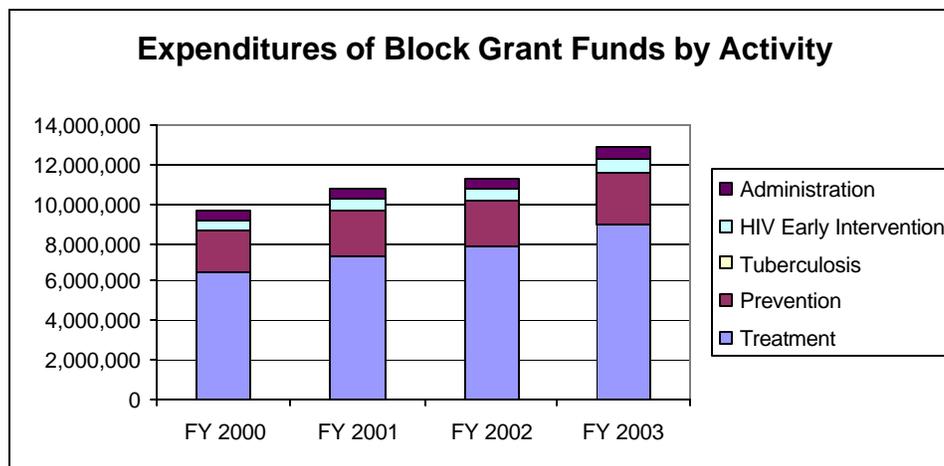


N=\$9,619,717

FY 2003 Block Grant Expenditures by Activity



N=\$12,860,149



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	7,888,484	70	8,999,740	70
Alcohol Treatment	3,216,586	33	3,657,290	34				
Drug Treatment	3,260,533	34	3,741,953	35				
Prevention	2,180,200	23	2,265,120	21	2,258,279	20	2,573,503	20
Tuberculosis	0	0	28,340	0	0	0	33,843	0
HIV Early Intervention	482,806	5	538,373	5	594,249	5	643,008	5
Administration	479,592	5	536,435	5	549,672	5	610,055	5
Total*	9,619,717	100	10,767,511	100	11,290,684	100	12,860,149	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

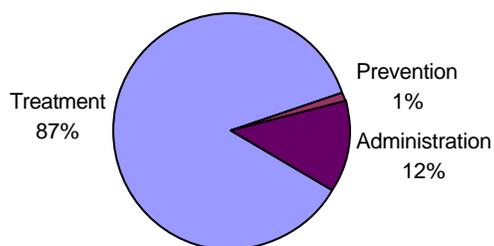
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

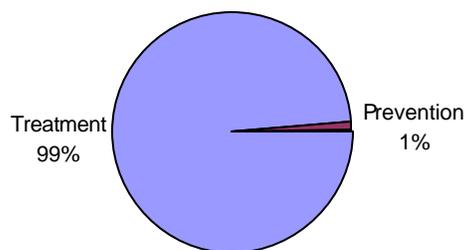
State expenditures declined between FYs 2000 and 2003 from \$4.1 to \$3.7 million. Nearly all (99 percent) State funds for alcohol and drug abuse in FY 2003 were spent on treatment activities. In FY 2000, only 87 percent of funds went toward treatment activities, and 12 percent went toward administration costs.

FY 2000 State Expenditures by Activity

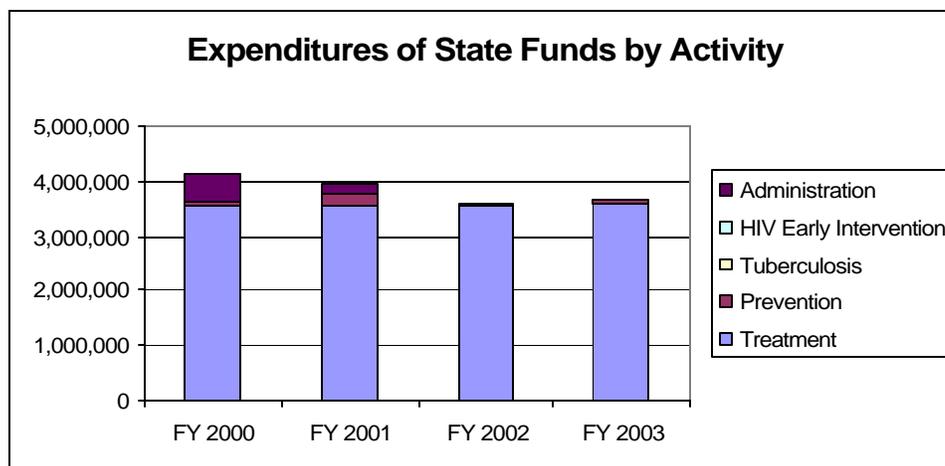


N=\$4,122,910

FY 2003 State Expenditures by Activity



N=\$3,651,093



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	3,577,571	87	3,563,136	90	3,543,591	99	3,609,093	99
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	42,000	1	196,948	5	42,000	1	42,000	1
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	503,339	12	180,562	5	0	0	0	0
Total*	4,122,910	100	3,940,646	100	3,585,591	100	3,651,093	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

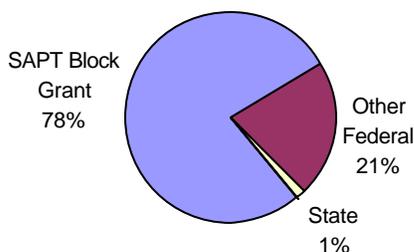
BADA funds programs throughout the State of Nevada to reduce and prevent substance abuse. Prevention activities are targeted toward persons from birth to age 25. Several projects are geared toward BADA's goal of supporting prevention services to underserved populations, including Native Americans, Hispanics/Latinos, African Americans, juvenile and probation programs, and the disabled community. BADA funds and works with 13 community-based coalitions statewide, who serve as regional prevention centers, to develop local strategies and plans to address prevention. The coalition strategy also increases provider capacity through a planning process, which includes grant writing and other resource development activities.

Prevention Funding and Expenditures

Between FYs 2000 and 2003, prevention funding increased substantially in Nevada from \$2.8 to \$4.9 million. This increase was largely driven by a dramatic increase in funding from other Federal sources (from \$583,000 to \$2.3 million). During that time period the Block Grant's proportion of the funds declined (from 78 to 52 percent of the total), while other Federal sources as a proportion of the total rose (from 21 to 47 percent).

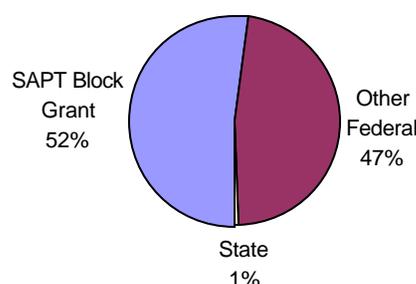
Prevention expenditures per capita from Block Grant funds remained fairly stable during this time, increasing slightly from \$1.08 in FYs 2000 and 2001 to \$1.15 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

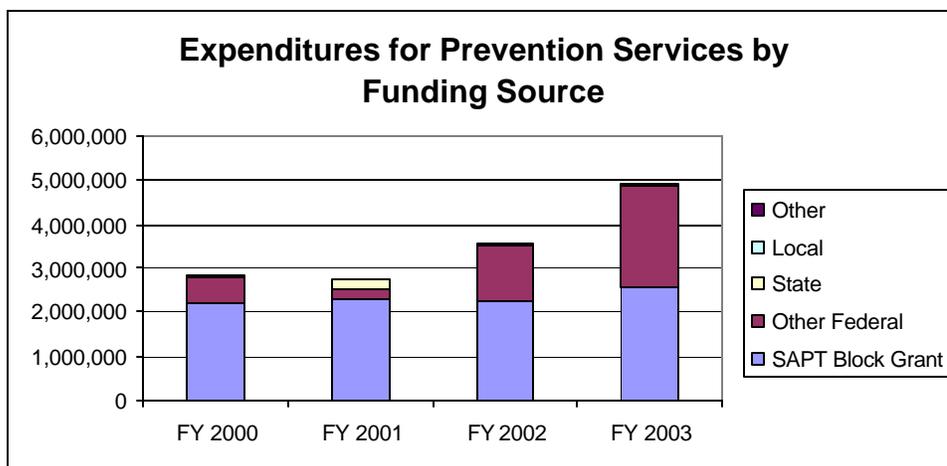


N=\$2,805,699

FY 2003 Prevention Expenditures by Funding Source



N=\$4,918,396



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,180,200	78	2,265,120	83	2,258,279	63	2,573,503	52
Other Federal	583,499	21	255,916	9	1,294,097	36	2,299,133	47
State	42,000	1	196,948**	7	42,000	1	42,000	1
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	4,360	0	3,760	0
Total*	2,805,699	100	2,717,984	100	3,598,736	100	4,918,396	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

**Funding from the master tobacco settlement, used to support local prevention coalitions

Core Strategies

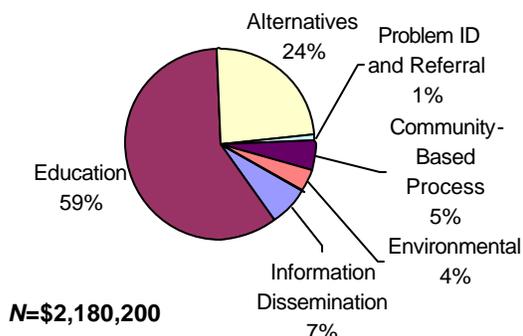
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include an information clearinghouse; display of materials with various community partners such as schools, businesses, healthcare offices and government offices; and distribution of 3 tons of materials at the annual Summer Institute.
Education	Strategies include integrating a prevention education component in prevention programs, most of which are SAMHSA model programs and evidence-based prevention programs, and providing technical assistance to programs transitioning to evidence-based prevention programs.
Alternatives	Strategies include offering alternative programs as described within the CSAP six strategies, including the National Youth Sports Program.
Community-Based Processes	Strategies include utilizing the CSAP Seven Step Planning Model to use in local community planning.
Environmental	Strategies include addressing risk and protection identified by local coalitions.
Problem Identification and Referral	Strategies included funding of a Crisis Call Center, which refers individuals into needed services.

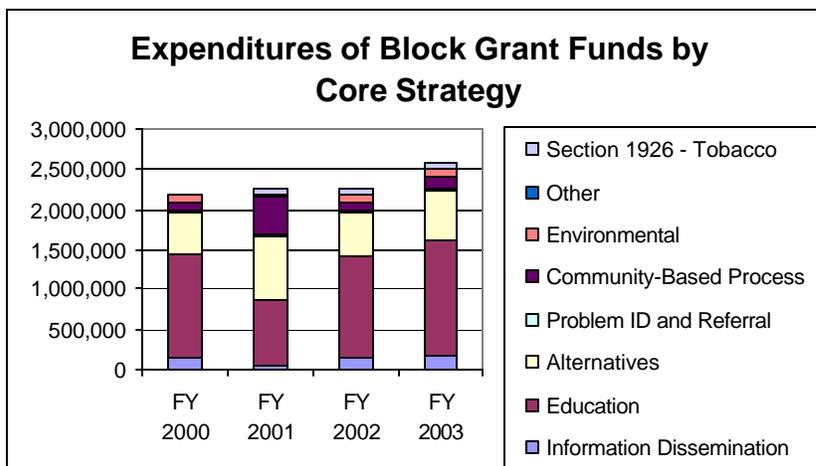
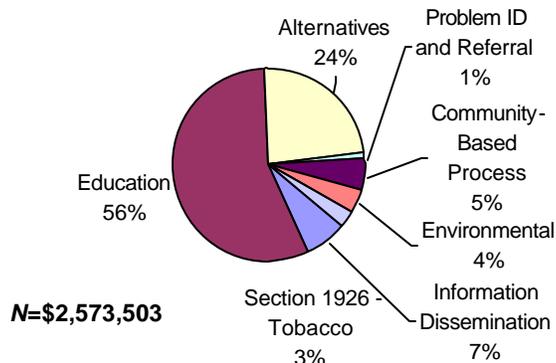
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for core prevention strategies in Nevada rose slightly between FYs 2000 and 2003 (from \$2.2 to \$2.6 million). During this time period the distribution of funds among the core strategies remained relatively stable, with education receiving the majority of funds (56 to 59 percent), followed by alternative strategies (ranging from 24 to 36 percent), and the remainder going toward a wide array of strategies.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	152,614	7	50,000	2	158,080	7	180,145	7
Education	1,286,318	59	820,423	36	1,261,884	56	1,447,867	56
Alternatives	523,248	24	813,576	36	541,987	24	617,641	24
Problem ID and Referral	21,802	1	22,621	1	22,583	1	25,735	1
Community-Based Process	109,010	5	468,000	21	112,914	5	128,675	5
Environmental	87,208	4	20,000	1	90,331	4	102,940	4
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	70,500	3	70,500	3	70,500	3
Total*	2,180,200	100	2,265,120	100	2,258,279	100	2,573,503	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

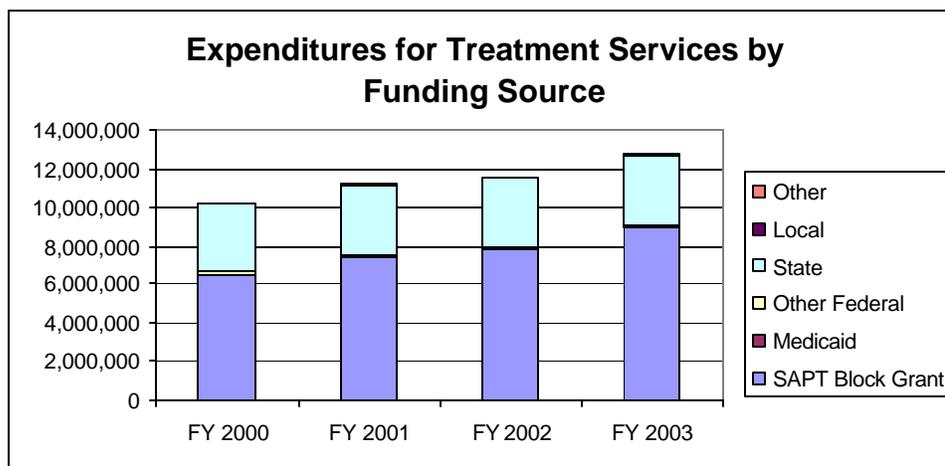
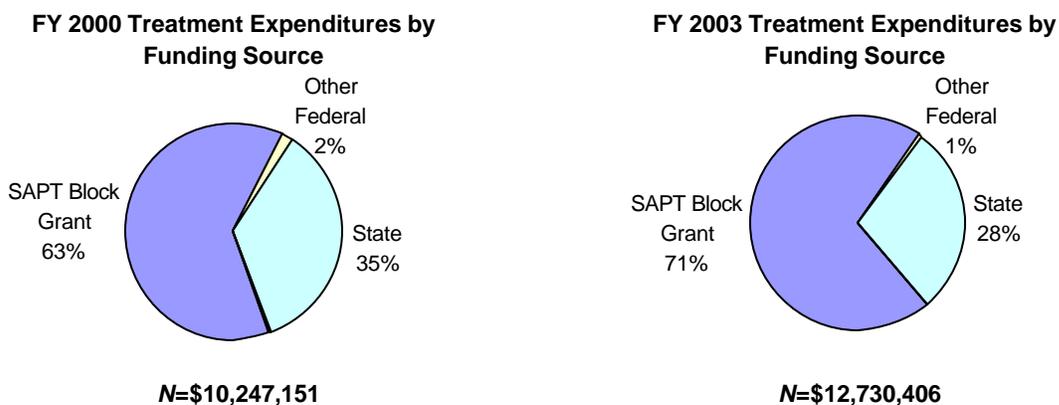
BADA funds 27 provider organizations to provide substance abuse treatment services throughout the State. Providers must meet the Substance Abuse Treatment Program Operating and Access Standards (POAS), a set of progressive guidelines requiring funded providers to implement ASAM PPC-2R, establish centers of excellence throughout the State and adopt NIDA's Thirteen Principles of Effective Treatment. The continuum of services provided in Nevada include intervention, comprehensive evaluation, detoxification, residential, outpatient, intensive outpatient, and transitional housing for adults and adolescents. Civil protective custody and opioid maintenance treatment are also funded for adults.

The BADA Advisory Board is a self-perpetuated committee composed of staff from 15 SSA-funded treatment and prevention provider agencies, including prevention coalitions. The Advisory Board, in collaboration with BADA staff, conducts planning activities for the SSA, meets bimonthly, and advises the SSA Bureau Chief and staff on issues related to policy development, protocols, requests for SAPT Block Grant Applications, and a continuous quality improvement strategy.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment expenditures in Nevada increased from \$10.2 to \$12.7 million. In FY 2003, the Block Grant provided 71 percent of these funds, and the State provided 28 percent.

Block Grant funding per capita increased over time from \$3.21 in FY 2000 to \$4.01 in FY 2003.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	6,477,119	63	7,399,243	66	7,888,484	68	8,999,740	71
Medicaid	0	0	0	0	0	0	0	0
Other Federal	175,322	2	211,308	2	104,230	1	106,533	1
State	3,577,571	35	3,563,136	32	3,543,591	31	3,609,093	28
Local	0	0	0	0	0	0	0	0
Other	17,139	0	16,500	0	17,440	0	15,040	0
Total*	10,247,151	100	11,190,187	100	11,553,745	100	12,730,406	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Nevada's SAPT Block Grant application indicates that nearly 12,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) and free-standing residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=11,910)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,575	1,215	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	581	1,083	0
Long-term residential	238	834	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	329	0
Outpatient (non-methadone)	2,092	2,972	0
Intensive outpatient	290	701	0
Detoxification (outpatient)	0	0	0
Total	4,776	7,134	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate approximately 10,500 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that 9 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 5 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and nearly 11 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,817	5.4
Alcohol in combination with other drugs	7,687	10.5
Total	10,504	9.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 139,000 persons aged 12 and older (7.8 percent of Nevada's population) needed, but did not receive, treatment for alcohol use and 48,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in Nevada.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.83	6.80	15.54	6.75
Needing but not receiving treatment for illicit drug use	2.69	5.40	7.75	1.54

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

A prevention needs assessment was finalized in 2003 and updated in 2005 using data from various sources including the Youth Risk Behavior Survey, the National Survey on Drug Use and Health (NSDUH), the State's Prevention Data Management System, the Department of Education, and 2000 Census data. The primary purpose of the assessment was to define and collect a core set of risk and protective indicators to better identify specific needs for individual populations at the State and local levels. The results of the needs assessment are available on BADA's Web site for easy access by service providers, coalitions, legislators, and local officials.

BADA completed its treatment needs assessment in 2003 and updated it in 2005. The needs assessment included data sources including the Household Survey, Women of Childbearing Years Study, Substance Abuse Need for Treatment among Arrestees, and the Social Indicator Study. The data are updated biennially and are used to identify local needs and trends in substance abuse and to facilitate local strategic planning.

Prevention planning is focused on the risk and protective factors model. Prevention Coalitions develop comprehensive community plans that address local substance abuse prevention issues. Nevada is divided into three substate regions for block grant treatment planning purposes. The primary treatment planning document is the Program Operating and Access Standards (POAS).

Evaluation

BADA employs several mechanisms to ensure that funded programs comply with the conditions of their award and negotiated scope of work. Each funded program must be certified by the State prior to receiving funding and must sign subgrant award documents specifying the type of services to be provided and specific requirements on the program. Program compliance monitoring takes place annually and focuses on administrative, programmatic, and fiscal activities to ensure that programs are meeting both State and Federal requirements. In addition, BADA conducts in-depth fiscal monitoring on every funded program every 3 years. All funding is awarded on a competitive basis for up to three year project periods with possible annual non-competing renewals assuming success progress on negotiated scopes of work. Programs failing to fulfill their scopes of work (both number of clients and levels of care provided) are reduced in funding.

In 2006 Nevada instituted a standardized assessment (the ASI-lite) built into its new data system, the Nevada Health Information Provider Performance System (NHIPPS), which has been adapted from the Texas BHIPS system. Also beginning in 2006, BADA is instituting a performance improvement system with financial incentives.

Training and Assistance

While BADA is not legislatively responsible for certifying substance abuse personnel and monitoring continuing education requirements, BADA is committed to providing such opportunities to its treatment and prevention workforce. Workshops on a diverse range of topics are provided through the University of Nevada, Reno's Center for the Application of Substance Abuse Technologies (CASAT). Classes are offered in both Las Vegas and Reno, as well as through videoconferencing, via the Internet, and on compressed video to accommodate providers in outlying rural areas.

BADA, in partnership with CASAT, conducts an annual 5-day Summer Institute. The institute features both prevention and treatment topics and offers the opportunity to attend keynote addresses and workshops. Key areas of emphasis at the recent institute were co-occurring diagnoses and post-trauma, and enhancing community prevention through policy and the community readiness model.

Expenditures of Block Grant Fund for Resource Development Activities

Block Grant funding for resource development activities increased between FYs 2000 and 2003 (from nearly \$724,000 to \$1 million). Research and evaluation as well as planning, coordination, and needs assessment activities received the majority of funds.

FY 2000 Block Grant Expenditures on Resource Development Activities

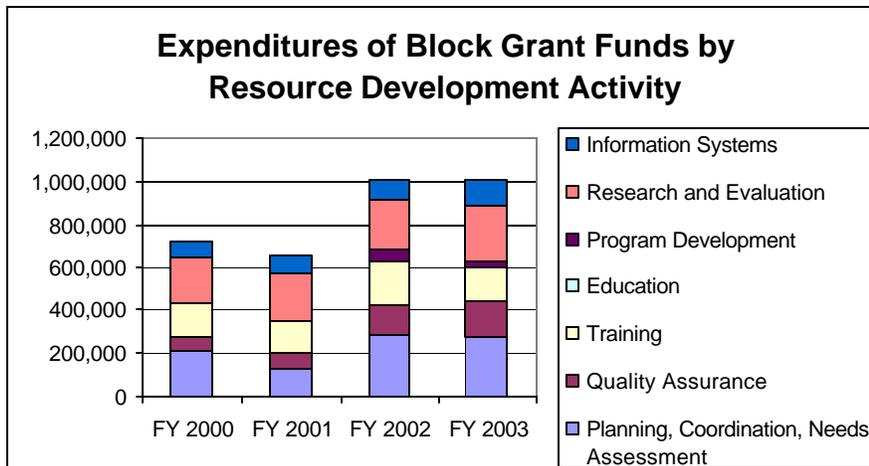


N=\$723,371

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$1,005,441



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	208,118	29	132,405	20	288,252	29	275,682	27
Quality Assurance	69,775	10	69,775	11	137,388	14	168,338	17
Training	154,000	21	146,068	22	200,000	20	149,797	15
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	57,152	6	31,245	3
Research and Evaluation	208,500	29	220,395	34	230,221	23	267,548	27
Information Systems	82,978	11	82,978	13	94,602	9	112,831	11
Total*	723,371	100	651,621	100	1,007,615	100	1,005,441	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary funding for prevention in Nevada totaled \$10.1 million in FY 2004. Most of the funds went toward the Western Center for the Application of Prevention Technology, the State Incentive Cooperative Agreements and Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	8	725,000
Drug Free Communities Mentoring	1	75,000
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	318,075
Prevention of Methamphetamine and Inhalant Use	1	310,225
State Incentive Cooperative Agreements	1	3,000,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Western Center for the Application of Prevention Technology	1	3,273,951
Total	15	10,116,852

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Nevada received six Center for Substance Abuse Treatment (CSAT) discretionary funding grants for treatment in FY 2004, totaling \$2.2 million. The largest recipient of these funds was targeted capacity for HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	674,861
Recovery Community Service	1	199,872
State Data Infrastructure	1	100,000
Strengthening Access and Retention	1	200,000
Targeted Capacity - HIV/AIDS	2	991,399
Total	6	2,166,132

SOURCE: www.samhsa.gov

NEW HAMPSHIRE

State SSA Director

Mr. Joseph P. Harding, Director
 Office of Alcohol and Drug Policy
 New Hampshire Department of Health and Human Services
 105 Pleasant Street, Main Building
 Concord, NH 03301
Phone: 603-271-6104
Fax: 603-271-6105
E-mail: jharding@dhhs.state.nh.us
Web site: www.dhhs.nh.gov

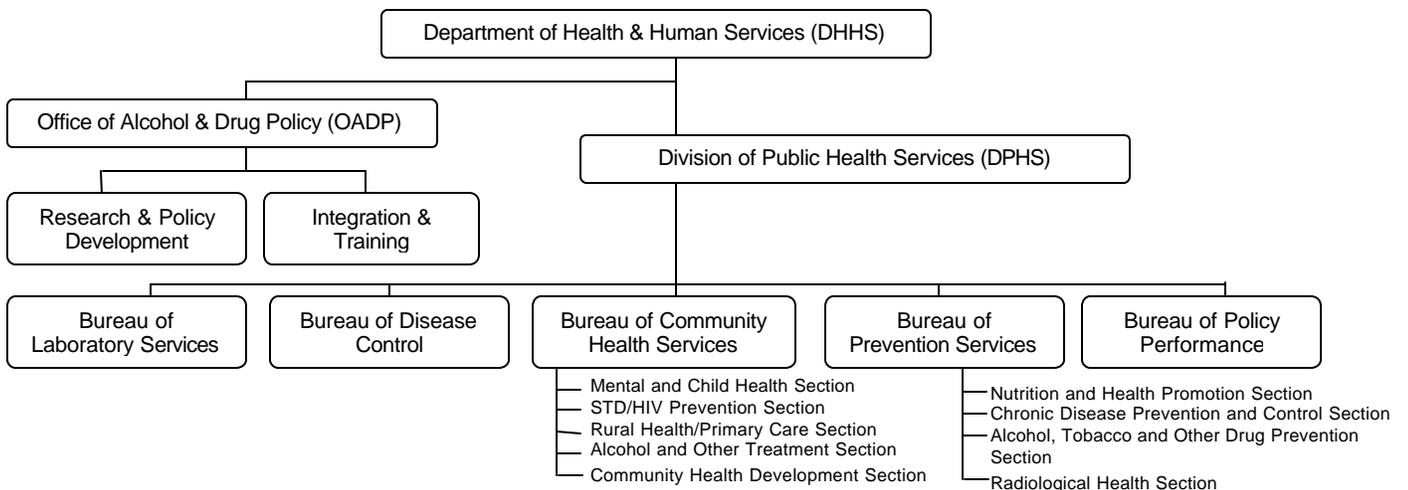
Structure and Function



The Office of Alcohol and Drug Policy (OADP) is located within the Department of Health and Human Services (DHHS), Office of the Commissioner and serves as the Single State Agency (SSA) for New Hampshire. The SSA is a Federal designation that is responsible for the oversight of the SAPT Block Grant, serves as the State Methadone Authority (SMA) and is the key contact on other Federal alcohol and other drug-related initiatives. The primary function of the Office of Alcohol and Drug Policy to develop and implement policy and to provide leadership, visibility, and advocacy for issues related to alcohol and other drug abuse prevention, intervention, treatment, and recovery. The director also serves as the executive director of the Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment.

OADP works closely with the Alcohol and Drug Abuse Prevention Section and the Alcohol and Drug Abuse Treatment Section at the Division of Public Health Services (DPHS) at DHHS. DPHS has administrative responsibility including contract monitoring for all publicly funded prevention and treatment programs supported by the DHHS. DPHS provides prevention and treatment services, via a competitive bid process, through a network of community based non-profit providers. The mission of DHHS, relating to substance abuse is “to significantly reduce alcohol and drug abuse and its social, health, and behavioral consequences for the citizens of New Hampshire through public policy and resource development, education, and supporting initiatives that ensure the delivery of effective and coordinated prevention and treatment services.”

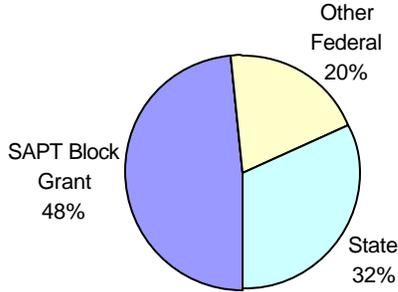
Single State Agency Structure



Single State Agency Funding Overview

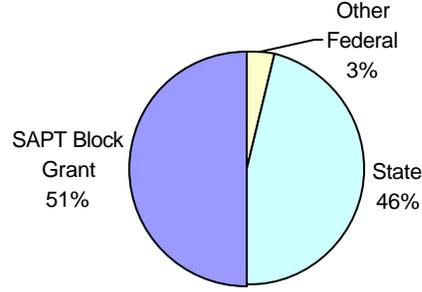
Total SSA funding in New Hampshire remained relatively stable between FYs 2000 and 2003 (ranging from \$12.3 in FY 2000 to \$13.6 million in FY 2002). The Block Grant supported about half of total funding during this time period. The State's proportion of total funding, however, rose substantially between FYs 2000 and 2003 (from 32 to 46 percent), while other Federal sources as a proportion fell (from 20 to only 3 percent).

FY 2000 Expenditures by Funding Source

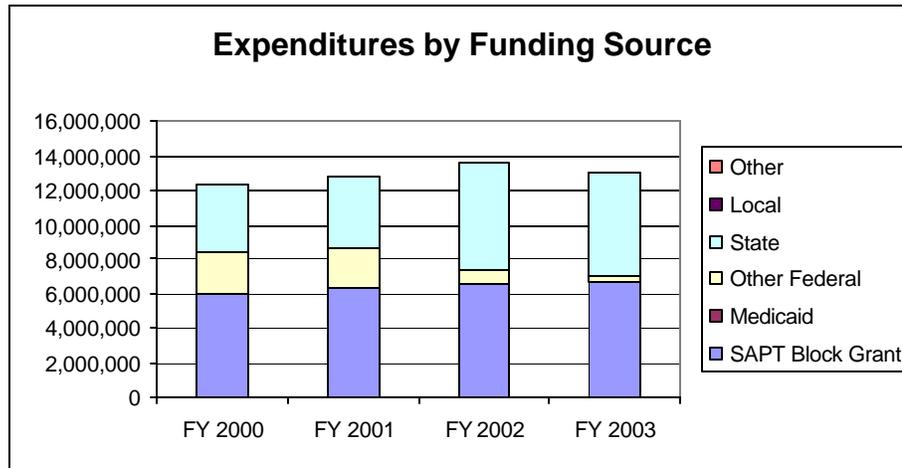


N=\$12,327,660

FY 2003 Expenditures by Funding Source



N=\$13,056,720



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	5,943,750	48	6,243,750	49	6,468,750	48	6,577,245	50
Medicaid	0	0	0	0	0	0	0	0
Other Federal	2,474,505	20	2,401,544	19	851,174	6	440,972	3
State	3,909,405	32	4,154,731	32	6,275,502	46	6,038,503	46
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	12,327,660	100	12,800,025	100	13,595,426	100	13,056,720	100

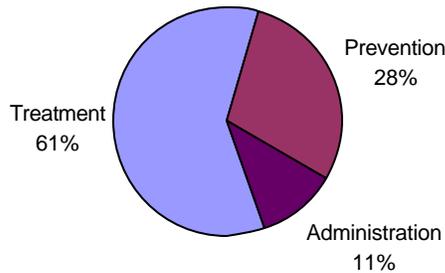
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

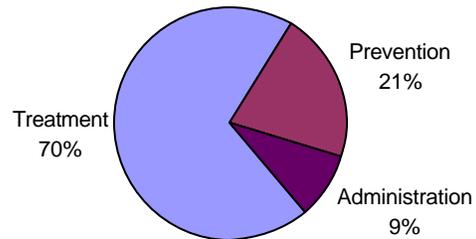
The distribution of funds changed slightly in New Hampshire between FYs 2000 and 2003. Treatment, as a proportion of total funds, increased from 61 percent in FY 2000 to 70 percent in FY 2003, while funding for prevention decreased as a proportion (and in dollar amount) from 28 percent in FY 2000 to 21 percent in FY 2003.

FY 2000 Expenditures by Activity

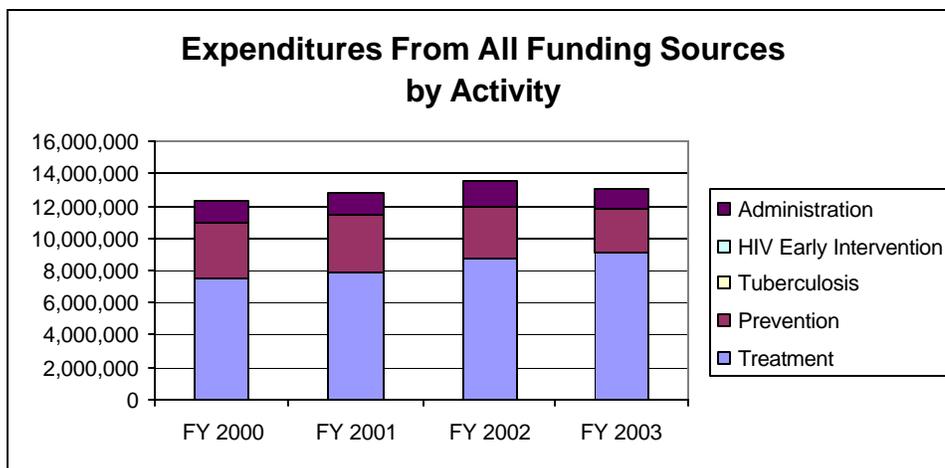


N=\$12,327,660

FY 2003 Expenditures by Activity



N=\$13,056,720



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	2,999,510	24	7,771,383	61	8,679,452	64	9,145,582	70
Alcohol Treatment	2,223,908	18	0	0				
Drug Treatment	2,223,908	18	0	0				
Prevention	3,509,736	28	3,672,547	29	3,272,322	24	2,729,283	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,370,598	11	1,356,095	11	1,643,652	12	1,181,855	9
Total*	12,327,660	100	12,800,025	100	13,595,426	100	13,056,720	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

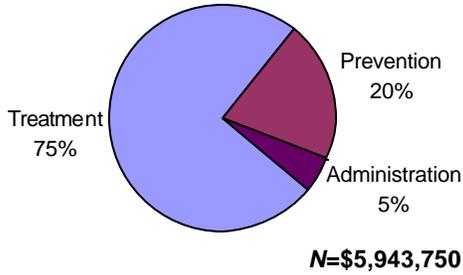
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

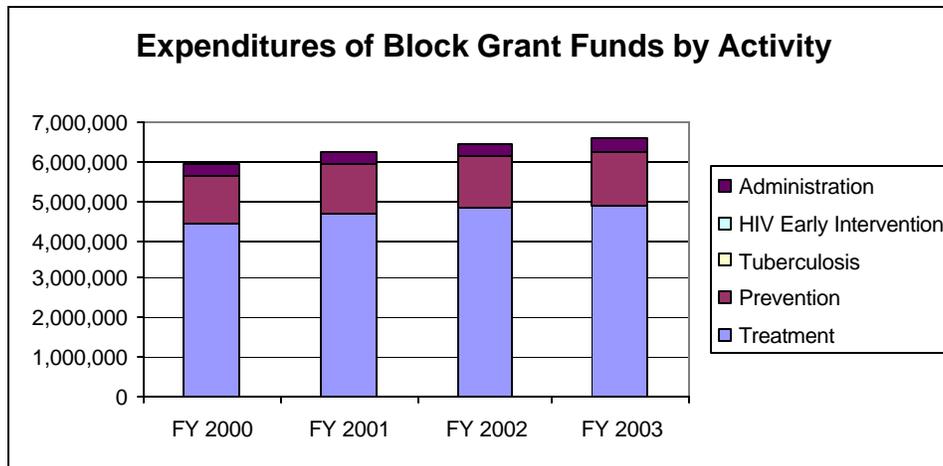
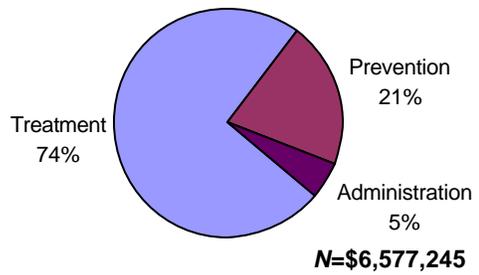
Expenditures of Block Grant Funds

Block Grant funding in New Hampshire rose from \$5.9 to \$6.6 million between FYs 2000 and 2003. The distribution of funds remained relatively stable during this time period, with treatment services receiving the bulk of funds (about three fourths), prevention activities receiving about 20 percent of the total, and administration costs receiving about 5 percent.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	4,698,932	75	4,849,283	75	4,895,715	74
Alcohol Treatment	2,223,908	37	0	0				
Drug Treatment	2,223,908	37	0	0				
Prevention	1,198,747	20	1,248,750	20	1,296,030	20	1,352,668	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	297,187	5	296,068	5	323,437	5	328,862	5
Total*	5,943,750	100	6,243,750	100	6,468,750	100	6,577,245	100

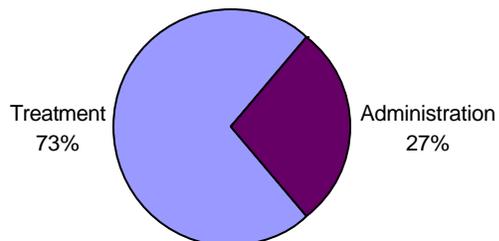
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

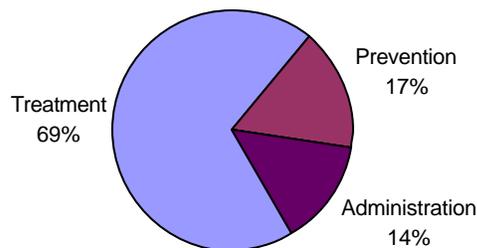
State expenditures on alcohol and drug abuse services increased substantially between FYs 2000 and 2003 (from \$3.9 to \$6 million). Funding for both treatment and prevention activities increased during this period, while funding for administrative costs decreased. In FY 2003, treatment services received 69 percent of State funds, prevention received 17 percent, and administration costs totaled 14 percent.

FY 2000 State Expenditures by Activity

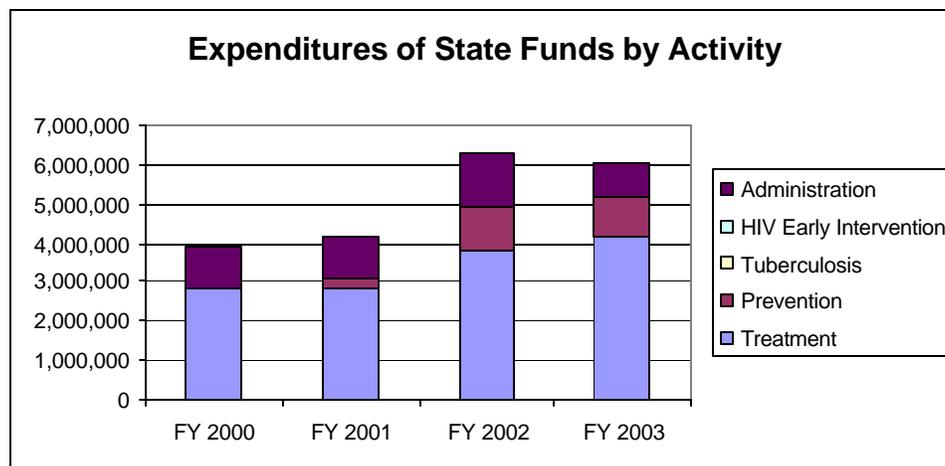


N=\$3,909,405

FY 2003 State Expenditures by Activity



N=\$6,038,503



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	2,835,994	73	2,835,869	68	3,805,756	61	4,186,535	69
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	258,835	6	1,149,531	18	998,975	17
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,073,411	27	1,060,227	26	1,320,215	21	852,993	14
Total*	3,909,405	100	4,154,731	100	6,275,502	100	6,038,503	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Prevention activities and services in New Hampshire are procured through a competitive contracting process to community-based providers and coalitions throughout New Hampshire’s 10 counties. The core functions for DPHS’s prevention unit are prevention systems advocacy; contracts management; workforce development; information dissemination; guidance for prevention policy development; and technical assistance for coalition development, program implementation, and performance outcomes.

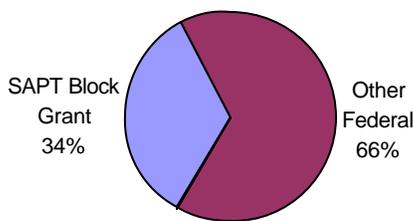
The New Hampshire’s Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment was legislatively established and serves in an advisory capacity to the Governor regarding the delivery of effective and coordinated alcohol and drug abuse prevention, intervention, and treatment services. The commission develops a statewide plan for the effective prevention of alcohol and drug abuse, particularly among youth. The Governor’s Commission is also responsible for allocating prevention funding from State liquor sale profits.

Prevention Funding and Expenditures

In New Hampshire, prevention funding declined between FYs 2000 and 2003 (from \$3.5 to \$2.7 million). This decline was largely due to a substantial decrease in funding from Federal sources other than the Block Grant. As a result, the proportion of expenditures from the different funding sources also shifted during this time period. The Block Grant’s proportion of prevention funds rose from 34 to 49 percent, the State’s proportion rose dramatically from 0 to 37 percent, and other Federal funds as a proportion declined from 66 to 14 percent.

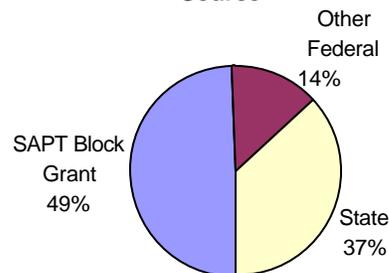
Block Grant funding for prevention per capita in New Hampshire remained stable over time, ranging from \$0.97 in FY 2000 to \$1.05 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

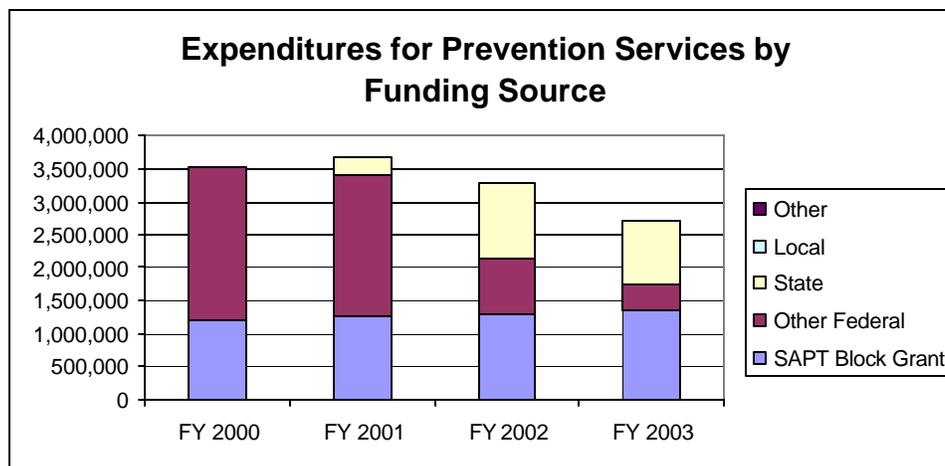


N=\$3,509,736

FY 2003 Prevention Expenditures by Funding Source



N=\$2,729,283



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	1,198,747	34	1,248,750	34	1,296,030	40	1,352,668	49
Other Federal	2,310,989	66	2,164,962	59	826,761	25	377,640	14
State	0	0	258,835	7	1,149,531	35	998,975	37
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,509,736	100	3,672,547	100	3,272,322	100	2,729,283	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

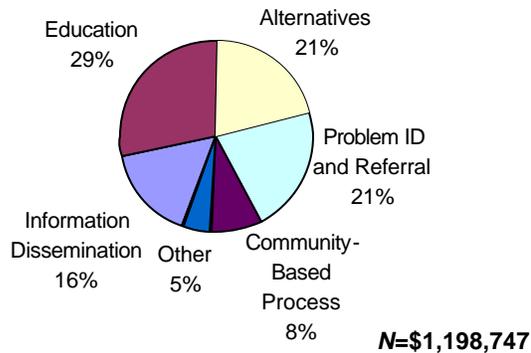
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include providing support to communities by offering information and other resources, promoting awareness of cultural diversity and changing demographics in New Hampshire, and increasing DPHS's marketing and telecommunication efforts of prevention programs.
Education	Strategies include providing education on issues regarding substance abuse prevention strategies and initiatives using a 6-hour curriculum "Initial Training on Substance Abuse" and collaborating with State agencies, task forces and other related groups, including Friends of Recovery NH (FOR NH), DHHS Children's Care Management Collaborative, the CARE NH Grant Team, and the Task Force on Women's Issues and Substance Abuse.
Alternatives	Strategies include tracking the number of youth in alternative programs and increasing the number of high school students involved in teen leadership trainings, which included Peer Leader/Peer Helper programs and the NH Teen Institute Summer Program.
Community-Based Processes	Strategies include the development and support of community-based coalitions and county/regional substance abuse groups and increasing the inclusion of minority-related issues in prevention initiatives throughout the State.
Environmental	Strategies include supporting enforcement of alcohol, tobacco, and other drug (ATOD) laws and policies, including Synar compliance.
Problem Identification and Referral	Strategies include the provision of training on identification of substance abuse problems in adolescents and elders to prevention providers, funding Student Assistance Programs (SAP), and developing the Challenge Course as a prevention and early intervention program.

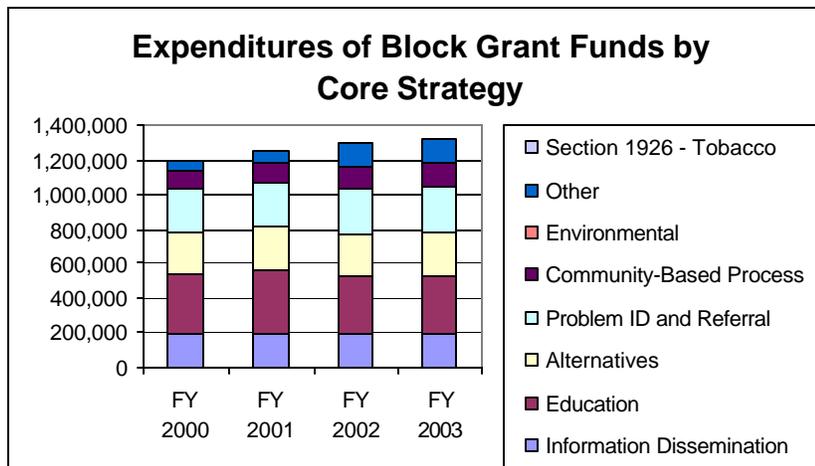
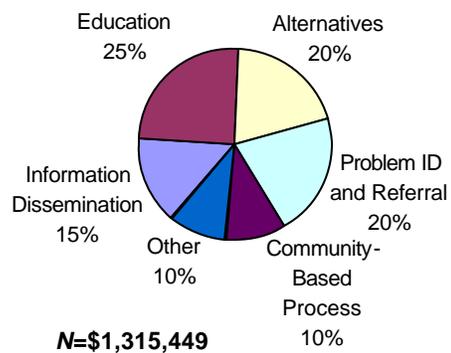
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention core strategies in New Hampshire remained relatively stable between FYs 2000 and 2003, ranging from \$1.2 to \$1.3 million. The distribution of these funds was also stable over time. In FY 2003, one quarter of funds were spent on education activities, 20 percent were spent each on alternatives and problem identification and referral, and 15 percent was spent on information dissemination activities.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	188,750	16	197,115	16	194,405	15	198,289	15
Education	350,000	29	358,365	29	324,007	25	327,891	25
Alternatives	250,000	21	258,365	21	259,206	20	263,090	20
Problem ID and Referral	250,000	21	258,365	21	259,206	20	263,090	20
Community-Based Process	100,000	8	108,365	9	129,603	10	133,486	10
Environmental	0	0	0	0	0	0	0	0
Other	59,997	5	68,175	5	129,603	10	129,603	10
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	1,198,747	100	1,248,750	100	1,296,030	100	1,315,449	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

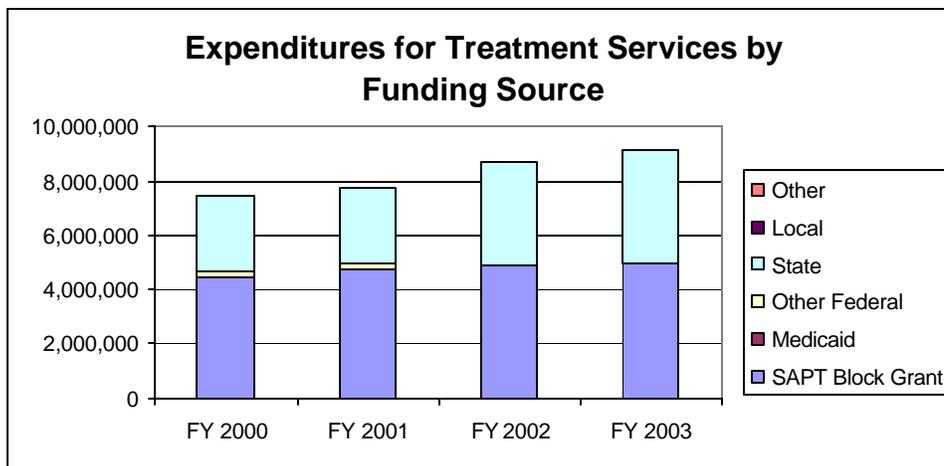
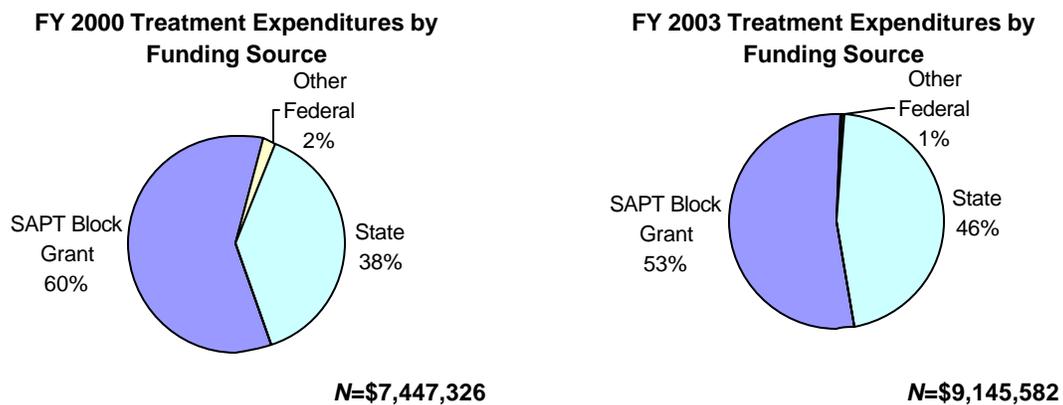
Treatment services are provided through a competitive bid contracts with community-based non-profit service providers. Treatment services provided by DPHS include social detoxification, outpatient, intensive outpatient, short- and long-term residential treatment services, specialized services for women and children, as well as outpatient and residential services for adolescents. DPHS also provides outpatient methadone maintenance services.

A workgroup has been established to develop a plan to create a co-occurring disorders treatment program for individuals with serious behavioral health and substance abuse problems that do not rise to the level of severe and persistently mentally ill (SPMI), as current treatment facilities do not specifically accommodate these persons.

Treatment Funding and Expenditures

Treatment funding increased between FYs 2000 and 2003 from \$7.4 to \$9.1 million. During that time period, the Block Grant's proportion of treatment funding declined from 60 to 53 percent, while the State's proportion increased from 38 to 46 percent.

Between FYs 2000 and 2002 Block Grant treatment funding per capita increased from \$3.59 to \$3.80. In FY 2003, treatment funding per capita remained stable at \$3.80.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,447,816	60	4,698,932	60	4,849,283	56	4,895,715	53
Medicaid	0	0	0	0	0	0	0	0
Other Federal	163,516	2	236,582	3	24,413	0	63,332	1
State	2,835,994	38	2,835,869	36	3,805,756	44	4,186,535	46
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,447,326	100	7,771,383	100	8,679,452	100	9,145,582	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

New Hampshire's SAPT Block Grant application indicates that nearly 6,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=5,961)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	1,049
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	698
Long-term residential	0	0	239
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	0	0	3,693
Intensive outpatient	0	0	282
Detoxification (outpatient)	0	0	0
Total	0	0	5,961

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 5,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 11 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	1,616	10.5
Alcohol in combination with other drugs	3,126	11.5
Total	4,742	11.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 93,000 persons aged 12 and older (8.7 percent of New Hampshire's population) needed, but did not receive, treatment for alcohol use and 32,000 persons (3.0 percent) needed, but did not receive, treatment for illicit drug use in New Hampshire.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.64	7.33	22.30	6.69
Needing but not receiving treatment for illicit drug use	3.01	6.54	10.57	1.35

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

DPHS relies on a variety of external agencies and community-based initiatives to assist in assessing the need for services. These resources include the Suicide Prevention Coalition, Prenatal and Women's Services Task Force, Juvenile Justice State Advisory Group, Child Welfare Advisory Council, Health Care Transition Fund Advisory Group, Interbranch and Juvenile Justice Committee, as well as Drug Abuse Warning Network (DAWN), Youth Risk Behavior Survey, DWI arrests, Juvenile Justice Drug Related Arrests, and Regional United Way Needs Assessments. A formal treatment needs assessment was funded by CSAT in 2000 and is utilized for treatment planning. For prevention planning, technical assistance is being provided to assess prevention needs assessment capabilities and to develop a plan for improving the system.

New Hampshire uses a variety of resources for planning substance abuse treatment and prevention services. The DHHS develops a substance abuse treatment plan based on needs assessment findings through the ongoing State Health Planning Process. In conjunction with this effort, the Governor's Commission on Alcohol and Other Drug Abuse is engaged in a statewide needs assessment and planning initiative, which will result in recommendations and actions to further enhance treatment and prevention services in the State.

Evaluation

DPHS monitors its contracted providers through ongoing annual site visits, case record reviews, and periodic technical assistance visits by DPHS's central office staff. In addition, DPHS has two staff specialists to directly oversee HIV and TB issues with contracted treatment providers.

New Hampshire monitors its prevention contractors through monthly prevention tracking forms (based on the six Center for Substance Abuse Prevention strategies), annual site reviews, and quarterly work plan/reports. The work plans include meeting the projected target audience, progress towards proposed outcomes, levels of collaboration with other resources, and quality improvement.

Training and Assistance

DPHS offers a variety of training and technical assistance opportunities to its prevention and treatment workforce including a contract with the NH Training Institute for prevention and treatment related trainings. DPHS staff provides technical assistance to providers that focus on evidence-based strategies. DPHS also offers the Prevention Seminar Series five times a year and sponsors the New Hampshire Substance Abuse Conference, which deals with both treatment and prevention topics and draws over 300 participants. Other agencies also offer training and assistance, including the Northeast CAPT, which offers training and assistance consistent with the prevention core competencies and performance domains; the Training Institute; and the New England School of Prevention Studies (for which DPHS provides scholarships).

Expenditures of Block Grant Funds for Resource Development Activities

New Hampshire did not report spending any funds on resource development activities during FYs 2000 through 2003.

New Hampshire did not report any expenditures for resource development activities from FY 2000 through FY 2003.

Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	N/R**	-	N/R	-	N/R	-	N/R	-
Quality Assurance	N/R	-	N/R	-	N/R	-	N/R	-
Training	N/R	-	N/R	-	N/R	-	N/R	-
Education	N/R	-	N/R	-	N/R	-	N/R	-
Program Development	N/R	-	N/R	-	N/R	-	N/R	-
Research and Evaluation	N/R	-	N/R	-	N/R	-	N/R	-
Information Systems	N/R	-	N/R	-	N/R	-	N/R	-
Total*	N/R	-	N/R	-	N/R	-	N/R	-

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

** N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded over \$3.2 million in discretionary funding to New Hampshire in FY 2004. The greatest number of awards was for Drug Free Communities (10 of 11 awards), while the largest single award was for the Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	10	886,336
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	11	3,237,301

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded one discretionary grant to New Hampshire which totaled nearly \$300,000.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Targeted Capacity Expansion	1	294,350
Total	1	294,350

SOURCE: www.samhsa.gov

NEW JERSEY

State SSA Director

Ms. Raquel Mazon Jeffers, Acting Director
Division of Addiction Services
New Jersey Department of Human Services
120 South Stockton Street, PO Box 362
Trenton, NJ 08625-0362
Phone: 609-292-5760
Fax: 609-292-3816

E-mail: raquel.jeffers@dhs.state.nj.us

Web site: www.state.nj.us/humanservices/das/index/htm

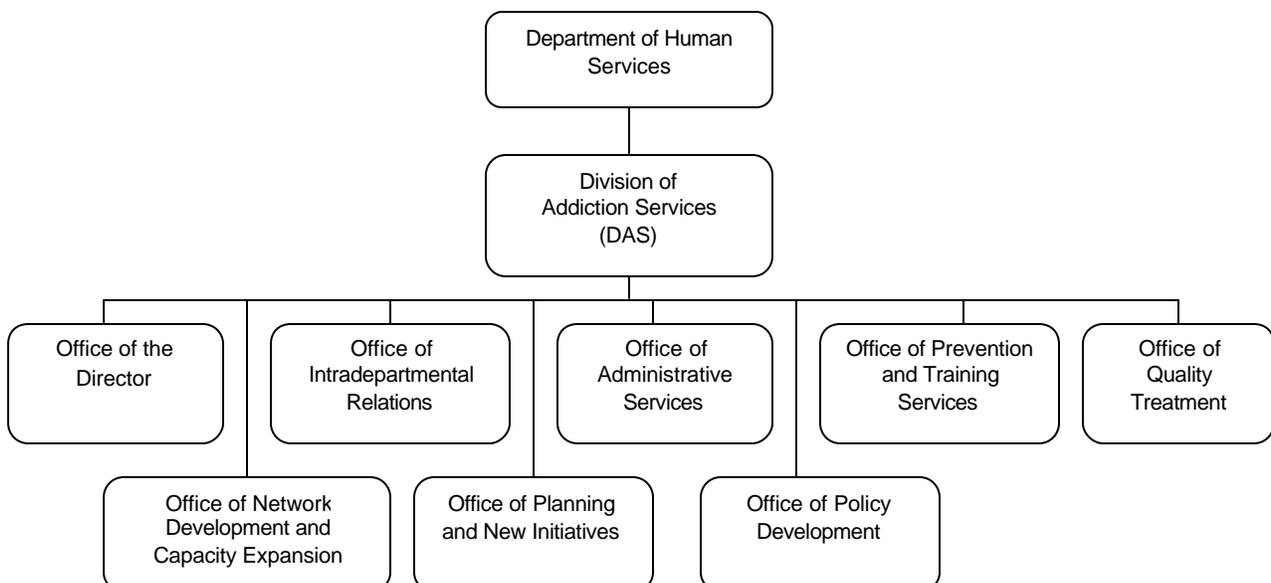
Structure and Function



The Division of Addiction Services (DAS), Department of Human Services, is the Single State Agency (SSA) for New Jersey and is responsible for prevention and treatment policy and programs, licensing substance abuse treatment agencies, protecting patients in substance abuse treatment, and collecting data on substance abuse issues.

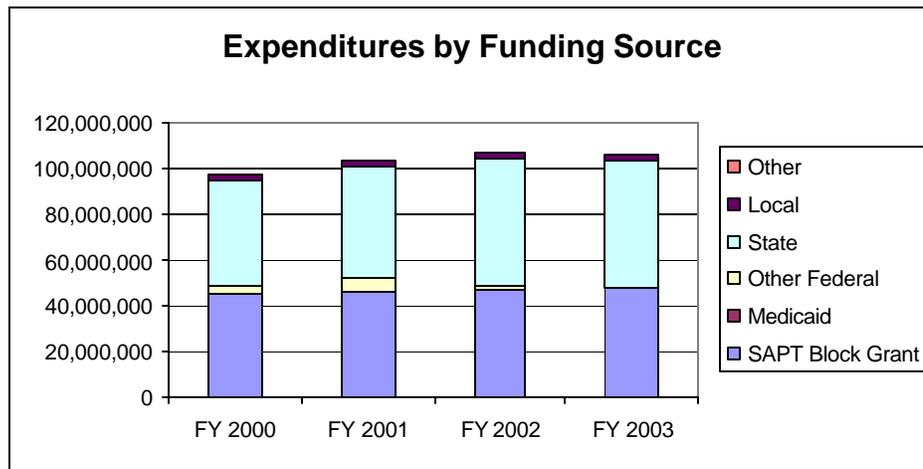
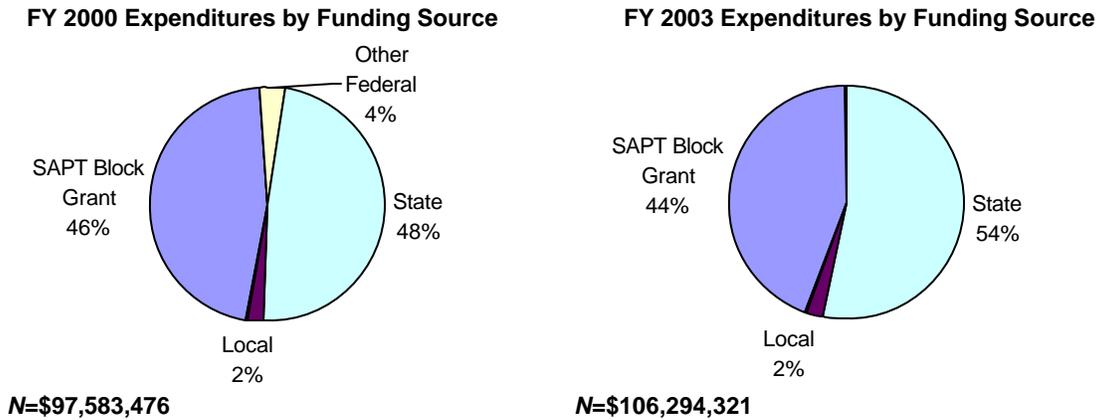
The Office of Prevention and Training Services within DAS contracts for community-based prevention education and early intervention services. The Office of Quality Treatment funds, monitors, and supports, through contracting and regulation, substance abuse treatment programs statewide. The Office of Network Development and Capacity Expansion maintains, manages, develops, and licenses substance abuse treatment agencies, as well as administers and monitors activities related to county planning and addiction treatment program development. The Office of Planning and New Initiatives maximizes DAS' access to addiction resources and supports development of new and innovative services to treat and prevent substance use disorders. The Office of Policy Development is responsible for forming policy and for the integration of information systems management, research, quality effective treatment, and public awareness efforts.

Single State Agency Structure



Single State Agency Funding Overview

SSA funding increased between FYs 2000 and 2003 from \$97.6 to \$106.3 million. During this time, State funding increased by nearly \$10 million, from \$46.7 million to \$56.6 million. The proportion of expenditures from the different funding sources remained fairly stable from FYs 2000 to 2003, with the State providing most of the funds (ranging from 48 to 53 percent), followed closely by the Block Grant (providing 44 to 46 percent of the total).



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	45,111,530	46	45,917,338	44	46,896,236	44	47,139,236	44
Medicaid*	0	0	0	0	0	0	0	0
Other Federal	3,478,588	4	5,607,972	5	1,462,801	1	319,585	0
State	46,740,854	48	49,794,590	48	56,258,000	53	56,553,000	53
Local	2,252,504	2	2,261,999	2	2,282,500	2	2,282,500	2
Other	0	0	0	0	0	0	0	0
Total**	97,583,476	100	103,581,899	100	106,899,537	100	106,294,321	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

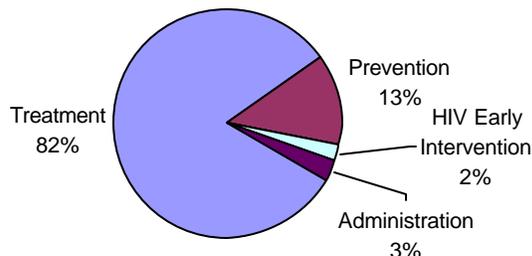
* Medicaid figures are not reported as the SSA does not directly receive reimbursement; rather, providers directly receive reimbursement

** Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

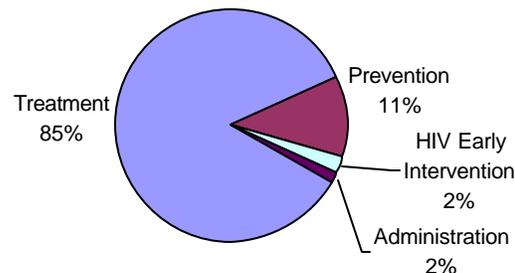
In New Jersey most (85 percent) of the SSA funds in FY 2003 were spent on treatment services, and 11 percent were spent on prevention services. In FY 2000, the distribution of SSA funds was similar.

FY 2000 Expenditures by Activity

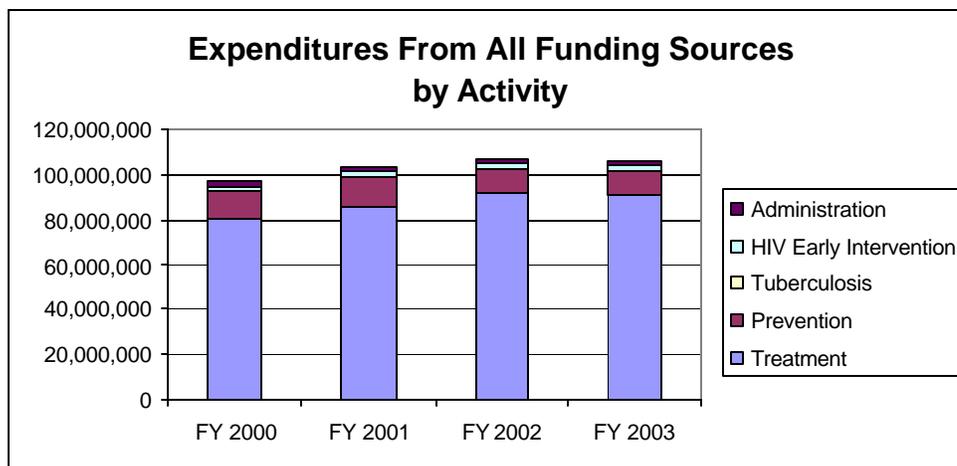


N=\$97,583,476

FY 2003 Expenditures by Activity



N=\$106,294,321



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	85,514,561	83	91,560,882	86	90,708,838	85
Alcohol Treatment	30,058,355	31	0	0				
Drug Treatment	50,127,291	51	0	0				
Prevention	12,225,998	13	13,773,429	13	10,956,895	10	11,332,318	11
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,272,596	2	2,316,929	2	2,340,943	2	2,356,962	2
Administration	2,899,236	3	1,976,980	2	2,040,817	2	1,896,203	2
Total*	97,583,476	100	103,581,899	100	106,899,537	100	106,294,321	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

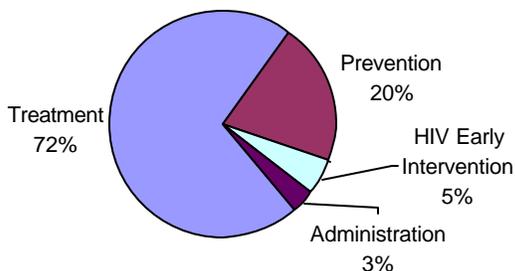
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

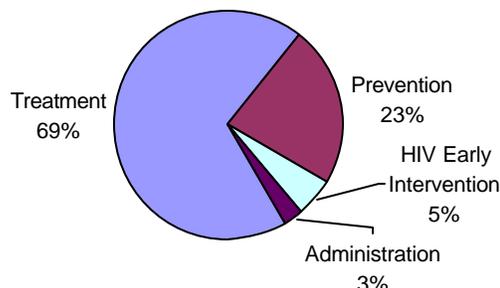
Block Grant funds in New Jersey remained relatively stable between FYs 2000 and 2003 (from \$45.1 to \$47.1 million). In FY 2003, the majority (69 percent) of funds were allocated for treatment, followed by about one-quarter for prevention services, 5 percent for HIV early intervention, and 3 percent for administration costs. The distribution of Block Grant expenditures in FY 2000 was similar to that in FY 2003.

FY 2000 Block Grant Expenditures by Activity

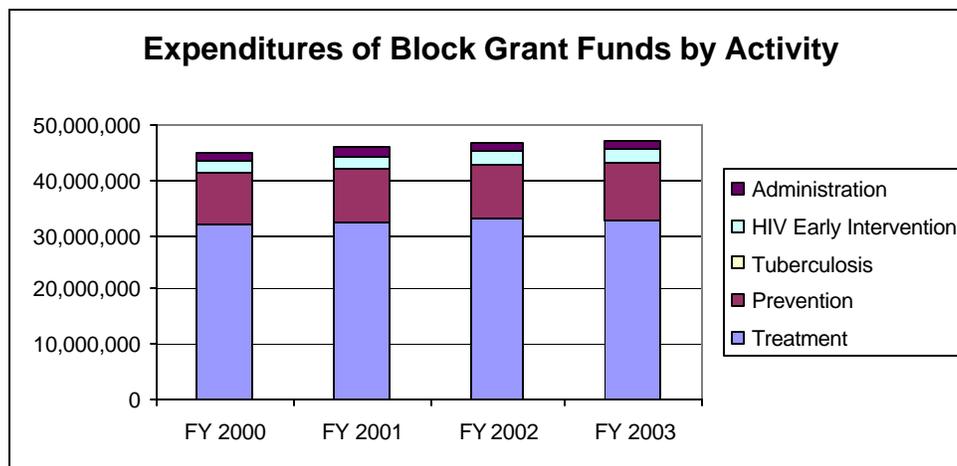


N=\$45,111,530

FY 2003 Block Grant Expenditures by Activity



N=\$47,139,236



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	32,302,815	70	33,037,563	70	32,660,983	69
Alcohol Treatment	12,063,237	27	0	0				
Drug Treatment	20,105,393	45	0	0				
Prevention	9,156,001	20	9,769,734	21	9,907,508	21	10,679,913	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,272,596	5	2,316,929	5	2,340,943	5	2,356,962	5
Administration	1,514,303	3	1,527,860	3	1,610,222	3	1,441,378	3
Total*	45,111,530	100	45,917,338	100	46,896,236	100	47,139,236	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

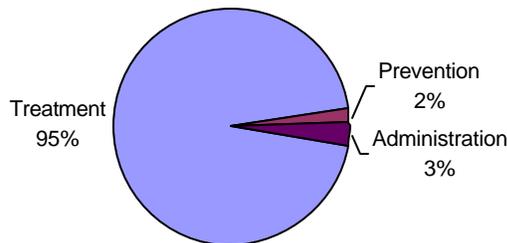
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

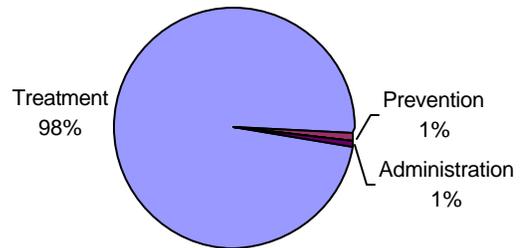
State expenditures rose considerably between FYs 2000 and 2003 (from \$46.7 to \$56.6 million). During this time period, most (95-98 percent) of the funds were spent on treatment services.

FY 2000 State Expenditures by Activity

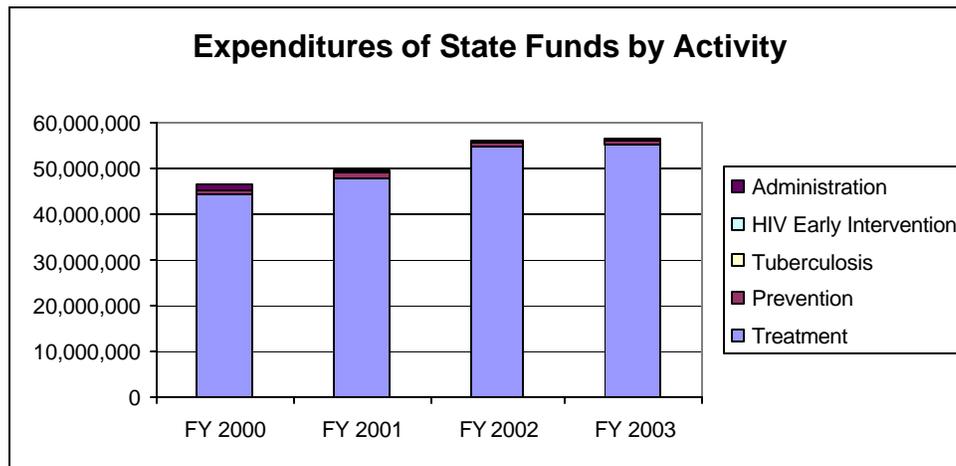


N=\$46,740,854

FY 2003 State Expenditures by Activity



N=\$56,553,000



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	48,114,737	97	54,875,550	98	55,445,770	98
Alcohol Treatment	16,631,061	36	0	0				
Drug Treatment	27,718,435	59	0	0				
Prevention	1,006,425	2	1,230,733	2	951,855	2	652,405	1
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,384,933	3	449,120	1	430,595	1	454,825	1
Total*	46,740,854	100	49,794,590	100	56,258,000	100	56,553,000	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

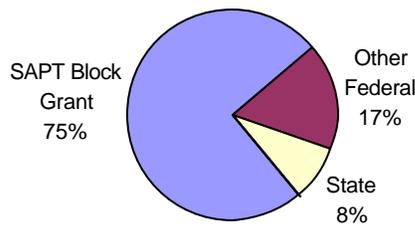
DAS funds competitive community-based contracts to deliver prevention services in the State. The contracts are funded based on priorities that result from the needs assessment organized by the 21 County Offices on Alcoholism and Drug Abuse. Prevention contractees are required to provide services to the target populations identified by the County Planning Committees, follow a science-based curriculum, have a Certified Prevention Specialist on staff, and provide services consistent with the “Standards for Agencies Providing Substance Abuse Prevention Services.”

Prevention Funding and Expenditures

Between FYs 2000 and 2003, prevention expenditures in New Jersey declined from \$12.2 to \$11.3 million. In FY 2003, nearly all (94 percent) of prevention funds were derived from the Block Grant and 6 percent came from the State. By contrast, in FY 2000, three-fourths of prevention funds came from the Block Grant, 8 percent came from the State, and 17 percent from other Federal sources.

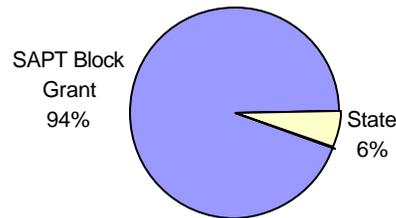
Between FYs 2000 and 2002, Block Grant prevention funds ranged from \$1.09 and \$1.16 per capita. In FY 2003, per capita prevention funds increased to \$1.24.

FY 2000 Prevention Expenditures by Funding Source

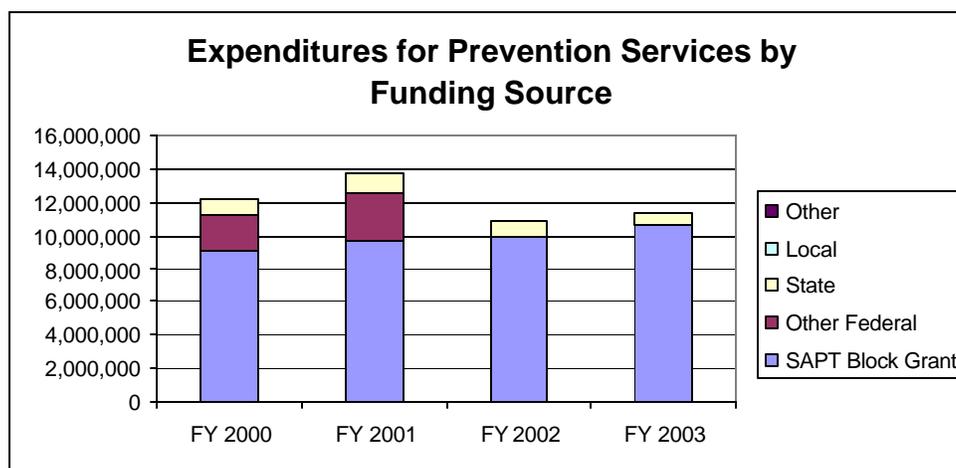


N=\$12,225,998

FY 2003 Prevention Expenditures by Funding Source



N=\$11,332,318



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	9,156,001	75	9,769,734	71	9,907,508	90	10,679,913	94
Other Federal	2,063,572	17	2,772,962	20	97,532	1	0	0
State	1,006,425	8	1,230,733	9	951,855	9	652,405	6
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	12,225,998	100	13,773,429	100	10,956,895	100	11,332,318	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

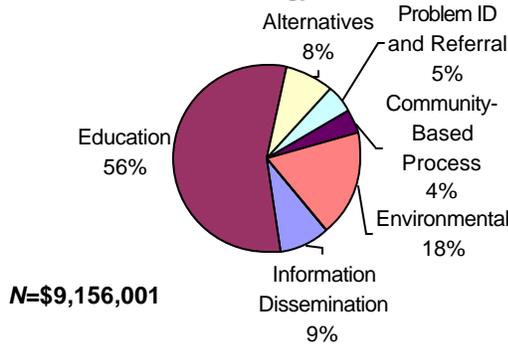
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The “We Check for 21 Too” initiative increases parental awareness of the negative consequences associated with underage drinking.
Education	The “Training for Strengthening Families Program” targets ages 6 through 12 and 10 through 14.
Alternatives	Alternatives include a parenting project that takes a core group of parents who encourage other parents to support values that do not encourage underage drinking.
Community-Based Processes	Anti-alcohol and drug advertisements are displayed on billboards, milk cartons, paper placemats, shopping bags, and in newspapers.
Environmental	Twelve colleges received subgrants to implement a social norms campaign.
Problem Identification and Referral	Funds support a toll-free 24-hour telephone information and referral service.

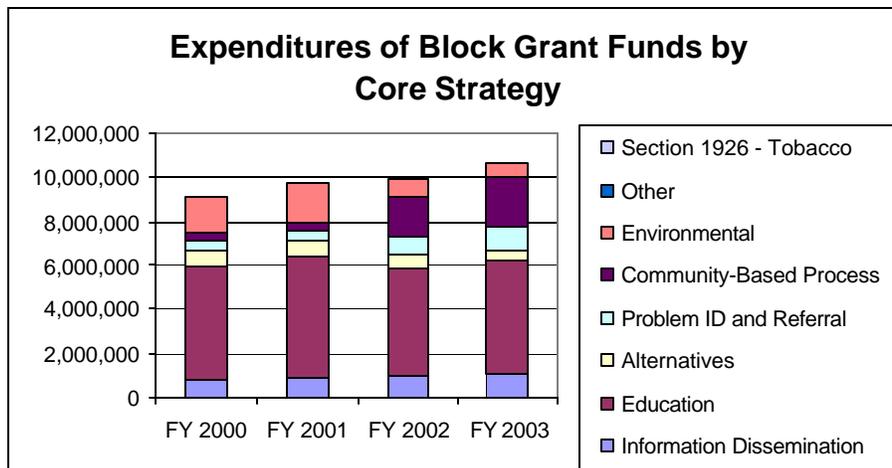
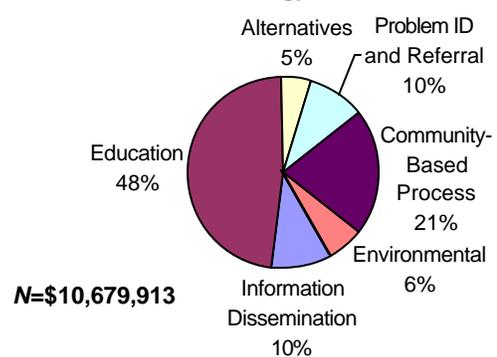
Expenditures of Block Grant Funds for Core Strategies

In FY 2003 Block Grant funding in New Jersey for prevention core strategies totaled \$10.7 million. During this time period, education received about half of the funds, and the remainder was disbursed among a wide variety of strategies. Funding for community-based processes increased substantially from FY 2000 to 2003, from \$366,000 to \$2.2 million.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	824,040	9	879,276	9	974,303	10	1,067,991	10
Education	5,127,361	56	5,471,051	56	4,887,183	49	5,126,358	48
Alternatives	732,480	8	781,579	8	544,718	5	533,996	5
Problem ID and Referral	457,800	5	488,487	5	908,514	9	1,067,991	10
Community-Based Process	366,240	4	390,789	4	1,800,970	18	2,242,782	21
Environmental	1,648,080	18	1,758,552	18	791,820	8	640,795	6
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	9,156,001	100	9,769,734	100	9,907,508	100	10,679,913	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

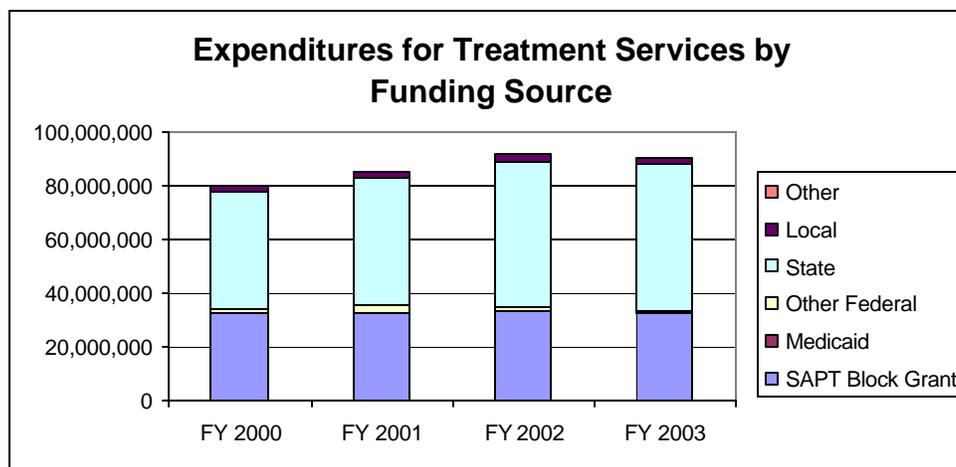
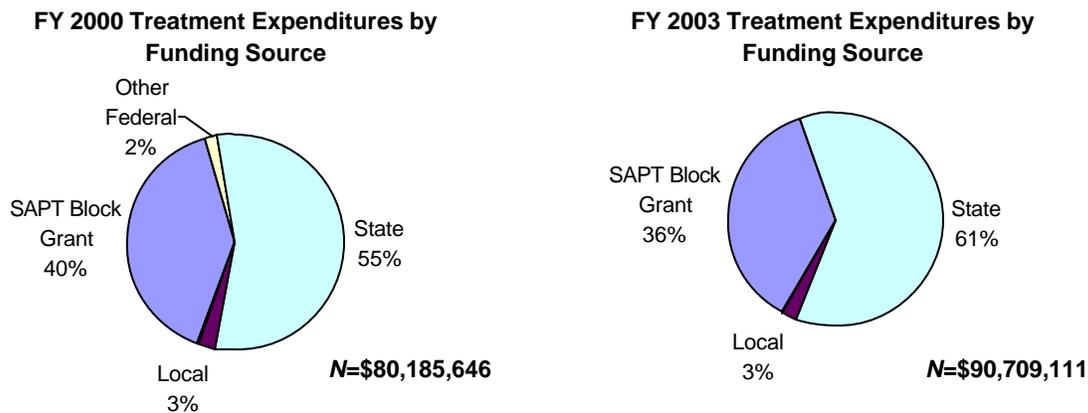
New Jersey strives to increase client access to drug and alcohol treatment services and appropriate levels of care through a strong emphasis on its “no wrong door” philosophy. As part of this philosophy, DAS has increased co-occurring funding to addictions treatment agencies and developed close working relationships with the New Jersey Division of Mental Health Services.

DAS maintains a continuum of substance abuse treatment services that includes inpatient, outpatient, and post-treatment recovery support. In FY 2004, it expanded and enhanced this continuum of services by funding additional Methadone Intensive Outpatient programs. DAS funded Residential Assisted Partial Care Programs where clients live in a Department of Consumer Affairs licensed facility and are transported to receive treatment and/or supportive services. DAS also funded a new 50-bed adolescent residential program that accepts adolescents with co-occurring disorders.

Treatment Funding and Expenditures

Treatment funding in New Jersey increased by about \$10 million between FYs 2000 and 2003 (from \$80.2 to \$90.7 million). During this time period, the State’s proportion of these funds increased from 55 to 61 percent, while the Block Grant’s proportion declined from 40 to 36 percent.

Between FYs 2000 and 2002, treatment expenditures in New Jersey ranged from \$3.81 to \$3.85 per capita. In FY 2003, per capita treatment funds declined slightly to \$3.78.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	32,168,630	40	32,302,815	38	33,037,563	36	32,660,983	36
Medicaid*	0	0	0	0	0	0	0	0
Other Federal	1,415,016	2	2,835,010	3	1,365,269	1	319,858	0
State	44,349,496	55	48,114,737	56	54,875,550	60	55,445,770	61
Local	2,252,504	3	2,261,999	3	2,282,500	2	2,282,500	3
Other	0	0	0	0	0	0	0	0
Total**	80,185,646	100	85,514,561	100	91,560,882	100	90,709,111	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Medicaid figures are not reported as the SSA does not directly receive reimbursement; rather, providers directly receive reimbursement

** Totals may not equal 100 percent due to rounding.

Admissions

New Jersey's SAPT Block Grant application indicates that nearly 43,000 persons were admitted to treatment during FY 2002, of which most were admitted for detoxification, short-term residential and outpatient (non-methadone).

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=42,647)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	1,968	7,311	5
Free-standing residential	1,712	2,990	11
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	124	166	2
Short-term residential	1,374	2,684	24
Long-term residential	403	2,810	7
Ambulatory (Outpatient)			
Outpatient (methadone)	35	2,931	24
Outpatient (non-methadone)	4,248	5,459	28
Intensive outpatient	2,202	3,684	24
Detoxification (outpatient)	25	2,396	0
TOTAL	12,091	30,431	125

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate more than 54,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 6 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	8,626	6.6
Alcohol in combination with other drugs	45,889	6.0
Total	54,515	6.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 412,000 persons aged 12 and older (5.8 percent of New Jersey's population) needed, but did not receive, treatment for alcohol use and 161,000 persons (2.3 percent) needed, but did not receive, treatment for illicit drug use in New Jersey.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	5.81	4.97	15.91	4.48
Needing but not receiving treatment for illicit drug use	2.27	4.64	7.07	1.28

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

DAS conducts treatment needs assessment studies that include a statewide telephone household survey; a survey of the mental health population; a social indicator study that functions as a primary planning document for County Coordinators and other local planners; a capture-recapture analysis to estimate treatment need; an analysis of client level treatment data; and a study that links administrative databases such as hospital discharge data, mortality records, and mental health treatment service records. The treatment needs assessment studies also provide estimates for prevention needs in the State. Data from the needs assessment activities have a major impact on both treatment and prevention planning.

Evaluation

DAS supports a peer review process that uses credentialed professionals from the Addiction Treatment Providers of New Jersey organization to assure the quality of care that is delivered to substance abuse patients and to improve the system of care. The peer review process generates independent suggestions for service delivery improvement. In addition to records review, the staff's treatment knowledge, skill levels, and attitude are analyzed by a questionnaire survey. Also evaluated are the intake process and appropriateness of the admissions, appropriateness of the treatment plans, specificity of the documentation with regard to treatment plan implementation and patient progress, appropriateness of the discharge and aftercare plan, and evidence of treatment outcome. Further, the peer review process assesses the physical environment, staffing pattern, and staff training provisions.

New Jersey requires that its funded prevention programs measure and document their program's progress towards meeting its goals and objectives. In applying for funding, they must provide the evaluation instrument to be used, who will be collecting the data, the timeframes for data collection, and provide credentials for the individual who will be preparing their year end evaluation report.

Additionally, the New Jersey Middle School Survey, based on the Communities That Care Survey, collects prevalence data on substance use and related behaviors, including risk and protective factors.

Training and Assistance

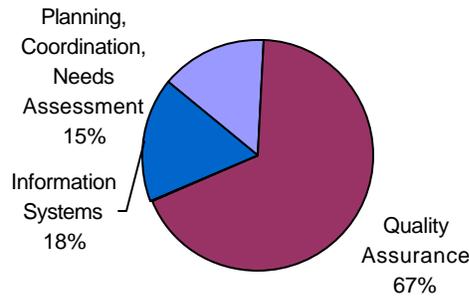
DAS funds the National Council on Alcoholism and Drug Dependence of New Jersey (NCADD-NJ) to organize and manage a statewide training and education system for persons delivering alcohol, tobacco, and other drug (ATOD) services. Courses are available for staff seeking certification. DAS also continues to fund the Professional Development Initiative and training by the Addiction Treatment Providers of New Jersey. In addition, the Office of Prevention and Training Services trains agencies to implement the Strengthening Families program, and works closely with the Alcohol and Drug Counselor Committee of the State Board of Marriage and Family Therapy Examiners.

A workforce development plan has been drafted to identify parameters for clinical supervision, university field placement supervision, a mentoring program for provider staff, as well as scholarships for continuing education programs.

Expenditures of Block Grant Funds for Resource Development Activities

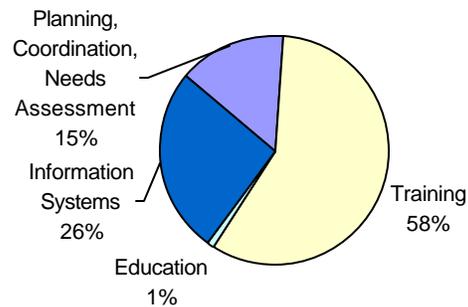
SAPT Block Grant funding for resource development activities in New Jersey increased between FYs 2000 and 2003 (from \$7.6 to \$8.7 million). In FY 2003, the largest recipient of Block Grant funds is training (receiving 58 percent of the total), whereas in FY 2000, the largest recipient was quality assurance (receiving 67 percent of the total).

FY 2000 Block Grant Expenditures on Resource Development Activities

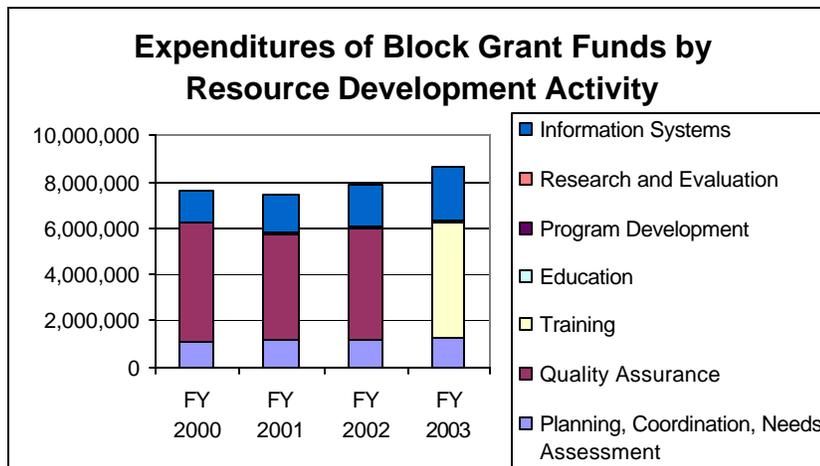


N=\$7,644,268

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$8,664,706



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	1,132,530	15	1,152,700	15	1,167,656	15	1,292,199	15
Quality Assurance	5,161,528	68	4,618,323	62	4,806,965	61	0	0
Training	10,000	0	100,000	1	100,000	1	5,004,442	58
Education	0	0	0	0	0	0	100,000	1
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	1,340,210	18	1,609,737	22	1,829,744	23	2,268,065	26
Total*	7,644,268	100	7,480,760	100	7,904,365	100	8,664,706	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded nearly \$1.1 million in discretionary prevention funding in FY 2004 in New Jersey. Most funds are allocated for drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	10	825,722
HIV/AIDS Cohort 5 Services	1	250,000
Total	11	1,075,722

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$7.1 million in discretionary funding for treatment in New Jersey in FY 2004. Most funds (\$4 of the \$7.1 million) are earmarked for ATR.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery (ATR)	1	4,048,918
Effective Adolescent Treatment	1	230,893
Homeless Addictions Treatment	2	796,400
Recovery Community Service	1	224,997
Targeted Capacity - HIV/AIDS	4	1,837,664
Total	9	7,138,872

SOURCE: www.samhsa.gov

NEW MEXICO

State SSA Director

Ms. Karen Meador, Director
Behavioral Health Services Division
New Mexico Department of Health
Harold Runnels Building
1190 St. Francis Drive, Room N 3300
Sante Fe, NM 87502

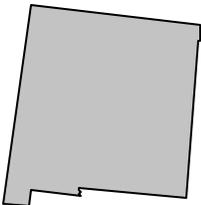
Phone: 505-827-2658

Fax: 505-827-0097

E-mail: karen.meador@state.nm.us

Web site: www.newmexico.gov/government.php

Structure and Function

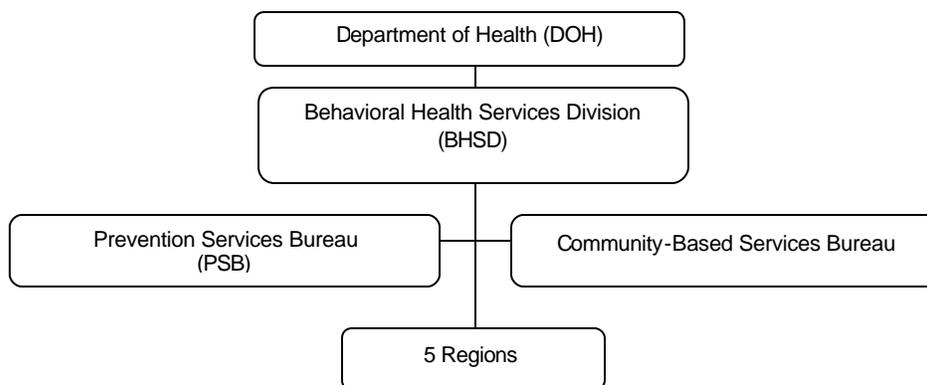


The Department of Health (DOH), Behavioral Health Services Division (BHSD), is New Mexico's Single State Agency (SSA) for substance abuse. BHSD contracts for behavioral health services, including mental health, alcoholism, and other substance abuse services; establishes standards for service delivery; establishes criteria for determining individual eligibility for services; and maintains a management information system for reporting clinical and fiscal information. Its mission is to provide an effective, accessible, regionally coordinated and integrated continuum of behavioral health prevention and treatment services. These services are consumer-driven and provided in the least restrictive setting for eligible persons so that they may become stabilized and their functioning levels may improve.

A primary task of BHSD is the implementation of a regional care coordination system. Regional care coordinators for five regions contract and oversee treatment services in their respective region. BHSD regional program managers act as liaisons to coordinate and oversee efforts of regional care coordinators. The BHSD's Prevention Services Bureau (PSB) staff manages statewide prevention services and serves as liaisons to monitor services and contractual accountability in the regions.

On July 1, 2005, BHSD partnered with several New Mexico State agencies in the development and implementation of the New Mexico Interagency Behavioral Health Purchasing Collaborative service delivery system. More information regarding the Collaborative can be found at: www.state.nm.us/hsd/bhdwg. In addition, BHSD has since reorganized the BHSD to better support the Collaborative goals and objectives. The new structure consists of two bureaus: (1) Operations and Community Support Bureau and (2) Practice and Workforce Development Bureau. Staff who oversee Substance Abuse Treatment and Prevention services are housed within both bureaus.

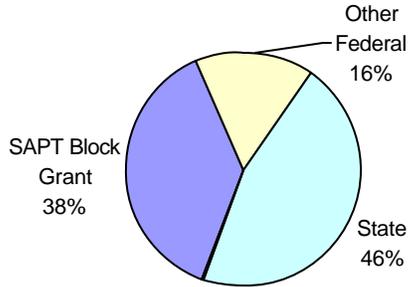
Single State Agency Structure



Single State Agency Funding Overview

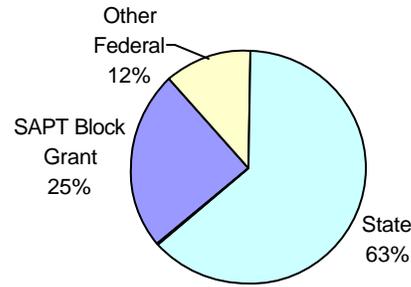
Total SSA funding in New Mexico increased substantially between FYs 2000 and 2003, from \$21.7 million in FY 2000 to \$35.1 million in FY 2003. This increase was mainly due to a large increase in State funds during this time period. In FY 2003, the majority (63 percent) of SSA funds came from the State, 25 percent came from the Block Grant, and 12 percent were from other Federal sources.

FY 2000 Expenditures by Funding Source

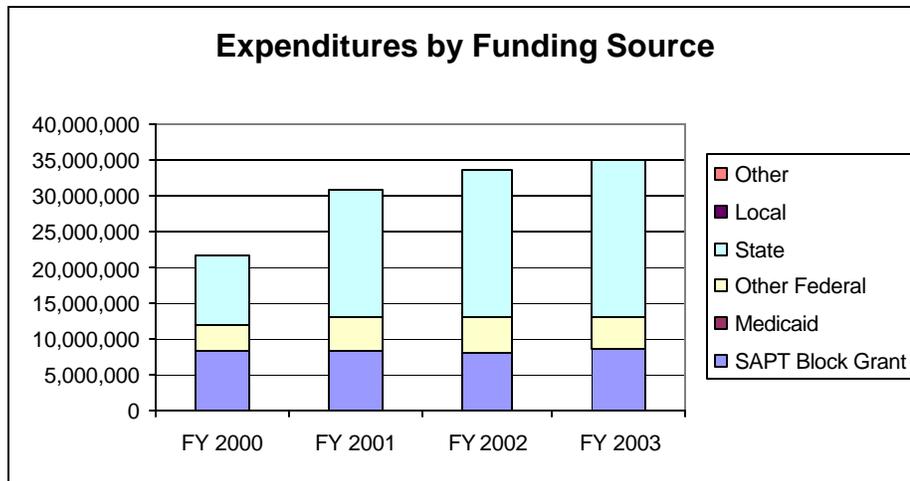


N=\$21,681,140

FY 2003 Expenditures by Funding Source



N=\$35,084,983



Single State Agency Expenditures From All Funding Sources

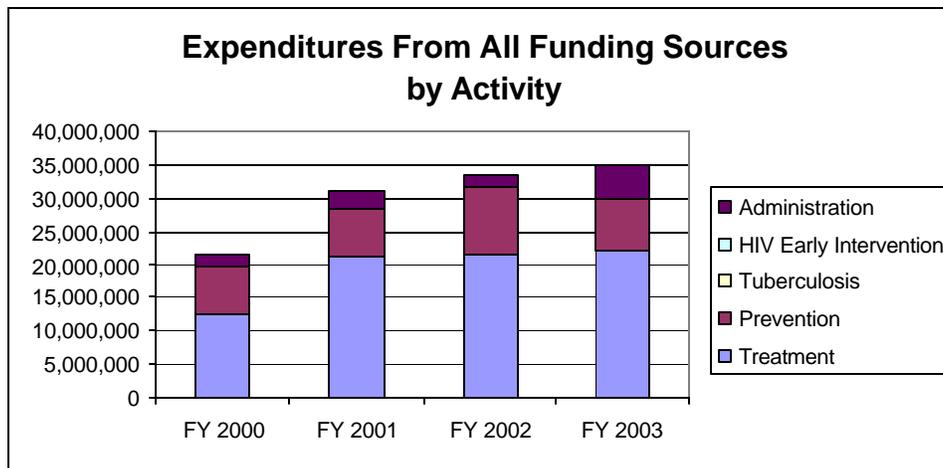
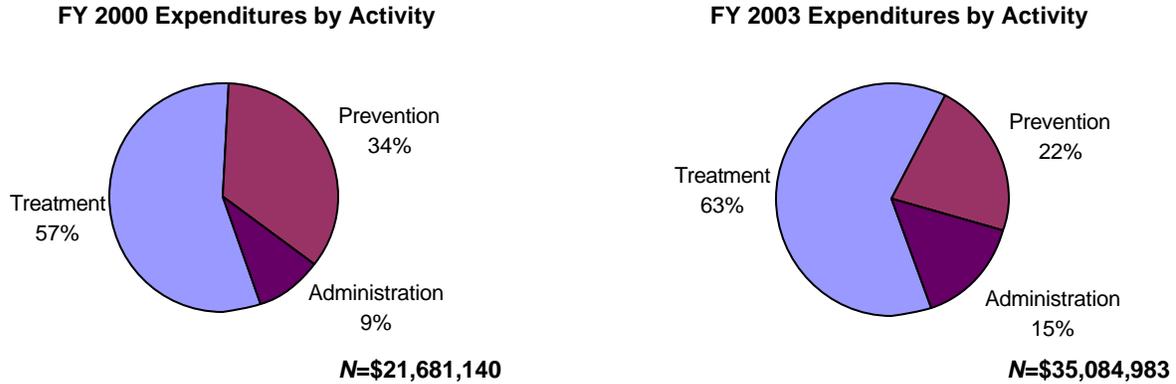
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	8,261,541	38	8,364,410	27	8,116,336	24	8,614,912	25
Medicaid	0	0	0	0	0	0	0	0
Other Federal	3,494,948	16	4,718,370	15	4,850,201	14	4,226,704	12
State	9,924,651	46	17,889,585	58	20,558,285	61	22,243,367	63
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	21,681,140	100	30,972,365	100	33,524,822	100	35,084,983	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

From FYs 2000 to 2003, the majority of SSA funds went toward treatment services (57 percent or greater), followed by prevention services (ranging from 22 to 34 percent), and administrative costs (9 to 15 percent).



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	21,315,615	64	22,203,382	63
Alcohol Treatment	6,692,011	31	10,767,567	35				
Drug Treatment	5,621,458	26	10,215,555	33				
Prevention	7,348,509	34	7,513,108	24	10,269,315	31	7,588,143	22
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,019,162	9	2,476,135	8	1,939,892	6	5,293,458	15
Total*	21,681,140	100	30,972,365	100	33,524,822	100	35,084,983	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

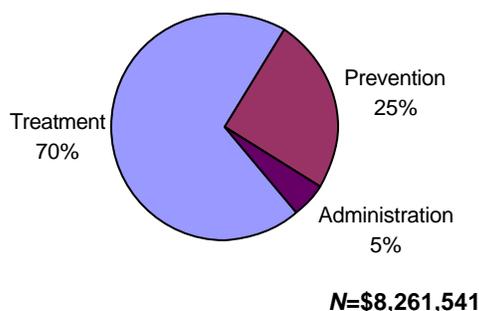
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

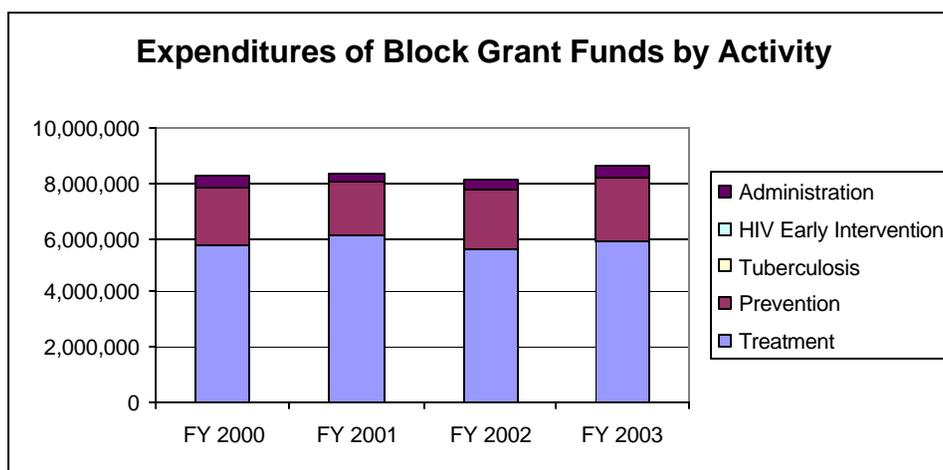
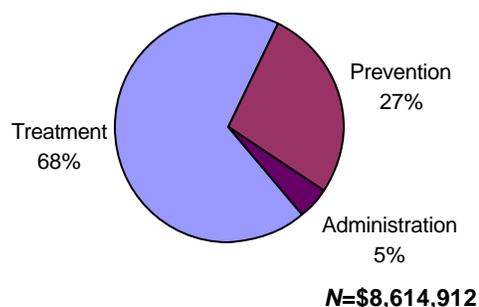
Expenditures of Block Grant Funds

Between FYs 2000 and 2003, Block Grant expenditures in New Mexico remained relatively stable, ranging from \$8.3 to \$8.6 million. The allocation of Block Grant expenditures also remained stable during that time period, with 68 percent of funds going toward treatment services in FY 2003, 27 percent toward prevention services, and 5 percent toward administration costs.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	5,605,328	69	5,882,851	68
Alcohol Treatment	2,891,541	35	3,030,524	36				
Drug Treatment	2,891,541	35	3,097,743	37				
Prevention	2,066,544	25	1,965,135	23	2,176,048	27	2,343,564	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	411,915	5	271,008	3	334,960	4	388,497	5
Total*	8,261,541	100	8,364,410	100	8,116,336	100	8,614,912	100

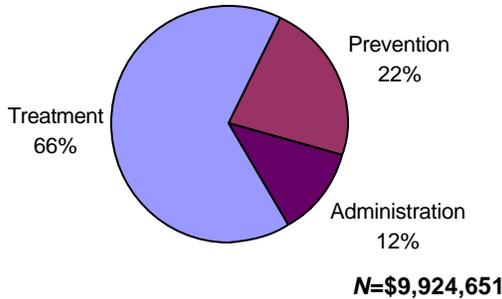
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

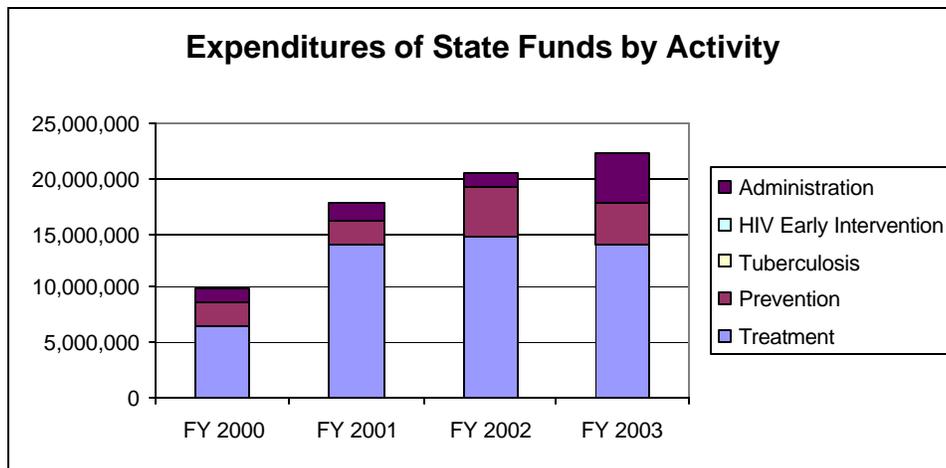
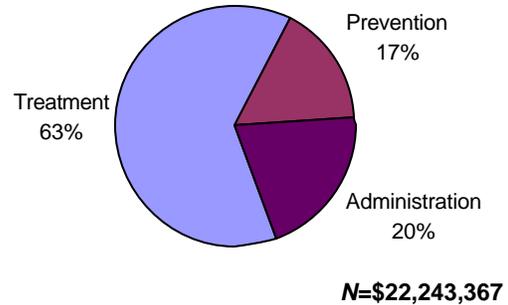
Expenditures of State Funds

Between FYs 2000 and 2003, State expenditures for alcohol and drug abuse services more than doubled (from \$9.9 to \$22.2 million), with most of the increase going towards treatment services. Nearly two-thirds (63 percent) of FY 2003 State funds were spent on treatment services, with the remaining funds split between prevention services (17 percent) and administration costs (20 percent).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	14,747,504	72	14,074,316	63
Alcohol Treatment	3,800,470	38	6,970,253	39				
Drug Treatment	2,729,917	28	7,117,812	40				
Prevention	2,180,461	22	2,049,549	11	4,514,876	22	3,677,961	17
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,213,803	12	1,751,971	10	1,295,905	6	4,491,090	20
Total*	9,924,651	100	17,889,585	100	20,558,285	100	22,243,367	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The BHSD's Prevention Services Bureau (PSB) ensures that there is a comprehensive continuum of prevention services in place through contracts with community coalitions and community-based programs. Consistent throughout New Mexico's prevention system is the philosophy that prevention strategies and programs are best formulated at the local level. The system is designed to empower local communities and prevention providers. The programs are located throughout New Mexico and provide a wide variety of prevention services. Each program submits a community needs assessment, a community plan, an implementation plan, and an outcome evaluation plan.

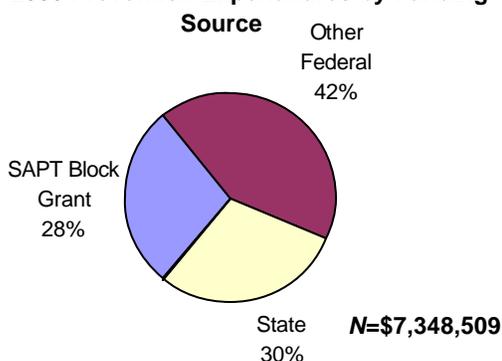
Two targeted initiatives are in place to respond to the unique needs of border communities and Native American populations. The Border Initiative Grant Program addresses the needs of communities on both sides of the U.S.-Mexico border and provides opportunities for the collaboration of American and Mexican prevention advocates. The State also fosters development of prevention leadership within the Native American community.

Prevention Funding and Expenditures

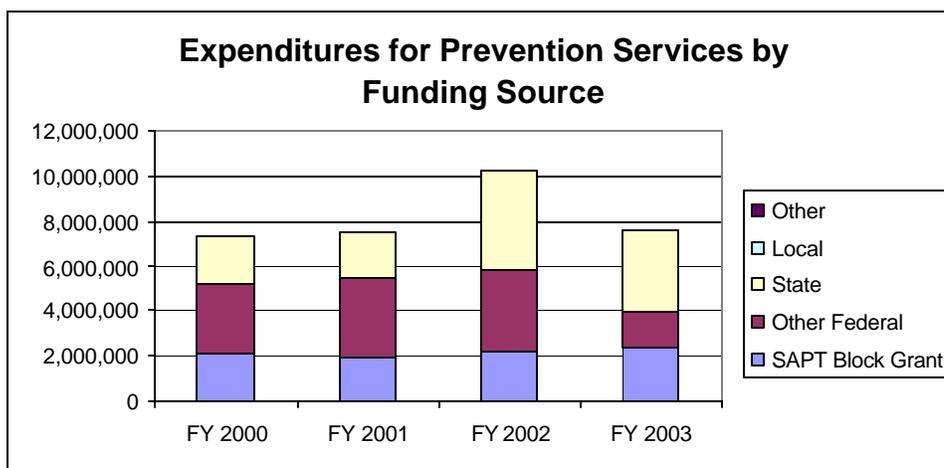
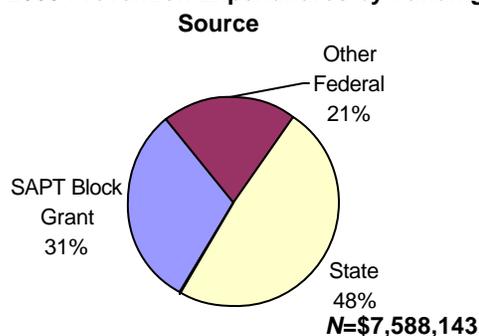
Prevention expenditures in New Mexico rose slightly from FYs 2000 to 2003, totaling \$7.6 million in FY 2003. The State provided most (48 percent) of prevention funding in FY 2003, followed by the Block Grant (31 percent), and other Federal sources (21 percent of the total). This distribution represents a change from earlier years when other Federal monies comprised 42 percent of total expenditures (in FY 2000), followed by the Block Grant (30 percent) and the State (28 percent).

Between FYs 2000 and 2003 Block Grant prevention expenditures per capita ranged from \$1.07 to \$1.25.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,066,544	28	1,965,135	26	2,176,048	21	2,343,564	31
Other Federal	3,101,504	42	3,498,424	47	3,578,391	35	1,566,618	21
State	2,180,461	30	2,049,549	27	4,514,876	44	3,677,961	48
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,348,509	100	7,513,108	100	10,269,315	100	7,588,143	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

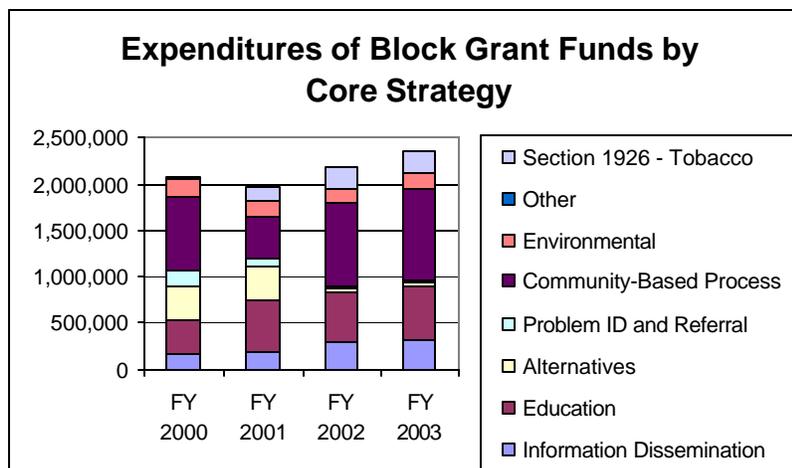
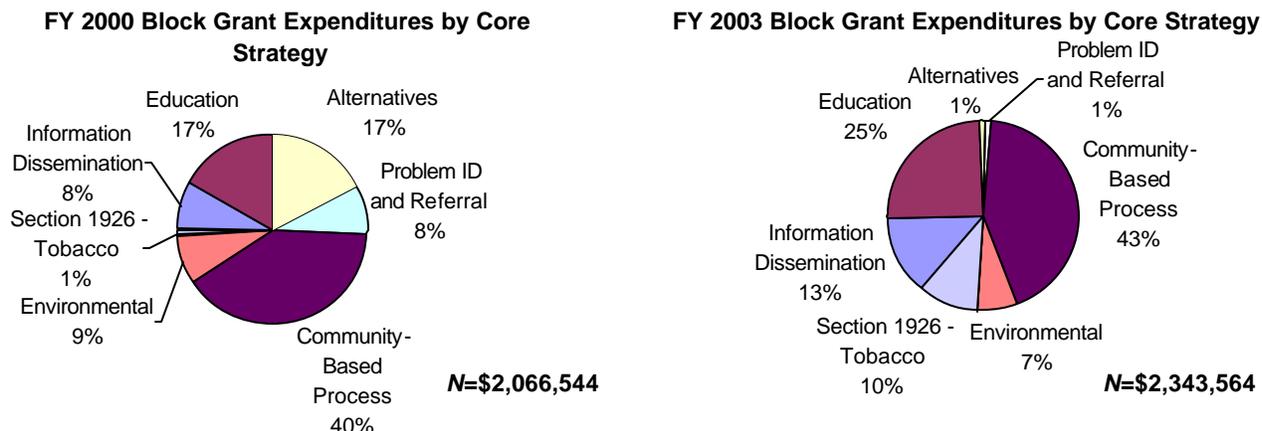
Core Strategies

Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	Monthly public service announcements to local media raise awareness of laws pertaining to alcohol sales. Posters, stickers, and other materials are distributed to merchants explaining laws regarding tobacco sales to youth.
Education	Activities include SMART Moves curriculum to 200 youth and 12 weekly classes for parents of Dare to Be You programming.
Alternatives	Alternative strategies include intergenerational community service projects through a National Indian Youth Leadership program and afterschool programming for 70 Indian youth.
Community-Based Processes	Funds helped establish a Caring Community Committee with representatives from schools, youth, and parents, as well as two community clean-up events.
Environmental	The BHSD introduced a 10-percent local options gross receipts tax on alcohol and developed and implemented the Mescalero Apache Tribal resolution prohibiting sales of tobacco to minors on the reservation.
Problem Identification and Referral	A Mental Health/Substance Abuse Program Directory was developed and provided to all programs. A 1-800 Information/Hotline is available for information and referrals.

Expenditures of Block Grant Funds for Core Strategies

Although Block Grant funding for core prevention strategies in New Mexico remained relatively stable between FYs 2000 and 2003 (totaling \$2.3 million in FY 2003), the distribution of funds shifted somewhat. The largest shift was among funding for alternative strategies (which decreased from 17 percent of total funding in FY 2000 to 1 percent in FY 2003). In FY 2003, most of the Block Grant funding went toward community-based process (43 percent) and education activities (25 percent).



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	169,545	8	183,732	9	287,238	13	309,350	13
Education	355,587	17	548,197	28	548,364	25	590,579	25
Alternatives	355,587	17	365,464	19	23,936	1	25,779	1
Problem ID and Referral	173,934	8	91,366	5	21,760	1	23,436	1
Community-Based Process	816,521	40	456,830	23	922,644	42	993,671	43
Environmental	177,785	9	184,732	9	154,502	7	166,393	7
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	17,585	1	134,814	7	217,604	10	234,356	10
Total*	2,066,544	100	1,965,135	100	2,176,048	100	2,343,564	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

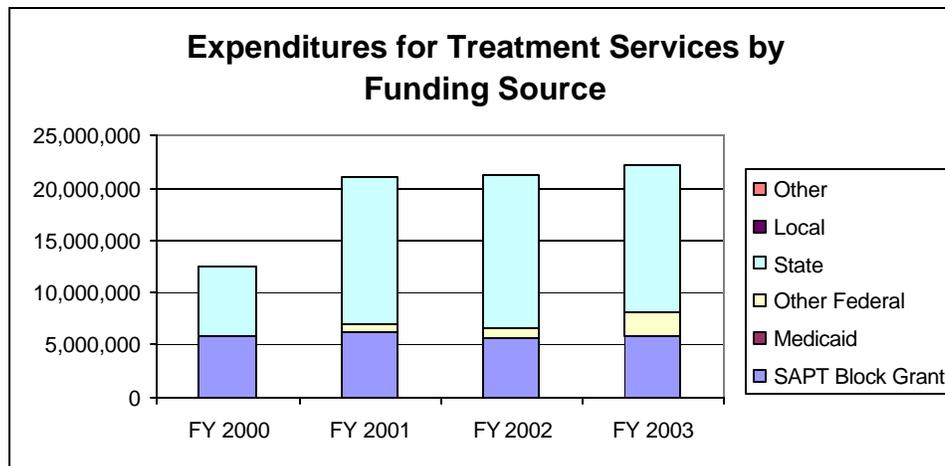
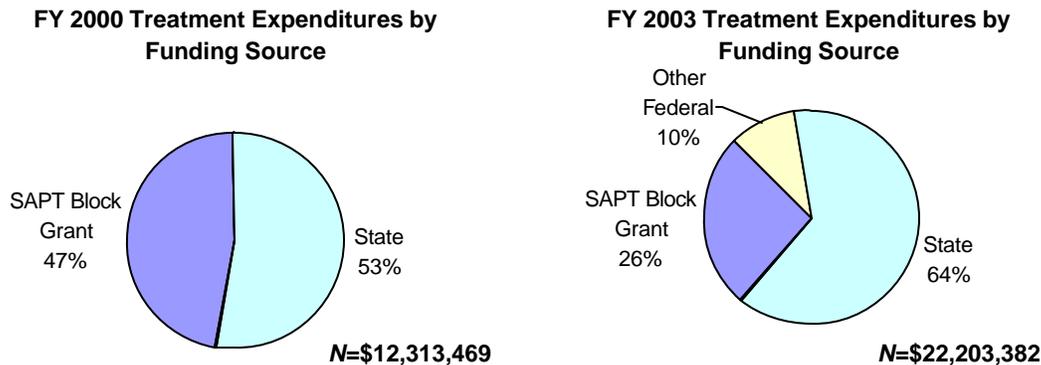
Treatment and Rehabilitation Services

Substance abuse treatment services are provided in the five regions through contracts that are based on a system of community care. The continuum of care includes outpatient treatment, intensive outpatient treatment, nonresidential partial hospitalization, residential treatment, and inpatient treatment services. Cross-regional access is arranged for rural regions that are unable to provide a regional residential or inpatient treatment resource. The target populations for services are those who are poor, underinsured, or uninsured. The Interagency Behavioral Health Purchasing Collaborative, established in FY 2005 and through the State's RFP process, awarded the FY 2006 statewide behavioral health contract to ValueOptions-New Mexico. The collaborative receives input from the Governor's Behavioral Health Planning Council.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment funds increased dramatically, from \$12.3 to \$22.2 million. This increase was driven largely by an increase in State funding during that time period. In FY 2003, close to two-thirds of FY 2003 funds originated from the State, 26 percent from the Block Grant, and 10 percent from other Federal sources.

Between FYs 2000 and 2003 Block Grant expenditures on treatment and rehabilitation services ranged from \$3.02 to \$3.34 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	5,783,082	47	6,128,267	29	5,605,328	26	5,882,851	26
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	766,790	4	962,783	5	2,246,215	10
State	6,530,387	53	14,088,065	67	14,747,504	69	14,074,316	64
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	12,313,469	100	20,983,122	100	21,315,615	100	22,203,382	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

New Mexico's SAPT Block Grant application indicates that nearly 14,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=13,755)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	118	268	0
Free-standing residential	449	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	864	285	0
Long-term residential	275	128	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	590	0
Outpatient (non-methadone)	7,985	2,629	0
Intensive outpatient	0	0	0
Detoxification (outpatient)	113	51	0
Total	9,804	3,951	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 2,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that nearly 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where At Least One Substance is Known	% with Psychiatric Problem*
Alcohol only	805	16.1
Alcohol in combination with other drugs	1,027	20.3
Total	1,832	18.5

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

Note: In November 2005, New Mexico resubmitted their TEDS data for admissions beginning July 1, 2001 through June 30, 2005. Upon review of this profile, the SSA indicated that the following information more adequately reflects the substance abuse admissions by primary diagnosis for the 2002 calendar year:

Admissions	2002	
	Total Admissions	
Alcohol only	2,688	
Alcohol in combination with other drugs	1,090	
Other drug	1,754	
Other/Unknown	1,179	
Total	6,711	

According to the National Survey of Drug Use and Health, 142,000 persons aged 12 and older (9.4 percent of New Mexico's population) needed, but did not receive, treatment for alcohol use and 53,000 persons (3.5 percent) needed, but did not receive, treatment for illicit drug use in New Mexico.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.40	7.46	21.52	7.45
Needing but not receiving treatment for illicit drug use	3.50	5.64	10.19	1.92

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

BHSD uses a number of methodologies to review its five regions to determine the highest incidence, prevalence, and the greatest needs. A needs assessment based on input from a series of statewide focus groups, interviews with providers and others in the behavioral health system, analysis of State agency databases, computer projections, and comparisons with national and regional statistics form the basis of planning. In addition, estimates of regional drug dependence come from the National Survey on Drug Use and Health (NSDUH).

One of the BHSD's long-established planning methodologies is the support provided by the Department of Health's Division of Epidemiology (EPI). BHSD uses EPI reports in planning and providing strategic direction regarding what services need to be funded. EPI is instrumental in assisting BHSD to reallocate behavioral health funding in a more equitable distribution using a weighted factor formula. EPI also maintains a major role in conducting and providing data from the Behavioral Risk Factors Surveillance System that is useful for planning prevention services.

Evaluation

Regional care coordinators are responsible for quality assurance. Each regional quality assurance office conducts independent reviews of all substance abuse treatment programs in their respective regions. Included in this review process are quarterly chart audits and annual site visits. Technical assistance and corrective action plans have been required in such areas as treatment goal setting, discharge planning, cultural issues documentation, and implementation of the Addiction Severity Index.

The Quality Management Bureau of the Division of Health Improvement (DHI), a sister division to BHSD, monitors all substance abuse providers for SAPT Block Grant requirements. BHSD staff accompanies DHI staff on onsite visits to monitor and evaluate contract providers. The site visit includes a review of policies and procedures. BHSD oversight also involves tracking reports and providing technical assistance.

Prevention providers are required to monitor and evaluate their programs, with assistance, when needed from BHSD and the Southwest Center for the Application of Prevention Technology. New Mexico is moving toward outcome monitoring as a way to evaluate its array of statewide prevention strategies.

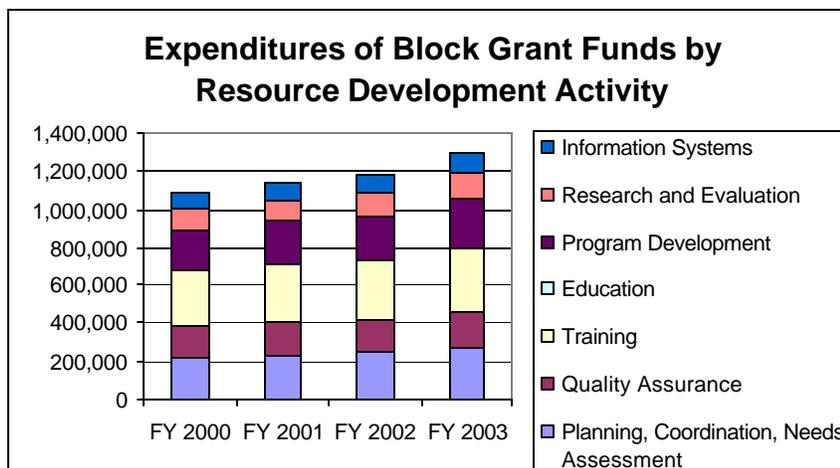
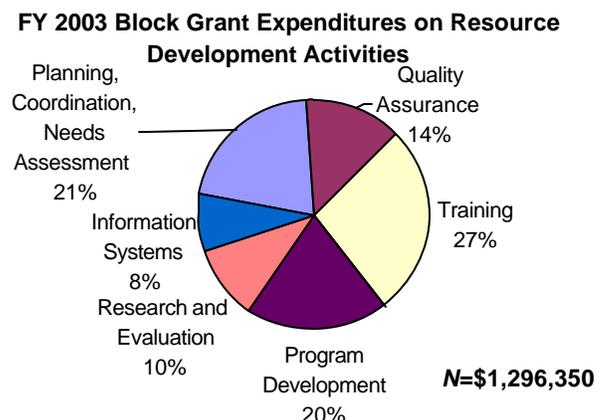
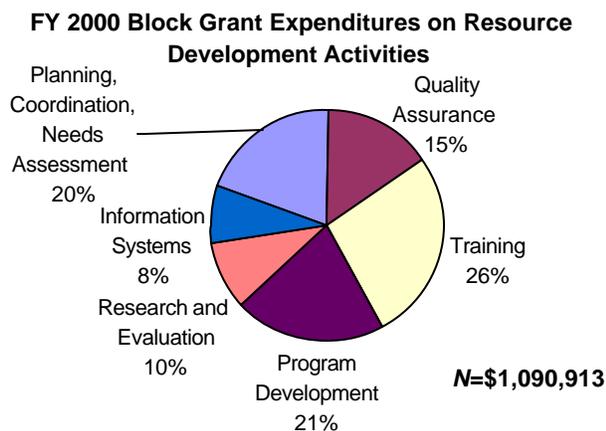
Training and Assistance

Statewide training is provided for prevention and treatment service providers, interagency groups, regional care coordinators, State facilities personnel, Native American project staff, consumers, college students, and other professionals providing ancillary services in the five BHSD regions. In addition, training is conducted to promote best practice models for co-occurring and pharmacotherapy interventions and for women's service issues.

BHSD continues to be the primary sponsor of the annual Southwest Regional Behavioral Health Conference and co-sponsor of the Four Corners Training Consortium with courses on 12 core functions. The statewide Web site posts educational events for consideration. Other training activities include the Prevention Training Program that conducts workshops in all regions; a strategic plan that promotes professional certification and credentialing; creation of the New Mexico Prevention Training Coursework Matrix; and collaboration with the DWI program to promote professional credentialing.

Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities increased slightly from FYs 2000 to 2003, from \$1.1 to \$1.3 million. Funds were fairly evenly spread among activities such as planning, coordination, and needs assessment; program development; research and evaluation; training; and quality assurance.



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	217,797	20	226,673	20	247,356	21	272,043	21
Quality Assurance	164,443	15	174,425	15	166,177	14	182,810	14
Training	288,609	26	302,785	26	312,621	27	343,897	27
Education	0	0	0	0	0	0	0	0
Program Development	224,820	21	237,112	21	235,697	20	259,273	20
Research and Evaluation	106,413	10	110,482	10	122,527	10	134,781	10
Information Systems	88,831	8	93,528	8	94,122	8	103,546	8
Total*	1,090,913	100	1,145,005	100	1,178,500	100	1,296,350	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded over \$5.3 million in discretionary funding to New Mexico entities in FY 2004. Most of the awards went to Drug Free Community grantees. The largest single award was a Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	347,935
Drug Free Communities	14	1,216,602
HIV/AIDS Cohort 3 Services	1	350,000
Prevention of Meth and Inhalant Use	1	331,856
State Incentive Cooperative Agreements	1	750,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	19	5,347,358

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded New Mexico seven discretionary grants totaling \$12.9 million in FY 2004. Over half (\$7.6 million) of the funding went to Access to Recovery (ATR) projects and \$3.3 million went toward State TCE screening brief intervention referral treatment projects.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
CSAT 2004 Earmarks	1	149,115
Effective Adolescent Treatment	1	249,435
Homeless Addictions Treatment	1	600,000
State TCE Screening Brief Intervention Referral Treatment	1	3,346,000
Targeted Capacity Expansion	1	499,994
Targeted Capacity - HIV/AIDS	1	478,853
Total	7	12,915,120

SOURCE: www.samhsa.gov

NEW YORK

State SSA Director

Mr. Henry F. Zwack, Executive Deputy Commissioner
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, NY 12203

Phone: 518-457-1758

Fax: 518-457-5474

E-mail: henryzwack@oasas.state.ny.us

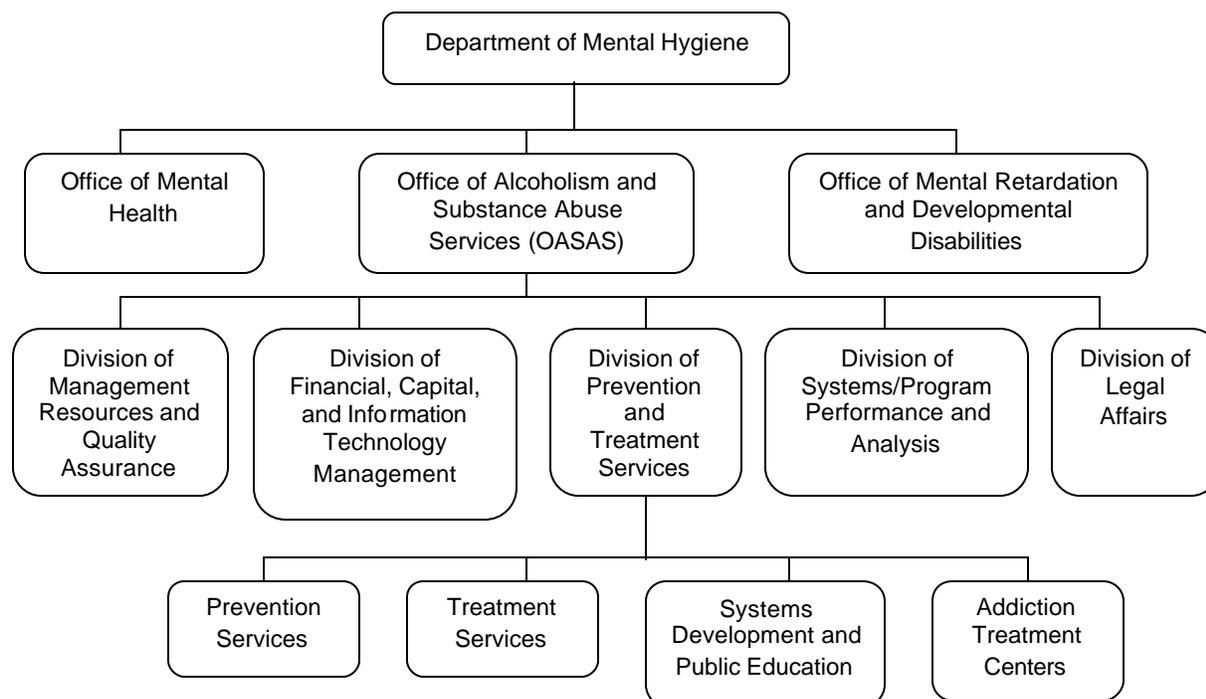
Web site: www.oasas.state.ny.us/www/home.cfm

Structure and Function



In New York, the Office of Alcoholism and Substance Abuse Services (OASAS) is the designated Single State Agency (SSA) for administration of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Located within the Department of Mental Hygiene, OASAS has cabinet-level status. It operates 13 Addiction Treatment Centers that provide short-term inpatient rehabilitation treatment services and oversees the Nation's largest and most diverse addiction system, comprising more than 1,200 licensed treatment and 300 prevention providers. Through this system, OASAS plans for the future; strengthens communities, schools, and families through prevention; assures accessible, cost-effective, quality services; monitors services to ensure they are delivered according to applicable standards and in the best interest of New Yorkers; meets individual needs through specialized services; links programs with research to improve results; and promotes a productive, well-trained workforce.

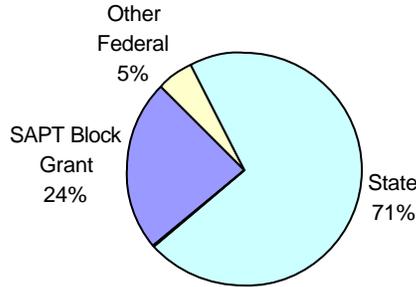
Single State Agency Structure



Single State Agency Funding Overview

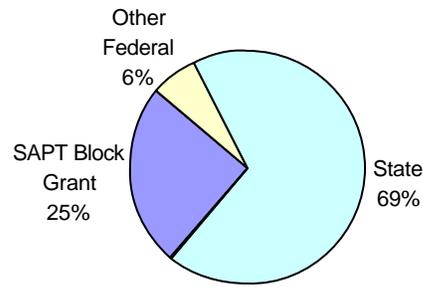
Between FYs 2000 and 2003 SSA expenditures in New York increased slightly but steadily from \$445.1 to \$464.3 million. In FY 2003, the State provided 69 percent of total SSA funding, the Block Grant provided 25 percent and other Federal sources provided 6 percent. This distribution has remained similar since FY 2000.

FY 2000 Expenditures by Funding Source

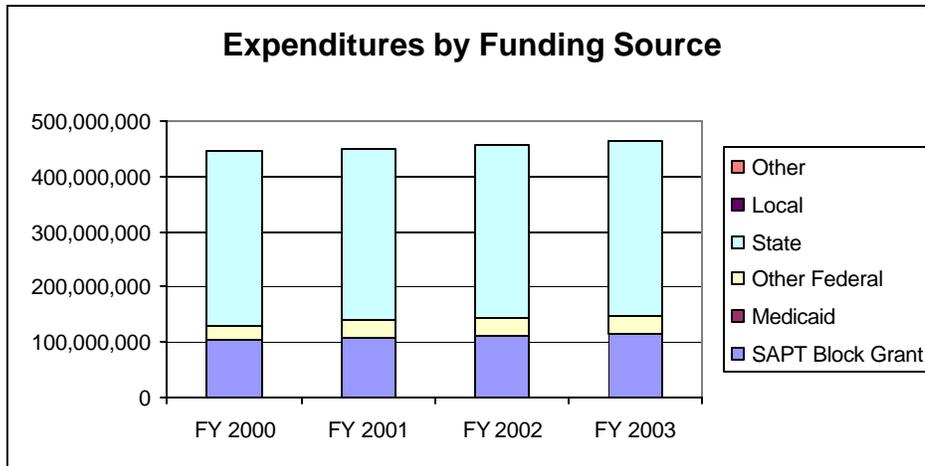


N=\$445,087,064

FY 2003 Expenditures by Funding Source



N=\$464,284,480



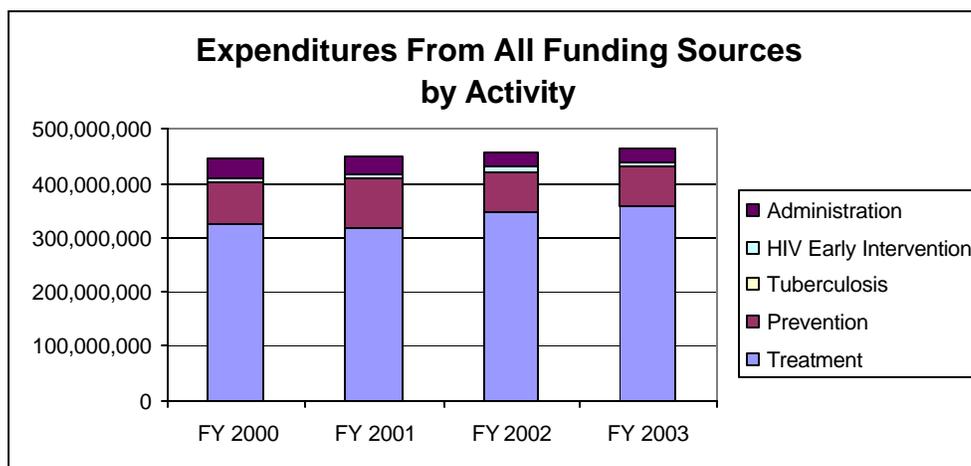
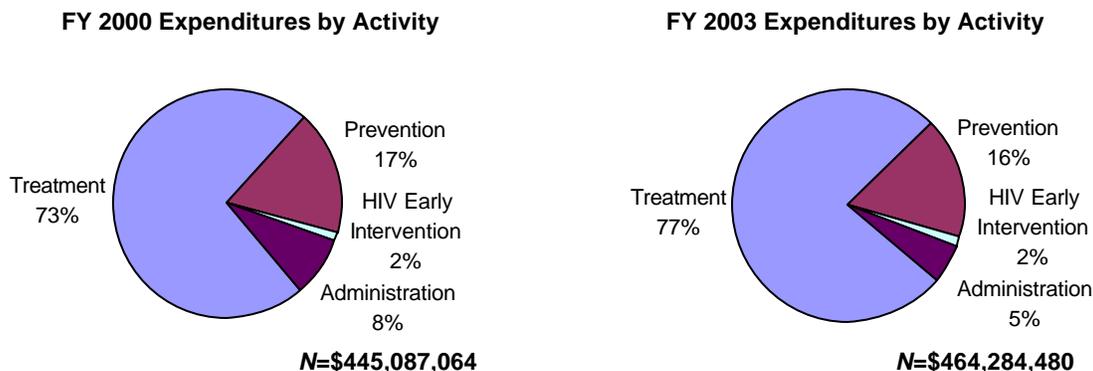
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	104,711,014	24	108,498,254	24	111,896,675	24	115,999,936	25
Medicaid	0	0	0	0	0	0	0	0
Other Federal	22,564,531	5	32,531,701	7	30,797,267	7	29,545,085	6
State	317,811,519	71	309,733,486	69	315,533,798	69	318,739,459	69
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	445,087,064	100	450,763,441	100	458,227,740	100	464,284,480	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

More than three-fourths (77 percent) of FY 2003 SSA expenditures were spent on treatment services, followed by 16 percent on prevention services and 5 percent on administration costs. This distribution has remained relatively stable since FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	270,415,078	61	318,072,428	71	346,058,897	76	357,775,191	77
Alcohol Treatment	24,978,688	6	0	0				
Drug Treatment	30,844,958	7	0	0				
Prevention	75,567,372	17	92,466,624	21	75,134,231	16	74,922,798	16
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	7,355,541	2	6,338,552	1	10,641,333	2	7,272,509	2
Administration	35,925,427	8	33,885,837	8	26,393,279	6	24,313,982	5
Total*	445,087,064	100	450,763,441	100	458,227,740	100	464,284,480	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

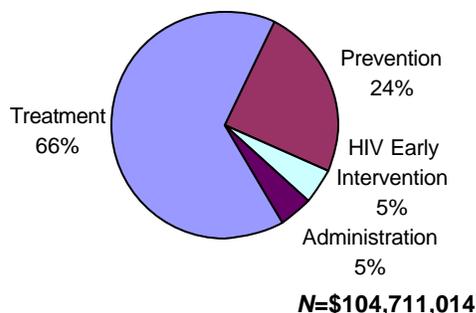
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

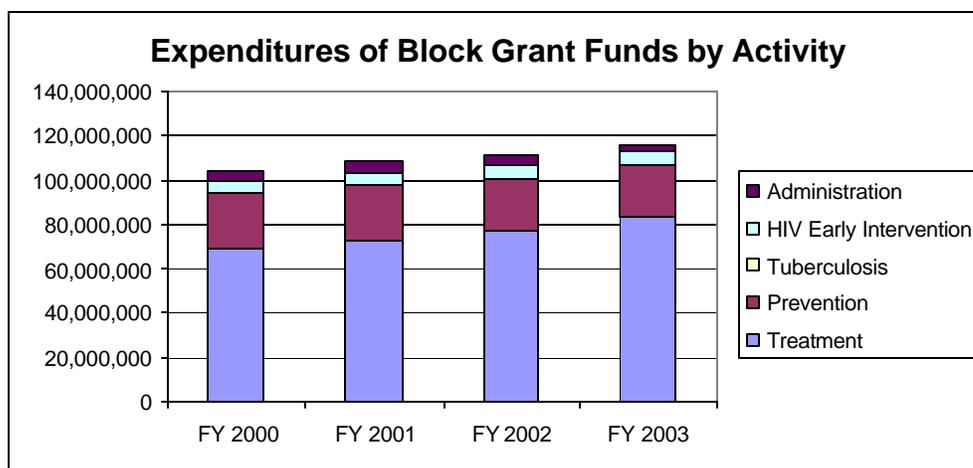
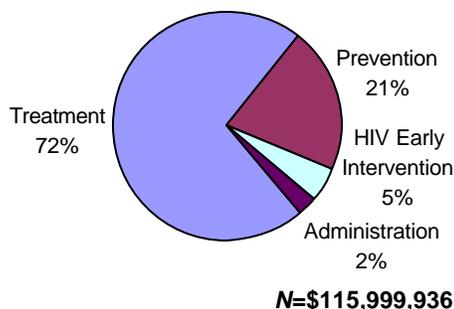
Expenditures of Block Grant Funds

Block Grant expenditures in New York have increased slowly but steadily since FY 2000. In FY 2003, they reached \$116 million. Most (72 percent) of the FY 2003 funds were spent on treatment services (up from 66 percent in FY 2000), and 21 percent on prevention services (down from 24 percent in FY 2000).

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	13,769,440	13	73,084,861	67	77,671,088	69	83,470,927	72
Alcohol Treatment	24,978,688	24	0	0				
Drug Treatment	30,556,640	29	0	0				
Prevention	25,534,948	24	24,668,598	23	23,337,739	21	23,845,680	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	5,236,603	5	5,424,913	5	5,594,848	5	5,800,010	5
Administration	4,634,695	5	5,319,882	5	5,293,000	5	2,883,319	2
Total*	104,711,014	100	108,498,254	100	111,896,675	100	115,999,936	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

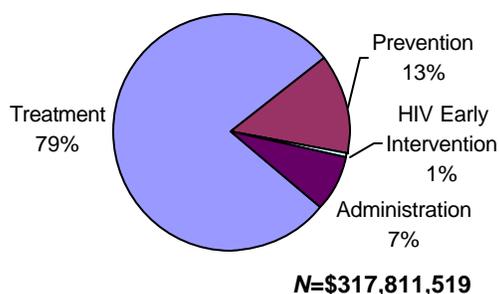
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

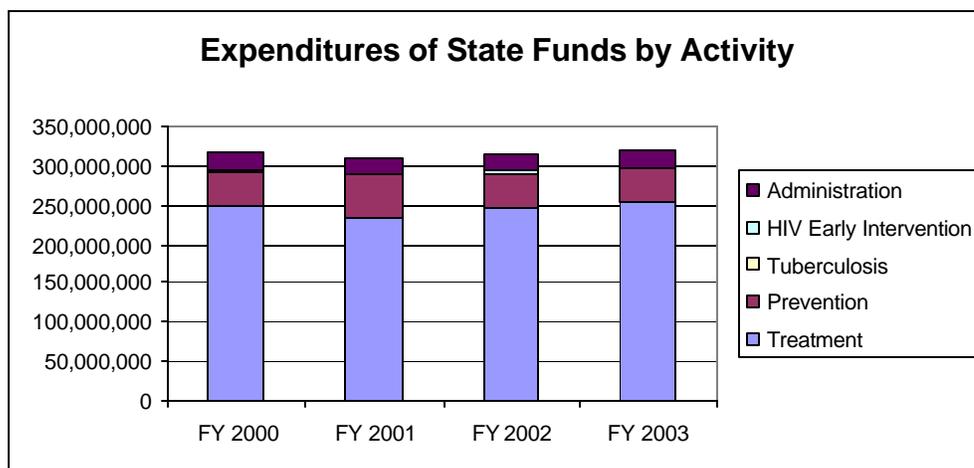
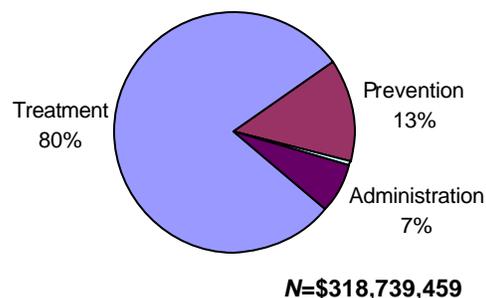
Expenditures of State Funds

State expenditures increased slightly from \$317.8 million in FY 2000 to \$319 million in FY 2003. Nearly all of the funding (80 percent) in FY 2003 went toward treatment services, 13 percent toward prevention services, and 7 percent toward administration costs. This distribution remained relatively stable since FY 2000.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	249,625,498	79	233,635,757	75	247,803,140	79	253,564,695	80
Alcohol Treatment	0	0	0	0				
Drug Treatment	288,318	0	0	0				
Prevention	42,176,565	13	55,155,061	18	41,891,149	13	42,507,362	13
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,118,938	1	913,639	0	5,046,485	2	1,472,499	0
Administration	23,602,200	7	20,029,029	6	20,793,024	7	21,194,903	7
Total*	317,811,519	100	309,733,486	100	315,533,798	100	318,739,459	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

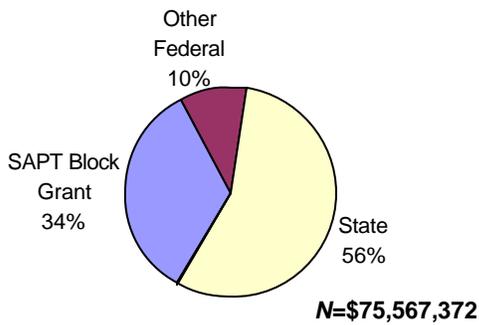
OASAS' Division of Prevention and Treatment Services was created to functionally locate in one organizational entity an integrated continuum of prevention, treatment, and recovery resources for chemical dependence and compulsive gambling which would facilitate OASAS' development of policies and practices for the field. Its Bureau of Prevention adopted a risk and protective factor framework that guides the operation of the entire prevention system. Field offices (located organizationally within the Division of Systems/Program Performance and Analysis) provide extensive support to prevention providers and local governmental units.

Prevention Funding and Expenditures

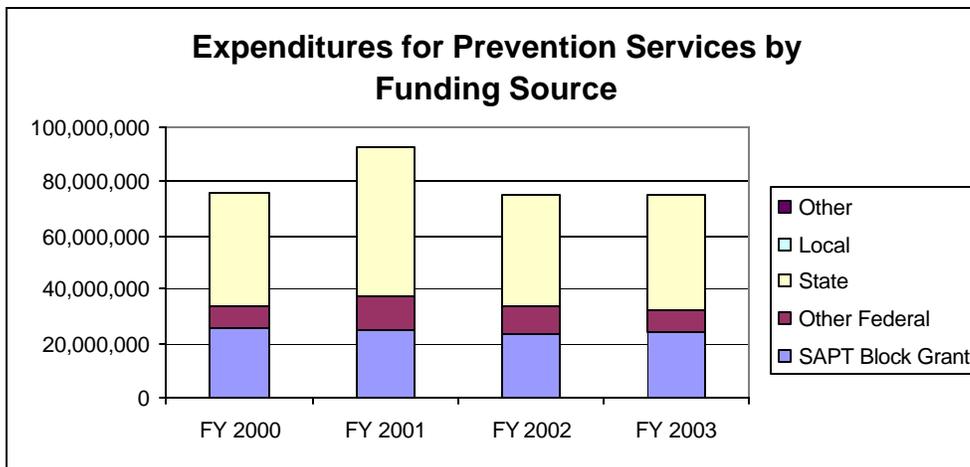
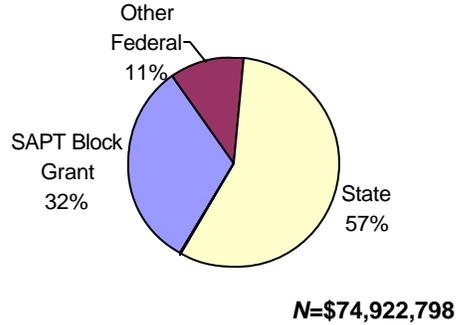
Using Federal discretionary grants and the State Incentive Cooperative Agreement, New York's prevention spending increased in FY 2001 (to \$92.5 million) and then, with these grants' ending, declined to \$74.9 million in FY 2003. Comparing the initial period of this report (FY 2000) to FY 2003, however, the proportion of expenditures from the different funding sources remained relatively stable. In FY 2003, the largest source of prevention funds was the State (providing 57 percent of the total), followed by the Block Grant (32 percent) and other Federal funds (11 percent).

Between FYs 2000 and 2002 Block Grant prevention expenditures per capita declined slightly (from \$1.34 to \$1.22 per capita); in FY 2003, they totaled \$1.24 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	25,534,948	34	24,668,598	27	23,337,739	31	23,845,680	32
Other Federal	7,855,859	10	12,642,965	14	9,905,343	13	8,569,756	11
State	42,176,565	56	55,155,061	60	41,891,149	56	42,507,362	57
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	75,567,372	100	92,466,624	100	75,134,231	100	74,922,798	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

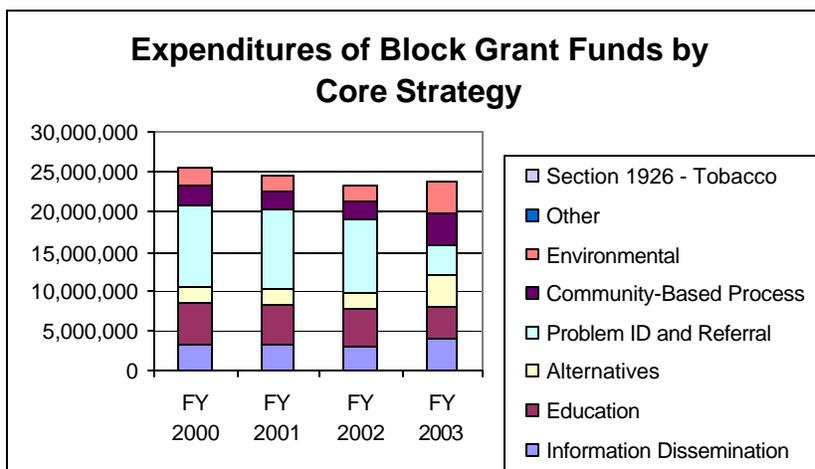
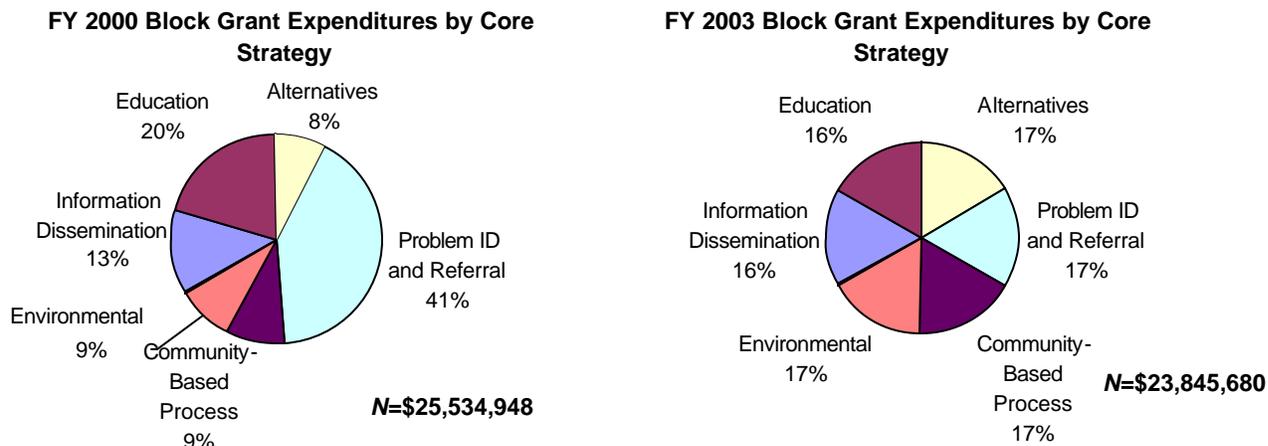
Core Strategies

Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	A listserv is operated by the NE CAPT and moderated by OASAS. Revisions were made to the OASAS Web page to provide a more visible prevention component.
Education	A training component was developed to assist local providers and communities to use data for effective planning.
Alternatives	Local partnerships generate alternative strategies identified through the Communities That Care planning process.
Community-Based Processes	A working relationship with the Office of Juvenile Justice and Delinquency Prevention's Underage Drinking National Technical Assistance Center supports underage drinking teams in the State. Media literacy training is provided at the local level.
Environmental	Strategies include the distribution of the Healthy Campus Communities manual on college alcohol and other drug use prevention.
Problem Identification and Referral	Programming supporting this strategy focuses on high-risk youth (indicated populations within the IOM model) and features both curriculum-based interventions and at-risk counseling approaches. Two SAMHSA Model Programs used across the State are Reconnecting Youth and Project Success. Other approaches include short-term problem resolution focused individual, family, group, and crisis counseling and referral and Student Assistance-based models.

Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for core prevention strategies has remained relatively stable over time, declining from \$25.5 million in FY 2000 to \$23.8 million in FY 2003. The distribution of funds has changed. In FY 2003, New York spent an equal proportion of funds (17 percent) on all of the six core strategies. This represents a change from previous years when problem identification and referral constituted 41 percent, education constituted 20 percent, and information dissemination accounted for 13 percent.



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	3,319,543	13	3,206,917	13	3,033,906	13	3,974,280	17
Education	5,106,990	20	4,933,720	20	4,667,548	20	3,974,280	17
Alternatives	2,042,796	8	1,973,488	8	1,867,019	8	3,974,280	17
Problem ID and Referral	10,469,329	41	10,114,125	41	9,568,472	41	3,974,280	17
Community-Based Process	2,298,145	9	2,220,174	9	2,100,397	9	3,974,280	17
Environmental	2,298,145	9	2,220,174	9	2,100,397	9	3,974,280	17
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	25,534,948	100	24,668,598	100	23,337,739	100	23,845,680	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

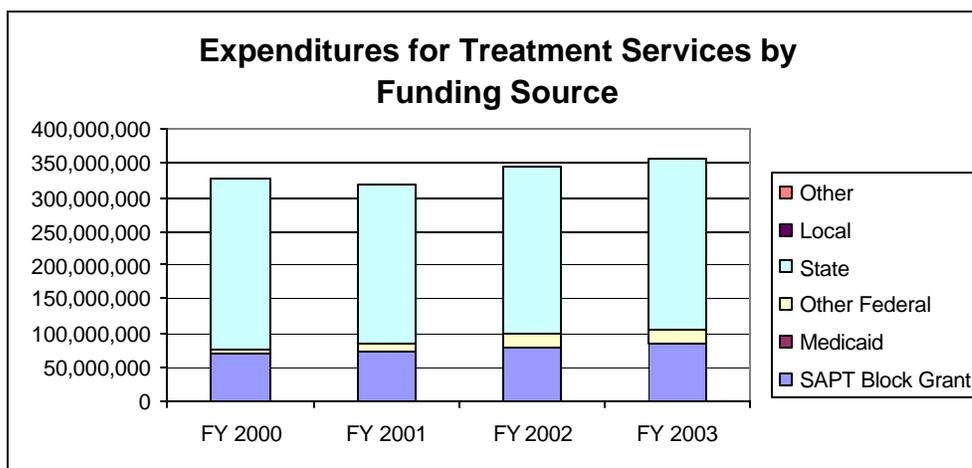
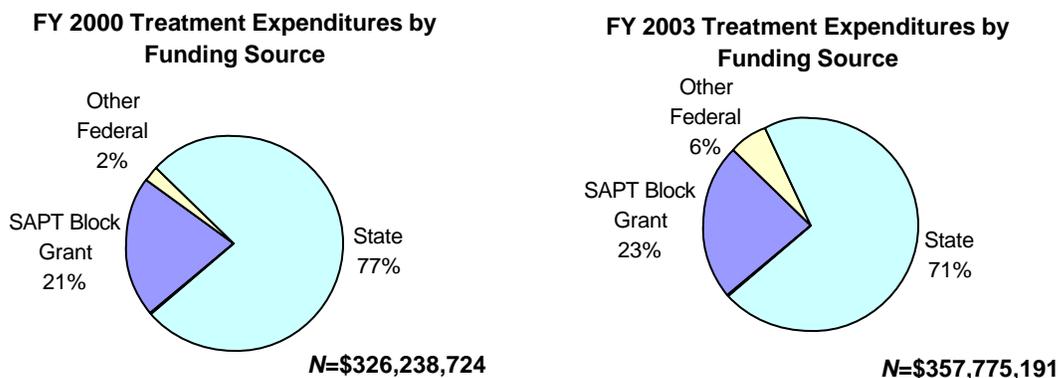
OASAS oversees a treatment continuum of care that includes crisis, inpatient rehabilitation, residential, outpatient, and methadone treatment services, and itself operates 13 Addiction Treatment Centers. Through OASAS' Division of Systems/Program Performance and Analysis, OASAS brings together information and processes in order to identify emerging needs and capture trends, identify and assist struggling providers, develop and adopt evidence-based practices, and evaluate data for components that determine success.

Crisis services are typically short in duration and provided in inpatient or outpatient settings. Inpatient rehabilitation services include intensive evaluation and services in a medically supervised setting. Residential services offer intensive treatment and rehabilitation, community residential services, and supportive living services. Outpatient services are delivered at different levels of intensity based on the severity of problems presented and can include medically supervised services, outpatient rehabilitation services, and non-medically supervised outpatient services. Methadone treatment services administer methadone by prescription in conjunction with a variety of other rehabilitative assistance.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment expenditures increased from \$326.2 to \$357.8 million. In FY 2003, the State provided the majority (71 percent) of treatment funds (down from 77 percent in FY 2000), the Block Grant provided 23 percent and other Federal funds provided 6 percent (up from 2 percent in FY 2000).

Between FYs 2000 and 2002 Block Grant treatment expenditures per capita in New York increased steadily from \$3.65 to \$4.05 per capita. In FY 2003 they continued to increase to \$4.34 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	69,304,768	21	73,084,861	23	77,671,088	22	83,470,927	23
Medicaid	0	0	0	0	0	0	0	0
Other Federal	7,020,140	2	11,351,810	4	20,584,669	6	20,739,569	6
State	249,913,816	77	233,635,757	73	247,803,140	72	253,564,695	71
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	326,238,724	100	318,072,428	100	346,058,897	100	357,775,191	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

New York's SAPT Block Grant application indicates that over 135,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=136,774)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	28,631
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	11,224
Long-term residential	0	0	23,139
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	11,917
Outpatient (non-methadone)	0	0	58,135
Intensive outpatient	0	0	3,728
Detoxification (outpatient)	0	0	0
Total	0	0	136,774

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate that nearly 305,000 persons were admitted to substance abuse programs (where at least one substance is known), of which approximately 62,000 were for alcohol only. Calculations (with imputation) from TEDS data show that approximately 25 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	62,058	23.8
Alcohol in combination with other drugs	242,929	25.7
Total	304,987	25.3

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 1,077,000 persons aged 12 and older (6.8 percent of New York's population) needed, but did not receive, treatment for alcohol use and 435,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in New York.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.77	5.36	15.53	5.50
Needing but not receiving treatment for illicit drug use	2.74	4.98	8.38	1.52

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Planning for prevention and treatment services in the State is undertaken through a 5-year comprehensive, statewide effort; the current “Statewide Comprehensive Plan for Chemical Dependence and Gambling Services for 2006-2010” focuses on performance improvement within the OASAS prevention and treatment systems and reinforces the agency’s commitment to quality prevention, treatment, recovery and support services. In addition and in partnership with local governmental units (LGUs), consisting of New York City and the 57 counties outside the City, OASAS annually produces local services plan guidelines to assist the city and counties develop the local plans that respond to all individuals in need of prevention and treatment services. The guidelines provide information on policies, priorities, and new approaches endorsed by OASAS.

OASAS uses a needs assessment model that determines overall service needs for each county, current resources, and unmet needs. Service-specific need estimates for each county are developed and maintained by OASAS, using survey-based prevalence estimates, U.S. Census data, expert opinion, and current utilization figures from the management information system. Needs assessment data are provided to the counties as part of the local services plan guidelines. The Advisory Council on Alcoholism and Substance Abuse Services reviews and comments on the statewide 5-year plan, among other functions. Membership includes the Commissioner of OASAS, the Chair of the Conference of Local Mental Hygiene Directors, consumers, service providers, and payers of treatment services. All local governments have a community services board.

Evaluation

OASAS uses a variety of mechanisms to ensure that funded and nonfunded programs provide quality services. These mechanisms include data-driven local services planning; project review; certification and inspection; serving as a central coordinating point for complaints against credentialed counselors/prevention practitioners; operating the patient advocacy unit; conducting priority program investigations and targeted compliance reviews; budget preparation and claims and consolidated fiscal reporting; management information system and program performance monitoring; program evaluation that incorporates the Consolidated Client Data System, Workscope/Objective Attainment System, Integrated Program Monitoring and Evaluation System, and conducting evaluations of individual programs and program types; auditing; district and field offices; and local governmental units.

Training and Assistance

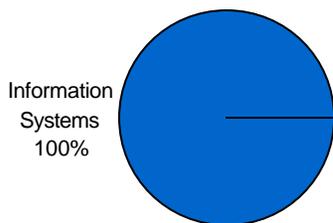
To ensure that a qualified and competent workforce continues to support the service delivery system in the years ahead, OASAS established a Steering Committee on Workforce Development and reengineered the counselor and prevention practitioner credentialing process. OASAS also maintains partnerships with academic institutions to expand the number of colleges/universities that offer course work relevant to New York State’s credentials, hosted Item Writing Workshops to ensure that the international counselor examination is more relevant for New York counselors, and works closely with professional organizations to enhance the addictions workforce.

OASAS develops, revises, and updates existing training curricula designed to reinforce core competencies and provide for more advanced and specialized training and skill development. Training/Technical Assistance Unit staff developed new curricula on “The 12 Core Functions of the Alcoholism and Substance Abuse Counselor” and “The 12 Core Functions of the Alcoholism and Substance Abuse Counselor for Clinical Supervisors.” OASAS continues to focus on overseeing and making training available through the Education and Training Provider Certification System, including the On-Line Training Calendar.

Expenditures of Block Grant Funds for Resource Development Activities

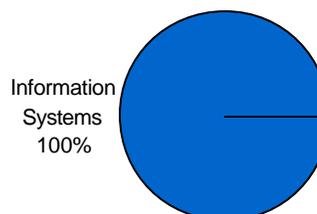
All (nearly \$600,000) of SAPT Block Grant funding for resource development activities in FY 2003 went toward information systems activities.

FY 2000 Block Grant Expenditures on Resource Development Activities

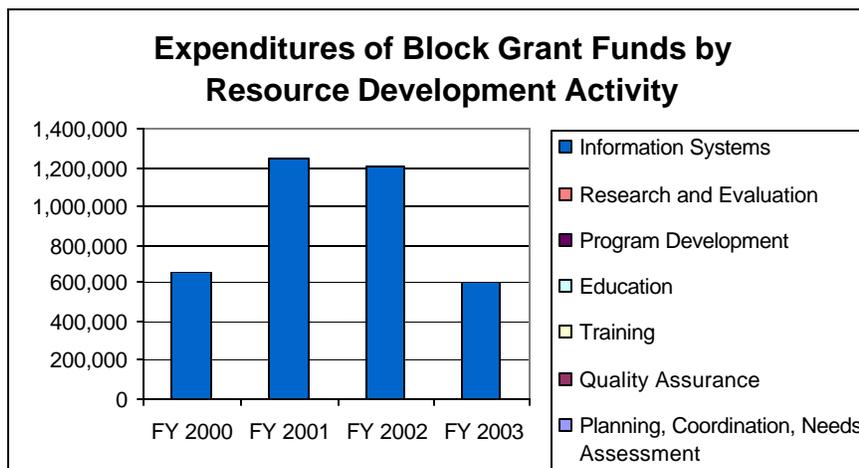


N=\$650,308

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$599,559



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	0	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	0	0	0	0	0	0	0	0
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	650,308	100	1,242,180	100	1,210,188	100	599,559	100
Total*	650,308	100	1,242,180	100	1,210,188	100	599,559	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004 New York was awarded \$7.3 million in Center for Substance Abuse Prevention (CSAP) discretionary funds. Nearly all of these (43 of 57 grants awarded) went toward drug-free communities, totaling \$3.9 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	43	3,931,360
Drug Free Communities Mentoring	4	255,718
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	3	953,835
HIV/AIDS Cohort 4 Services	2	699,656
HIV/AIDS Cohort 5 Services	2	500,000
State Incentive Cooperative Agreements	1	750,000
Youth Transition into the Workplace	1	149,981
Total	57	7,304,186

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) discretionary funds in New York are expected to total nearly \$18.8 million in FY 2004. Targeted capacity-HIV/AIDS received the largest dollar amount (at \$6.8 million), followed by homeless addictions treatment (at \$4.2 million).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	5	1,614,205
CSAT 2004 Earmarks	1	99,410
Effective Adolescent Treatment	1	249,938
Grants for Accreditation of OTPs	1	42,174
Homeless Addictions Treatment	9	4,235,621
Recovery Community Service	3	874,349
Recovery Community Support - Recovery	1	350,000
Residential SA TX	1	500,000
SAMHSA Conference Grants	1	38,100
State Data Infrastructure	1	100,000
Strengthening Access and Retention	1	169,943
Strengthening Communities -Youth	1	749,961
Targeted Capacity Expansion	2	1,000,000
Targeted Capacity - HIV/AIDS	15	6,770,336
TCE Minority Populations	1	500,000
TCE Innovative Treatment	1	499,999
Youth Offender Reentry Program 2004	2	994,928
Total	47	18,788,964

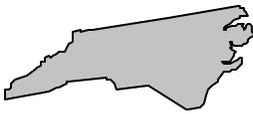
SOURCE: www.samhsa.gov

NORTH CAROLINA

State SSA Director

Flo Stein, Chief, Community Policy Management
Division of Mental Health
Developmental Disabilities and Substance Abuse Services
Department of Health of Human Services
325 N. Salisbury Street
Raleigh, NC 27699-3007
Phone: 919-733-4670
Fax: 919-733-4556
E-mail: flo.stein@ncmail.net
Web site: www.dhhs.state.nc.us/mhddsas/sas/index.htm

Structure and Function

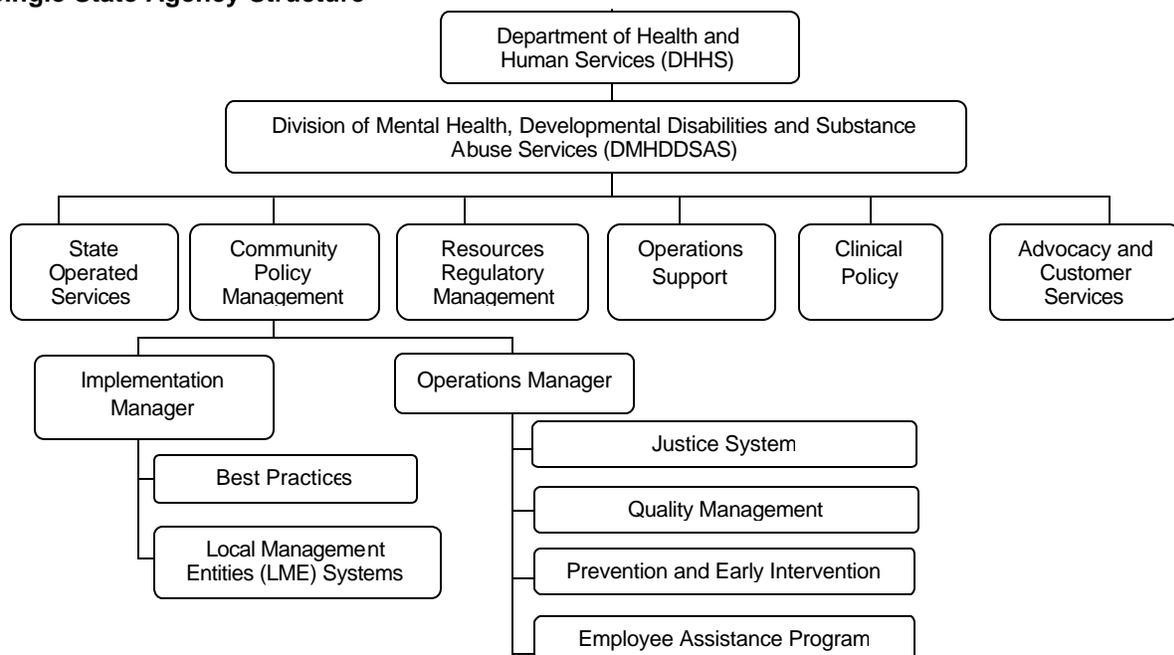


The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) is the designated Single State Agency (SSA) and provides leadership in planning, developing, and organizing a statewide system of alcohol and other drug services. It coordinates and communicates policies and strategies that educate, encourage, and empower individuals, families, organizations, and local communities to respond proactively to prevention, intervention, and treatment issues.

DMHDDSAS is one of five divisions under the Department of Health and Human Services (DHHS). The organizational units of DMHDDSAS include the Director's Office (includes strategic leadership and oversight), State Operated Services (includes substance abuse treatment centers), Community Policy Management (includes the functions of the SSA for substance abuse), Advocacy and Customer Service (includes community customer services), Resource/Regulatory Management (includes systems management, budgeting, contracting), and Operations Support (includes communications, strategic planning, and training).

Community-based substance abuse services are provided through a network of area authorities or county programs. These programs are being transitioned to become local management entities (LMEs) that oversee and manage local services and are responsible for planning and budgeting.

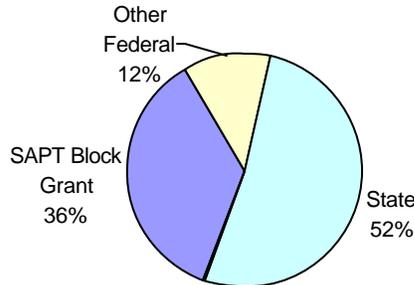
Single State Agency Structure



Single State Agency Funding Overview

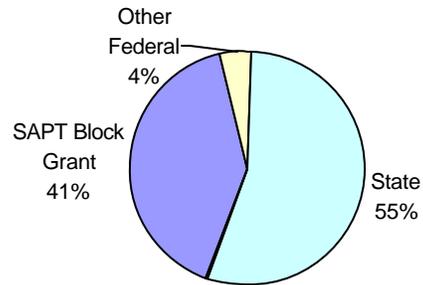
After peaking in FY 2001 at \$98.9 million, North Carolina's overall SSA funding decreased in FYs 2002 and 2003, totaling \$93.1 million in FY 2003. The proportion of funding from the Block Grant increased from FY 2000 (from constituting 36 percent of the total in FY 2000 to 41 percent in FY 2003) while funding from other Federal sources decreased substantially from 12 to 4 percent during the same time period.

FY 2000 Expenditures by Funding Source

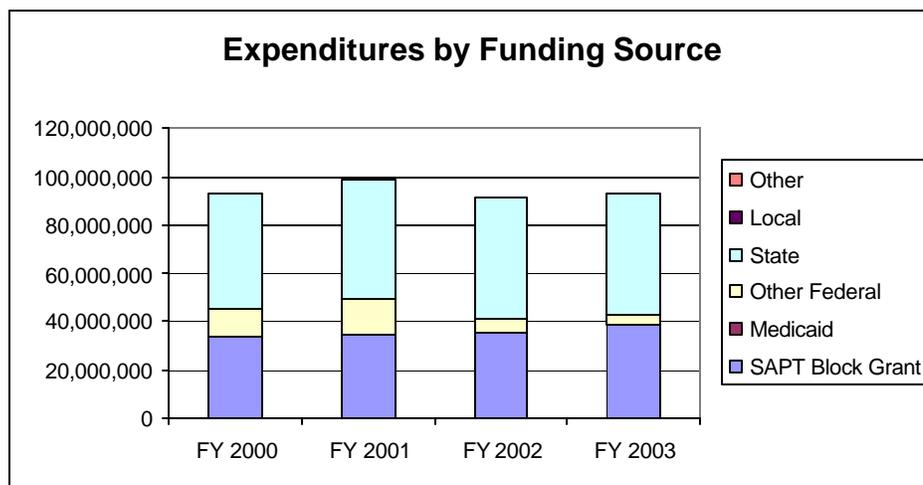


N=\$92,989,261

FY 2003 Expenditures by Funding Source



N=\$93,146,862



Single State Agency Expenditures From All Funding Sources

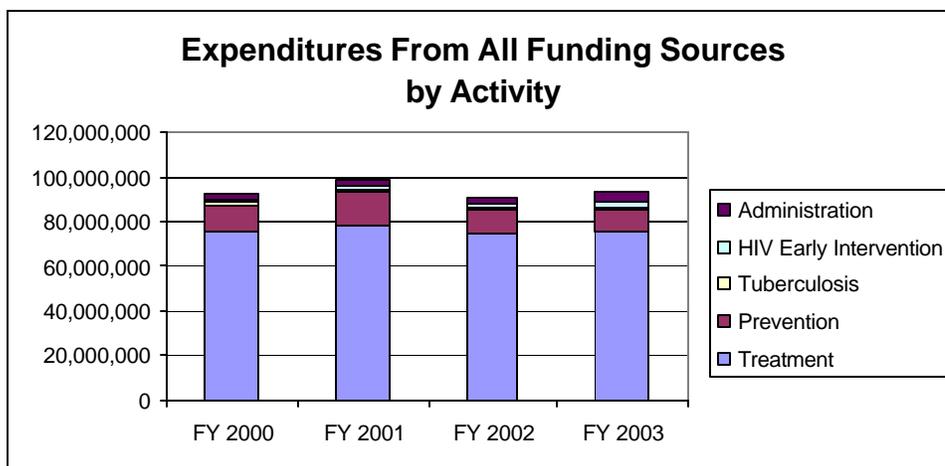
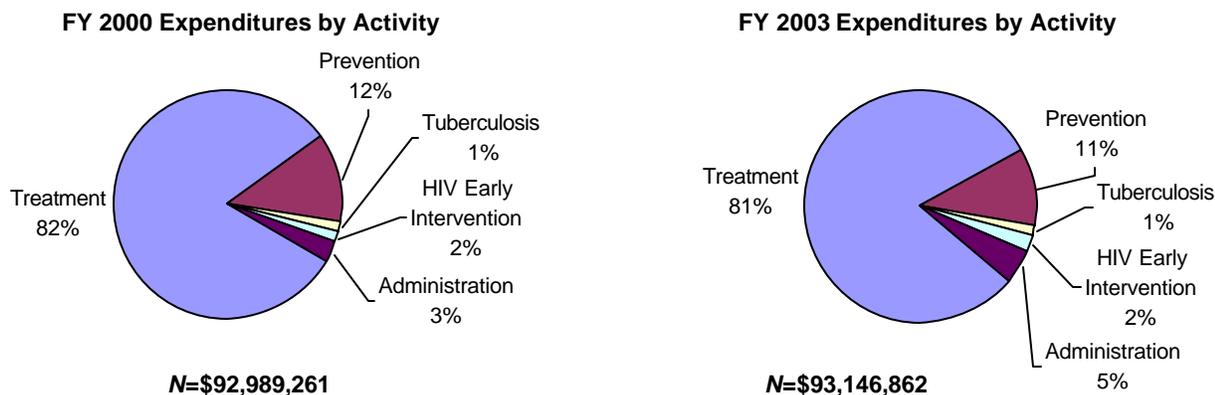
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	33,680,936	36	34,472,623	35	35,377,284	39	38,135,024	41
Medicaid	0	0	0	0	0	0	0	0
Other Federal	11,020,397	12	14,896,397	15	5,333,027	6	4,126,931	4
State	48,287,928	52	49,569,418	50	50,524,601	55	50,884,907	55
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	92,989,261	100	98,938,438	100	91,234,912	100	93,146,862	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$93.1 million expended in FY 2003, North Carolina spent more than \$74.6 million for treatment and rehabilitation—81 percent of total funds. Prevention expenditures constituted 11 percent of total funds, and HIV early intervention, administrative costs, and tuberculosis services constituted the remainder. This distribution is similar to that of previous fiscal years.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	53,934,693	58	78,500,816	79	74,617,458	82	75,522,116	81
Alcohol Treatment	12,292,137	13	0	0				
Drug Treatment	9,924,413	11	0	0				
Prevention	11,317,112	12	14,631,493	15	10,732,287	12	9,947,685	11
Tuberculosis	1,350,000	1	1,350,000	1	1,350,000	1	1,350,000	1
HIV Early Intervention	1,586,493	2	1,723,631	2	1,768,865	2	1,960,751	2
Administration	2,584,413	3	2,732,498	3	2,766,302	3	4,420,310	5
Total*	92,989,261	100	98,938,438	100	91,234,912	100	93,146,862	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

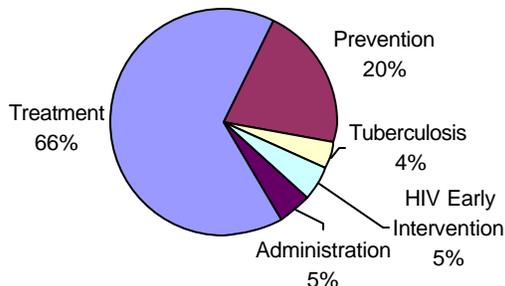
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

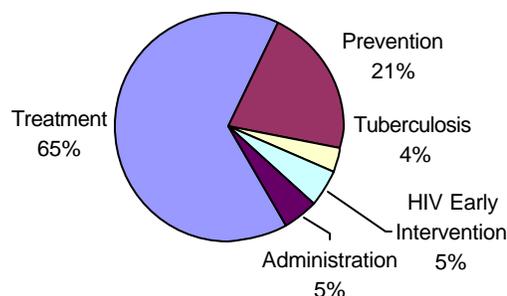
Block Grant funding increased between FYs 2000 and 2003 (from \$33.7 to \$38.2 million). Allocation proportions for those funds remained relatively stable over those two periods: approximately two-thirds of the Block Grant funds went to treatment and rehabilitation, while prevention represented about one-fifth. HIV early intervention services accounted for 5 percent of Block Grant funds.

FY 2000 Block Grant Expenditures by Activity

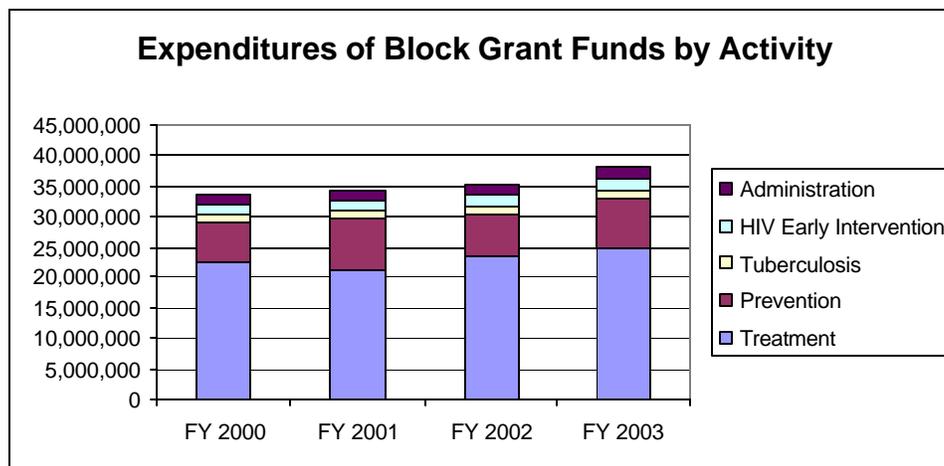


N=\$33,680,936

FY 2003 Block Grant Expenditures by Activity



N=\$38,189,024



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	20,914,704	61	23,193,744	66	25,017,161	66
Alcohol Treatment	12,292,137	36	0	0				
Drug Treatment	9,924,413	29	0	0				
Prevention	6,843,846	20	8,760,657	25	7,295,811	21	7,954,361	21
Tuberculosis	1,350,000	4	1,350,000	4	1,350,000	4	1,350,000	4
HIV Early Intervention	1,586,493	5	1,723,631	5	1,768,865	5	1,960,751	5
Administration	1,684,047	5	1,723,631	5	1,768,864	5	1,906,751	5
Total*	33,680,936	100	34,472,623	100	35,377,284	100	38,189,024	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

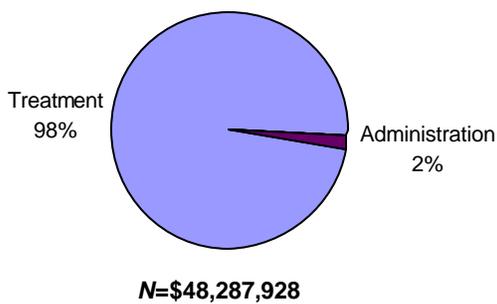
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

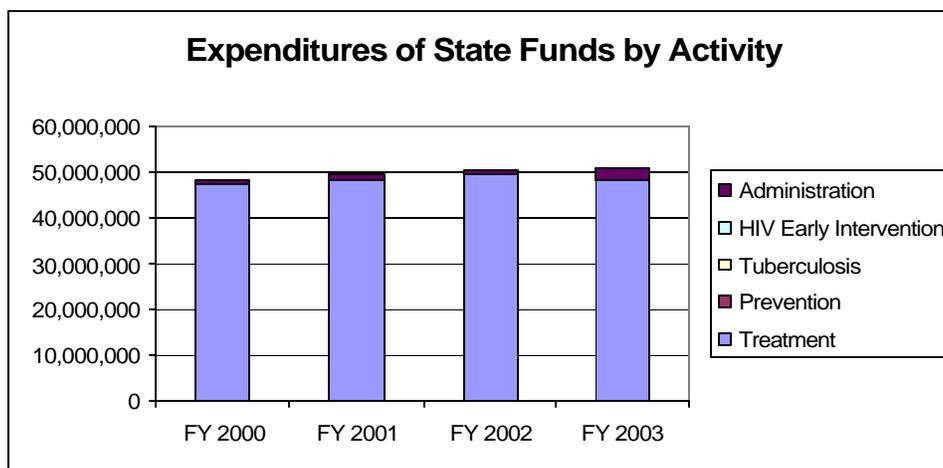
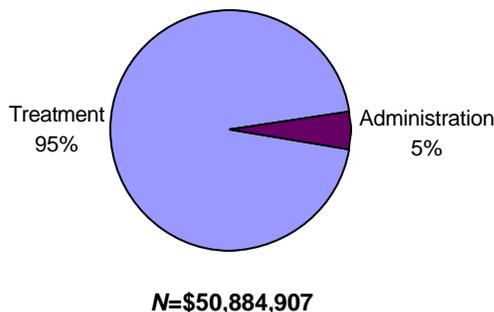
Expenditures of State Funds

State expenditures on SSA activities increased from \$48.3 to \$50.9 million between FYs 2000 and 2003. During that time period, most (95 to 98 percent) State funds paid for treatment services and the remainder went toward administrative activities (2 to 5 percent).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	47,387,562	98	48,560,551	98	49,527,163	98	48,371,348	95
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	900,366	2	1,008,867	2	997,438	2	2,513,559	5
Total*	48,287,928	100	49,569,418	100	50,524,601	100	50,884,907	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

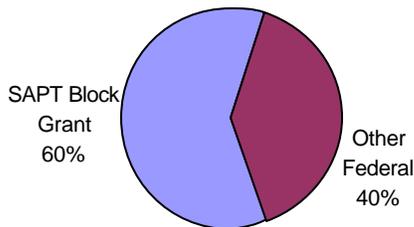
The Prevention and Early Intervention Team, Community Policy Section, is the designated Office of Prevention. The Team’s mission is to reduce, delay, and prevent substance use and abuse by children, adolescents, and adults. Contracts with LMEs and their provider agencies implement a myriad of prevention initiatives and innovations. Local programs are encouraged to use evidence-based programs in planning to address the six core strategies.

Prevention Funding and Expenditures

Between FYs 2000 and 2003, total prevention expenditures declined from \$11.3 to nearly \$10 million. In FY 2003, the Block Grant covered 80 percent of total prevention expenditures, and other Federal funds covered the remaining 20 percent. This represents a shift from FY 2000, when the Block Grant covered 60 percent of prevention funds, and other Federal sources covered the remaining 40 percent.

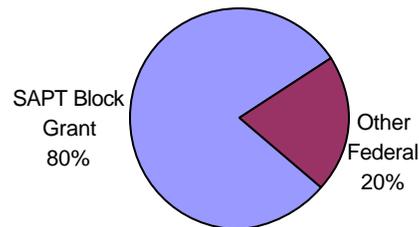
The SAPT Block Grant funding per capita on prevention services fluctuated in North Carolina, increasing from \$0.85 in FY 2000 to \$1.07 in FY 2001 and then decreasing to \$0.88 in FY 2002. In FY 2003, per capita funds for prevention rebounded to \$0.94.

FY 2000 Prevention Expenditures by Funding Source

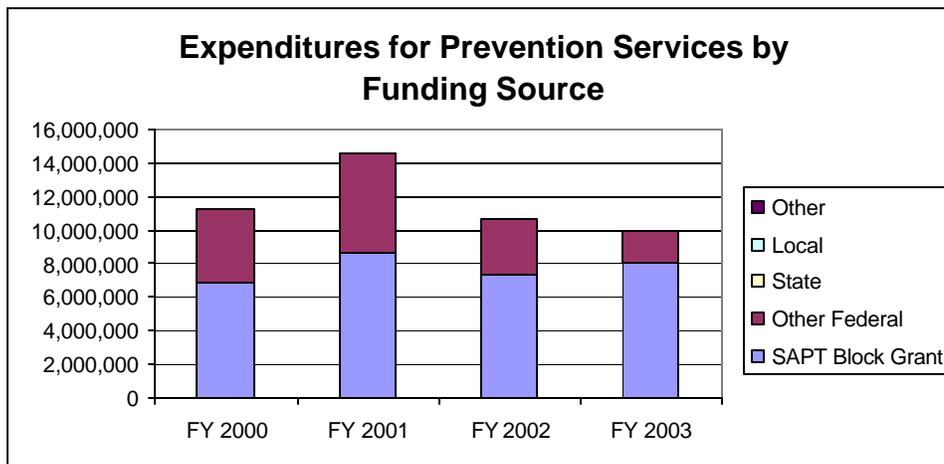


N=\$11,317,112

FY 2003 Prevention Expenditures by Funding Source



N=\$9,947,685



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	6,843,846	60	8,760,657	60	7,295,811	68	7,954,361	80
Other Federal	4,473,266	40	5,870,836	40	3,436,476	32	1,993,324	20
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	11,317,112	100	14,631,493	100	10,732,287	100	9,947,685	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

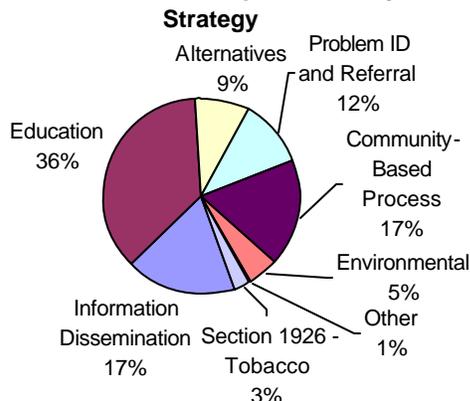
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Statewide Regional Alcohol and Drug Awareness Resources (RADAR) center and affiliates disseminate information and maintain a Web site and newsletter <i>The Next Step</i> . Mini-grants support prevention resource centers for specific population groups.
Education	Prevention professionals are trained through the Governor's Academy for Prevention Professionals, Area Health Education Centers offer trainings, and various conferences are held.
Alternatives	Alternatives include the Prom-Promise initiative, ropes courses, health fairs, drug-free essay contents, and art exhibits.
Community-Based Processes	Workshops are held for professionals in the school system, and community collaborative entities and faith-based groups meet on a regional basis.
Environmental	Strategies include a retailer training and beverage server program.
Problem Identification and Referral	LME professionals are trained to identify risk and protective factors and make referrals to indicated programs.

Expenditures of Block Grant Funds for Core Strategies

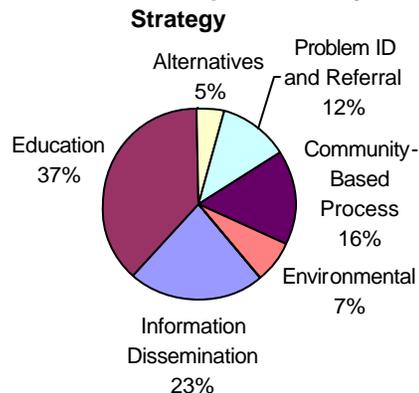
Block Grant expenditures on prevention cores strategies increased over time from over \$6.8 million in FY 2000 to nearly \$8 million in FY 2003. The largest portion of Block Grant funds for prevention strategies in FY 2003 was spent on education, 23 percent was spent on information dissemination, 16 percent on community-based processes, and 12 percent on problem identification and referral. This distribution of funding was relatively stable from FYs 2000 to 2003.

FY 2000 Block Grant Expenditures by Core Strategy

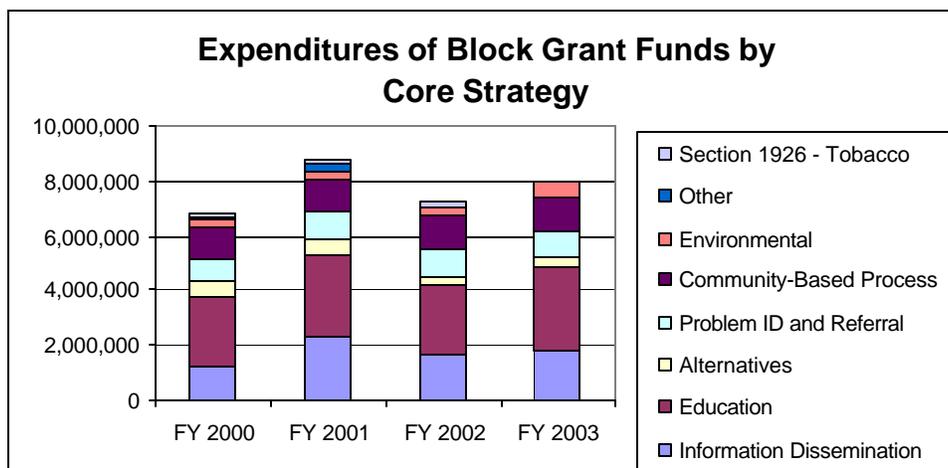


N=\$6,843,846

FY 2003 Block Grant Expenditures by Core Strategy



N=\$7,954,361



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,233,163	18	2,283,272	26	1,622,932	22	1,810,410	23
Education	2,506,466	37	3,065,250	35	2,540,241	35	3,037,253	38
Alternatives	607,088	9	564,725	6	282,249	4	365,418	5
Problem ID and Referral	789,625	12	970,707	11	1,058,434	15	950,549	12
Community-Based Process	1,179,028	17	1,207,459	14	1,270,120	17	1,245,399	16
Environmental	315,148	5	287,561	3	282,249	4	545,332	7
Other	36,765	1	257,310	3	0	0	0	0
Section 1926 - Tobacco	176,563	3	124,373	1	239,586	3	0	0
Total*	6,843,846	100	8,760,657	100	7,295,811	100	7,954,361	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

The implementation of LMEs reformed the delivery of substance abuse treatment in North Carolina. LMEs ensure (1) that direct services are purchased from local private, nonprofit organizations, and (2) that quality care is provided to consumers in their catchment areas. The State will continue to provide an array of treatment services through local providers, including detoxification, crisis stabilization, outpatient, inpatient, residential, halfway house, and specialized services to women and injection drug users (IDUs).

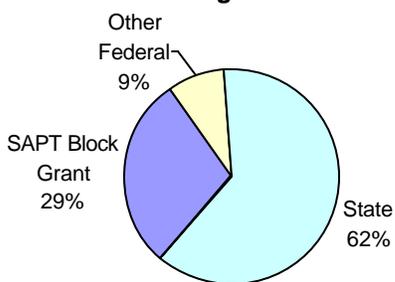
Target populations are eligible to receive additional services beyond the basic services offered to all consumers. Adult target populations are IDUs and those with communicable diseases, women, criminal justice and driving under intoxication (DUI) offenders, deaf and hard-of-hearing persons, homeless persons, and social services-involved parents. Children and adolescents who are at high risk or who abuse substances are also targeted for additional services.

Treatment Funding and Expenditures

Expenditures on treatment remained relatively stable from FYs 2000 to 2003, ranging from \$74.6 to \$78.5 million. The distribution of funds also remained similar over time. Funding from the State constituted the majority of treatment expenditures (62 to 66 percent), followed by the SAPT Block Grant (27 to 33 percent).

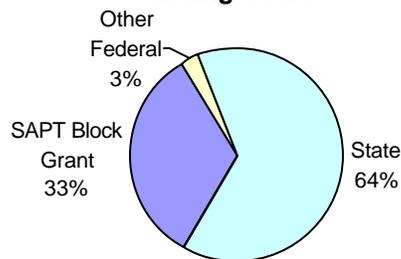
The SAPT Block Grant funding per capita for treatment and rehabilitation services decreased from \$2.75 in FY 2000 to \$2.55 in FY 2001. In FY 2002, per capita funding rebounded to \$2.79, and in FY 2003 it continued to increase to \$2.97.

FY 2000 Treatment Expenditures by Funding Source

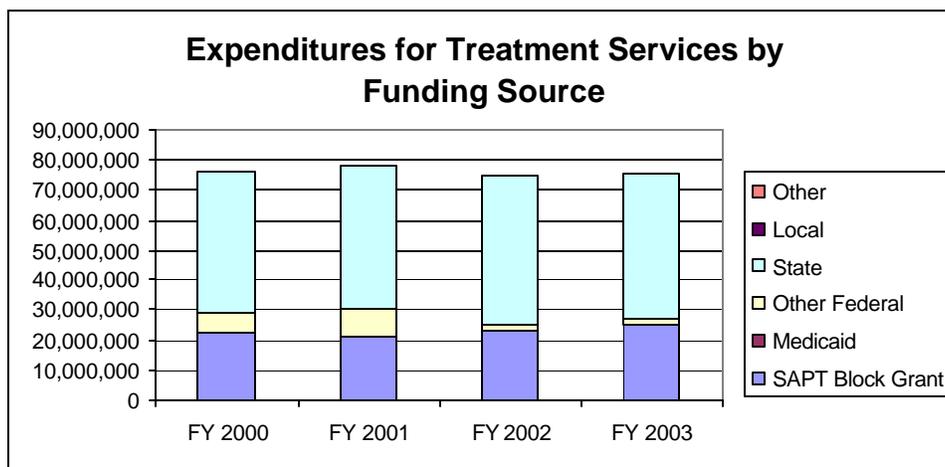


N=\$76,151,243

FY 2003 Treatment Expenditures by Funding Source



N=\$75,522,116



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	22,216,550	29	20,914,704	27	23,193,744	31	25,017,161	33
Medicaid	0	0	0	0	0	0	0	0
Other Federal	6,547,131	9	9,025,561	11	1,896,551	3	2,133,607	3
State	47,387,562	62	48,560,551	62	49,527,163	66	48,371,348	64
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	76,151,243	100	78,500,816	100	74,617,458	100	75,522,116	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

North Carolina's SAPT Block Grant application indicates that 32,000 persons were admitted to treatment during FY 2002, most of which were admitted for outpatient (non-methadone, free-standing residential, and short-term residential).

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=32,000)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	139	120	0
Free-standing residential	1,997	1,767	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	170	144	0
Short-term residential	1,338	2,102	0
Long-term residential	364	645	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	1,113	0
Outpatient (non-methadone)	9,170	10,200	435
Intensive outpatient	874	1,277	0
Detoxification (outpatient)	75	70	0
Total	14,127	17,438	435

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate slightly more than 30,000 admissions (where at least one substance is known), of which nearly 10,000 were for alcohol only. Calculations (with imputation) from TEDS data show that approximately 56 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This figure varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 60 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 54 percent of persons admitted for abusing alcohol in

combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	9,959	59.7
Any other drugs	20,086	54.2
Total	30,045	56.0

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 427,000 North Carolina residents aged 12 and older (6.3 percent of the State's population) needed, but did not receive, treatment for alcohol use, and 177,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.31	5.34	16.04	4.80
Needing but not receiving treatment for illicit drug use	2.62	5.21	6.65	1.60

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Substate planning is carried out at multiple levels. Counties are grouped into catchment areas served by the LMEs and into four regions. Areas that have the highest prevalence and greatest need are primarily determined at the area and regional levels. Data and recommendations from the LMEs and Regional Management Teams to DMHDDSAS and section chiefs are the basis for State plans. The Commission for DMHDDSAS regulates and advises the DMHDDSAS regarding all State plans. Various State, regional, and local advisory councils advise and assist the SSA on service needs, priority populations, and linkages with other State initiatives.

The Substance Abuse Services section uses an Annual Performance Agreement that includes reporting by each LME to assure that programs serve communities with the highest prevalence and greatest need. Based on regular analysis of these reports, site visits are conducted on a sample of programs to assess allocation of resources with the highest levels of local needs. Multiple prevention and treatment needs assessment studies are used in strategic planning.

Evaluation

The Substance Abuse Services section maintains performance agreements with the LMEs that outline appropriate use of SAPT Block Grant funds. They monitor treatment and prevention service delivery to high-risk populations. At least 5 percent of programs receiving SAPT Block Grant funding are scheduled and reviewed each year.

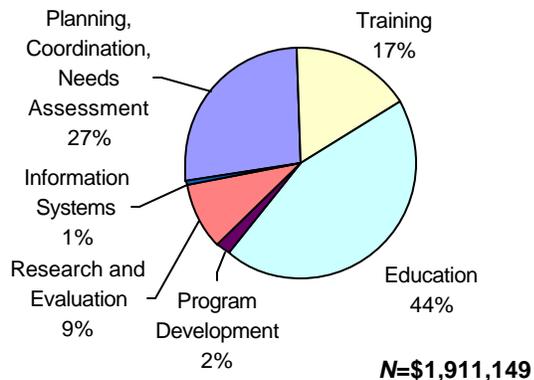
Training and Assistance

Continuing education and training is provided to substance abuse, prevention, child and adolescent, and adult human service professionals regarding alcohol, tobacco and other drug (ATOD) use, abuse, and dependence. Education and training services are provided through: (1) annual conferences, summits, and schools, (2) best practice models for professionals in the mental health, developmental disabilities, and substance abuse fields, (3) annual scholarships for attendance at alcohol and other drug school programs, (4) specialized training regarding targeted populations, and (5) training on science-based model programs.

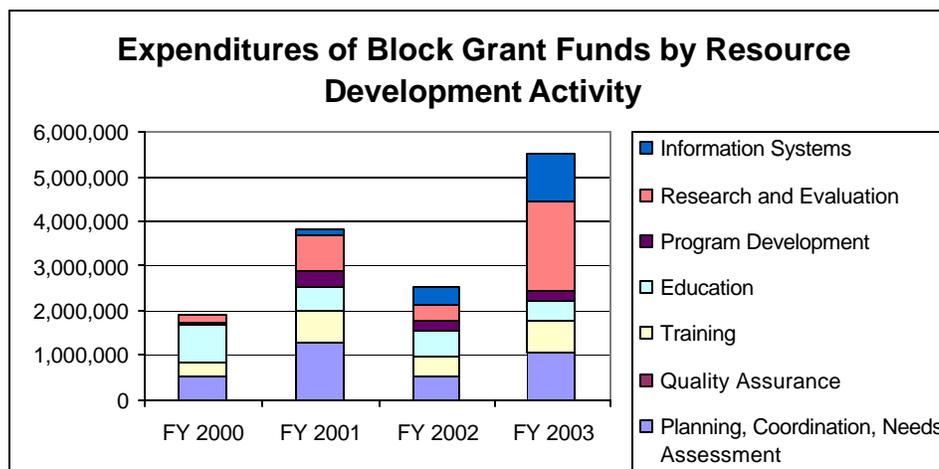
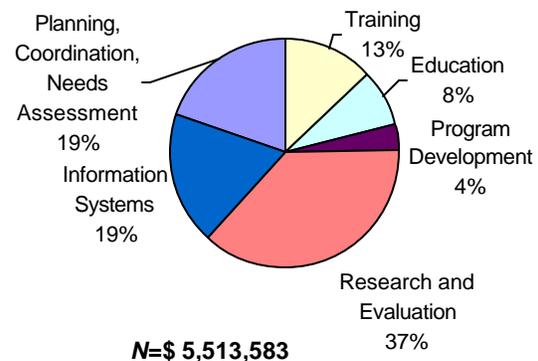
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant expenditures for resource development activities more than doubled between FYs 2000 and 2003 (from \$1.9 to \$5.5 million). The proportion of funds spent on the different activities also shifted. In FY 2003, 37 percent of the total was spent on research and evaluation (compared to 9 percent in FY 2000) and 19 percent was spent on information systems (compared with 1 percent in FY 2000). In contrast, in FY 2000, 44 percent was spent on education activities and only 8 percent was spent on education activities in FY 2003.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	521,186	27	1,271,343	33	532,613	21	1,066,384	19
Quality Assurance	0	0	0	0	0	0	0	0
Training	323,070	17	709,850	18	449,128	18	713,499	13
Education	845,366	44	542,232	14	567,003	22	441,756	8
Program Development	33,462	2	324,723	8	226,959	9	212,668	4
Research and Evaluation	177,985	9	863,582	22	347,161	14	2,039,638	37
Information Systems	10,080	1	132,906	3	407,665	16	1,039,638	19
Total*	1,911,149	100	3,844,636	100	2,530,529	100	5,513,583	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$1.5 million in 12 discretionary grants to entities in North Carolina during FY 2004. Eight of the 12 grants were awarded to drug-free communities, and nearly half (\$7 million) of the funds were targeted at HIV/AIDS cohort services.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	8	681,392
HIV/AIDS Cohort 3 Services	1	349,364
HIV/AIDS Cohort 4 Services	1	350,000
SAMHSA Conference Grants	1	25,000
Youth Transition into the Workplace	1	149,987
Total	12	1,555,743

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$1.8 million in seven discretionary funds to North Carolina. Much of those funds (\$773,840) were targeted at HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Effective Adolescent Treatment	1	249,967
Recovery Community Service	2	495,138
State Data Infrastructure	1	100,000
Strengthening Access and Retention	1	200,000
Targeted Capacity - HIV/AIDS	2	773,840
Total	7	1,818,945

SOURCE: www.samhsa.gov

NORTH DAKOTA

State SSA Director

Ms. JoAnne Hoesel, Director
Division of Mental Health and Substance Abuse Services
North Dakota Department of Human Services
1237 W. Divide Avenue, Suite 1C
Bismarck, ND 58501-1208

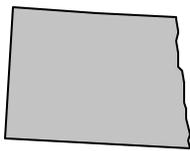
Phone: 701-328-8924

Fax: 701-328-8969

E-mail: sohoej@state.nd.us

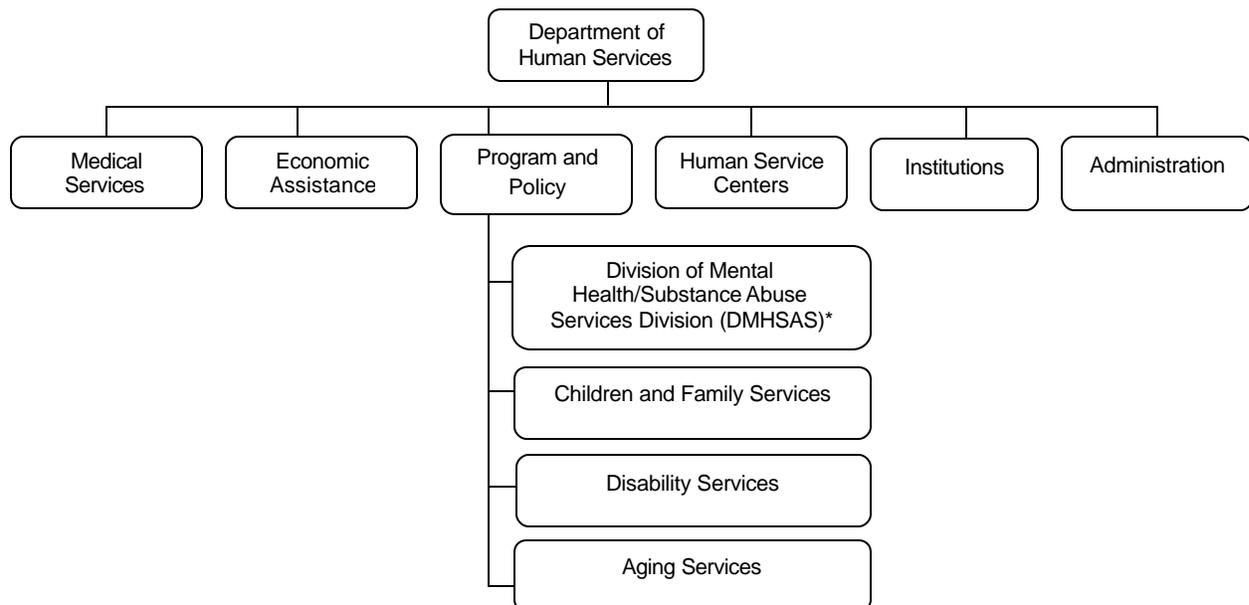
Web site: www.state.nd.us/humanservices/services/mentalhealth

Structure and Function



The Department of Human Services, Mental Health and Substance Abuse Services Division (DMHSAS) is the designated Single State Agency (SSA) that provides leadership for the planning, development, and oversight of a system of care for children, adults, and families with severe emotional disorders, mental illness, and/or substance abuse issues. Mental health and substance abuse services are delivered through eight Regional Human Service Centers and the North Dakota State Hospital in Jamestown. DMHSAS also contracts with four Native American Tribes for reservation services. The regional centers serve designated multicounty areas and provide substance abuse treatment and other core services. The North Dakota Commission on Drug and Alcohol Abuse Comprehensive Three-Year Plan for Prevention, Treatment and Enforcement also includes the State's comprehensive statewide plan for substance abuse prevention.

Single State Agency Structure

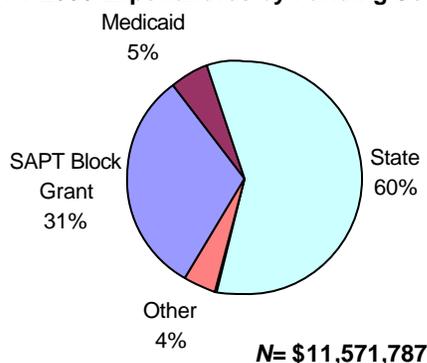


* Program Divisions have oversight responsibility for county social services.

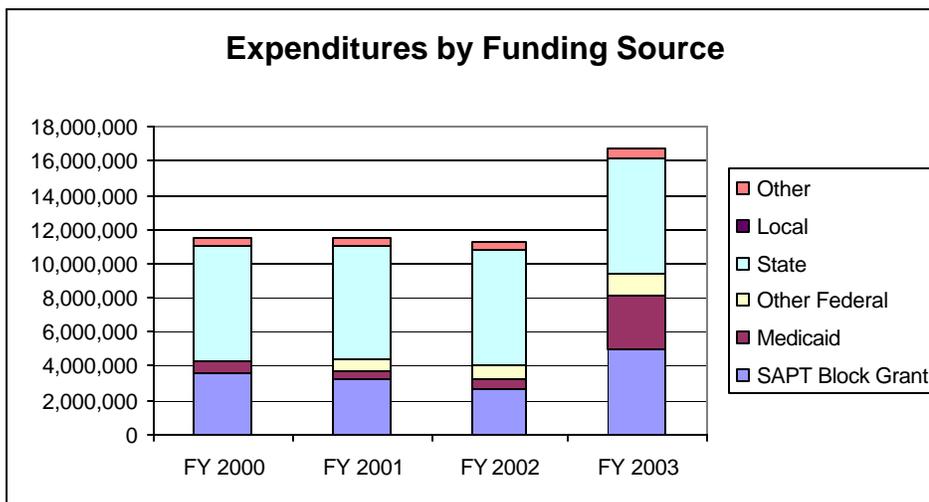
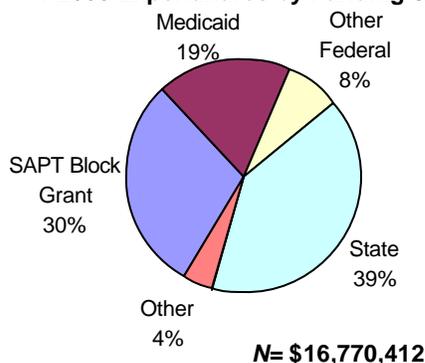
Single State Agency Funding Overview

SSA total expenditures for North Dakota increased from nearly \$11.6 in FY 2000 to nearly \$16.8 in FY 2003. State funding remained relatively stable in dollar value between those two periods but declined in proportion (from about 60 percent to 39 percent of total expenditures). Block Grant funding increased somewhat in dollar value but remained relatively stable in proportion (at about 30–31 percent of total expenditures). Medicaid and other Federal funding sources increased, both in dollar value and in proportion. Nevertheless, State funding continues to be the largest funding source.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

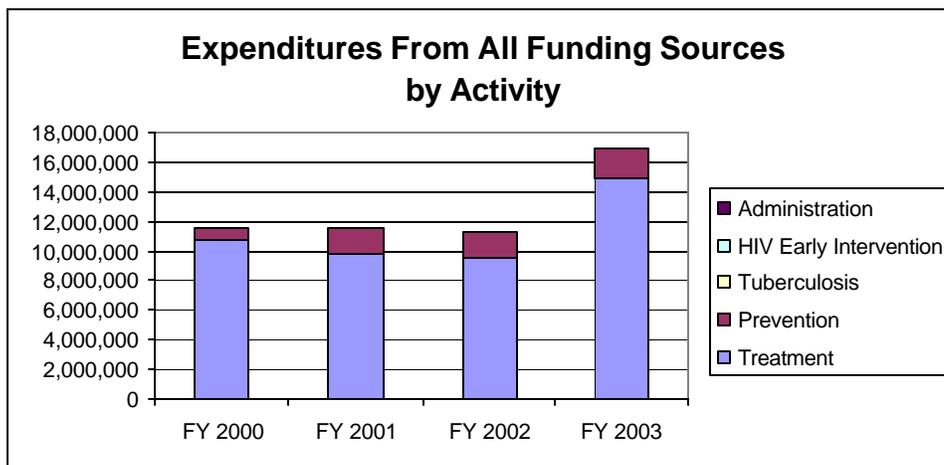
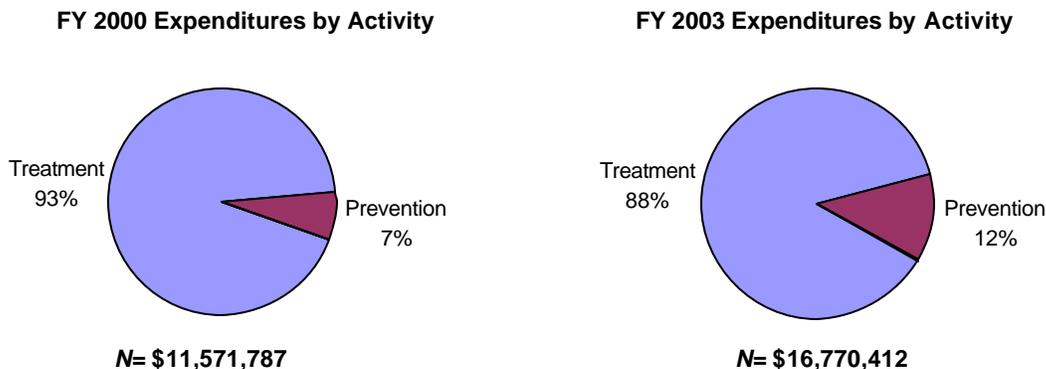
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,627,405	31	3,174,888	27	2,663,625	23	4,984,093	30
Medicaid	609,494	5	530,188	5	569,841	5	3,133,330	19
Other Federal	5,461	0	671,898	6	809,010	7	1,263,949	8
State	6,825,322	59	6,725,635	58	6,822,700	60	6,721,455	40
Local	0	0	0	0	0	0	0	0
Other	504,105	4	450,370	4	477,238	4	667,585	4
Total*	11,571,787	100	11,552,979	100	11,342,414	100	16,770,412	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Treatment activities continue to account for the vast majority of SSA expenditures. That majority, however, shrank between FYs 2000 and 2003 (from 93 percent to 88 percent), while prevention activities increased, both in proportion and dollar value.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	9,439,930	83	14,874,104	89
Alcohol Treatment	3,834,254	33	2,680,091	23				
Drug Treatment	6,963,424	60	7,246,169	63				
Prevention	774,109	7	1,626,719	14	1,902,484	17	2,044,914	12
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	31,394	0
Total*	11,571,787	100	11,552,979	100	11,342,414	100	16,770,412	101

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

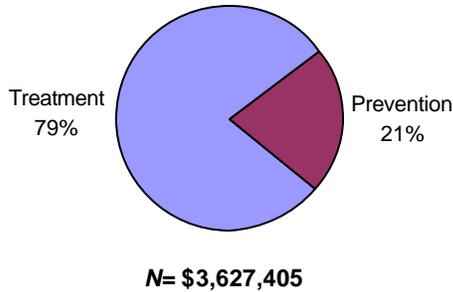
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

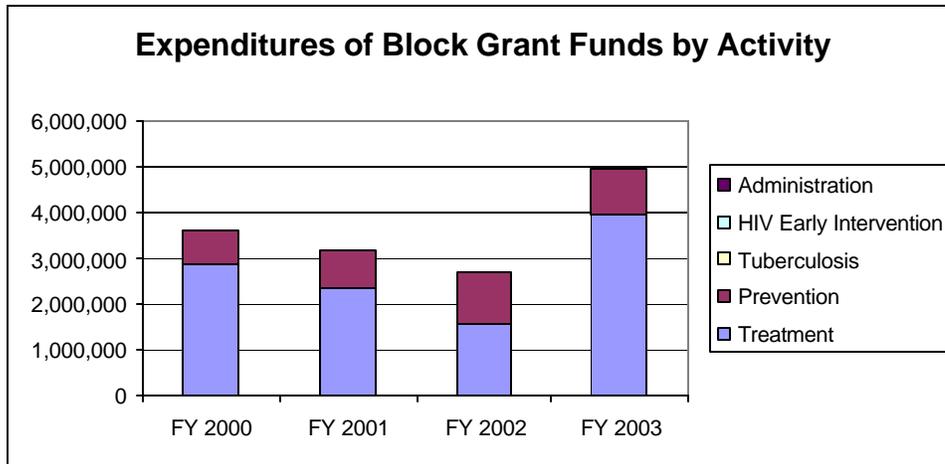
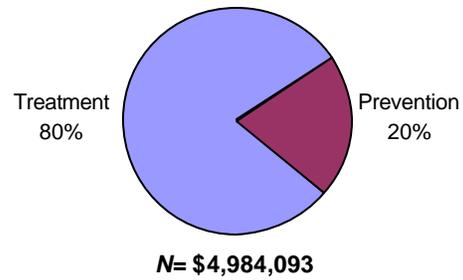
Expenditures of Block Grant Funds

Block Grant funding in North Dakota increased from about \$3.6 million in FY 2000 to nearly \$5 million in FY 2003. Approximately 80 percent of those dollars continued to fund treatment activities, while approximately 20 percent continued to fund prevention activities.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	1,565,708	59	3,970,641	80
Alcohol Treatment	1,013,204	28	630,604	20				
Drug Treatment	1,840,092	51	1,704,965	54				
Prevention	774,109	21	839,319	26	1,097,917	41	1,013,452	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	3,627,405	100	3,174,888	100	2,663,625	100	4,984,093	100

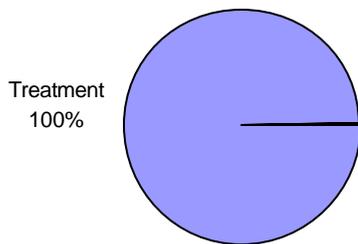
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

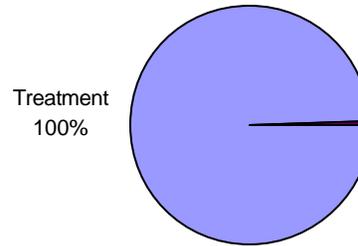
State funding in North Dakota remained relatively stable between FYs 2000 and 2003, at about \$6.7–\$6.8 million. All of those funds were spent on treatment activities.

FY 2000 State Expenditures by Activity

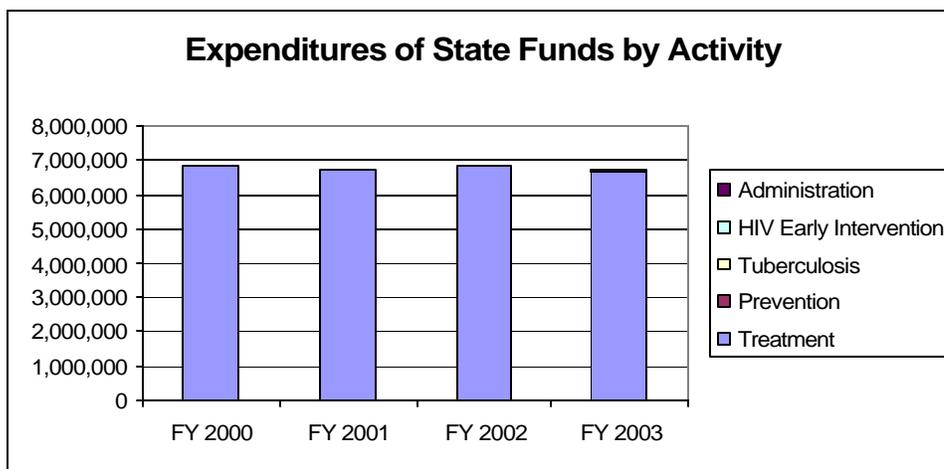


N= \$6,825,322

FY 2003 State Expenditures by Activity



N= \$6,721,455



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	6,822,700	100	6,690,061	100
Alcohol Treatment	2,423,672	36	1,815,921	27				
Drug Treatment	4,401,650	64	4,909,714	73				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	31,394	0
Total*	6,825,322	100	6,725,635	100	6,822,700	100	6,721,455	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

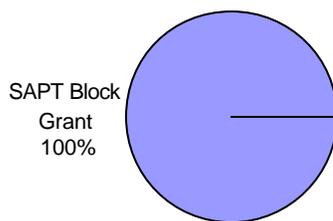
Eight regional and four Tribal area Regional Prevention Coordination entities are contracted to build comprehensive community coalitions, provide technical assistance, and develop strategic plans for implementation of science-based model prevention programs and activities that will prevent the abuse of alcohol, tobacco, and other (ATOD) drugs. The Division distributes prevention funds using a competitive process to address the six core prevention strategies. A North Dakota Prevention Resource Center maintains a large library of written and video materials covering a wide range of topics. Items are loaned to any citizen free of charge.

Prevention Funding and Expenditures

Prevention funding in North Dakota increased sharply between FYs 2000 and 2003 (from about \$7.7 million to more than \$2 million). About half of the FY 2003 funding came from the Block Grant, and the other half came from other Federal sources—a change from FY 2000, when the Block Grant funded all prevention expenditures.

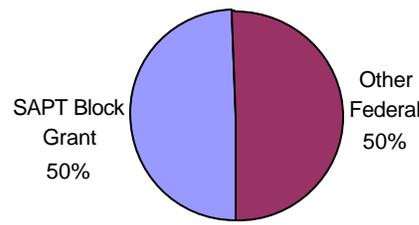
Per capita, Block Grant prevention expenditures increased from \$1.21 to \$1.60 between those two periods.

FY 2000 Prevention Expenditures by Funding Source

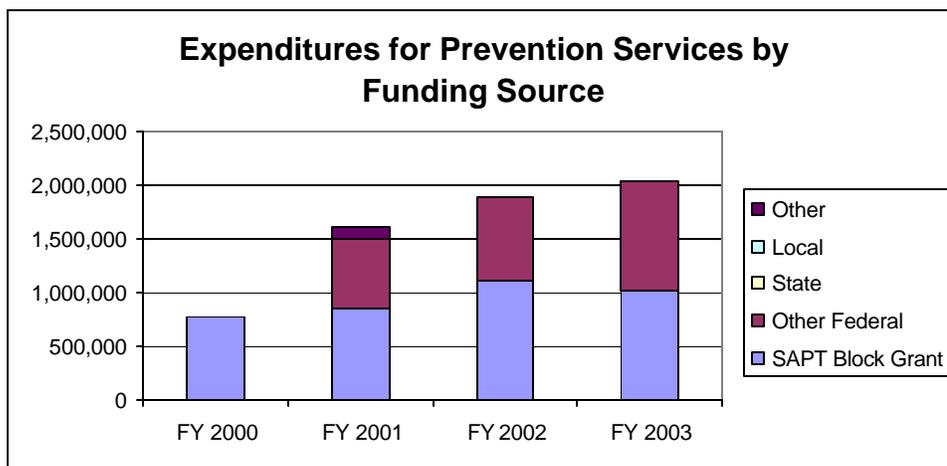


N= \$774,109

FY 2003 Prevention Expenditures by Funding Source



N= \$2,044,914



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	774,109	100	839,319	52	1,097,917	58	1,013,452	50
Other Federal	0	0	668,473	41	804,567	42	1,031,462	50
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	118,927	7	0	0	0	0
Total*	774,109	100	1,626,719	100	1,902,484	100	2,044,914	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

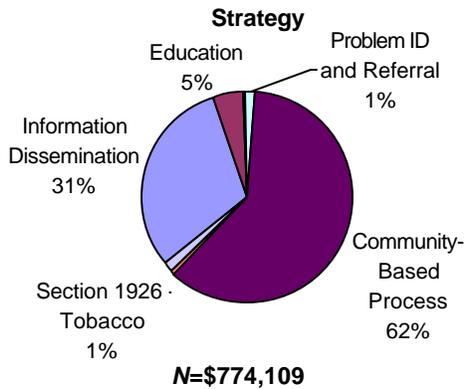
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The Prevention Resource Center lends videos, books, curricula, and other materials to schools, law enforcement agencies, churches, social service agencies, and others.
Education	DMHSAS collaborates with the Central CAPT for trainings to prevention specialists. Training is offered to substance abuse professionals at conferences.
Alternatives	Alternatives include teen centers, afterschool and tutoring programs, and youth mentoring programs.
Community-Based Processes	Regional prevention coordinators identify community resources and engage in coalition and community team building.
Environmental	Technical assistance is offered to communities to conduct surveys and work with coalitions. Funding provides support for tobacco enforcement programs.
Problem Identification and Referral	Funding supports juvenile drug court programs, use of Prime for Life curriculum for driving under intoxication (DUI) offenders, and Families and Schools Together for hospitals.

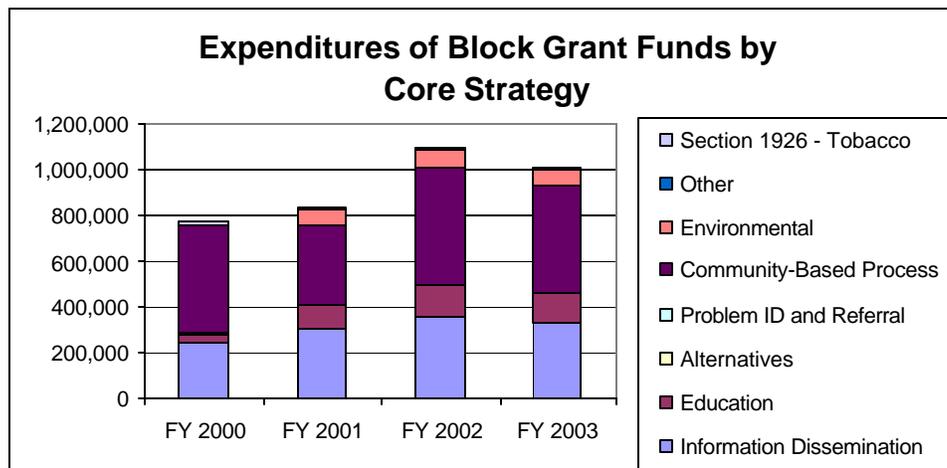
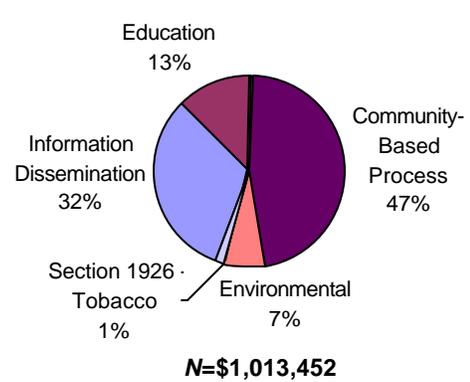
Expenditures of Block Grant Funds for Core Strategies

Nearly half (47 percent) of the \$1 million in Block Grant funding for core prevention strategies in FY 2003 was allocated to community-based process strategies—lower than the 62 percent allocated in FY 2000, but stable in dollar value. Nearly one-third of the FY 2003 funding went toward information dissemination, similar to the FY 2000 allocation. Education strategies increased between the two periods, both in dollar value and proportion, accounting for 13 percent of Block Grant prevention funding in FY 2003.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	238,696	31	297,953	35	353,000	32	324,628	32
Education	36,521	5	112,000	13	138,101	13	129,154	13
Alternatives	1,523	0	0	0	0	0	0	0
Problem ID and Referral	10,862	1	0	0	1,000	0	1,000	0
Community-Based Process	471,701	61	353,672	42	514,944	47	473,726	47
Environmental	3,465	0	62,413	7	76,872	7	70,944	7
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	11,341	1	13,281	2	14,000	1	14,000	1
Total*	774,109	100	839,319	100	1,097,917	100	1,013,452	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

The State provides a continuum of care based on the ASAM levels of care, which includes the following types of treatment: assessment and early intervention, clinically managed low-intensity residential, clinically managed high-intensity, medically monitored intensive inpatient, partial hospitalization/day treatment, intensive outpatient, outpatient, social detoxification, and medically monitored inpatient detoxification. Adolescents and adults receive a full array of services based on their needs at the eight regional human service centers. Increases in SAPT Block Grant funds are distributed to the service centers for specific populations found to be in high need and that are underserved. These increases include services for adolescents and Native Americans and additional residential treatment services.

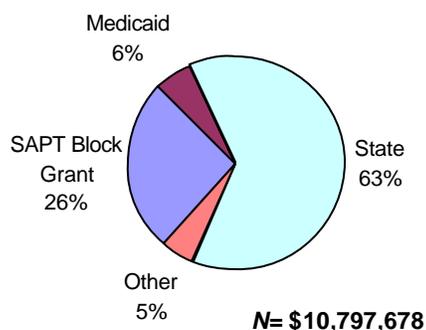
DMHSAS/DHS is piloting a SAMHSA evidenced-based model of integrated dual disorder treatment at the Southeast Human Services Center. State legislation in 2005 funded a residential treatment program (ASAM 111.5 or 111.1) specifically for individuals dependent upon methamphetamine. This will provide individualized residential services using the MATRIX model. DMHSAS contracts for this service and is grant manager.

Treatment Funding and Expenditures

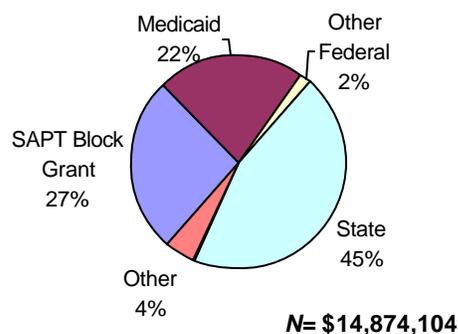
Treatment funding in North Dakota increased considerably between FYs 2000 and 2003, from about \$10.8 to nearly \$14.9 million. State funding dollars remained relatively level between those two periods but declined in proportion (from 63 percent of FY 2000 treatment expenditures to 45 percent of FY 2003 expenditures), primarily due to increased Medicaid funding. Block Grant dollars increased but continued to account for slightly more than one-quarter of treatment expenditures.

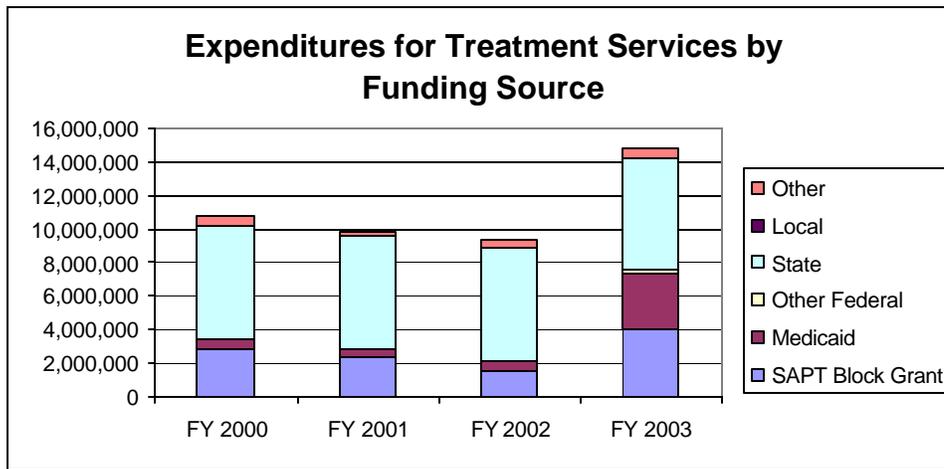
Per capita, Block Grant treatment funding in North Dakota varied widely over the last several years. Between FYs 2000 and 2001, it decreased from \$4.45 to \$3.67 and then to \$2.47 in FY 2002. In FY 2003, Block Grant funding rebounded to \$6.26 per capita.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,853,296	26	2,335,569	24	1,565,708	17	3,970,641	27
Medicaid	609,494	6	530,188	5	569,841	6	3,313,330	22
Other Federal	5,461	0	3,425	0	4,443	0	232,487	2
State	6,825,322	63	6,725,635	68	6,822,700	72	6,690,061	45
Local	0	0	0	0	0	0	0	0
Other	504,105	5	331,443	3	477,238	5	667,585	4
Total*	10,797,678	100	9,926,260	100	9,439,930	100	14,874,104	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

North Dakota’s SAPT Block Grant application indicates that nearly 14,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=13,720)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	268	160	71
Free-standing residential	178	106	39
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	230	151	35
Short-term residential	478	226	132
Long-term residential	54	38	9
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	4,811	3,244	2,047
Intensive outpatient	915	567	104
Detoxification (outpatient)	0	0	0
Total	6,934	4,386	2,400

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 3,200 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 36 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 31 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 38 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	959	31.2
Alcohol in combination with other drugs	2,288	37.8
Total	3,247	35.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 52,000 persons aged 12 and older (9.9 percent of North Dakota's population) needed, but did not receive, treatment for alcohol use and 14,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in North Dakota.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.91	9.46	25.71	6.66
Needing but not receiving treatment for illicit drug use	2.59	5.37	6.90	1.31

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The North Dakota Commission on Alcohol and Drug Abuse holds stakeholder meetings to develop the comprehensive 3-year plan for prevention, treatment, and enforcement. The State conducts the Youth Risk Behavior Study (YRBS) and the Telephone Household Survey. These data, together with social indicator data and State Outcome Measures (SOMMS) from each of the eight human service regions, are used to determine areas of highest need in the State.

Traditionally, the State has used a formula for distribution of base funding for treatment to each region. The formula takes into account special populations. Prevention funds are distributed evenly to the substate planning areas that correspond with the eight regional service center regions and four tribal service areas. The State plans to distribute prevention funds based on a formula similar to that used for treatment.

Evaluation

The Treatment Outcomes Performance Pilot Studies (TOPPS) examine outcomes resulting from addiction treatment received at the North Dakota State Hospital. Results of the study are used in planning future service delivery. All regional service centers receive a biennial licensure review and independent peer review. They are monitored for compliance with SAPT Block grant requirements. The State recently revamped its evaluation process and will be able to report on the National Outcome Measures (NOMS).

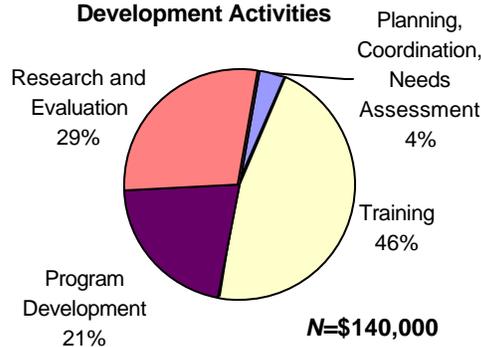
Training and Assistance

DMHSAS sponsors or co-sponsors training activities for treatment providers that include the Alcohol and Substance Abuse Summit, the Dual Diagnosis Conference, cross-training for substance abuse and vocational rehabilitation staff, and the promotion of referrals. Prevention providers receive training at the Annual Prevention Conference, the Kids at Risk Conference, and the Roughrider Health Promotion Conference. Other trainings are offered through Drug Free North Dakota and from the Central CAPT, covering evidence-based models, Project Northland, prevention competencies, and the DUI Seminar/Prime for Life program, among others. DMHSAS is also planning statewide training in the MATRIX model.

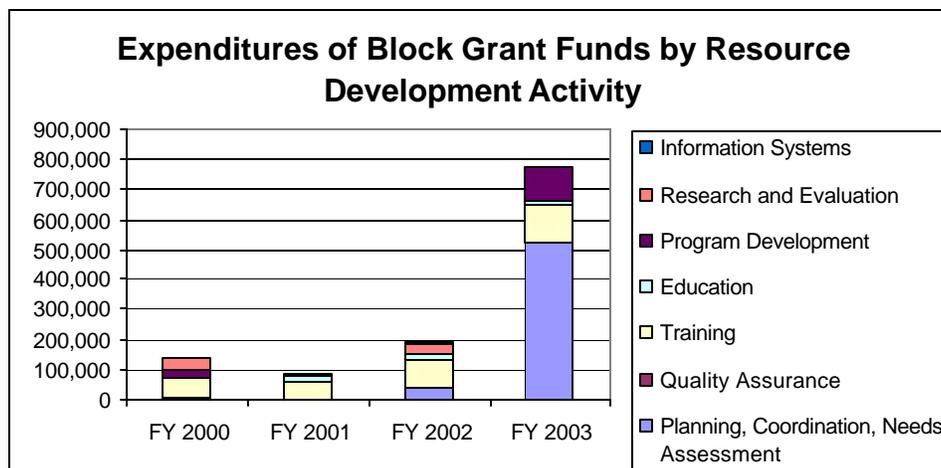
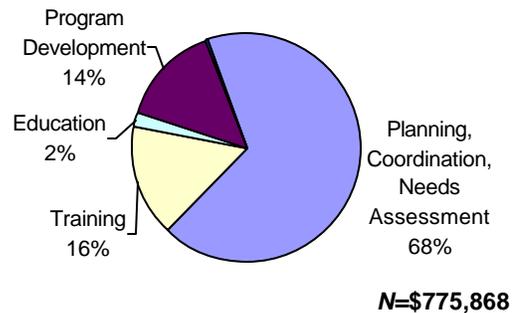
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in North Dakota increased sharply (from \$140,000 to more than \$775,000) between FYs 2000 and 2003. Distribution of those funds changed dramatically between the two periods: planning, coordination, and needs assessment activities replaced the earlier focus on training, program development, and research and evaluation.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	5,000	4	0	0	42,575	22	525,330	68
Quality Assurance	0	0	0	0	0	0	0	0
Training	65,000	46	58,536	67	91,900	48	124,274	16
Education	0	0	21,000	24	18,750	10	14,250	2
Program Development	30,000	21	0	0	0	0	110,044	14
Research and Evaluation	40,000	29	0	0	28,000	15	0	0
Information Systems	0	0	8,476	10	11,500	6	1,970	0
Total*	140,000	100	88,012	100	192,725	100	775,868	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

North Dakota received two grants for drug-free communities, totaling \$147,196 in Center for Substance Abuse Prevention (CSAP) discretionary funding in FY 2004.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	2	147,196
Total	2	147,196

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

North Dakota did not receive any discretionary grants from Center for Substance Abuse Treatment (CSAT) in FY 2004.

OHIO

State SSA Director

Ms. Carolyn Givens, Director
Ohio Department of Alcohol and Drug Addiction Services
280 North High Street, 12th Floor
Columbus, OH 43215-2550

Phone: 614-752-8359

Fax: 614-728-4936

E-mail: givens@ada.state.oh.us

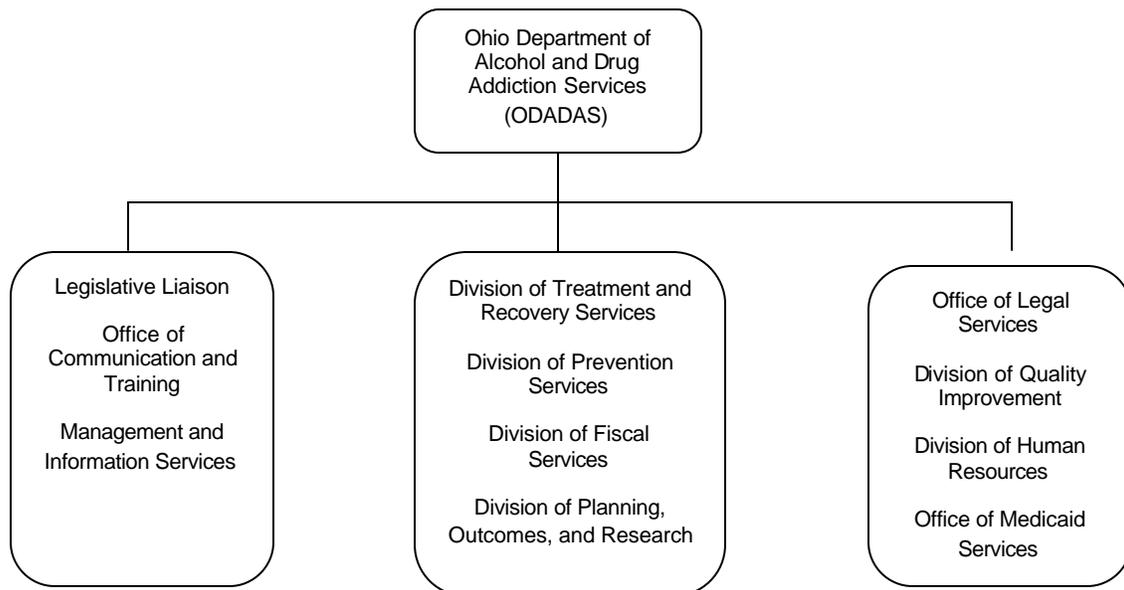
Web site: www.odadas.state.oh.us

Structure and Function



Ohio's alcohol and other drug services system is composed of the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), 50 community boards, known as the Alcohol and Drug Addiction Services (ADAS) and Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards, and over 900 local programs. ODADAS is the designated Single State Agency that provides statewide leadership in establishing a high quality addiction, prevention, treatment, and recovery services system of care that is effective, accessible, and valued by all Ohioans. To achieve this mission, ODADAS plans, initiates, and coordinates an extensive system of services. ODADAS, by statute (Am. Sub. H.B. 317), coordinates the alcohol and other drug services of State departments, the criminal justice system, law enforcement, the legislature, local programs, and prevention and treatment professionals.

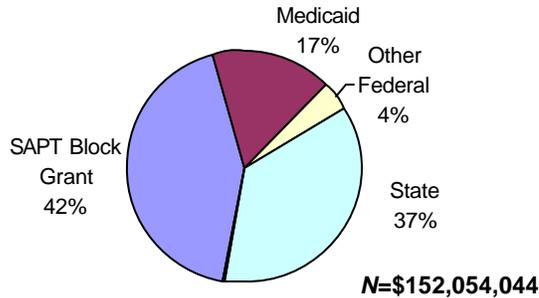
Single State Agency Structure



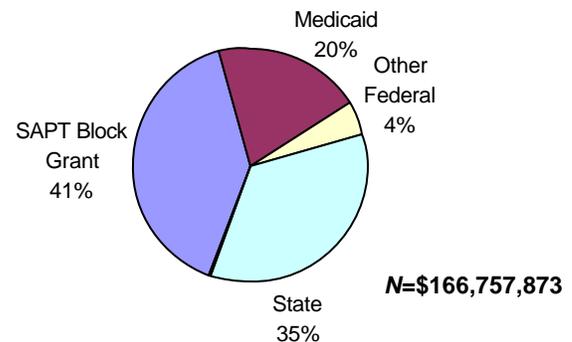
Single State Agency Funding Overview

SSA funding in Ohio increased between FYs 2000 and 2003 from \$152.1 to \$167 million. In FY 2003 the Block Grant provided the largest portion (41 percent) of total funds, followed by the State (at 35 percent), Medicaid (at 20 percent), and other Federal sources (at 4 percent). These proportions were similar to those in FYs 2000, 2001, and 2002.

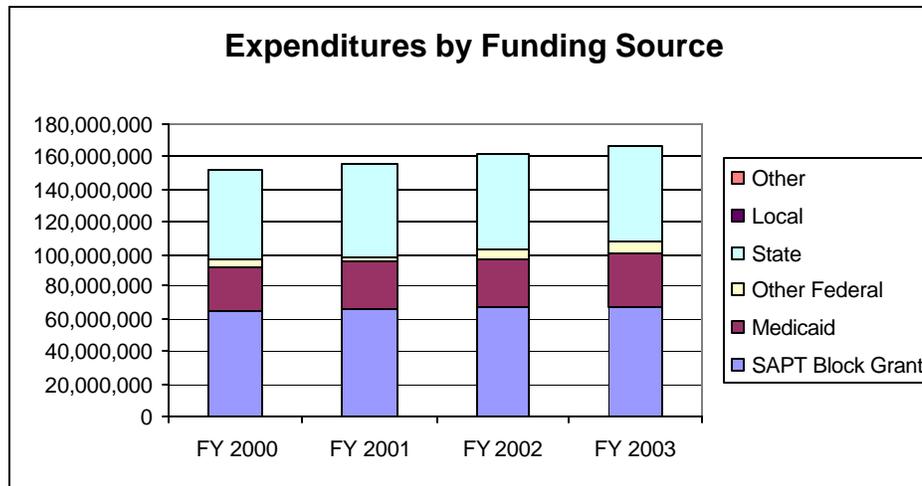
FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

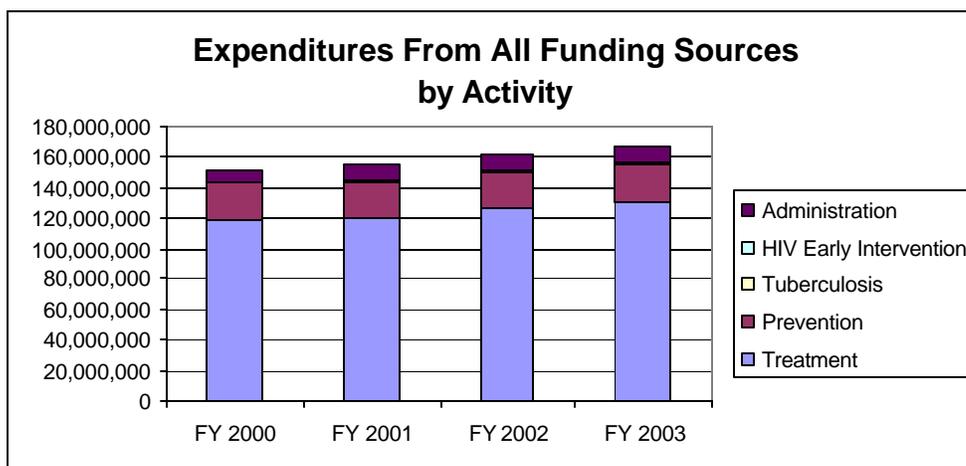
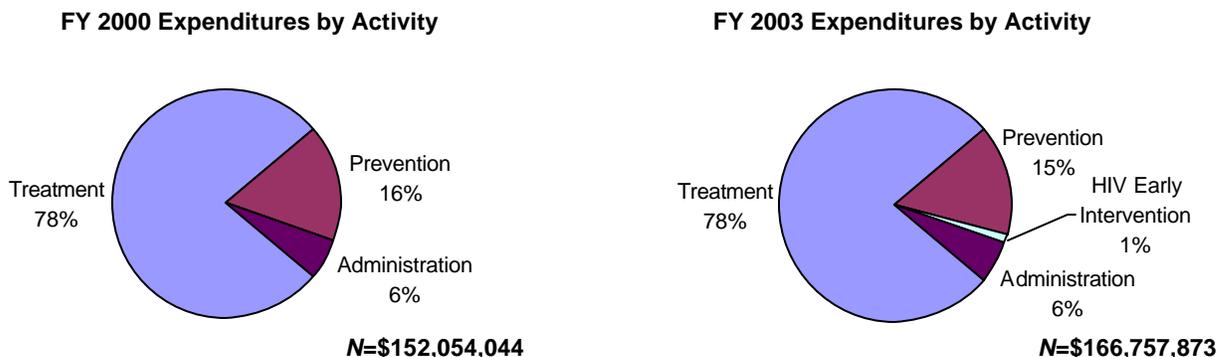
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	65,062,200	43	65,872,337	42	66,599,900	41	66,942,269	40
Medicaid	25,567,219	17	29,079,448	19	29,591,089	18	34,174,236	20
Other Federal	5,897,284	4	4,159,123	3	7,149,151	4	7,355,204	4
State	55,527,341	37	55,971,106	36	58,834,091	36	58,286,164	35
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	152,054,044	100	155,082,014	100	162,174,231	100	166,757,873	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

In FY 2003 most (78 percent) of the SSA expenditures in Ohio were spent on are treatment services, followed by prevention services (15 percent), and administration costs (6 percent). This distribution was similar to that in FYs 2000 through 2002.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	118,827,087	78	119,831,763	77	126,905,199	78	130,209,265	78
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	24,509,613	16	23,305,869	15	22,830,749	14	24,806,999	15
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	1,924,036	1	1,886,539	1	1,848,808	1
Administration	8,717,344	6	10,020,346	6	10,551,744	7	9,892,801	6
Total*	152,054,044	100	155,082,014	100	162,174,231	100	166,757,873	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

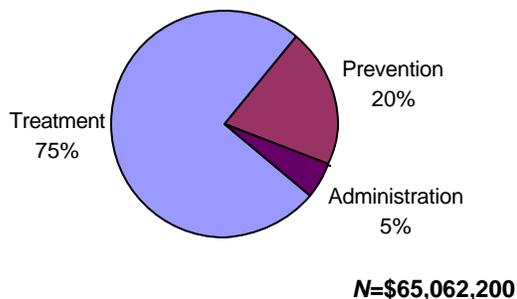
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

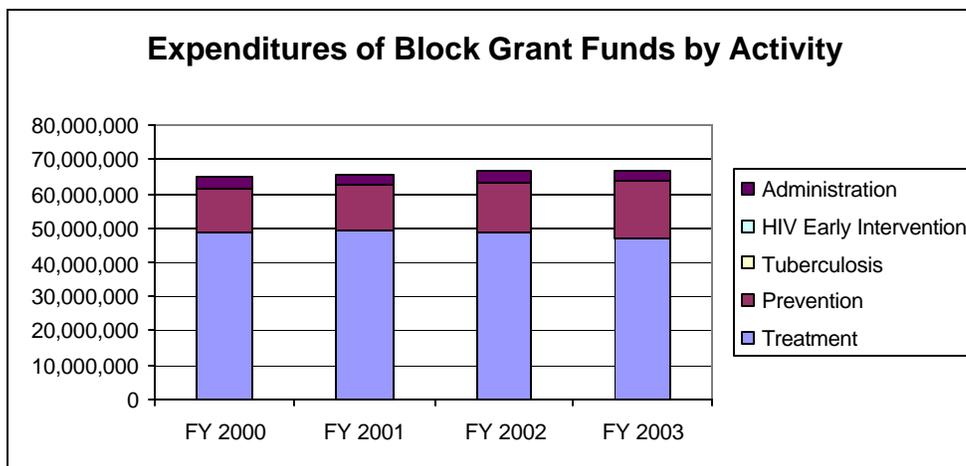
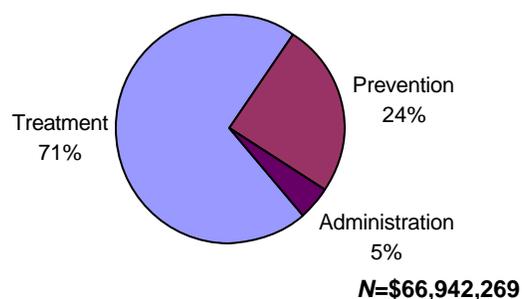
Expenditures of Block Grant Funds

Total Block Grant expenditures in Ohio remained relatively stable over the past several years, ranging from a low of \$65 million in FY 2000 to a high of \$67 million in FY 2003. The distribution of these funds was stable during this time period. In FY 2003, treatment received the majority (71 percent) of Block Grant funds, prevention services received about one-quarter, and administration received 5 percent.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	48,730,057	75	49,259,605	75	49,047,183	74	47,461,285	71
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	13,079,032	20	13,319,115	20	14,222,722	21	16,270,812	24
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	3,253,111	5	3,293,617	5	3,329,995	5	3,210,172	5
Total*	65,062,200	100	65,872,337	100	66,599,900	100	66,942,269	100

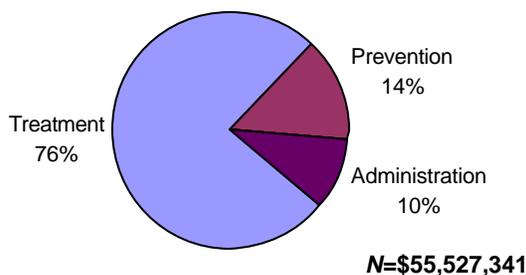
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

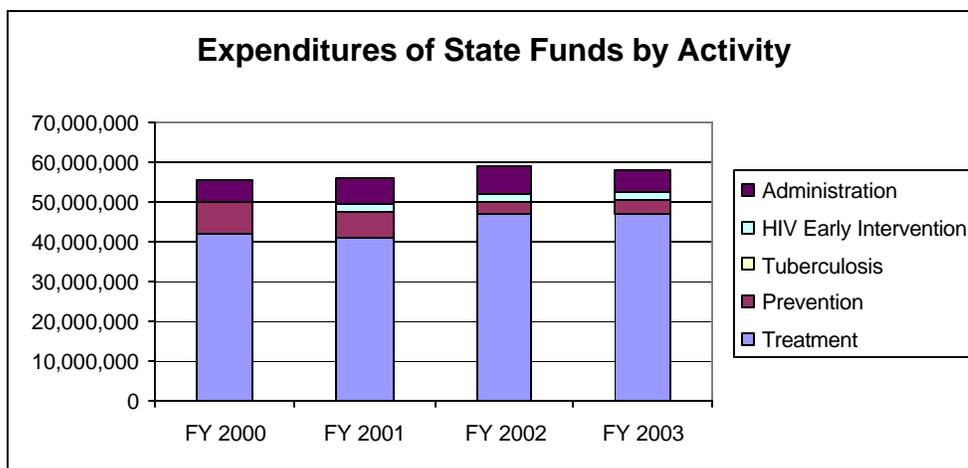
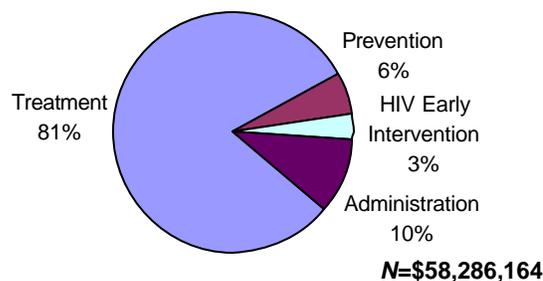
Expenditures of State Funds

Between FYs 2000 and 2003 State expenditures for alcohol, tobacco, and other drug (ATOD) services in Ohio increased from \$55.5 to \$58.3 million. Treatment as a proportion of total expenditures increased from 76 to 81 percent during this time period, prevention's proportion declined from 14 to 6 percent, and administration's proportion remained stable at 10 to 11 percent of the total.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	42,331,174	76	41,175,019	74	47,334,992	80	47,325,308	81
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	7,853,986	14	6,435,663	11	3,011,445	5	3,263,239	6
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	1,924,036	3	1,886,539	3	1,848,808	3
Administration	5,342,181	10	6,436,388	11	6,601,115	11	5,848,809	10
Total*	55,527,341	100	55,971,106	100	58,834,091	100	58,286,164	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

ODADAS distributes primary prevention funds to the 50 local boards. Based on community prevalence, needs, and priorities each board contracts with local service providers for ATOD prevention services. ODADAS funds community efforts in primary prevention, such as components of the Urban Minority Alcoholism and Drug Abuse Outreach Programs and special grant initiatives. It also provides training opportunities for Ohio's prevention providers and youth.

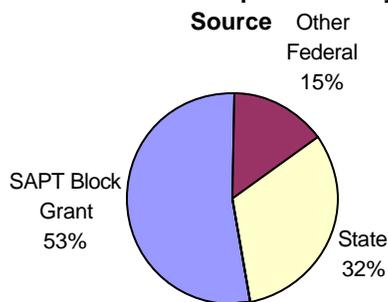
In 2002, the State received a State Incentive Grant (SIG) from the Center for Substance Abuse Prevention (CSAP). ODADAS manages the \$3- million award to develop and implement a comprehensive substance abuse prevention strategy to optimize the use of all funding streams and resources and to support implementation of evidence-based prevention planning processes and programs. The evidence-based interventions consist of 12 different youth- and family-focused strategies (e.g., Athena, Parenting Wisely) and 2 environmental strategies (e.g., Communities Mobilizing for Change on Alcohol) being implemented in single communities, plus 5 other multicomunity interventions (e.g., LifeSkills Training, All Stars).

Prevention Funding and Expenditures

Prevention funding in Ohio remained relatively stable between FYs 2000 and 2003, ranging from \$22.8 to \$24.8 million. During this time period the Block Grant's proportion of prevention funding increased from 53 to 66 percent as did the proportion of other Federal sources (from 15 to 21 percent). By contrast, the State's proportion of the total declined from 32 to 13 percent.

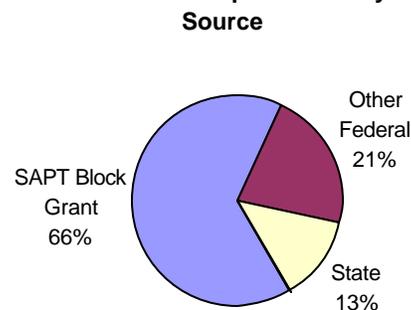
Block Grant funding per capita for prevention services in Ohio increased steadily from FYs 2000 through 2002, from \$1.15 to \$1.25. In FY 2003 per capita expenditures increased further to \$1.42.

FY 2000 Prevention Expenditures by Funding Source

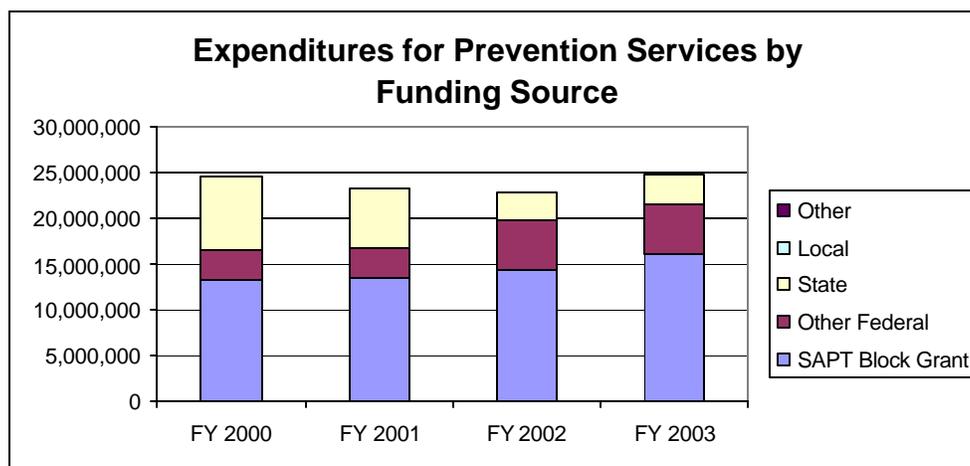


N=\$24,509,613

FY 2003 Prevention Expenditures by Funding Source



N=\$24,806,999



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	13,079,032	53	13,319,115	57	14,222,722	62	16,270,812	66
Other Federal	3,576,595	15	3,551,091	15	5,596,582	25	5,272,948	21
State	7,853,986	32	6,435,663	28	3,011,445	13	3,263,239	13
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	24,509,613	100	23,305,869	100	22,830,749	100	24,806,999	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

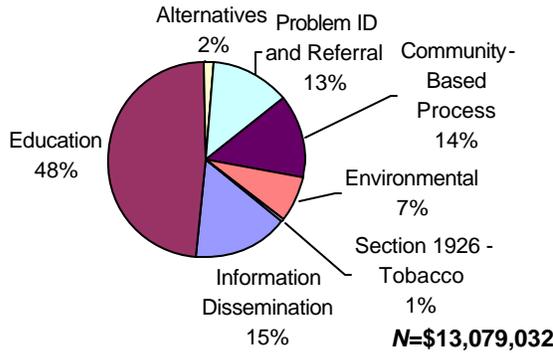
Examples of core prevention strategies supported by SAPT Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include information for tobacco vendors on health concerns of tobacco use and State law regarding sales to minors and the Ohio Resource Network for Safe and Drug-Free Schools (the Regional Alcohol and Drug Awareness Resources [RADAR] site, and six satellite centers). Strategies also provide support to local grantees for speakers' bureaus, health/community fairs, and media campaigns.
Education	The Local Teen Institute provides programs for middle and high school youth. Other activities include medication misuse prevention programs for senior citizens. Head Start staff and administrators are trained about ways to integrate ATOD prevention information into the Head Start curriculum.
Alternatives	Community-based organizations provide afterschool prevention programs, mentoring, and tutorial programming for youth.
Community-Based Processes	Ohio Violence Prevention Process provides skill-building trainings for adults, and local Boards are encouraged to provide seed money to community-based organizations. Two youth conferences (Teen Institute [TI] and Junior TI) and two adult conferences (Ohio Drug and Alcohol Studies Institute and the Ohio Prevention Education Conference) are held annually.
Environmental	Ohio Parents for Drug Free Youth provide statewide training and technical assistance to 42 Ohio colleges and universities on high-risk drinking prevention and program development. ODADAS provides support to 14 drug-free community coalitions.
Problem Identification and Referral	Six Prevention at Work programs build drug-free workplace programming. The programs collaborate with a county job and family services agency and a shelter to identify individuals whose behaviors can be reversed through education.

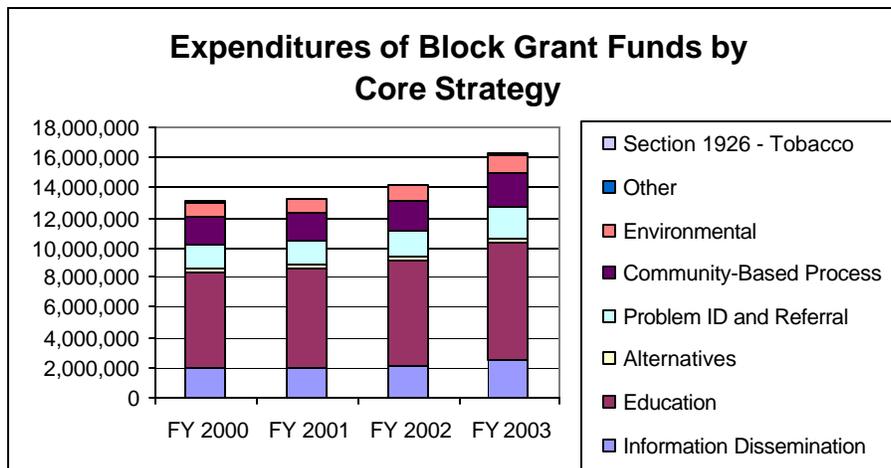
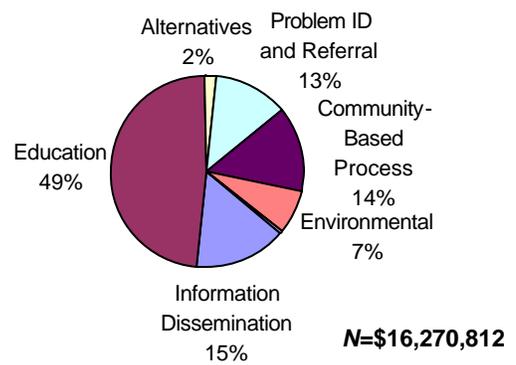
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention activities in Ohio increased between FYs 2000 and 2003 from \$13.1 to \$16.3 million. The allocation of funds remained similar during that time period with nearly half going toward education-related services.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,983,202	15	2,032,497	15	2,160,264	15	2,471,948	15
Education	6,321,294	48	6,478,418	49	6,885,666	48	7,879,134	48
Alternatives	278,116	2	285,029	2	302,947	2	346,656	2
Problem ID and Referral	1,659,600	13	1,700,851	13	1,807,770	13	2,068,597	13
Community-Based Process	1,788,261	14	1,832,710	14	1,947,919	14	2,228,966	14
Environmental	965,609	7	989,610	7	1,051,819	7	1,203,577	7
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	82,950	1	0	0	66,337	0	71,934	0
Total*	13,079,032	100	13,319,115	100	14,222,722	100	16,270,812	100

SOURCE: FY 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

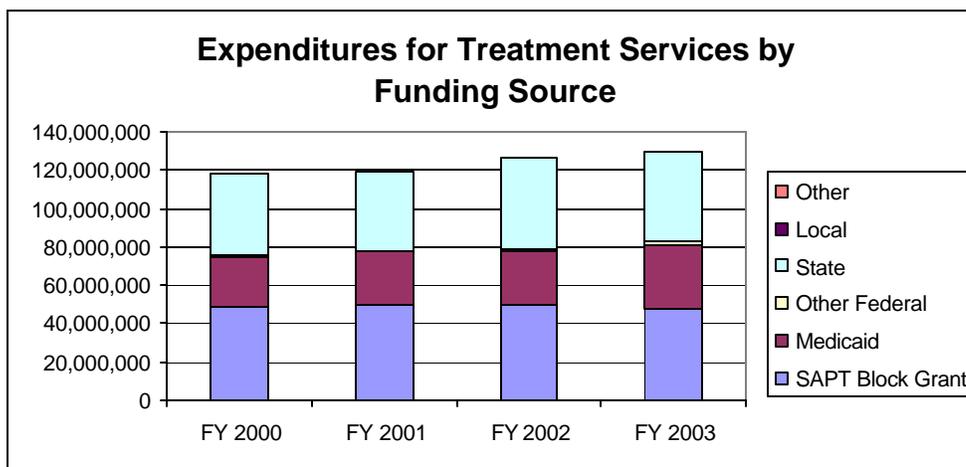
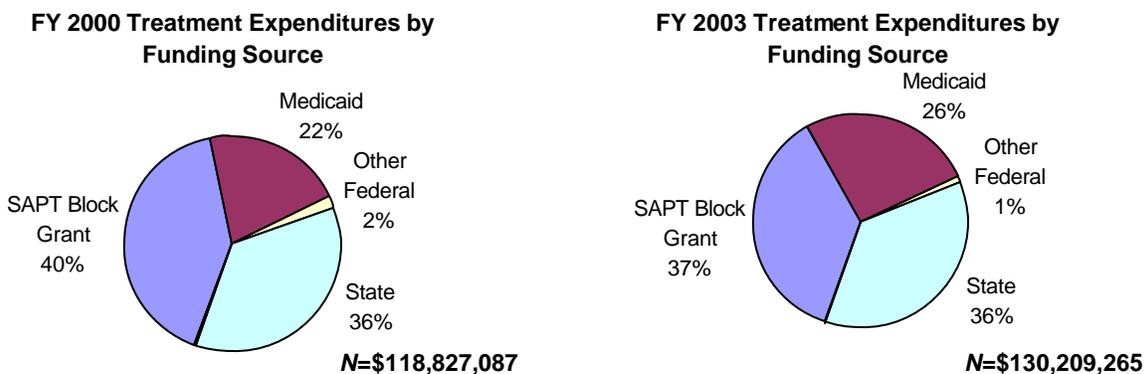
ODADAS' goal is to fund services proportionate to the State's prevalence of alcohol and other drug problems and to the need for alcohol and other drug prevention and treatment services. The community boards determine local needs, plan, contract for services, and monitor local programs. The majority of funds are distributed on a modified per capita basis. Exceptions to this approach are for initiatives for populations with critical treatment needs, i.e., pregnant women and addicted offenders. As a result of these initiatives, ODADAS is actively involved at the State level with welfare reform and in State sentencing reform.

A priority area for ODADAS is the provision of treatment services for pregnant and parenting women. Continuing efforts are also made to establish improved access to and accountability for offender treatment. ODADAS makes treatment available to offenders through the Treatment Alternatives to Street Crime, drug court programs, and partnership with the Ohio Supreme Court.

Treatment Funding and Expenditures

Treatment funding in Ohio increased between FYs 2000 and 2003 from \$118.8 to \$130.2 million. The distribution of funds during this time remained fairly stable. In FY 2003, the largest portion of funds came from the Block Grant (at 37 percent of the total) and the State (at 36 percent), followed by Medicaid (at 26 percent).

Between FYs 2000 and 2002 Block Grant expenditures per capita on treatment in Ohio remained stable, ranging from \$4.29 to \$4.33. In FY 2003, Block Grant expenditures on treatment and rehabilitation declined to \$4.15 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	48,730,057	41	49,259,605	41	49,047,183	39	47,461,285	36
Medicaid	25,567,219	22	29,079,448	24	29,591,089	23	34,174,236	26
Other Federal	2,198,637	2	317,691	0	931,935	1	1,248,436	1
State	42,331,174	36	41,175,019	34	47,334,992	37	47,325,308	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	118,827,087	100	119,831,763	100	126,905,199	100	130,209,265	100

SOURCE: FY 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Ohio's SAPT Block Grant application indicates that over 130,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=130,894)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	117	212	3
Free-standing residential	1,470	2,606	218
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,154	2,406	0
Long-term residential	405	673	0
Ambulatory (Outpatient)			
Outpatient (methadone)	10	2,562	492
Outpatient (non-methadone)	42,839	44,121	13,568
Intensive outpatient	7,155	9,037	937
Detoxification (outpatient)	281	628	0
Total	53,431	62,245	15,218

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 55,000 admissions (where at least one substance is known), of which nearly 14,000 were for alcohol only. Calculations (with imputation) from TEDS data show that approximately 27 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	13,836	23.0
Alcohol in combination with other drugs	41,470	28.6
Total	55,306	27.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 702,000 persons aged 12 and older (7.5 percent of Ohio's population) needed, but did not receive, treatment for alcohol use and 245,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Ohio.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.47	5.59	17.69	5.97
Needing but not receiving treatment for illicit drug use	2.61	5.24	7.76	1.36

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

ODADAS prepared a comprehensive statewide alcohol and drug addiction services plan (Five-Year State Plan, SFYs 2004-2008) that provides the State and its system of boards and local providers with strategic direction. The plan describes current policy concerns and priorities and performance objectives that support the strategic direction. The Five-Year Plan was developed with the assistance of a wide variety of constituents representing multiple service systems (e.g., education, health, child welfare, housing) as well as departments and agencies. The Governor's Advisory Council on Alcohol and Drug Addiction Services, comprising State departments, local boards, providers, families, and the judiciary, reviewed and approved the plan. Ohio's community boards are also required to assess community needs for alcohol and other drug prevention and treatment services, establish priorities, develop plans, and contract with local programs to provide services.

Information and data used to assist in the development of performance objectives and priorities for the Five-Year Plan were obtained from multiple sources. These sources include the Ohio Substance Abuse Monitoring Network, PRIDE and Youth Risk Behavior Survey data, ODADAS' Multi-Agency Community Services Information System (MACSIS), ADAMHS/ADAS Boards' community plans, and regional focus groups and town meetings. MACSIS provides trend information about clients served in Ohio's publicly funded treatment system. It provides data about admissions, client demographics, and drug of choice. MACSIS also provides data on service delivery based on the six core prevention strategies and the Institute of Medicine's categories of universal, selected, and indicated.

Evaluation

ODADAS assesses and strives to improve the quality and appropriateness of services delivered by providers through independent peer review, review of MACSIS data, and other means. Each of Ohio's boards uses independent peer review to assess the quality of treatment services. Board financial records are examined as part of ODADAS' compliance review process.

ODADAS provides requires all Board-contracted treatment agencies to use the ODADAS protocol for Levels of Care placement criteria for adult and youths and requires all treatment programs to be certified by ODADAS and have a quality assurance program.

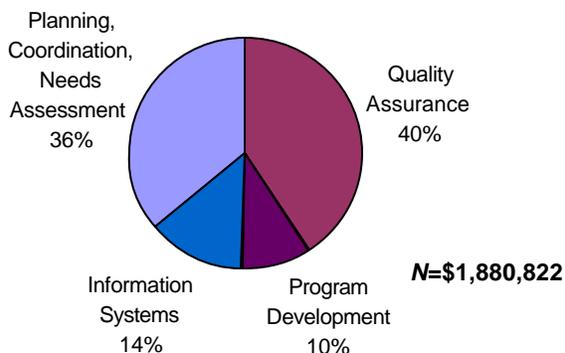
Training and Assistance

Alcohol and other drug prevention and treatment service providers are offered professional development and training opportunities by ODADAS. These opportunities include the annual Ohio Drug and Alcohol Studies Institute that featured more than 70 professional development sessions and continuing education credits; the Outcome Framework Initiative to create an outcome management infrastructure; and the Ohio Prevention Education Conference. Outcome core trainings are held for prevention and treatment program staff with followup consultations for participating agencies. Statewide training for staff in the Public Children's Services Agency are held and focused on confidentiality. Cross-Disciplinary training provides criminal justice and substance abuse treatment professionals with instruction to foster working relationships between the systems. New trainings in FY 2004 included the Faith in the AOD System conference, Medication-Assisted Treatment conference, and Fetal Alcohol Spectrum Disorders Town Hall meeting.

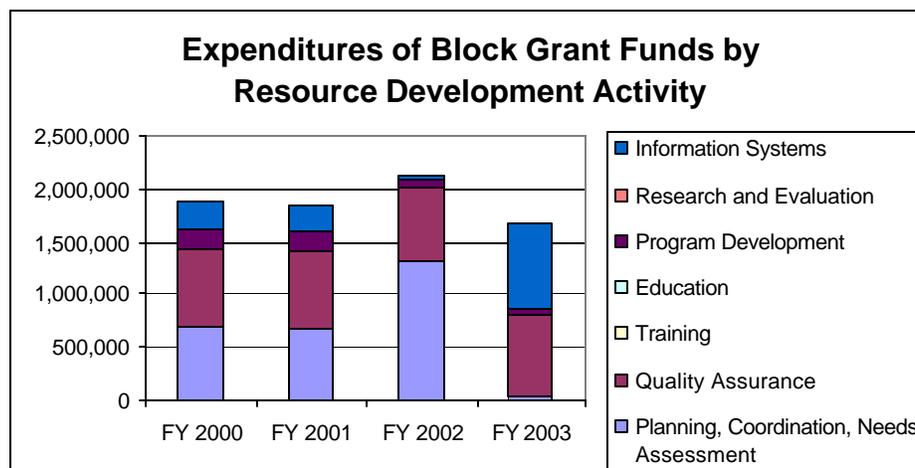
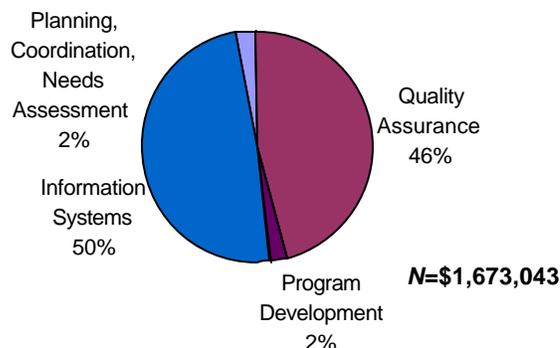
Expenditures of Block Grant Funds for Resource Development Activities

Between FYs 2000 and 2003 Block Grant funding for resource development activities in Ohio declined slightly from \$1.9 to \$1.7 million. The distribution of funds changed somewhat during this time period. In FY 2000, most of the expenditures went toward quality assurance (40 percent) and planning, coordination, and needs assessment (36 percent). In FY 2003, while quality assurance activities still received nearly half of funds (46 percent), information systems received 50 percent of total expenditures, and planning, coordination, and needs assessment's activities received only 2 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	682,352	36	675,310	36	1,297,015	61	40,544	2
Quality Assurance	758,174	40	735,109	40	725,707	34	770,742	46
Training	0	0	0	0	0	0	0	0
Education	0	0	0	0	0	0	0	0
Program Development	184,850	10	184,850	10	60,238	3	40,545	2
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	255,446	14	255,446	14	40,450	2	821,212	50
Total*	1,880,822	100	1,850,715	100	2,123,410	100	1,673,043	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Center for Substance Abuse Prevention (CSAP) discretionary funding for Ohio prevention efforts in FY 2004 totaled \$6.2 million. Most of the grants (20 of the 28) went toward drug-free communities. The largest single award was a State Incentive Cooperative Agreement for \$3 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	497,050
Drug Free Communities	20	1,743,773
Drug Free Communities Mentoring	4	261,145
HIV/AIDS Cohort 3 Services	1	349,328
Prevention of Methamphetamine and Inhalant Use	1	350,000
State Incentive Cooperative Agreements	1	3,000,000
Total	28	6,201,296

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, the Center for Substance Abuse Treatment (CSAT) discretionary funding for treatment in Ohio totaled nearly \$7.7 million. Awards included grants for Targeted Capacity-HIV/AIDS, Adult Juvenile and Family Drug Courts, and Rehabilitation and Restitution.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	3	1,200,000
Effective Adolescent Treatment	2	497,134
Homeless Addictions Treatment	2	766,354
Recovery Community Support - Recovery	1	350,000
Rehabilitation and Restitution	1	1,350,000
Strengthening Communities - Youth	1	750,000
Targeted Capacity Expansion	2	987,824
Targeted Capacity - HIV/AIDS	4	1,760,747
Total	16	7,662,059

SOURCE: www.samhsa.gov

OKLAHOMA

State SSA Director

Mr. Ben Brown, Deputy Commissioner
Oklahoma Department of Mental
Health and Substance Abuse Services

P.O. Box 53277

Oklahoma City, OK 73152-3277

Phone: 405-522-3877

Fax: 405-522-0637

E-mail: bbrown@odmhsas.org

Web site: www.odmhsas.org

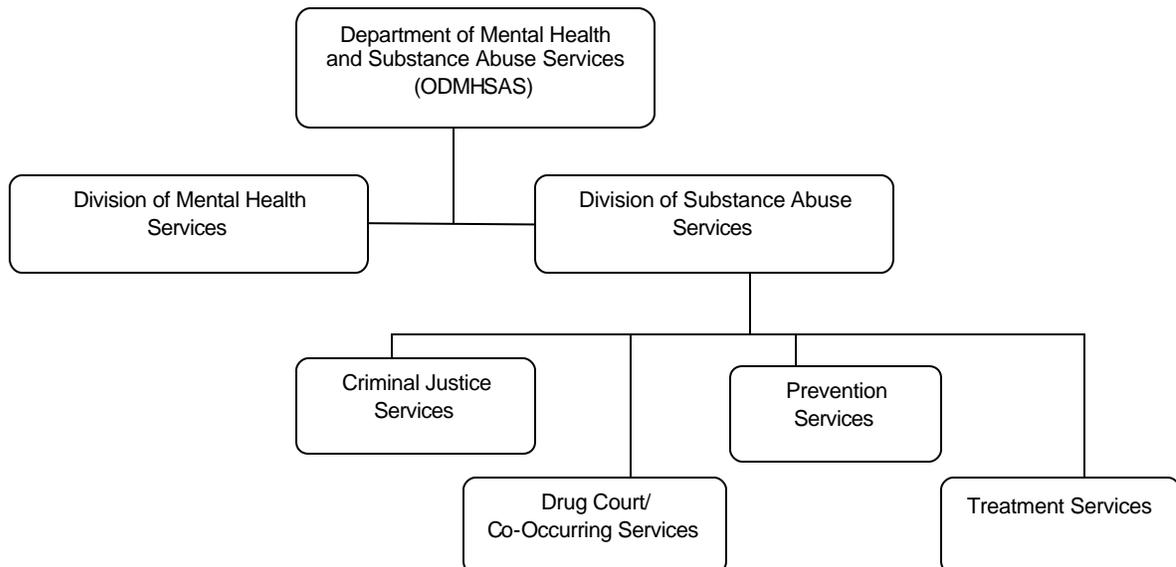
Structure and Function



The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is the State's Single State Agency (SSA) for substance abuse services. A governing board provides oversight regarding function and activities related to the care, treatment, and recovery of persons suffering from mental illness and substance abuse.

ODMHSAS provides services through a statewide network of programs. Programs for individuals dependent on alcohol or other drugs range from outpatient counseling to extended residential treatment. ODMHSAS also supports prevention programs to reduce the occurrence of substance abuse among young people. Area Prevention Resource Centers are funded to offer education and assistance to schools, parents, and community groups.

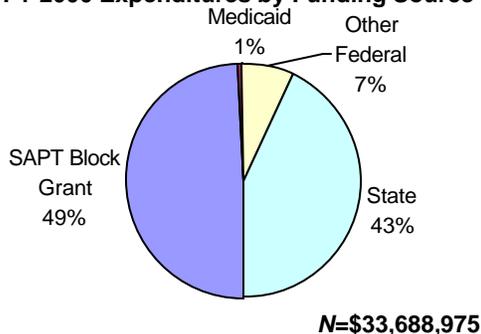
Single State Agency Structure



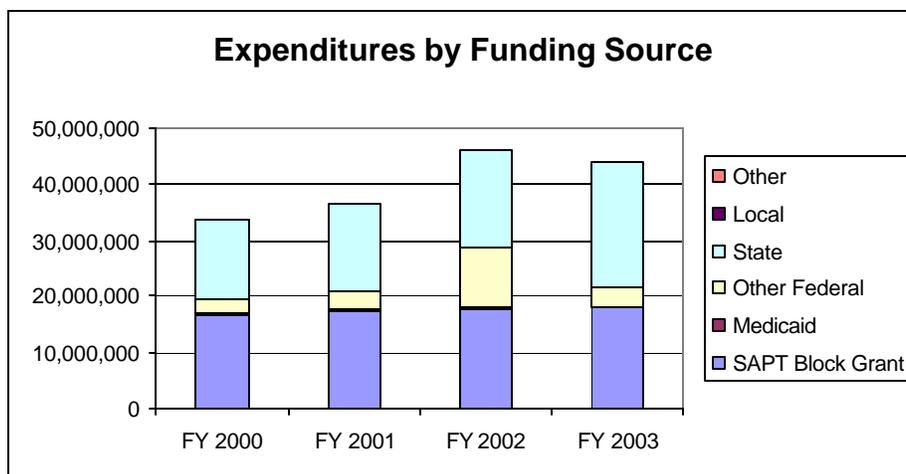
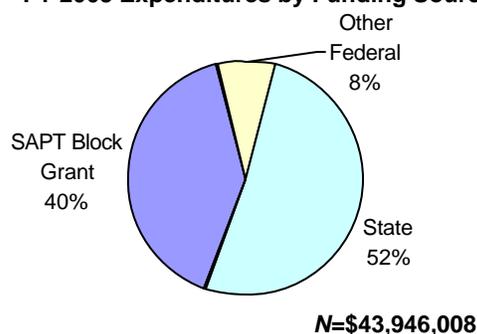
Single State Agency Funding Overview

Total SSA funding for drug and alcohol abuse services in Oklahoma increased between FYs 2000 and 2003 from \$33.7 to \$43.9 million. In FY 2003, more than half (52 percent) of the funding came from the State (up from 43 percent in FY 2000), followed by 40 percent from the Block Grant (down from 49 percent in FY 2000), and 8 percent from other Federal sources.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

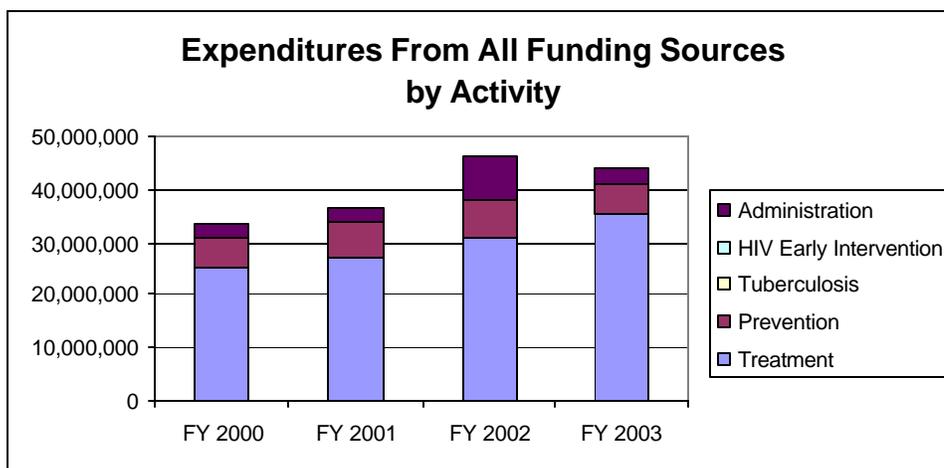
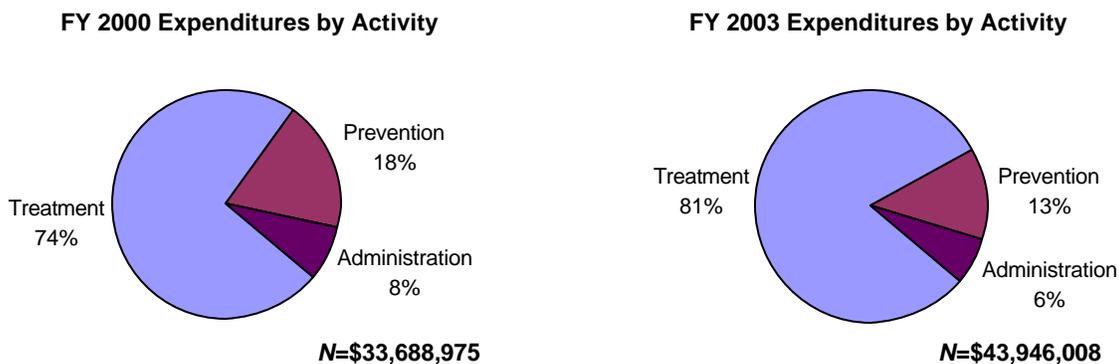
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	16,559,798	49	17,257,097	47	17,697,861	38	17,788,840	40
Medicaid	188,449	1	189,727	1	189,727	0	189,727	0
Other Federal	2,471,021	7	3,352,843	9	10,901,470	24	3,402,519	8
State	14,469,707	43	15,910,330	43	17,355,772	38	22,564,922	51
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	33,688,975	100	36,709,997	100	46,144,830	100	43,946,008	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$43.9 million in FY 2003 total SSA funds, most (81 percent) were allocated for treatment services, 13 percent for prevention services, and 6 percent for administration costs. This distribution represents a change from FY 2000, when 74 percent went toward treatment services and 18 percent went toward prevention.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	12,462,933	37	26,835,996	73	30,915,967	67	35,627,533	81
Alcohol Treatment	6,245,984	19	0	0				
Drug Treatment	6,173,864	18	0	0				
Prevention	6,220,911	18	7,266,632	20	7,084,182	15	5,510,949	13
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,585,283	8	2,607,369	7	8,144,681	18	2,807,526	6
Total*	33,688,975	100	36,709,997	100	46,144,830	100	43,946,008	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

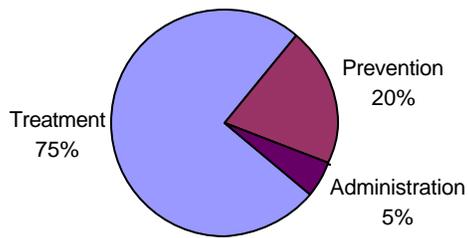
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

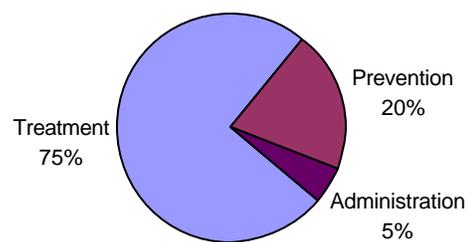
Block Grant expenditures in Oklahoma increased between FYs 2000 and 2003 from \$16.6 to \$17.8 million. The distribution of funds was very stable during this time period: treatment received most (three-fourths) of the Block Grant expenditures, prevention services received 20 percent, and administration costs received 5 percent.

FY 2000 Block Grant Expenditures by Activity

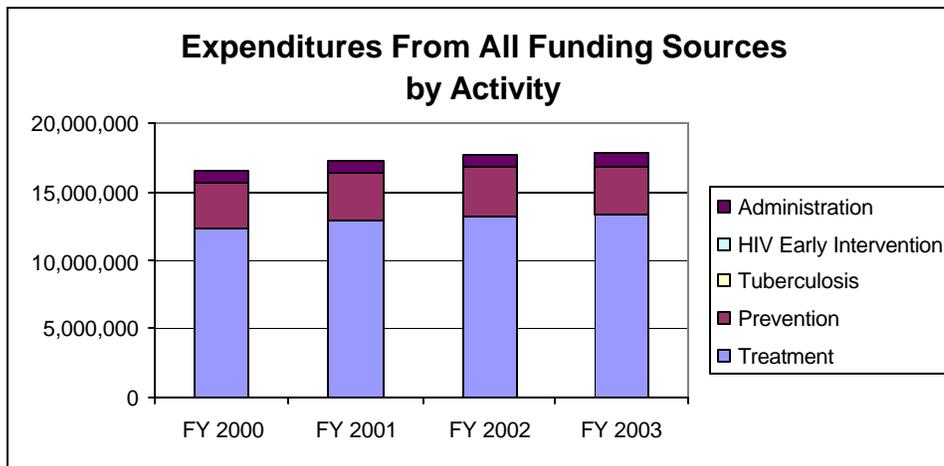


N=\$16,559,798

FY 2003 Block Grant Expenditures by Activity



N=\$17,788,840



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	12,942,823	75	13,273,396	75	13,341,630	75
Alcohol Treatment	6,245,984	38	0	0				
Drug Treatment	6,173,864	37	0	0				
Prevention	3,311,960	20	3,451,419	20	3,539,572	20	3,557,768	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	827,990	5	862,855	5	884,893	5	889,442	5
Total*	16,559,798	100	17,257,097	100	17,697,861	100	17,788,840	100

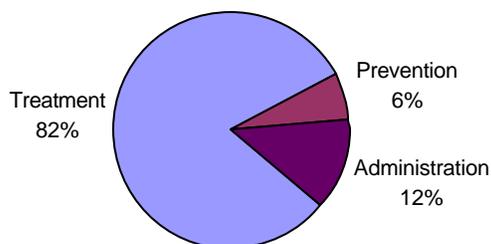
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

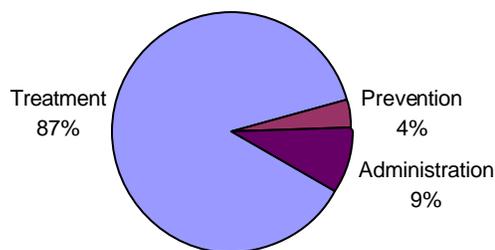
State expenditures for alcohol and drug abuse services increased dramatically between FYs 2000 and 2003 from \$14.5 to \$22.6 million. In FY 2003, treatment received most (87 percent) of State funds (up from 82 percent in FY 2000), administration costs received 9 percent (down from 12 percent in FY 2000), and prevention received 4 percent (down slightly from 6 percent in FY 2000).

FY 2000 State Expenditures by Activity

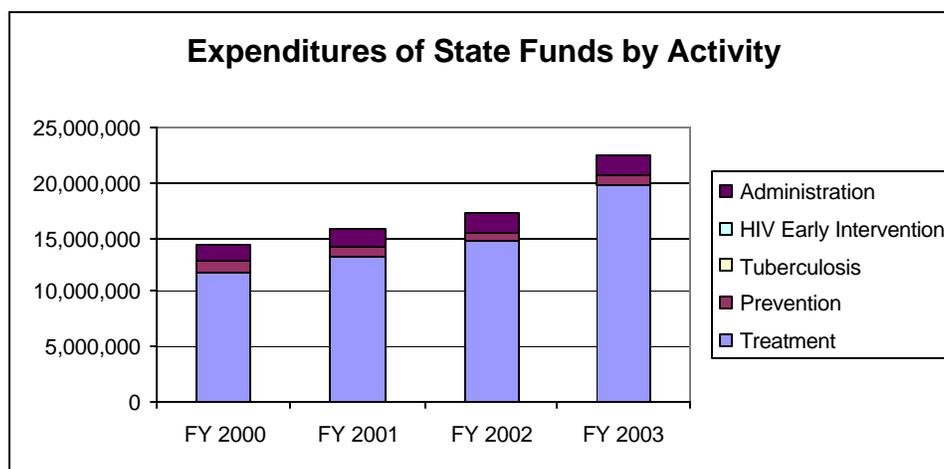


N=\$14,469,707

FY 2003 State Expenditures by Activity



N=\$22,564,922



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	11,772,287	81	13,268,321	83	14,769,476	85	19,786,536	88
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	940,127	6	897,495	6	777,243	4	860,302	4
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,757,293	12	1,744,514	11	1,809,053	10	1,918,084	9
Total*	14,469,707	100	15,910,330	100	17,355,772	100	22,564,922	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

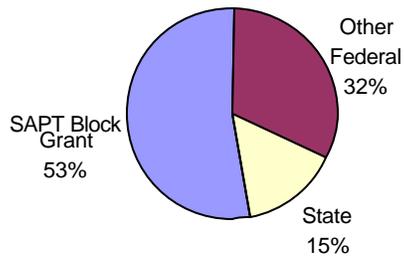
ODMHSAS supports prevention programs to help young people build healthy lifestyles and acquire skills that reduce their risk of later developing alcohol or drug dependence. These programs involve training to develop strong, positive self-images, education about the dangers of alcohol and other drugs, literature and educational videos, and assistance to community groups in establishing effective organizations to fight substance abuse. To implement its prevention programs, ODMHSAS funds a network of 18 Area Prevention Resource Centers, as well as other programs offering education and assistance to schools, parents, and community groups. Three specialty centers provide services for specific populations throughout the State: the University of Oklahoma American Indian Institute, the Oklahoma State University Center for Health Sciences African American Institute, and the Latino Community Development Center. State monies fund a fourth specialty center educating Oklahomans about fetal alcohol spectrum. A mentoring program for high-risk children who are referred through the juvenile justice system is also funded through State resources.

Prevention Funding and Expenditures

Prevention funding in Oklahoma between FYs 2000 and 2002 ranged from \$6.2 to \$7 million. In FY 2003 these funds declined to \$5.5 million. The proportion of prevention funds supported by the Block Grant increased between FYs 2000 and 2003 from 53 to 64 percent of the total, while other Federal funds as a proportion of the total declined from 32 to 20 percent.

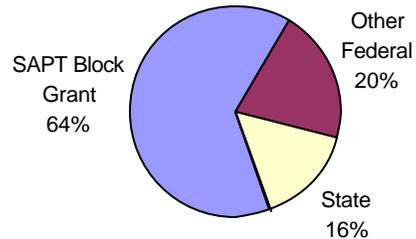
Between FYs 2000 and 2003 Block Grant prevention expenditures per capita ranged narrowly between \$0.96 and \$1.02.

FY 2000 Prevention Expenditures by Funding Source

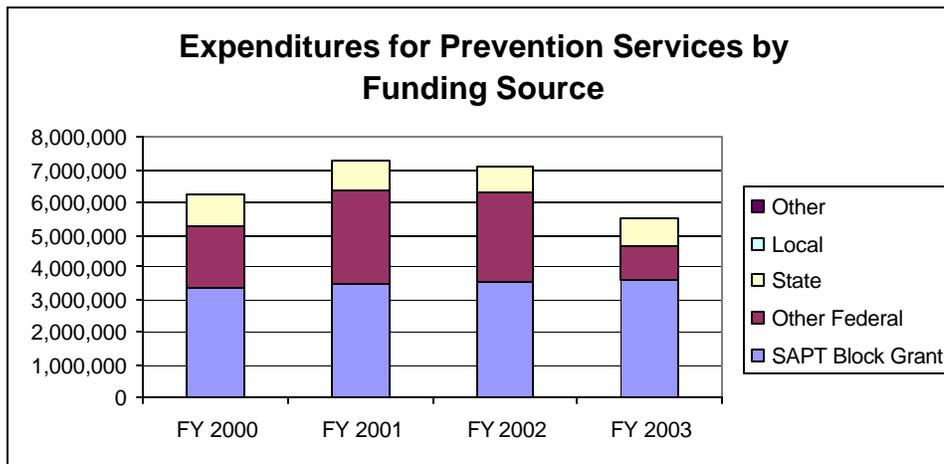


N=\$6,220,911

FY 2003 Prevention Expenditures by Funding Source



N=\$5,510,949



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,311,960	53	3,451,419	47	3,539,572	50	3,557,768	64
Other Federal	1,968,824	32	2,917,718	40	2,767,367	39	1,092,879	20
State	940,127	15	897,495	12	777,243	11	860,302	16
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	6,220,911	100	7,266,632	100	7,084,182	100	5,510,949	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

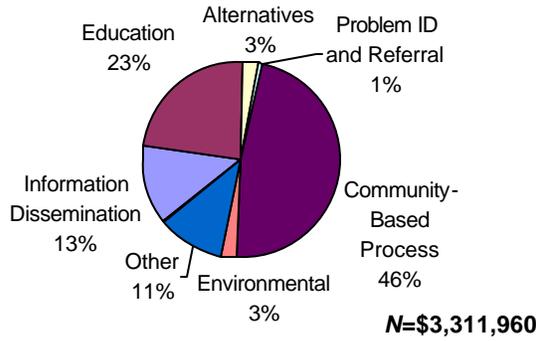
Examples of prevention strategies funded by the Block Grant include the following:

Core Strategy	Examples of Activities
Information Dissemination	The Oklahoma State University Center for Health Sciences supplements the efforts of the Partnership for a Drug-Free America that target underage alcohol use and seek support for public service announcements (PSAs).
Education	Training for teachers, counselors, volunteers, and others fosters sustainability of prevention efforts. Funding also supports the delivery of “A Pregnant Pause” education program on fetal alcohol spectrum and the delivery of the youth leadership camp ‘Project Under 21’ program focused on underage alcohol use.
Alternatives	The State sponsors drug-free dances and team-building activities and maintains “Teenline” for teens and young adults that provides trained volunteers to talk callers through problems and concerns.
Community-Based Processes	Activities support for community-based coalitions and training for coalitions on risk and protective factors.
Environmental	Partnerships are formed with tobacco and alcohol outlets to educate them about youth access issues and with the Oklahoma Highway Safety Office on a media campaign at football games with drinking prevention messages.
Problem Identification and Referral	The booklet the “Yellow Pages” lists statewide substance abuse prevention and treatment providers as well as mental health and domestic violence programs.
Other:	Logic models are used by community coalitions and prevention programs.

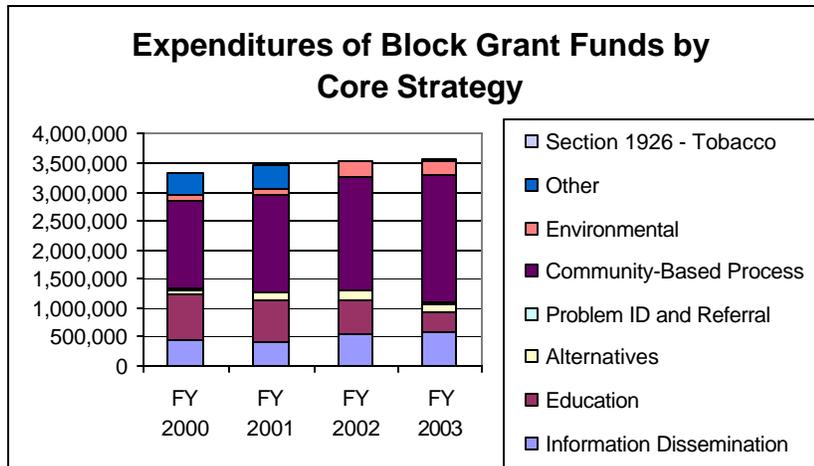
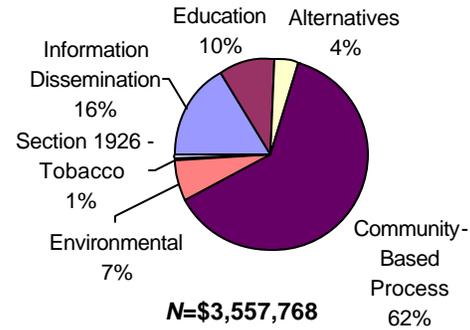
Expenditures of Block Grant Funds for Core Strategies

Block Grant funds for prevention strategies have remained relatively stable between FYs 2000 and 2003, increasing from \$3.3 to \$3.6 million. In FY 2003, community-based processes received the majority (62 percent) of Block Grant core strategy funds.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	442,939	13	412,046	12	530,935	15	569,242	16
Education	767,769	23	719,328	21	601,727	17	355,776	10
Alternatives	88,588	3	117,553	3	141,582	4	142,310	4
Problem ID and Referral	29,529	1	18,272	1	3,539	0	3,557	0
Community-Based Process	1,535,547	46	1,694,776	49	1,986,569	56	2,213,948	62
Environmental	88,588	3	83,444	2	247,770	7	245,485	7
Other	359,000	11	406,000	12	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	27,450	1	27,450	1
Total*	3,311,960	100	3,451,419	100	3,539,572	100	3,557,768	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding

Treatment and Rehabilitation Services

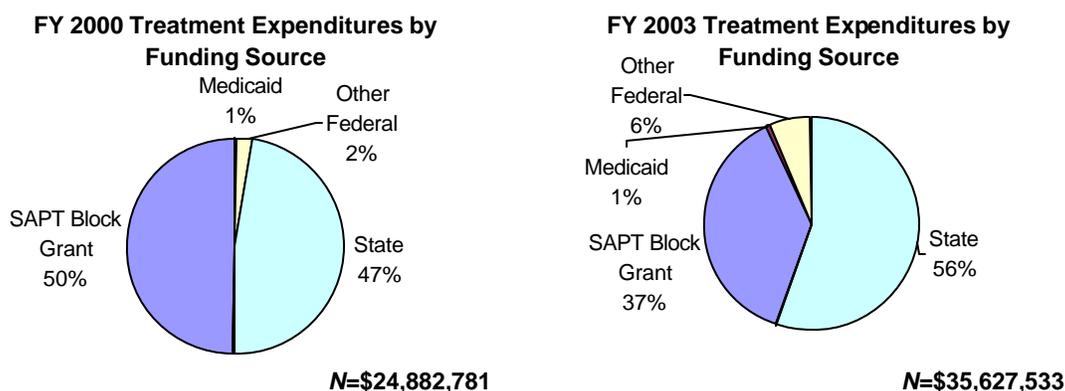
ODMHSAS contracts with private, nonprofit, certified agencies to provide detoxification, residential, halfway house, outpatient, intensive outpatient, and early intervention services. Seven ODMHSAS-operated agencies provide residential and outpatient treatment services. In addition, the University of Oklahoma Health Sciences Centers provides screening, assessment, and treatment planning for children with fetal alcohol spectrum. ODMHSAS contracts with six agencies to provide early intervention services to selected schools to work with school personnel and parents. The Department of Human Services provides screening, assessments, and outpatient substance abuse services to TANF clients and child welfare clients. The Oklahoma legislature continues to fund drug court programs. The Oklahoma Department of Corrections funds substance abuse screening and assessment, residential treatment, and other services at prisons, community correction centers, and for individuals in the probation and parole system.

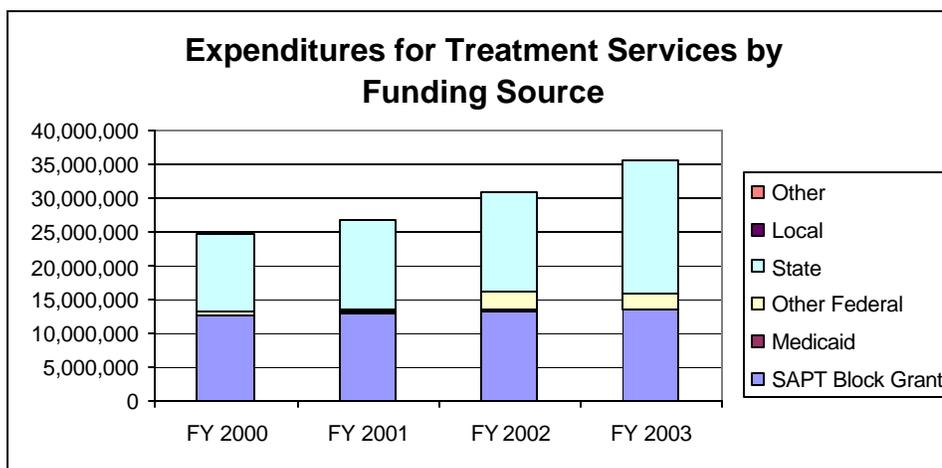
ODMHSAS set a priority on strengthening substance abuse case management to promote effective referrals and linkage for services in and outside of the substance abuse arena. An experienced case management professional is on staff to assist with this priority. Further, ODMHSAS contracts for or operates multiple programs to provide integrated co-occurring treatment services. Four agencies provide residential treatment and five provide outpatient or intensive outpatient care. A full-time staff member focuses exclusively on co-occurring services. Overall, ODMHSAS is moving toward a more integrated system of services for mental health, domestic violence, and substance abuse.

Treatment Funding and Expenditures

Funds for treatment in Oklahoma increased from \$24.9 to \$35.6 million between FY 2000 and 2003. The State provided the majority (56 percent) of treatment funds in FY 2003, followed by the Block Grant (37 percent) and other Federal funds (6 percent). This distribution represents a shift since FY 2000 when the State provided only 47 percent of the total and the Block Grant provided half.

Between FYs 2000 and 2003 Block Grant treatment expenditures in Oklahoma increased from \$3.60 to \$3.81 per capita.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	12,419,848	50	12,942,823	48	13,273,396	43	13,341,630	37
Medicaid	188,449	1	189,727	1	189,727	1	189,727	1
Other Federal	502,197	2	435,125	2	2,683,368	9	2,309,640	6
State	11,772,287	47	13,268,321	49	14,769,476	48	19,786,536	56
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	24,882,781	100	26,835,996	100	30,915,967	100	35,627,533	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding

Admissions

Oklahoma's SAPT Block Grant application indicates that over 22,000 persons were admitted for treatment services during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=22,333)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	110	65	0
Free-standing residential	1,729	2,382	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	972	2,811	92
Long-term residential	313	720	298
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	3,917	8,117	780
Intensive outpatient	5	20	2
Detoxification (outpatient)	0	0	0
Total	7,047	14,114	1,172

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 17,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 40 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	4,020	41.7
Alcohol in combination with other drugs	12,901	39.7
Total	16,921	40.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 188,000 persons aged 12 and older (6.6 percent of Oklahoma's population) needed, but did not receive treatment for alcohol use and 78,000 persons (2.7 percent) needed, but did not receive treatment for illicit drug use in Oklahoma.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.61	5.41	16.77	4.83
Needing but not receiving treatment for illicit drug use	2.74	4.91	7.25	1.56

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Oklahoma is divided into eight substate planning regions. Regional Advisory Boards are being encouraged to merge with community coalitions to involve local persons in departmental planning. Coalitions develop needs assessments in their communities to identify resources and gaps in services. They prioritize the needs and develop plans on how best to fill those gaps.

ODMHSAS conducts a series of surveys to determine the needs for substance abuse treatment among various population groups. The studies result in a series of reports. The Oklahoma State Treatment Needs Assessment Studies, Alcohol and Other Drugs report includes information on incidence, prevalence, and need. Data are collected by substate planning regions. The Provider Management Reports and Regional Provider Management Reports utilize information from the Integrated Client Information System (ICIS), which contains information used throughout the year for planning.

Prevention needs assessment data are obtained from the County-Based Inferential Indicators for Substance Abuse and Other Prevention Issues report and include social indicators such as per capita income, dropout rates, and juvenile arrest rates, among others. Other prevention data are collected through the Oklahoma Kid's Count Data Book, the Oklahoma Tobacco Survey Report, the Oklahoma Prevention Needs Assessment Survey, and the National Survey on Drug Use and Health.

Evaluation

Information on treatment clients and client services is maintained in the ICIS database. Services are linked to client characteristics and clients are tracked across agencies and over time. An annual Data Book summarizes demographic information and services for clients served in ODMHSAS-funded agencies. The report is accessible through the ODMHSAS Web site. The Provider Management Reports and the Regional Provider Management Reports, using ICIS data, provide facilities and program staff with up-to-date performance indicator information. At least 5 percent of treatment programs receiving SAPT Block grant funds receive an independent peer review each year to assess and improve the quality and appropriateness of treatment services.

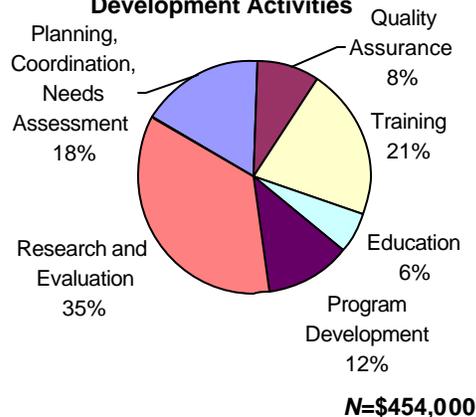
Training and Assistance

ODMHSAS provides continuing education for staff who provide prevention and treatment services. Training includes the annual Substance Abuse Conference. ODMHSAS also provides trainings each year for substance abuse staff through the Donahue series that includes such topics as the Addiction Severity Index, Infectious Diseases Management and Treatment, Motivational Interviewing, and Women and Addiction, among others. Prevention training programs focus on topics such as community mobilization and prevention specialist certification issues.

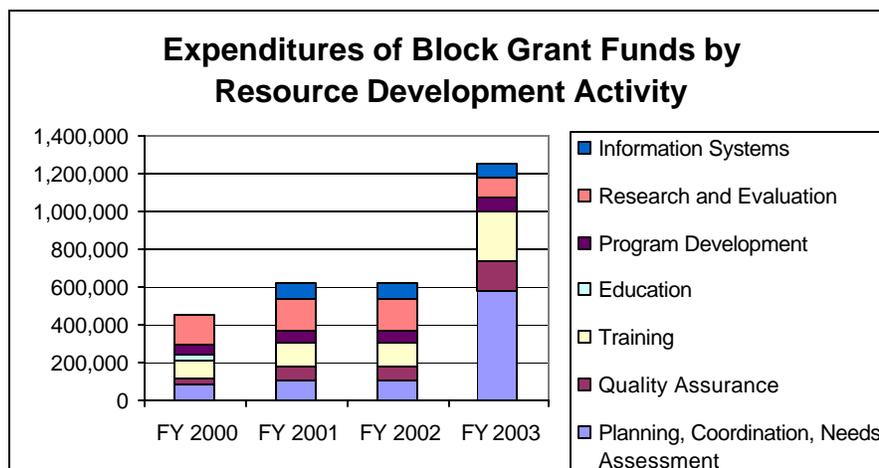
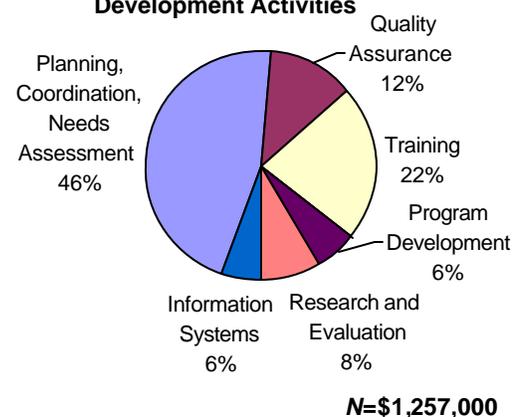
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant expenditures on resource development activities in Oklahoma more than doubled between FYs 2000 and 2003 (from \$454,000 to \$1.3 million). In FY 2003 planning, coordination, and needs assessment activities received the largest proportion (46 percent) of resource development funds, followed by training (at 22 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	80,000	18	100,000	16	100,000	16	579,000	46
Quality Assurance	38,000	8	75,000	12	75,000	12	150,000	12
Training	95,000	21	130,000	21	130,000	21	276,000	22
Education	25,000	6	0	0	0	0	0	0
Program Development	55,000	12	60,000	10	60,000	10	75,000	6
Research and Evaluation	161,000	35	171,000	28	171,000	28	105,000	8
Information Systems	0	0	80,000	13	80,000	13	72,000	6
Total*	454,000	100	616,000	100	616,000	100	1,257,000	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary prevention funds in Oklahoma totaled \$1.7 million in FY 2004. Drug-free communities received 14 of the 17 grants and totaled nearly \$1.3 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Centers for Application of Prevention Technology	1	337,588
Drug Free Communities	14	1,256,566
Drug Free Communities Mentoring	1	73,264
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
Total	17	1,731,054

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004 Oklahoma received \$1.5 million in Center for Substance Abuse Treatment (CSAT) discretionary funds for treatment. Grants were awarded for homeless addictions treatment, pregnant/post-partum women, and State data infrastructure.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Homeless Addictions Treatment	2	904,513
Pregnant/Post-Partum Women	1	499,984
State Data Infrastructure	1	100,000
Total	4	1,504,497

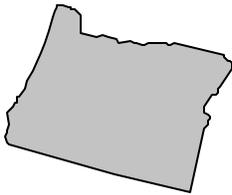
SOURCE: www.samhsa.gov

OREGON

State SSA Director

Robert E. Nikkel, Administrator
Office of Mental Health and Addiction Services
Department of Human Services
500 Summer Street, NE, E-86
Salem, OR 97301-1118
Phone: 503-945-9704
Fax: 503-373-7327
E-mail: robert.e.nikkel@state.org
Web Site: www.dhs.state.or.us

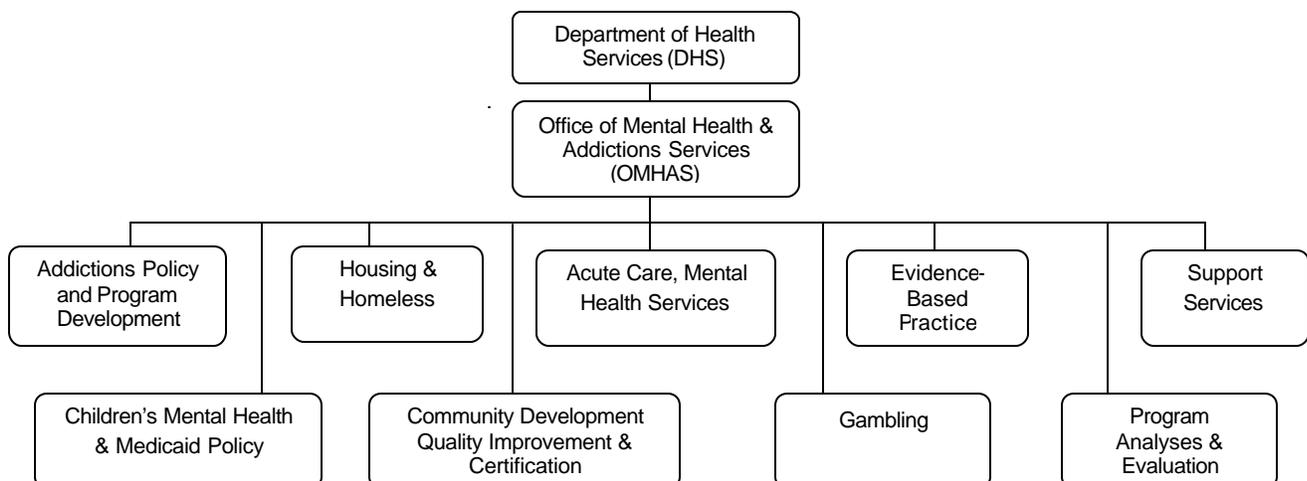
Structure and Function



Oregon's Single State Agency (SSA) for substance abuse is the Office of Mental Health and Addiction Services (OMHAS), located in the Department of Human Services (DHS) under the Health Services program area. OMHAS oversees the statewide substance abuse prevention and treatment systems with guidance and assistance from a variety of committees, commissions, and partnerships. The substate alcohol, tobacco, and other drug (ATOD) service delivery system consists of Oregon's 36 counties (each of which has a local alcohol and drug planning council), the 9 tribes, and statewide initiatives, among others.

OMHAS' mission is to assist Oregonians and their families to become independent, healthy, and safe by (1) promoting resilience and recovery through culturally competent, integrated, evidence-based treatments of addictions, pathological gambling, mental illness, and emotional disorders and (2) preventing and reducing the negative effects of alcohol, other drugs, gambling addiction, and mental health disorders. To accomplish the mission, OMHAS works with community partners to plan, deliver service, and enhance program quality.

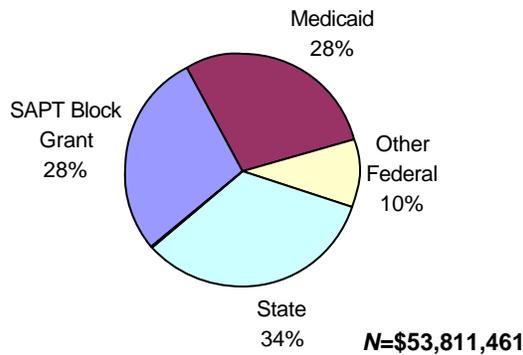
Single State Agency Structure



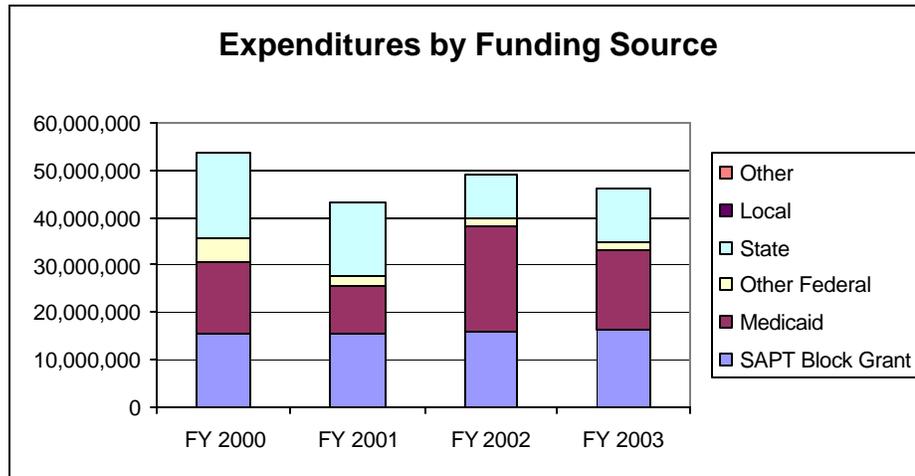
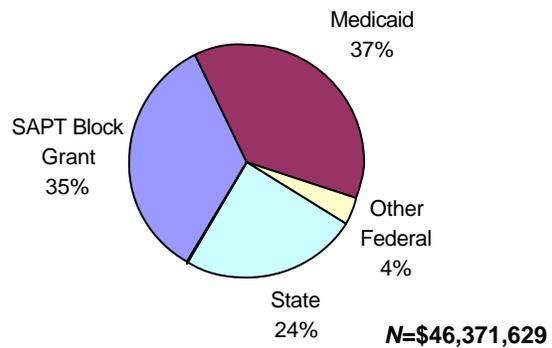
Single State Agency Funding Overview

Oregon's overall SSA funding for FYs 2000 to 2003 fluctuated during FYs 2000 through 2003 from a low of \$43.2 million in FY 2001 to a high of \$53.8 million in FY 2000. Both Medicaid and State funding varied considerably during that time period, while Block Grant funding remained relatively stable, and other Federal sources decreased.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

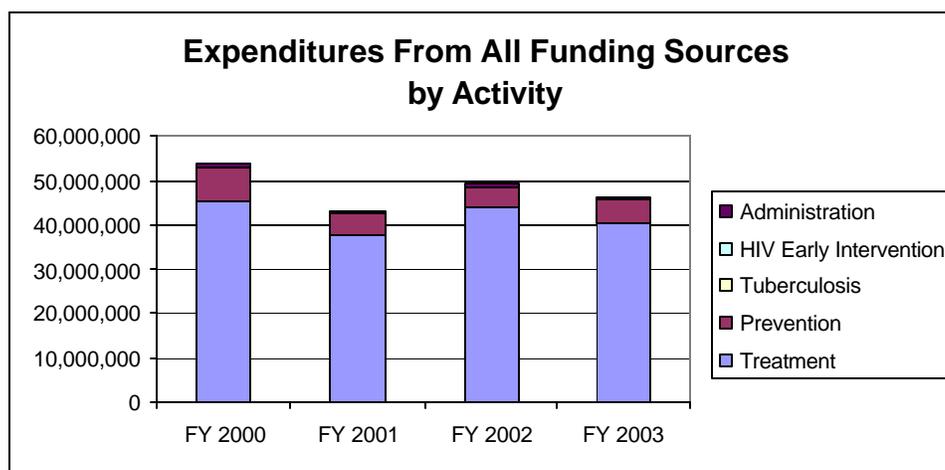
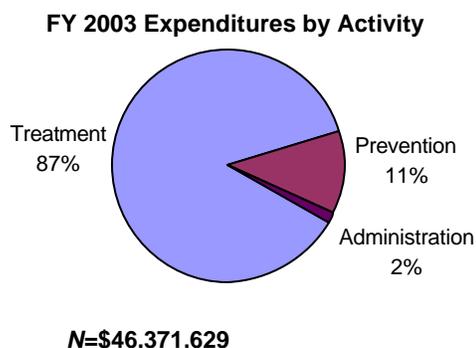
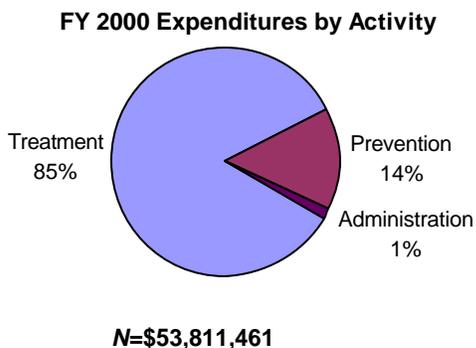
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	15,268,109	28	15,477,534	36	15,844,227	32	16,098,172	35
Medicaid	15,265,645	28	9,901,750	23	22,478,528	46	17,236,406	37
Other Federal	5,227,002	10	2,142,959	5	1,640,947	3	1,676,494	4
State	18,050,705	34	15,723,028	36	9,403,341	19	11,360,557	24
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	53,811,461	100	43,245,271	100	49,367,043	100	46,371,629	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

The distribution of SSA funds from FY 2000 to 2003 was fairly stable. Of the \$46.4 million expenditures in FY 2003, most went toward treatment and rehabilitation services (87 percent), followed by prevention activities (11 percent).



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	44,168,222	89	40,399,863	87
Alcohol Treatment	25,279,203	47	20,938,691	48				
Drug Treatment	20,100,999	37	16,865,331	39				
Prevention	7,667,854	14	4,667,372	11	4,406,610	9	5,166,858	11
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	763,405	1	773,877	2	792,211	2	804,908	2
Total*	53,811,461	100	43,245,271	100	49,367,043	100	46,371,629	100

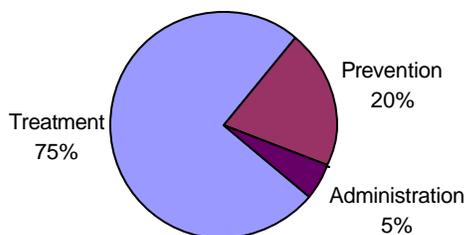
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for
 * Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

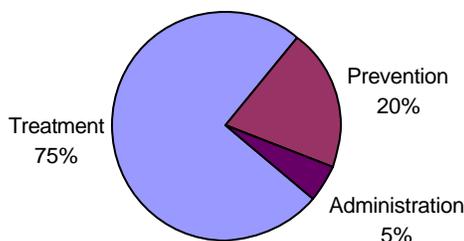
Block Grant expenditures increased steadily from FYs 2000 to 2003 (from \$15.3 to \$16.1 million). The allocation of funds for both treatment and prevention services remained stable during that time period, with 75 percent allocated to treatment and rehabilitation and 20 percent allocated to prevention. Administration activities and costs accounted for 5 percent of expenditures during this time period.

FY 2000 Block Grant Expenditures by Activity

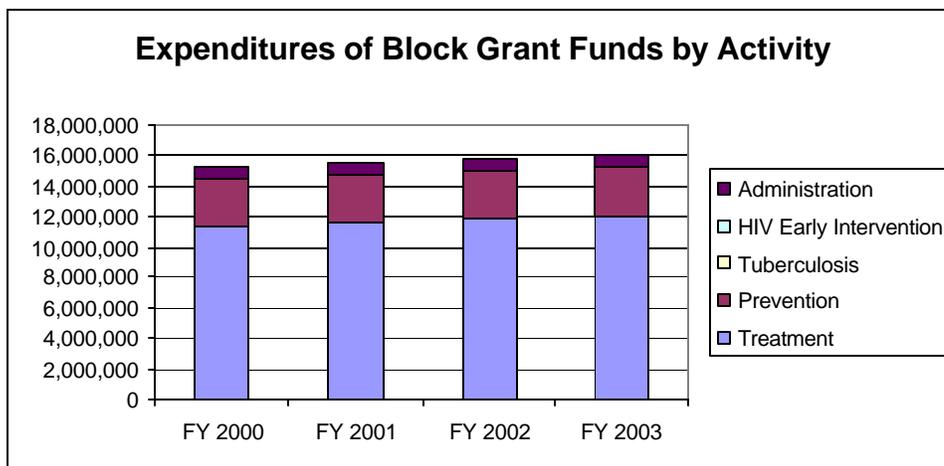


N=\$15,268,109

FY 2003 Block Grant Expenditures by Activity



N=\$16,098,172



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	11,883,171	75	12,073,630	75
Alcohol Treatment	5,828,353	38	6,169,000	40				
Drug Treatment	5,622,729	37	5,439,150	35				
Prevention	3,053,622	20	3,095,507	20	3,168,845	20	3,219,634	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	763,405	5	773,877	5	792,211	5	804,908	5
Total*	15,268,109	100	15,477,534	100	15,844,227	100	16,098,172	100

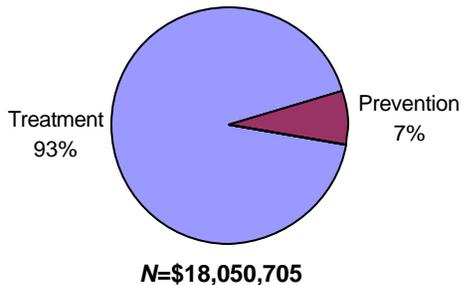
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

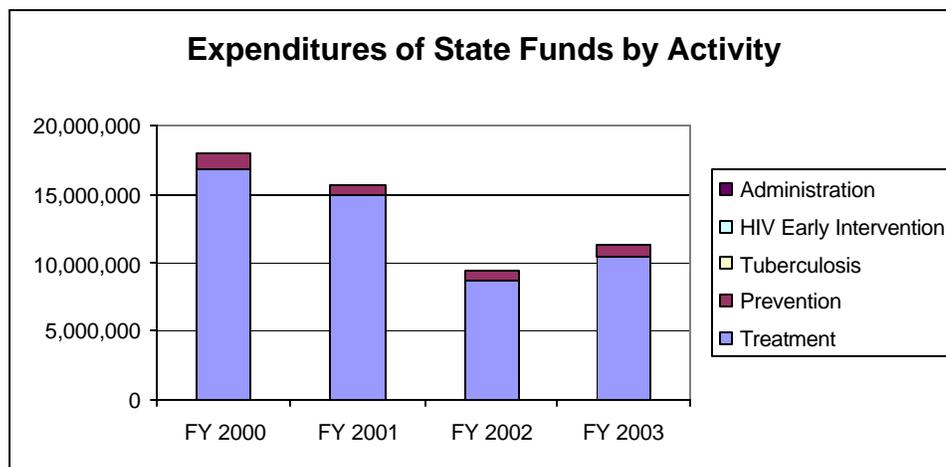
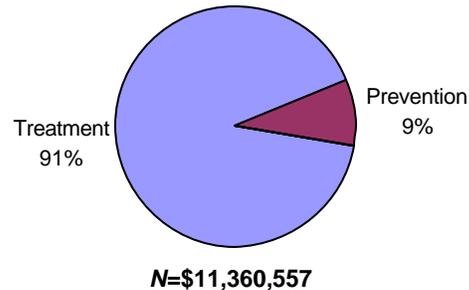
Expenditures of State Funds

Oregon's contribution toward SSA activities between FYs 2000 and 2003 varied substantially from a high of \$18.1 million in FY 2000 to a low of \$9.4 million in FY 2002. In FY 2003, State expenditures totaled \$11.4 million, with the vast majority of funds (91 percent) being directed toward treatment and rehabilitation services and 9 percent allocated for prevention activities.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	8,632,799	92	10,375,167	91
Alcohol Treatment	10,419,192	58	8,932,514	57				
Drug Treatment	6,343,935	35	6,048,740	38				
Prevention	1,287,578	7	741,774	5	770,542	8	985,390	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	18,050,705	100	15,723,028	100	9,403,341	100	11,360,557	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

OMHAS oversees the statewide substance abuse prevention system with guidance and assistance from a variety of committees, commissions, and partnerships. OMHAS contracts with directly with 36 counties, 9 Tribes, and other entities, for community-based prevention services. The counties and Tribes either provide the prevention services and activities themselves or subcontract for services with community-based providers. In addition, OMHAS contracts with four direct contractors for specific prevention services that are not responsibilities of counties and Tribes. Examples include SYNAR compliance, statewide 24-hour Helpline, drug-free workplace prevention efforts, and Asian-specific prevention services. Finally, Oregon has more than 70 community coalitions that are active in the State to prevent substance abuse.

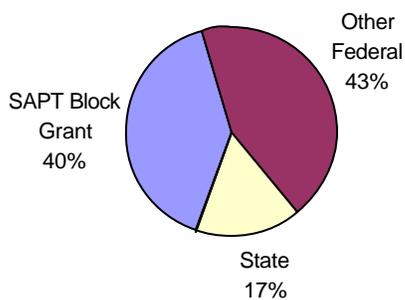
Oregon has adopted three frameworks as guidelines for implementing its prevention services: the Communities that Care framework, the Institute of Medicine framework, and the six primary prevention strategies funded by the SAPT Block Grant. Statewide strategies focus on reducing underage drinking, implementing community development strategies, and improving parenting skills.

Prevention Funding and Expenditures

Oregon's prevention expenditures fluctuated considerably between FYs 2000 and 2003. The SAPT Block Grant, as a prevention funding source, remained relatively stable in dollar value throughout that timeframe, accounting for \$3.2 million in spending. Other Federal funding and State sources were more volatile, and decreased substantially, both in dollar amount and in proportion of total funding.

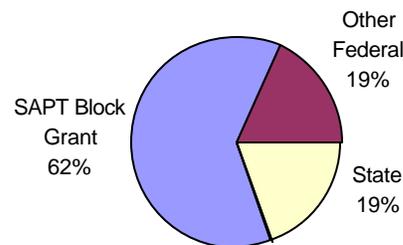
The SAPT Block Grant funding per capita on prevention services remained stable, from FYs 2000 to 2003, ranging from \$0.89 to \$0.90.

FY 2000 Prevention Expenditures by Funding Source

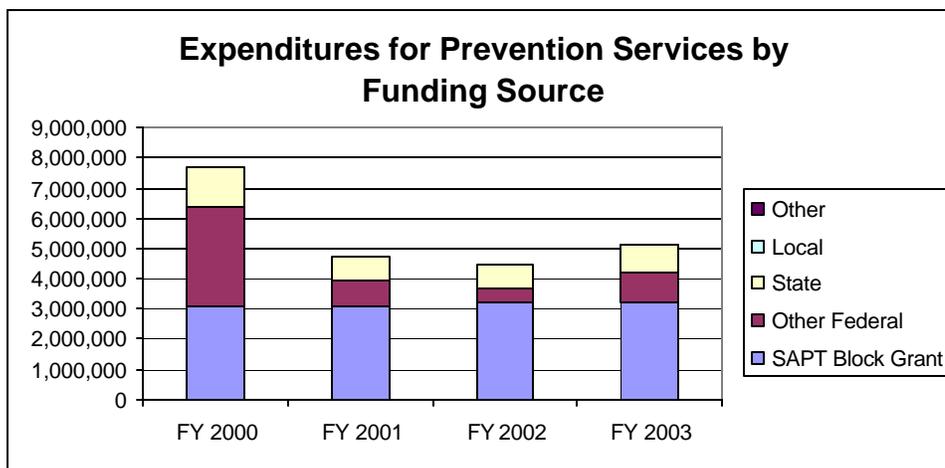


N=\$7,667,854

FY 2003 Prevention Expenditures by Funding Source



N=\$5,166,858



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,053,622	40	3,095,507	66	3,168,845	72	3,219,634	62
Other Federal	3,326,654	43	830,091	18	467,223	11	961,834	19
State	1,287,578	17	741,774	16	770,542	17	985,390	19
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,667,854	100	4,667,372	100	4,406,610	100	5,166,858	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

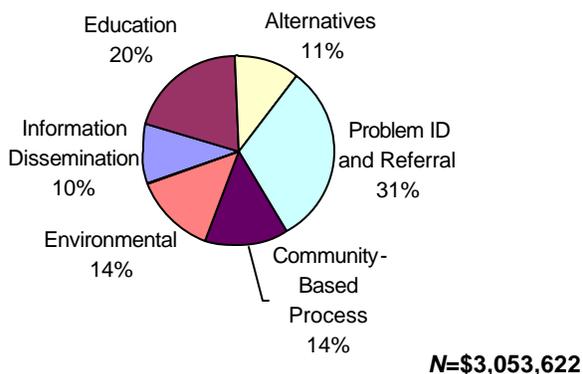
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Awareness materials are distributed statewide through the Oregon Partnership Resource Center. OMHAS partnered with Safeway stores to display messages on underage drinking in stores and on bags.
Education	Mentoring and peer-leader/helper programs increase parental skills and train peer helpers to help youth resist the use of drugs.
Alternatives	Activities are designed to provide youth with positive ways to spend their time.
Community-Based Processes	OMHAD increased the number of multidisciplinary community teams that include citizens from businesses, faith communities, and law enforcement as well as parents, teachers and youth.
Environmental	The partnership with the Oregon Liquor Control Commission educates and offers team training for communities about effective community prevention policies and practices.
Problem Identification and Referral	The statewide helpline provides referrals to local treatment and prevention services.

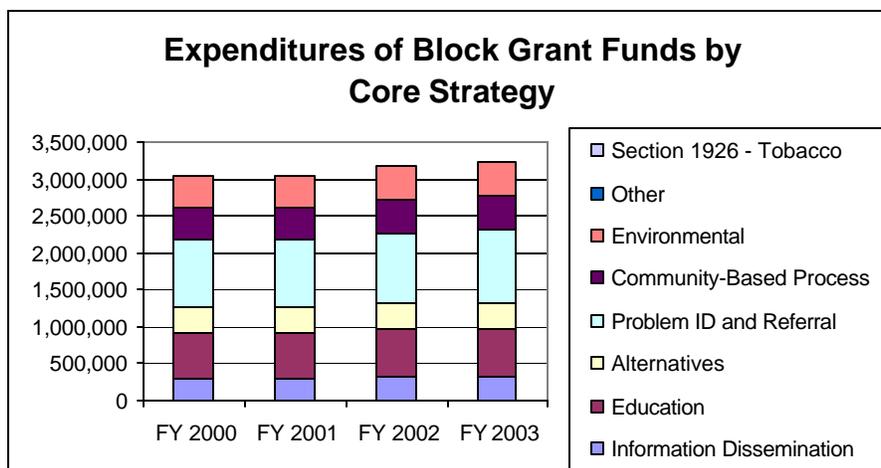
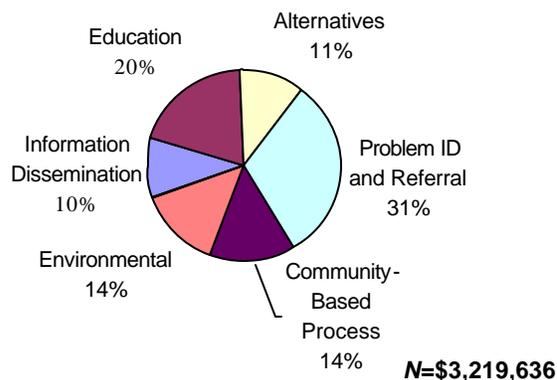
Expenditures of Block Grant Funds for Core Strategies

The distribution of Block Grant funding between FYs 2000 and 2003 remained proportionately level among the various core prevention strategy expenditures. Problem identification and referral have consistently accounted for the largest portion of the funds (31 percent), followed by education (20 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	305,362	10	305,363	10	316,885	10	321,964	10
Education	610,725	20	610,724	20	633,769	20	643,927	20
Alternatives	335,898	11	335,898	11	348,573	11	354,160	11
Problem ID and Referral	946,623	31	946,623	31	982,342	31	998,087	31
Community-Based Process	427,507	14	427,507	14	443,638	14	450,749	14
Environmental	427,507	14	427,507	14	443,638	14	450,749	14
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	3,053,622	100	3,053,622	100	3,168,845	100	3,219,636	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

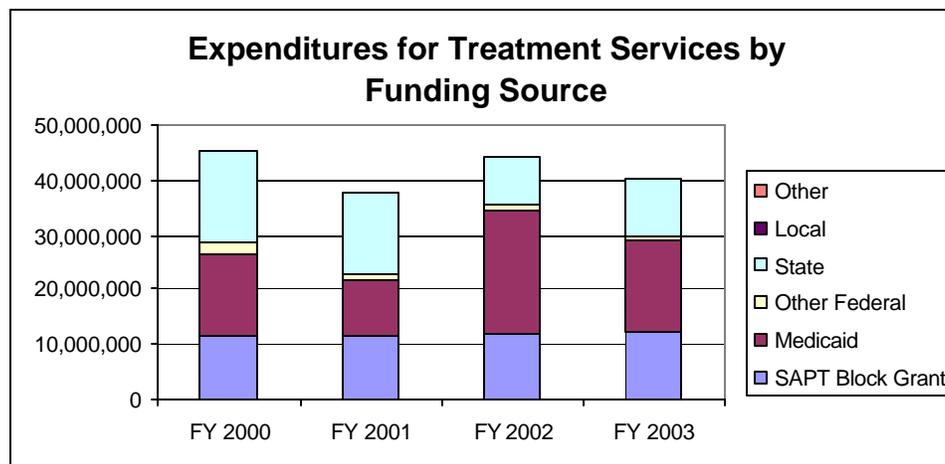
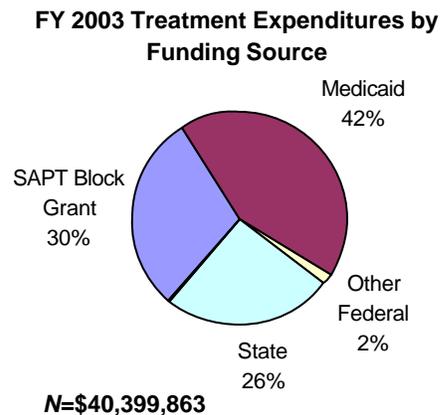
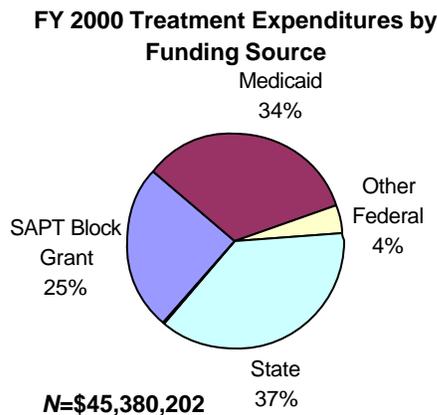
Treatment and Rehabilitation Services

OMHAS supports a continuum of substance abuse treatment services through county and tribal financial assistance agreements. Regional services are funded through a combination of direct contracts, county contracts, and local options. OMHAS, with funding from the Robert Wood Johnson Foundation, is also addressing barriers to consumers entering and transitioning between appropriate levels of care; realigning aspects of the State’s clinical, administrative, and financial infrastructure to enable counties, providers, and consumers to customize treatment to community attributes and to prepare for Access to Recovery (ATR) vouchers; quantifying cost savings for Medicaid and other State human services achieved by investing in substance abuse treatment; and recommending attributes of more modernized and less fragmented information systems.

Treatment Funding and Expenditures

Between FYs 2000 and 2003 treatment expenditures in Oregon varied substantially, from a low of \$37.8 million in FY 2001 to a high of \$45.4 million in FY 2000, with expenditures at \$40.4 million in FY 2003. Medicaid, Block Grant, and State funding accounted for the majority of spending, comprising 42 percent, 30 percent, and 26 percent of expenditures respectively in FY 2003.

SAPT Block Grant funding per capita for treatment and rehabilitation services remained stable from FY 2000 through 2003, increasing from \$3.34 to \$3.39 during that time period.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	11,451,082	25	11,608,150	31	11,883,171	27	12,073,630	30
Medicaid	15,265,645	34	9,901,750	26	22,478,528	51	17,236,406	43
Other Federal	1,900,348	4	1,312,868	3	1,173,724	3	714,660	2
State	16,763,127	37	14,981,254	40	8,632,799	20	10,375,167	26
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	45,380,202	100	37,804,022	100	44,168,222	100	40,399,863	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Oregon's SAPT Block Grant application indicates that more than 15,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=15,052)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	2,654	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	0
Long-term residential	1,741	0	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	10,657	0	0
Intensive outpatient	0	0	0
Detoxification (outpatient)	0	0	0
Total	15,052	0	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate more than 50,000 admissions (where at least one substance is known), of which more than 16,000 were for alcohol only. Calculations (with imputation) from TEDS data show that nearly 22 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	16,402	19.1
Alcohol in combination with other drugs	33,981	22.6
Total	50,383	21.5

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 204,000 persons aged 12 and older (6.9 percent of Oregon's population) needed, but did not receive, treatment for alcohol use, and 85,000 persons (2.9 percent) needed, but did not receive, treatment for illicit drug use in Oregon.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.93	5.78	16.86	5.40
Needing but not receiving treatment for illicit drug use	2.88	5.07	9.17	1.53

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Under the guidance of the Governor's Council on Alcohol and Drug Abuse Programs (GCADAP), OMHAS initiates and facilitates State- and local-level planning for substance abuse prevention and treatment services. Planning begins with county profiles that identify specific needs for alcohol and drug prevention and treatment services and describes prevention and treatment strategies. The planning process involves meetings with various State agencies, local committees, councils, contractors, and advocates. The meetings develop strategies, set priorities, and establish criteria for delivering services.

OMHAS uses various data sources to develop the county profiles. Prevention and treatment needs are assessed from the Household Survey and the Oregon Healthy Teens School Survey data. OMHAS also uses social indicator data from the Client Processing and Monitoring System (CPMS) and the statewide Law Enforcement Data Set.

OMHAS facilitates the planning process, provides technical assistance, and develops reports to share with participants and GCADAP. Each county has a Local Alcohol and Drug Planning Council with members who reflect the community's geographic and social diversity. Local councils then develop specific plans and submit them to OMHAS for review and approval. The GCADAP reviews and approves final plans on behalf of the Governor.

Evaluation

OMHAS develops quarterly performance measures at county and provider levels. These indicators are designed to measure access to services and treatment outcomes relative to levels of need. Observations are shared quarterly with local committees and contractors. OMHAS provides technical assistance as needed.

OMHAS monitors prevention activities through three primary methods. First, each county and Tribe is required to provide OMHAS with a biennial prevention plan and track services through the use of the Minimum Data Set (MDS). Second, OMHAS requires each county and Tribe to complete an annual report on the services provided. Third, a site review is conducted with each county and Tribe every 2 years.

Training and Assistance

OMHAS provides quality training on evidence-based practices using Netlink and Train the Trainer models. Training efforts are partnerships with other organizations and include the following: ASAM PPC-2R Training of Trainers; clinical supervision courses; a conference on "Back to Basics," an institute on "Evidence-based Practice for the 21st Century," Matrix Model training; and training on "Best Practices in Treatment." Prevention training is integrated into all Oregon communities. OMHAS offers instruction on topics such as community mobilization, risk and protective factors, underage drinking, and cultural diversity and competence.

Integrated service courses are a substantial component of OMHAS training. For example, more than 380 substance abuse and child welfare professionals receive training annually on treatment and case management of families affected by methamphetamine, alcohol, and other drug use. This training curriculum was developed with support from OMHAS and is now carried out each year with financial support from the Department's child welfare section. OMHAS also collaborated with the Oregon Department of Education to provide the Annual Prevention of Violence Institute.

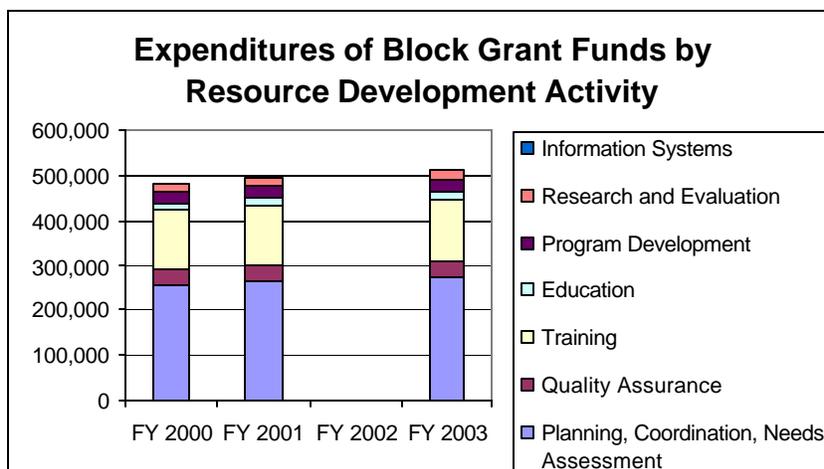
Expenditures of Block Grant Funds for Resource Development Activities

Oregon spent over \$500,000 on resource development activities in FY 2003. The bulk of that spending (53 percent) was for planning, coordination, and needs assessment activities, followed by training (27 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	255,379	53	262,817	53	N/R	-	270,702	53
Quality Assurance	34,984	7	36,003	7	N/R	-	37,083	7
Training	132,363	27	136,217	27	N/R	-	140,304	27
Education	13,990	3	14,398	3	N/R	-	14,830	3
Program Development	27,986	6	28,801	6	N/R	-	29,665	6
Research and Evaluation	17,491	4	18,001	4	N/R	-	18,541	4
Information Systems	0	0	0	0	N/R	-	0	0
Total*	482,193	100	496,237	100	N/R	-	511,125	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

N/R = Not reported

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$5.7 million in 39 discretionary grants to entities in Oregon during FY 2004. More than three-quarters of the grants were awarded to drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
AI / AN National Resource Center	1	1,047,050
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	2	584,712
Drug Free Communities	30	2,686,896
Drug Free Communities Mentoring	2	149,907
Prevention of Methamphetamine and Inhalant Use	1	349,857
SAMHSA Conference Grants	1	25,000
State Incentive Cooperative Agreements	1	750,000
Youth Transition into the Workplace	1	149,873
Total	39	5,743,295

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$5.7 million in discretionary funds to 15 entities in Oregon, representing a broad spectrum of diverse populations, services, and modalities. The largest dollar amounts went toward residential substance abuse treatment grants, followed by drug court grants (adult, juvenile, and family).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	644,457
Adult Juvenile and Family Drug Courts	2	726,720
Effective Adolescent Treatment	1	250,000
Homeless Addictions Treatment	1	376,109
Methamphetamine Populations	1	498,275
Pregnant/Post-Partum Women	1	500,000
Recovery Community Service	1	317,768
Recovery Community Support - Facilitating	1	350,000
State Data Infrastructure	1	100,000
Residential Substance Abuse Treatment	2	780,335
Strengthening Access and Retention	1	200,000
Targeted Capacity - HIV/AIDS	1	500,000
TCE Minority Populations	1	500,000
Total	15	5,743,664

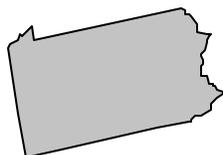
SOURCE: www.samhsa.gov

PENNSYLVANIA

State SSA Director

Mr. Gene R. Boyle, Director
Bureau of Drug and Alcohol Programs
Pennsylvania Department of Health
02 Kline Plaza, Suite B
Harrisburg, PA 17104
Phone: (717) 783-8200
Fax: (717) 787-6285 (fax)
E-mail: eboyle@state.pa.us
Web site: www.dsf.health.state.pa.us

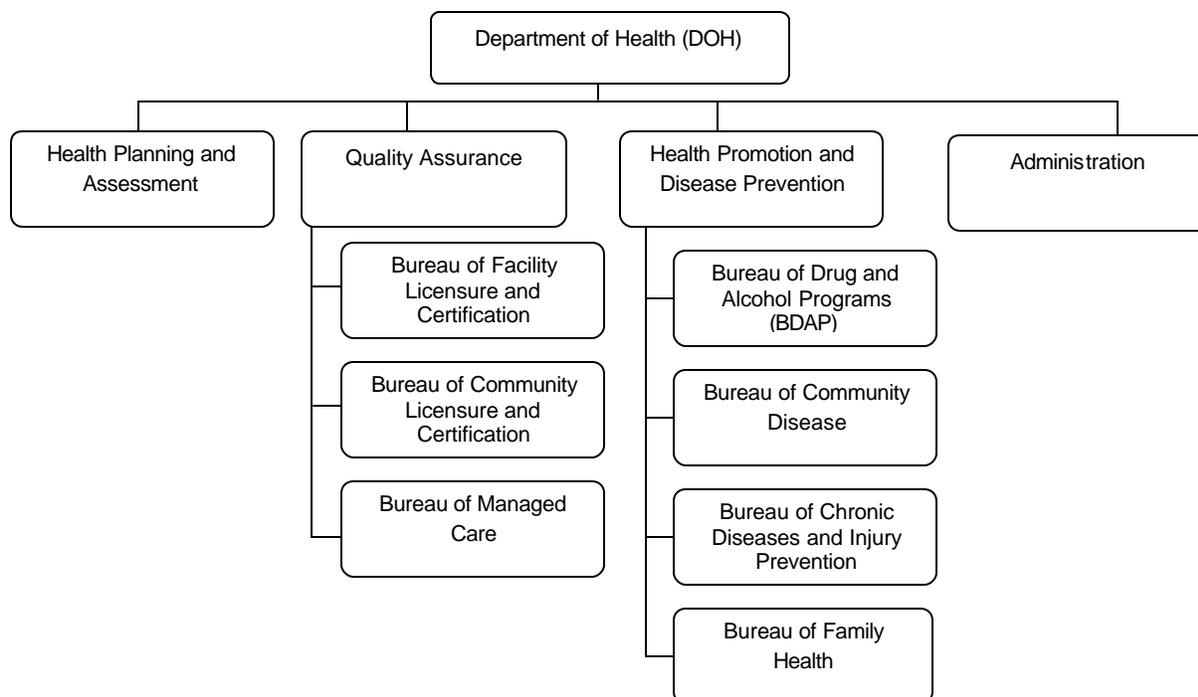
Structure and Function



The Pennsylvania Department of Health's (DOH) Bureau of Drug and Alcohol Programs (BDAP) is the designated Single State Agency (SSA) for the prevention and treatment of substance abuse throughout the State. Toward that end, BDAP oversees a system of Single County Authorities (SCAs) to provide publicly funded prevention and treatment services. The 49 SCAs are responsible for program planning and service provision throughout Pennsylvania's 67 counties and often contract with local programs to deliver services. The Bureau of Community Program Licensure and Certification, another bureau within DOH, oversees the licensing of these local programs. Through the SCA system, BDAP facilitates statewide planning, monitoring, and training of all prevention and treatment efforts.

Current BDAP prevention initiatives include a unique partnership with the Pennsylvania National Guard. Through this program, the National Guard supports the SCAs and community-based prevention providers by leading or staffing prevention activities, transporting materials, providing multimedia and conferencing services, coordinating a speakers bureau, and many others.

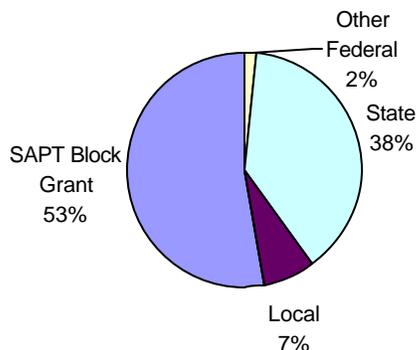
Single State Agency Structure



Single State Agency Funding Overview

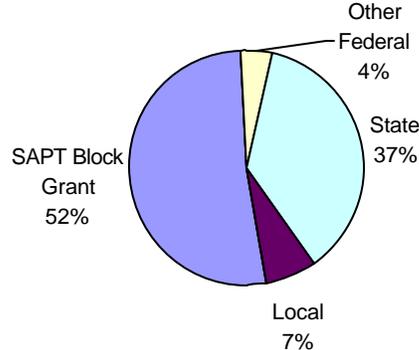
Between FYs 2000 and 2003, total SSA funding in Pennsylvania increased from \$108.7 to \$114.1 million. The proportion of funds from the different funding sources remained very stable during this time period—more than half of total funds were provided by the Block Grant, 37 to 38 percent by the State, 7 percent from local sources, and 1 to 4 percent from other Federal sources.

FY 2000 Expenditures by Funding Source

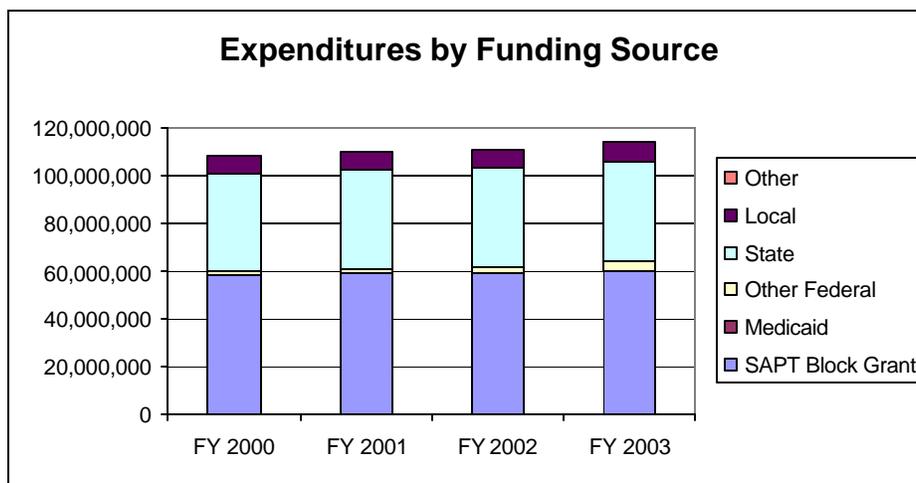


N=\$108,655,960

FY 2003 Expenditures by Funding Source



N=\$114,072,787



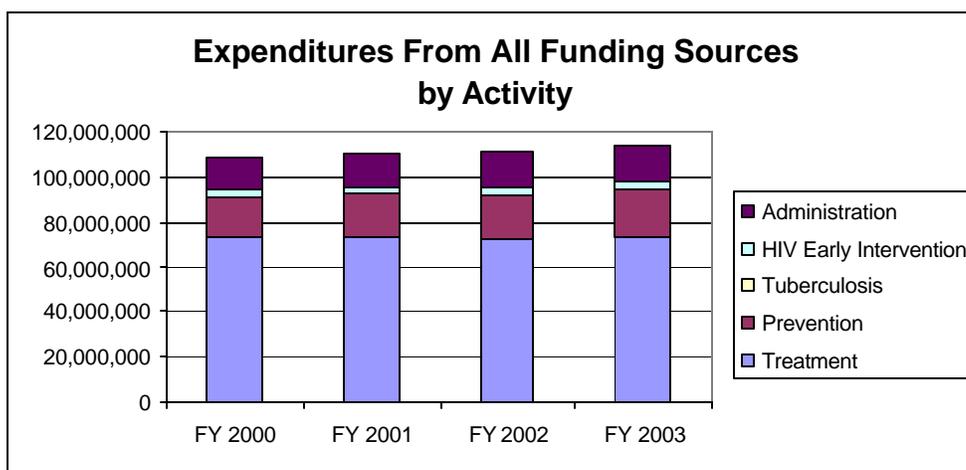
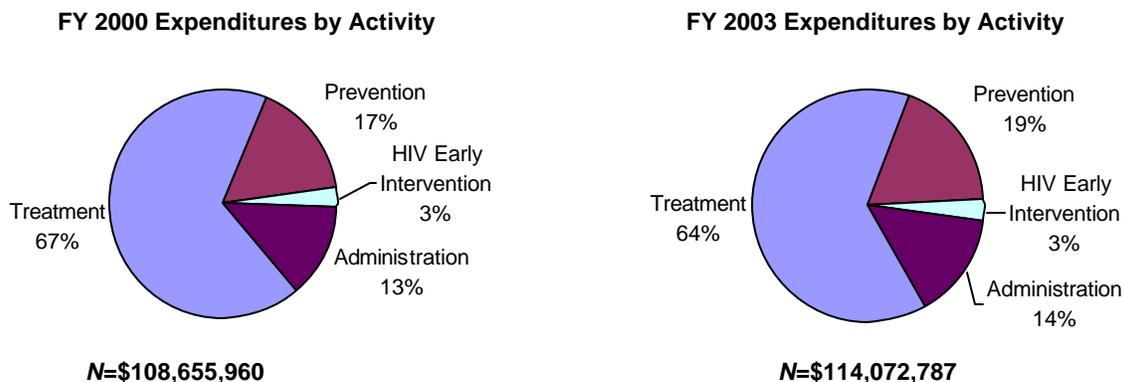
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	57,670,348	53	58,388,433	53	59,033,336	53	59,336,807	52
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,859,826	2	1,624,627	1	2,237,501	2	4,919,164	4
State	41,244,663	38	42,336,000	38	42,076,000	38	41,976,000	37
Local	7,881,123	7	8,015,296	7	7,485,348	7	7,840,816	7
Other	0	0	0	0	0	0	0	0
Total*	108,655,960	100	110,364,356	100	110,832,185	100	114,072,787	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

In FY 2003, the largest proportion (67 percent) of SSA funding went toward treatment services, prevention received 19 percent, and administration received 14 percent. This distribution was similar to that in FYs 2000 through 2002.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	36,365,097	33	37,091,528	34	72,815,077	66	73,283,402	64
Alcohol Treatment	18,225,956	17	17,025,434	15				
Drug Treatment	18,691,398	17	19,564,160	18				
Prevention	18,054,254	17	19,152,095	17	19,255,944	17	21,223,136	19
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,968,973	3	2,986,620	3	3,095,039	3	3,178,073	3
Administration	14,350,282	13	14,544,519	13	15,666,125	14	16,388,176	14
Total*	108,655,960	100	110,364,356	100	110,832,185	100	114,072,787	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

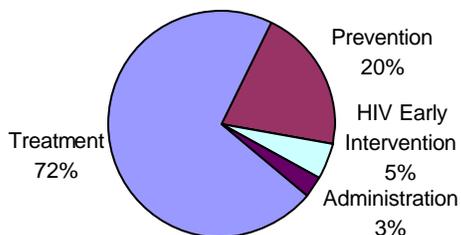
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

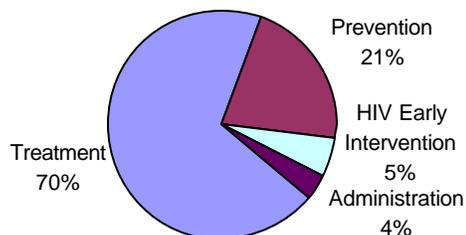
Block Grant expenditures in Pennsylvania remained stable between FYs 2000 and 2003, ranging between \$57.7 and \$59.3 million. The distribution of funds during this time period was also quite stable. In FY 2003 treatment services received the majority (70 percent) of Block Grant funds, prevention services received 21 percent, HIV early intervention received 5 percent, and 4 administration received 4 percent.

FY 2000 Block Grant Expenditures by Activity

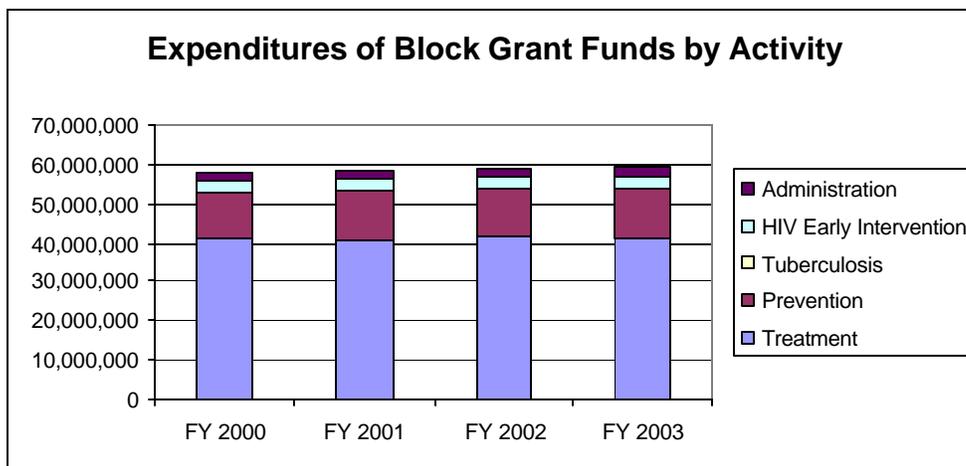


N=\$57,670,348

FY 2003 Block Grant Expenditures by Activity



N=\$59,336,807



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	5,847,172	10	5,919,629	10	41,672,914	71	41,341,898	70
Alcohol Treatment	16,569,956	29	15,267,434	26				
Drug Treatment	18,691,398	32	19,564,160	34				
Prevention	11,751,650	20	12,526,643	21	12,351,037	21	12,627,524	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,968,973	5	2,986,620	5	3,095,039	5	3,178,073	5
Administration	1,841,199	3	2,123,947	4	1,914,346	3	2,189,312	4
Total*	57,670,348	100	58,388,433	100	59,033,336	100	59,336,807	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

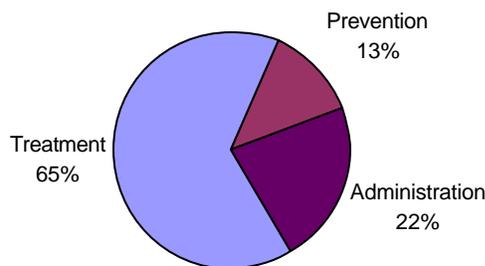
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

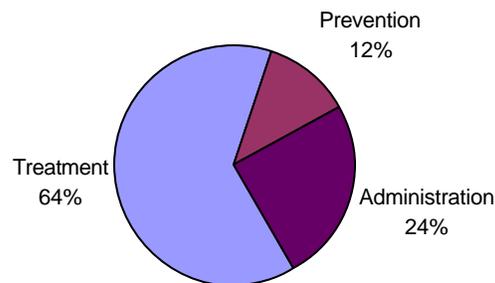
State expenditures on alcohol and drug abuse services remained relatively stable between FYs 2000 and 2003, and totaled nearly \$43 million in FY 2003. The distribution of funds also remained stable, with treatment services receiving the largest proportion (about two-thirds) in FY 2003, followed by administration at 24 percent, and prevention services at 12 percent.

FY 2000 State Expenditures by Activity

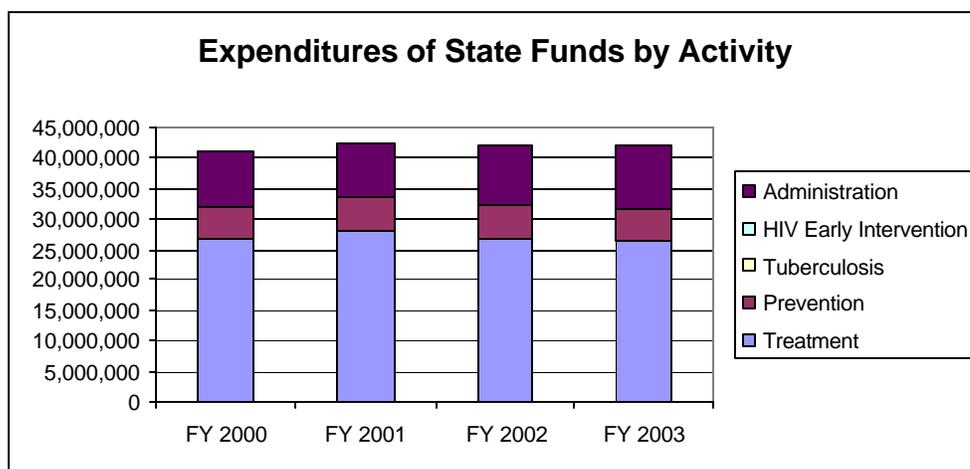


N=\$41,244,663

FY 2003 State Expenditures by Activity



N=\$41,976,000



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	25,102,520	61	26,486,694	63	26,845,487	64	26,653,952	63
Alcohol Treatment	1,656,000	4	1,758,000	4				
Drug Treatment	0	0	0	0				
Prevention	5,364,834	13	5,552,587	13	5,400,151	13	5,057,069	12
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	9,121,309	22	8,538,719	20	9,830,362	23	10,264,979	24
Total*	41,244,663	100	42,336,000	100	42,076,000	100	41,976,000	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

BDAP takes an evidence-based approach to substance abuse prevention. Within that context, BDAP strives to reduce risk factors associated with substance use and to develop healthy lifestyles among its citizens. This risk and protective factor approach is community specific, built on local needs assessment data. Each SCA identifies these local needs and is responsible for planning, coordinating, and administering funds for appropriate prevention services in their jurisdiction. The SCAs develop a 5-year comprehensive planning and service delivery plan which addresses prioritized risk and protective factors, includes needs as identified by community stakeholders, and focuses on performance-based elements. Approximately 150 registered prevention providers promote these prevention strategies and services statewide.

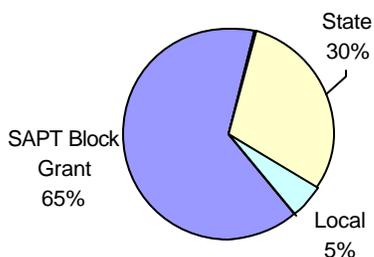
BDAP collaborates with other agencies in its prevention efforts. Its partnership with the Pennsylvania National Guard marks a strong and unique effort to prevent substance abuse among citizens in a comprehensive, responsive, and cost-efficient way. BDAP also participates in many statewide and national prevention initiatives, including the Safe Children Coalition, Student Assistance Programs, State Incentive Grant (SIG), and the First Spouse’s National Leadership Initiative to reduce alcohol use among youth.

Prevention Funding and Expenditures

Prevention funding in Pennsylvania increased between FYs 2000 and 2003 from \$18.1 to \$21.2 million. In FY 2003 the Block Grant was the largest contributor to prevention funding (providing 59 percent of the total), followed by the State (at 24 percent), other Federal sources (at 12 percent), and local funds (at 5 percent). The largest increase in funding during this period came from other Federal funding, which comprised 0 percent of prevention funding in FY 2000 and 12 percent in FY 2003.

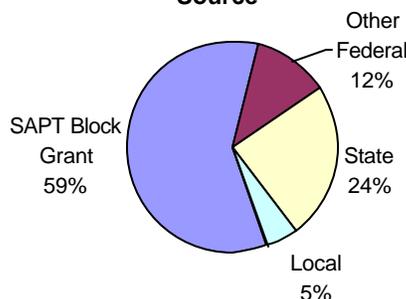
Block Grant prevention funding per capita increased from \$0.96 in FY 2000 to \$1.02 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

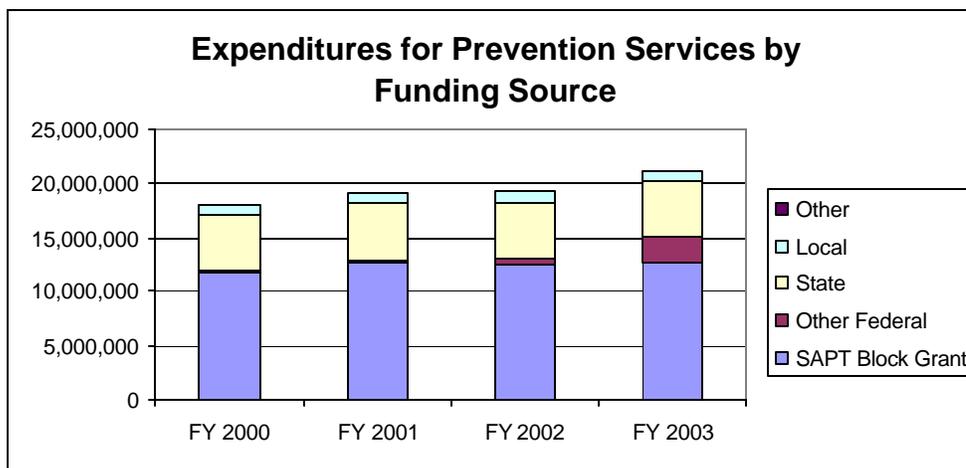


N=\$18,054,254

FY 2003 Prevention Expenditures by Funding Source



N=\$21,223,136



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	11,751,650	65	12,526,643	65	12,351,037	64	12,627,524	59
Other Federal	57,138	0	199,569	1	539,133	3	2,549,326	12
State	5,364,834	30	5,552,587	29	5,400,151	28	5,057,069	24
Local	880,632	5	873,296	5	965,623	5	989,217	5
Other	0	0	0	0	0	0	0	0
Total*	18,054,254	100	19,152,095	100	19,255,944	100	21,223,136	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

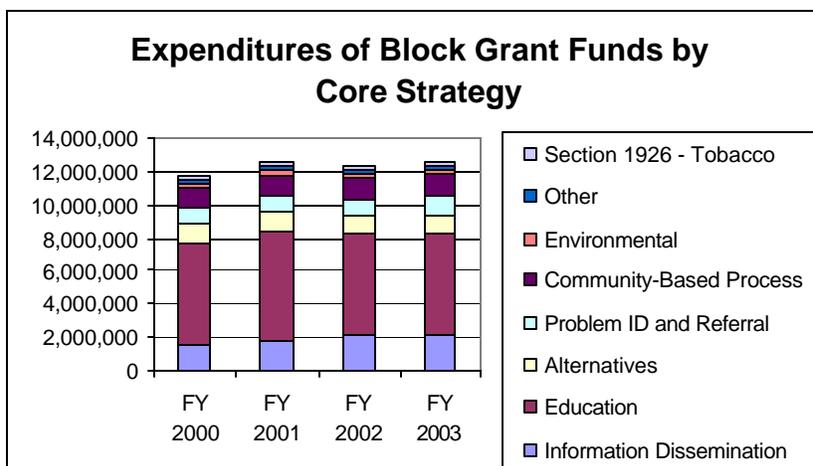
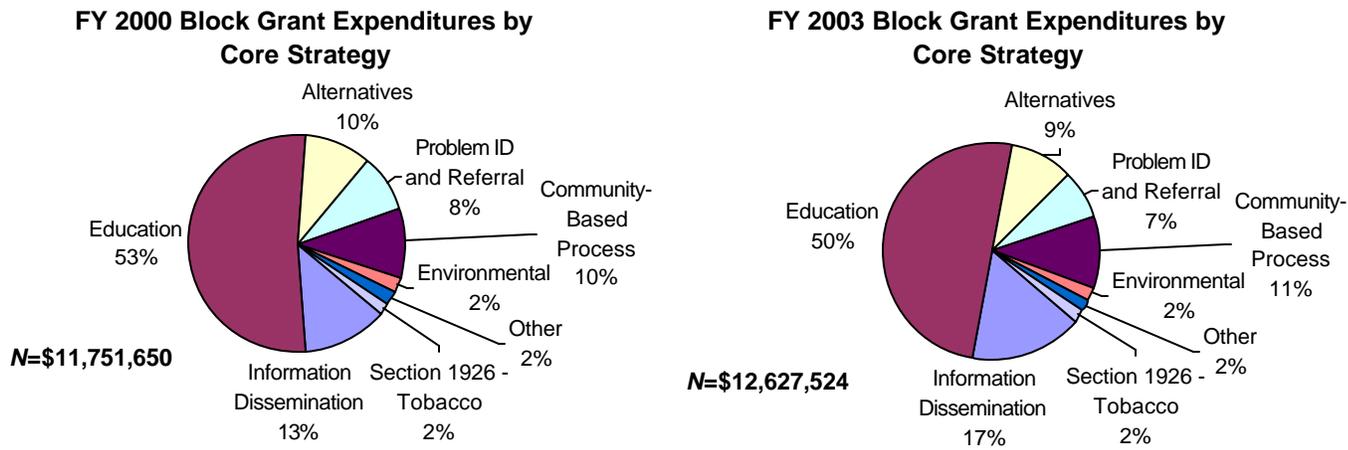
Core Strategies

Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	BDAP disseminates information on substance abuse through DOH's statewide public information clearinghouse, Red Ribbon campaigns, resource libraries, satellite downloads, public service announcements, medial literacy, and speakers.
Education	Activities include classroom and/or small group sessions for youth and adults, parenting and family management classes, mentoring and tutoring, and experiential learning programs, all of which seek to develop decisionmaking and refusal skills.
Alternatives	Activities include drug-free events; community centers; athletic, recreational, and adventure activities; community service activities; and afterschool programs.
Community-Based Processes	BDAP works with community-based organizations to develop community assessments, strategic plans, community mobilization, collaboratives, and program evaluations. BDAP also provides in-service training of school teachers on substance abuse prevention.
Environmental	Strategies include promoting the establishment and review of drug use policies in schools and government, technical assistance to communities, the Communities That Care program, and the statewide advisory committee for local planning coordination.
Problem Identification and Referral	The Student Assistance Plan provides assessment of students experiencing academic and social problems and makes referrals to appropriate outpatient, inpatient, residential, support, school-based, and community-based services.

Expenditures of Block Grant Funds for Core Strategies

Between FYs 2000 and 2003, Block Grant funding for prevention core strategies increased from \$11.8 to \$12.6 million. Education continued to receive about half of prevention core strategies funds in FY 2003, and the remainder was spread across a wide variety of strategies.



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,485,920	13	1,787,041	14	2,087,597	17	2,088,114	17
Education	6,196,382	53	6,681,879	53	6,226,671	50	6,181,155	48
Alternatives	1,173,918	10	1,143,743	9	1,103,591	9	1,100,360	9
Problem ID and Referral	968,435	8	941,196	8	923,070	7	1,132,564	9
Community-Based Process	1,224,263	10	1,249,430	10	1,333,837	11	1,372,309	11
Environmental	258,732	2	275,544	2	238,687	2	254,310	2
Other	250,867	2	235,371	2	209,629	2	259,763	2
Section 1926 - Tobacco	193,133	2	212,439	2	227,955	2	238,949	2
Total*	11,751,650	100	12,526,643	100	12,351,037	100	12,627,524	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

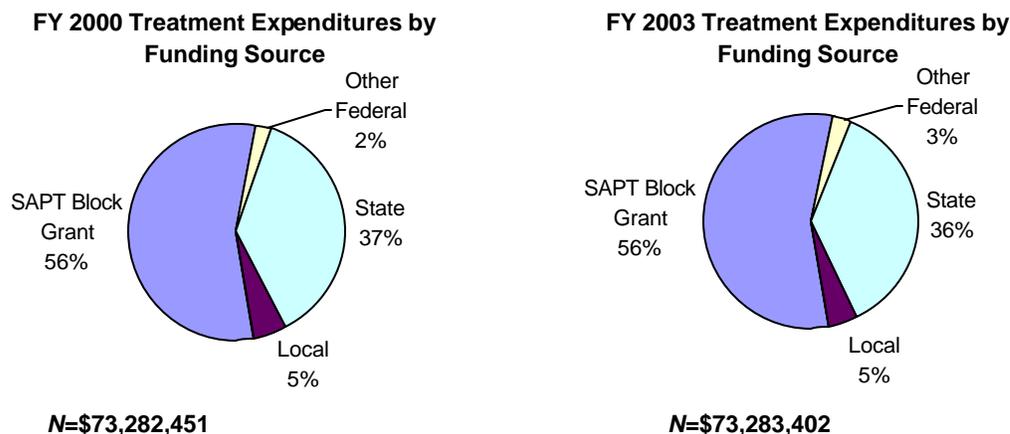
BDAP offers a continuum of treatment services through the SCA network, including outpatient and intensive outpatient counseling, methadone maintenance, partial hospitalization, halfway houses, non-hospital detoxification and rehabilitation, and hospital-based detoxification and rehabilitation. In addition to these services provided by approximately 700 licensed treatment providers, BDAP also requires the provision of case management services for clients involved in drug and alcohol treatment. Case management assures standard screening for emergent care needs, proper placement within the continuum of care, as well as access to ancillary services such as primary health care, mental health care, housing, vocational training, employment, and support networks. BDAP collaborates with many other state agencies to provide specialized services, such as those for the homeless, individuals involved with the criminal justice system, and clients with co-occurring disorders.

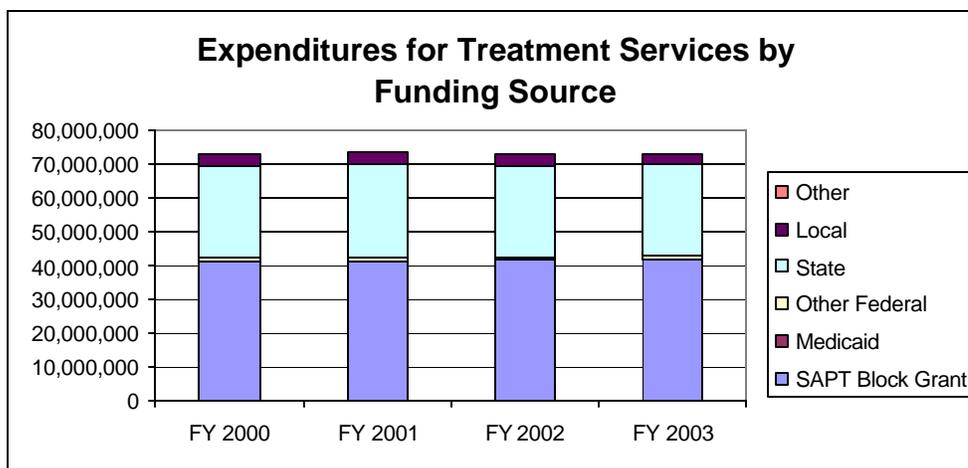
During FY 2004, the Criminal Justice Special Considerations workgroup completed "Understanding, Assessing, and Treating Substance Abuse among the Criminal Justice Population." This research-to-practice brief assists providers in providing appropriate and effective treatment to clients involved in the criminal justice system.

Treatment Funding and Expenditures

Treatment funding remained stable between FYs 2000 and 2003, hovering around \$73 million. During that time period, the Block Grant provided the majority of funding (56 percent in FY 2003), followed by the State (at 36 percent), and other Federal and local sources.

Block Grant spending on treatment services ranged narrowly between \$3.31 and \$3.38 per capita during in FYs 2000 through 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	41,108,526	56	40,751,223	55	41,672,914	57	41,341,898	56
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,697,548	2	1,260,134	2	1,185,353	2	1,940,204	3
State	26,758,520	37	28,244,694	38	26,845,487	37	26,653,952	36
Local	3,717,857	5	3,425,071	5	3,111,323	4	3,347,348	5
Other	0	0	0	0	0	0	0	0
Total*	73,282,451	100	73,681,122	100	72,815,077	100	73,283,402	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Pennsylvania’s SAPT Block Grant application indicates that nearly 75,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone), short-term residential, and free-standing residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=74,771)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	431	467	734
Free-standing residential	1,796	3,266	4,644
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	247	294	647
Short-term residential	2,535	3,328	7,124
Long-term residential	937	1,994	4,664
Ambulatory (Outpatient)			
Outpatient (methadone)	63	1,166	861
Outpatient (non-methadone)	10,145	6,506	17,968
Intensive outpatient	998	1,395	2,561
Detoxification (outpatient)	0	0	0
Total	17,152	18,416	39,203

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 58,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	13,923	18.1
Alcohol in combination with other drugs	44,334	19.5
Total	58,257	19.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 675,000 persons aged 12 and older (6.5 percent of Pennsylvania's population) needed, but did not receive, treatment for alcohol use and 231,000 persons (2.2 percent) needed, but did not receive, treatment for illicit drug use in Pennsylvania.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.54	5.20	17.60	4.93
Needing but not receiving treatment for illicit drug use	2.24	4.80	7.21	1.11

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

BDAP utilizes the Performance Based Prevention System (PBPS), which tracks services provided and connects them with established goals and objectives, including the Center for Substance Abuse Prevention's (CSAP)'s six core strategies. The system is used by more than 1,500 prevention workers for assessing prevention needs. Further, each SCA conducts a biannual standardized local needs assessment. The results of these local assessments are entered into a centralized data center and are reviewed by BDAP. The SCAs then base their prevention service delivery plans ("work statements") on the analysis of the identified needs.

SCAs are also required to conduct a biannual standardized treatment needs assessment utilizing common data elements by which each SCA will estimate its drug prevalence, incidence, and treatment demand. SCAs will then use their treatment needs assessments as the base from which to formulate their treatment plans. The treatment planning process should provide local accountability and reporting regarding the goals and activities of the SCA, identify and address trends and needs based on the population being served, identify the funding required to address those needs, and identify changes in the system that would improve the quality of treatment programs' services and support services.

Evaluation

BDAP's Division of Program Monitoring has the primary responsibility to oversee SCAs adhere to grant agreement requirements and carry out their administrative functions effectively to assure the timely access to and the provision of a quality service delivery system, as well as efficiently manage all available resources at the local level. Towards that end, staff conduct annual 2-3-day onsite Quality Assurance Assessments (QAAs) of the SCAs. The QAA process is designed to assess the SCAs administratively, fiscally, and programmatically. Additionally, internal fiscal reviews by BDAP's Fiscal Section occur throughout the fiscal year and provide a close inspection of fiscal reports and budget information associated with BDAP dollars.

Training and Assistance

BDAP facilitates regional and mini-regional trainings on prevention and treatment issues. The 3-day regional trainings include didactic, interactive, and skill-building sessions that help practitioners infuse state-of-the-art research into their everyday practice. Mini-regional trainings consist of six training modules, each of which includes four distinct 6-hour trainings. Training staff rotate these modules throughout the 6 statewide districts, so that each district receives all 24 modules each year. Additionally, during FY 2004, BDAP facilitated trainings with the lead prevention staff of each SCA on how to conduct local needs assessment focus groups.

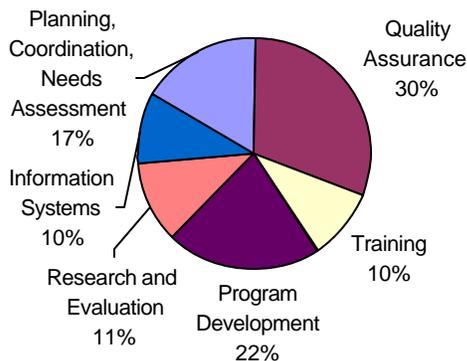
To assess training needs, DOH and BDAP staff conducts formal assessments at regional trainings, as well as informal assessments throughout the year.

BDAP provides technical assistance to the SCAs and contracted prevention providers in the areas of compliance monitoring, evaluation, system management, data analysis, and the development and implementation of evidenced-based practices. BDAP also makes available on its Web site a variety of prevention and treatment publications, manuals, and reports.

Expenditures of Block Grant Funds for Resource Development Activities

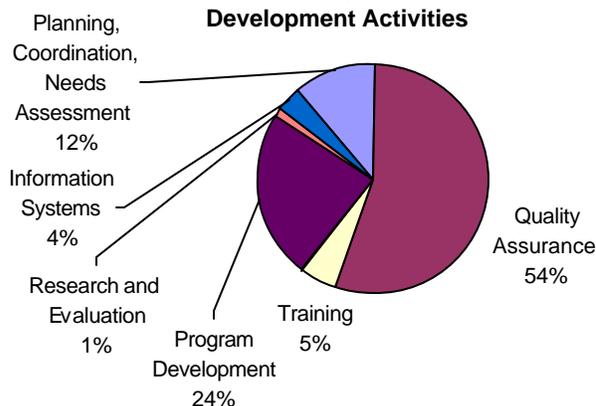
Block Grant funding for resource development activities increased from \$4.7 million in FY 2000 to \$6.7 million in FY 2003. Quality assurance activities received the largest portion of funds, at 30 percent of the total in FY 2000 and 54 percent in FY 2003, followed by program development at 24 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



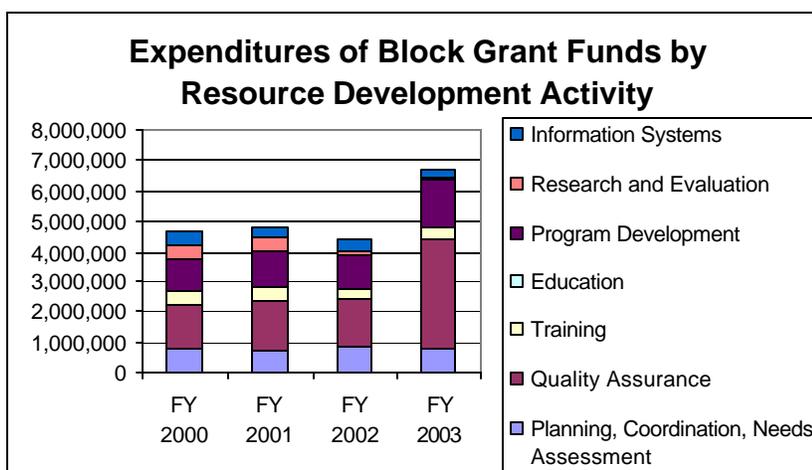
N=\$4,665,371

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$6,694,244

Expenditures of Block Grant Funds by Resource Development Activity



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	805,154	17	741,066	15	853,831	19	782,537	12
Quality Assurance	1,414,751	30	1,589,318	33	1,554,329	35	3,668,215	54
Training	443,604	10	479,748	10	340,326	8	343,451	5
Education	0	0	0	0	0	0	0	0
Program Development	1,013,178	22	1,230,993	25	1,143,676	26	1,591,697	24
Research and Evaluation	521,616	11	436,840	9	114,218	3	68,959	1
Information Systems	467,068	10	357,992	7	424,637	10	239,385	4
Total*	4,665,371	100	4,835,957	100	4,431,017	100	6,694,244	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary funding for prevention in Pennsylvania totaled \$3.5 million in FY 2004. The largest proportion of funding went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
CSAP 2004 Earmarks	5	596,461
Drug Free Communities	18	1,544,419
HIV/AIDS Cohort 5 Services	3	750,000
Prevention of Meth and Inhalant Use	1	350,000
Total	28	3,533,236

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Discretionary funding from the Center for Substance Abuse Treatment (CSAT) totaled more than \$10 million in FY 2004. The largest awards went toward State TCE screening brief intervention referral treatment and targeted capacity for HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	633,673
CSAT 2004 Earmarks	2	248,525
Effective Adolescent Treatment	1	218,384
Homeless Addictions Treatment	1	535,116
Pregnant/Post-Partum Women	1	500,000
Recovery Community Service	1	225,000
Residential SA TX	1	494,695
State TCE Screening Brief Intervention Referral Treatment	1	3,307,430
Targeted Capacity - HIV/AIDS	6	2,809,085
Treatment of Persons w/Co-Occuring Substance Related and Mental Disorders	1	1,095,654
Total	16	10,067,562

SOURCE: www.samhsa.gov

RHODE ISLAND

State SSA Director

Mr. Craig S. Stenning, Executive Director
Division of Behavioral Healthcare Services
Rhode Island Department of Mental
Health, Retardation, and Hospitals Barry Hall
14 Harrington Road, Third Floor
Cranston, RI 02920-3080

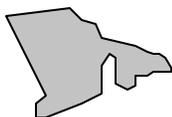
Phone: 401-462-2338

Fax: 401-462-6636

E-mail: cstenning@mhrh.state.ri.us

Web site: www.mhrh.ri.gov

Structure and Function

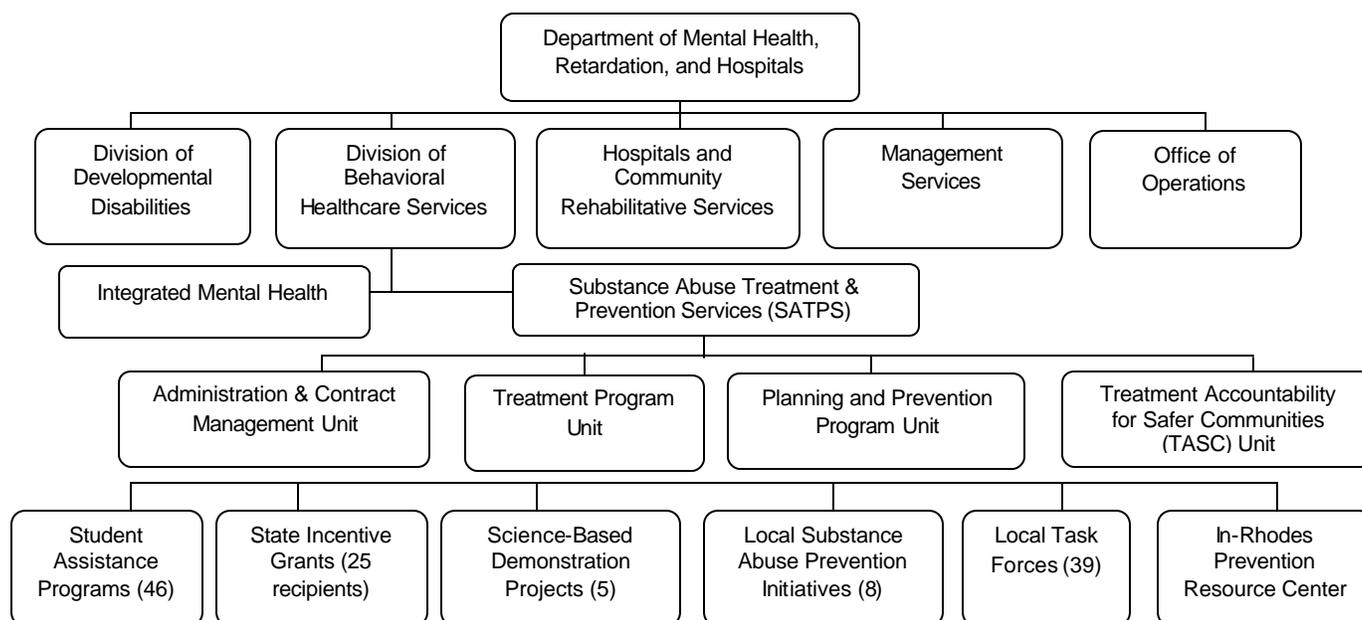


Substance Abuse Treatment and Prevention Services (SATPS) is the designated Single State Agency (SSA) that leads the delivery of substance abuse prevention and treatment services in Rhode Island. SATPS is a unit within Behavioral Healthcare Services (BHS), a division of Rhode Island's Department of Mental Health. BHS seeks to prevent and reduce alcohol, tobacco, and other drug (ATOD) abuse and related unhealthy behavior through the development of a focused, comprehensive, and integrated statewide prevention and treatment system. Toward that end, SATPS contracts with community-based prevention and treatment programs dispersed geographically throughout the State.

SATPS works closely with other State agencies, including the Departments of Corrections, Education; Health; and Children, Youth and Families, as well as with State-level collaborations, on issues such as homelessness, domestic violence, and drug courts.

Additionally, SATPS has facilitated the development of community prevention groups and the consumer advocacy group Rhode Island Communities for Addiction Recovery Efforts (RICARES), which receives CSAT and Center for Substance Abuse Prevention (CSAP) funding.

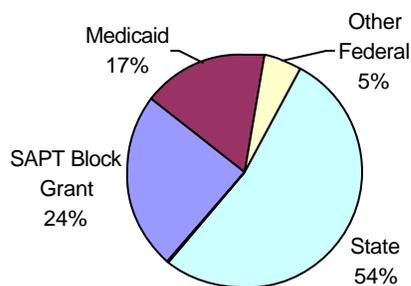
Single State Agency Structure



Single State Agency Funding Overview

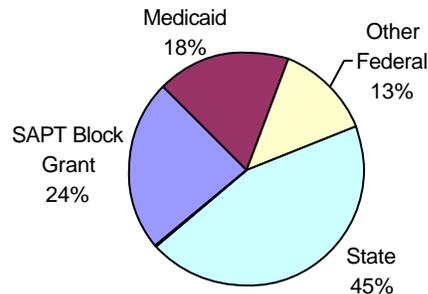
SSA funding in Rhode Island between FYs 2000 and 2003 increased from \$24.4 to \$27.8 million. During that time period, the State's proportion of total funds declined from 54 to 45 percent, the Block Grant's proportion remained stable at 24 percent, Medicaid's proportion remained relatively stable at 17 to 18 percent, and the proportion of other Federal funds increased from 5 to 13 percent.

FY 2000 Expenditures by Funding Source

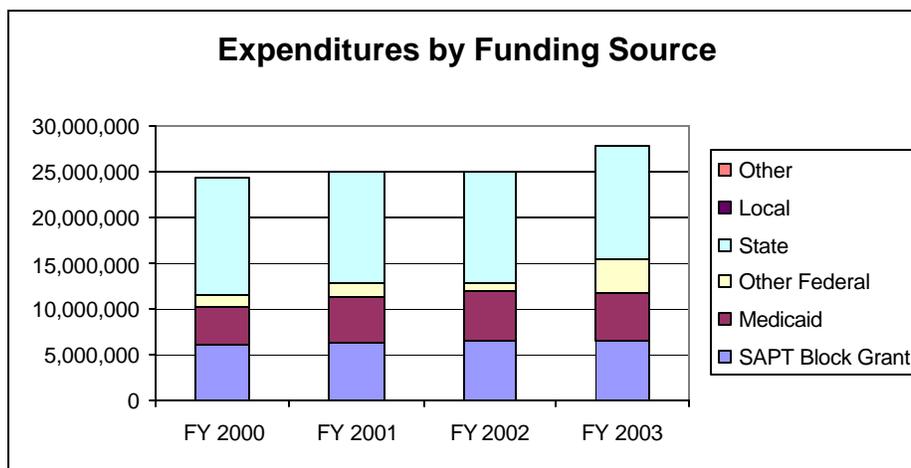


N=\$24,447,611

FY 2003 Expenditures by Funding Source



N=\$27,764,945



Single State Agency Expenditures From All Funding Sources

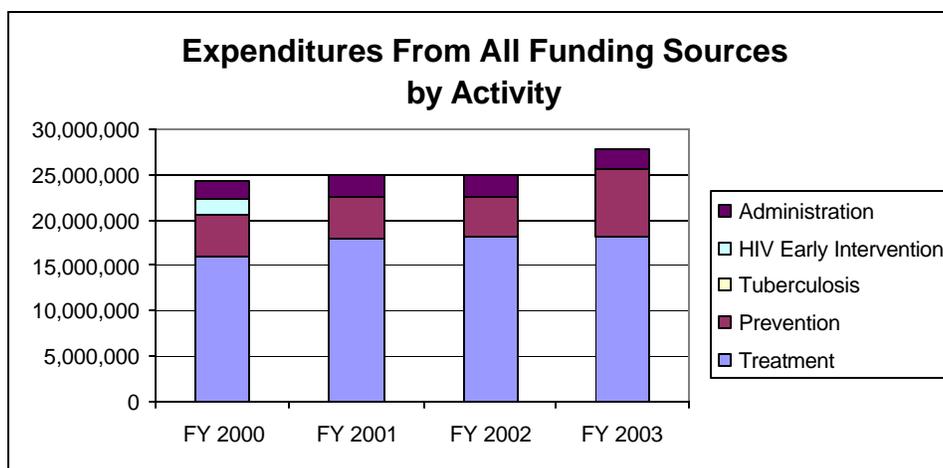
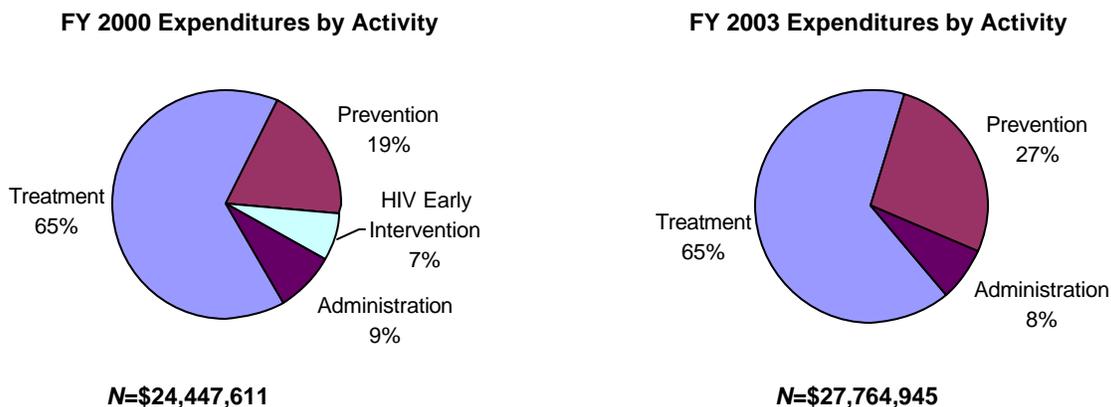
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	5,943,750	24	6,243,750	25	6,468,750	26	6,577,245	24
Medicaid	4,254,337	17	4,942,870	20	5,295,970	21	5,099,558	18
Other Federal	1,299,097	5	1,495,909	6	920,633	4	3,636,268	13
State	12,950,427	54	12,293,949	49	12,304,803	49	12,451,874	45
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	24,447,611	100	24,976,478	100	24,990,156	100	27,764,945	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

SSA funding for treatment services in Rhode Island remained stable at 65 percent of total funding between FYs 2000 and 2003. During that time period the distribution of SSA funds changed for prevention services and HIV early intervention services. Prevention as a proportion of SSA funds increased (from 19 to 27 percent), while HIV early intervention as a proportion declined (from 7 to 0 percent).



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	12,507,360	51	17,480,041	70	18,175,672	73	18,261,896	65
Alcohol Treatment	2,239,716	9	0	0				
Drug Treatment	1,326,173	5	551,160	2				
Prevention	4,614,280	19	4,483,140	18	4,441,975	18	7,403,938	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,647,391	7	0	0	0	0	0	0
Administration	2,112,691	9	2,462,137	10	2,372,509	9	2,099,111	8
Total*	24,447,611	100	24,976,478	100	24,990,156	100	27,764,945	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

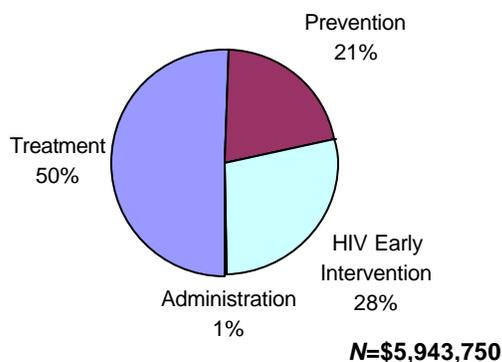
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

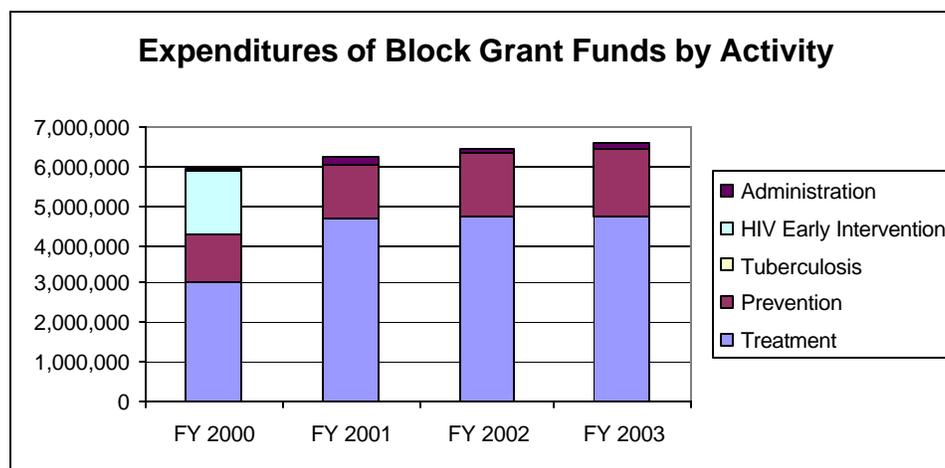
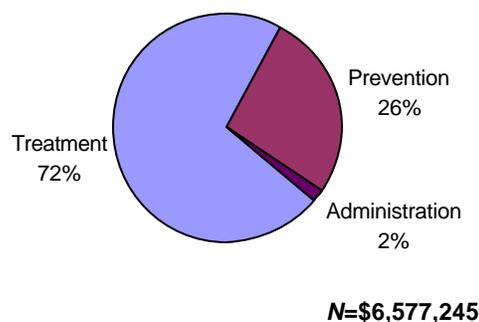
Expenditures of Block Grant Funds

Block Grant expenditures increased in Rhode Island between FYs 2000 and 2003 (from \$5.9 to \$6.6 million). The distribution of these funds also changed during this time period. Between FYs 2000 and 2003 the proportion of Block Grant funds that treatment services received increased (from 50 to 72 percent), prevention services increased (from 21 to 26 percent), but HIV early intervention declined drastically (from 28 to 0 percent).

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	4,682,085	75	4,755,951	74	4,738,905	72
Alcohol Treatment	2,239,716	37	0	0				
Drug Treatment	775,013	13	0	0				
Prevention	1,247,656	21	1,344,236	22	1,567,077	24	1,727,982	26
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,647,391	28	0	0	0	0	0	0
Administration	33,974	1	217,429	3	145,722	2	110,358	2
Total*	5,943,750	100	6,243,750	100	6,468,750	100	6,577,245	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

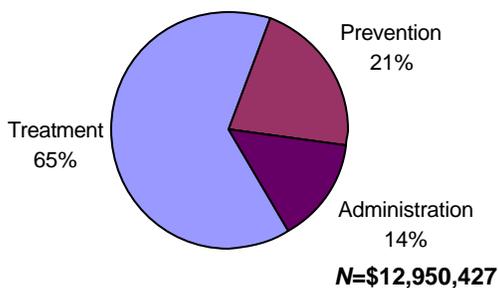
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

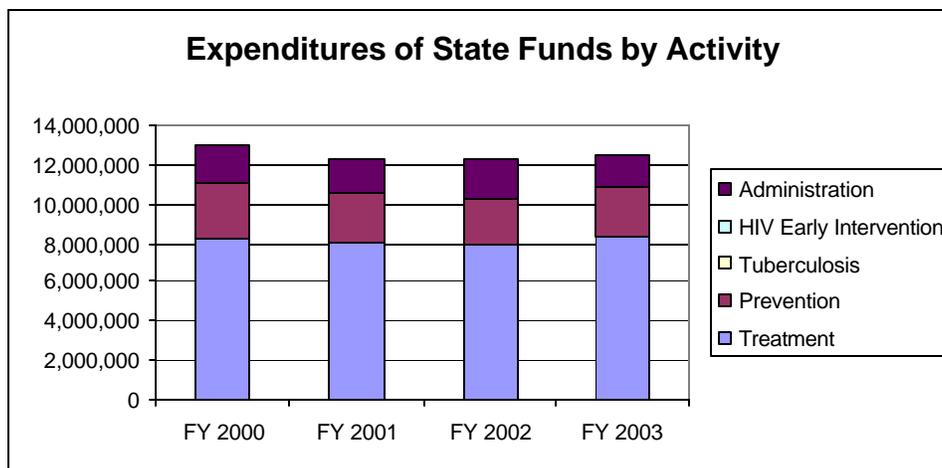
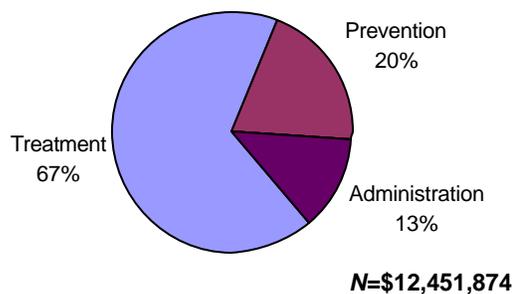
Expenditures of State Funds

State expenditures on alcohol and drug treatment services declined slightly between FYs 2000 and 2003 (from \$13 to \$12.5 million). The distribution of these funds also remained similar, with treatment receiving the majority of State funds (at 65 to 67 percent), prevention receiving 20 to 21 percent, and administration receiving 13 to 14 percent.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	7,753,784	60	7,535,391	61	7,995,618	65	8,400,066	67
Alcohol Treatment	0	0	0	0				
Drug Treatment	551,160	4	551,160	4				
Prevention	2,781,280	21	2,521,223	21	2,311,894	19	2,473,724	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,864,203	14	1,686,175	14	1,997,291	16	1,578,084	13
Total*	12,950,427	100	12,293,949	100	12,304,803	100	12,451,874	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Rhode Island's approach to prevention services is evidence based with an emphasis placed on outcome measurement. In order to implement effective substance abuse prevention strategies, SATPS works closely with its substate prevention system. The agency contracts with 25 State Incentive Grant (SIG) recipients, 5 science-based demonstration projects, 8 local substance abuse prevention initiatives, and 35 local task forces to provide services based on unique community needs and assets.

Key to the State's prevention strategy and infrastructure is the Student Assistance Plan (SAP), which operates in 21 high schools and 25 junior and middle schools throughout the State. SAP's design is built on a foundation of national prevention research. Through the program, SATPS places student assistance counselors in every secondary school to assess and educate students. SAP has been a core component of Rhode Island's prevention system for more than two decades and is nationally recognized for its effectiveness.

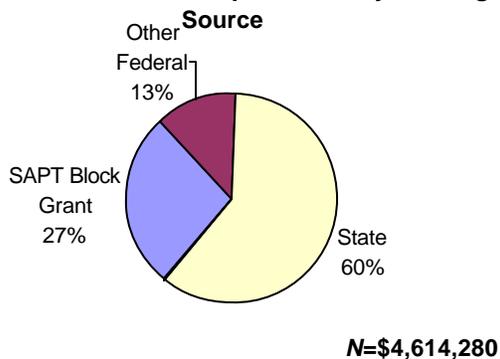
SATPS collaborated with other State agencies and community partners to develop a comprehensive statewide substance abuse prevention plan for the Governor's Children's Cabinet.

Prevention Funding and Expenditures

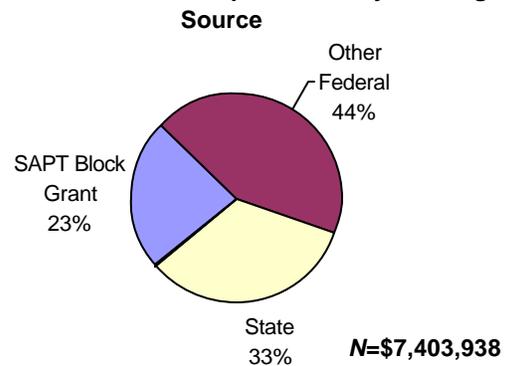
Prevention funding in Rhode Island increased dramatically between FYs 2000 and 2003 (from \$4.6 to \$7.4 million). The sources of funding have also changed during this time period. The State's proportion of prevention funds declined (from 60 to 33 percent), the Block Grant's proportion also declined (from 27 to 23 percent), while the proportion of other Federal sources increased (from 13 to 44 percent).

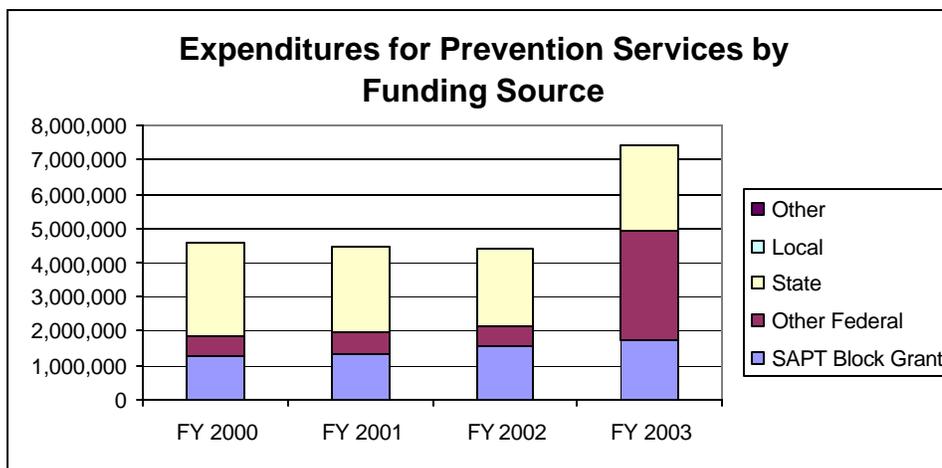
Block Grant funding per capita for prevention activities increased during this period from \$1.19 in FY 2000 to \$1.61 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	1,247,656	27	1,344,236	30	1,567,077	35	1,727,982	23
Other Federal	585,344	13	617,681	14	563,004	13	3,202,232	44
State	2,781,280	60	2,521,223	56	2,311,894	52	2,473,724	33
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	4,614,280	100	4,483,140	100	4,441,975	100	7,403,938	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

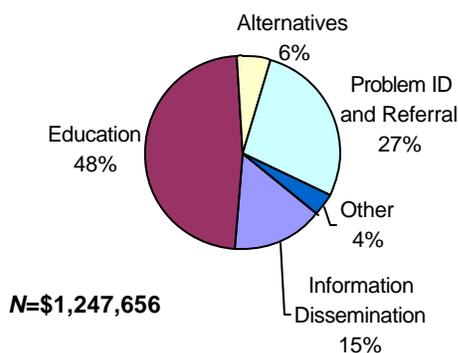
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include the dissemination of information through In-Rhodes, the State Regional Alcohol and Drug Awareness Resources (RADAR) center, distribution of statewide ATOD resource directories, maintenance of a 24-hour helpline, media campaigns, and development of public service announcements.
Education	SATPS facilitates the Student Assistance Program, funds demonstration projects and local initiatives promoting prevention through activities such as life skills training, family strengthening programs, literacy services, and job skills training.
Alternatives	Activities include trainings for peer leaders to promote prevention in their own communities, afterschool programs, weekly educational groups, career and college guidance programs, and cultural activities.
Community-Based Processes	SATPS coordinates a statewide network of legislatively mandated community-based task forces, primarily responsible for developing prevention plans based on community needs assessments.
Environmental	SATPS partners with the Departments of Education and Health on the Student Health Survey Committee to develop a centralized youth surveillance and data collection system, provides drug court services for the Superior and Family Court, and works with law enforcement and community task forces to reduce the sale of alcohol to youth.
Problem Identification and Referral	Strategies include the Student Assistance Program and the Treatment Alternatives for Safer Communities, which provides evaluation, assessment, and referral services for substance-using offenders.

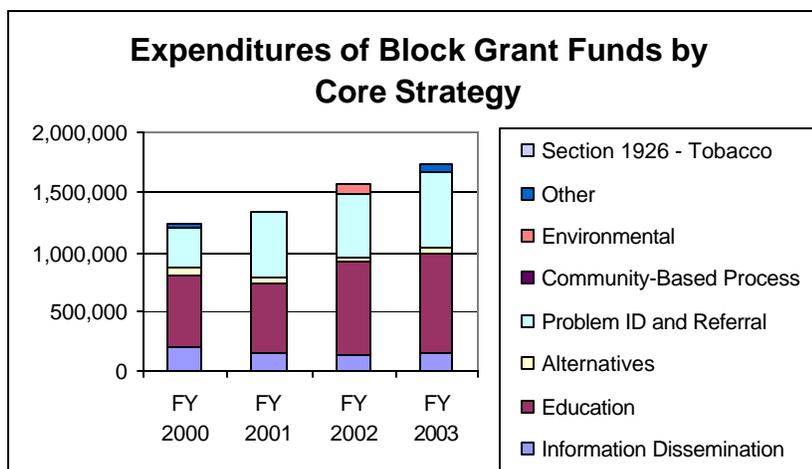
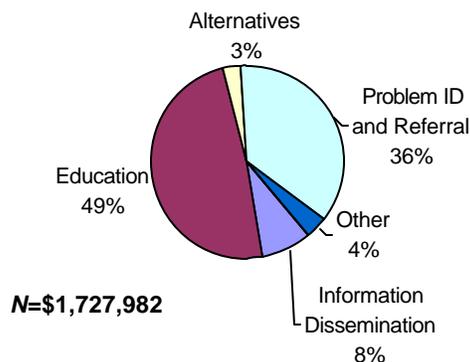
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention core strategies in Rhode Island increased between FYs 2000 and 2003 (from over \$1.2 to \$1.7 million). In FY 2003, education received nearly half of the funds, problem identification and referral received about 36 percent, and the remainder went to alternative strategies, information dissemination, and miscellaneous core strategies.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	191,903	15	149,103	11	133,285	9	142,992	8
Education	593,550	48	571,959	43	767,589	49	844,653	49
Alternatives	75,439	6	48,260	4	33,555	2	55,733	3
Problem ID and Referral	339,288	27	574,914	43	559,163	36	621,727	36
Community-Based Process	0	0	0	0	0	0	0	0
Environmental	0	0	0	0	73,485	5	0	0
Other	47,476	4	0	0	0	0	62,877	4
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	1,247,656	100	1,344,236	100	1,567,077	100	1,727,982	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

SATPS supports a statewide system of community-based substance abuse treatment services that are dispersed throughout Rhode Island. In addition to smaller, locally based agencies, four of the eight regional mental health treatment facilities now provide alcohol and other drug treatment services. The State works with local providers to ensure that high-quality, comprehensive, and clinically appropriate services are accessible to all residents. Indigent clients receive care through the Medicaid-funded Rlte Care Program.

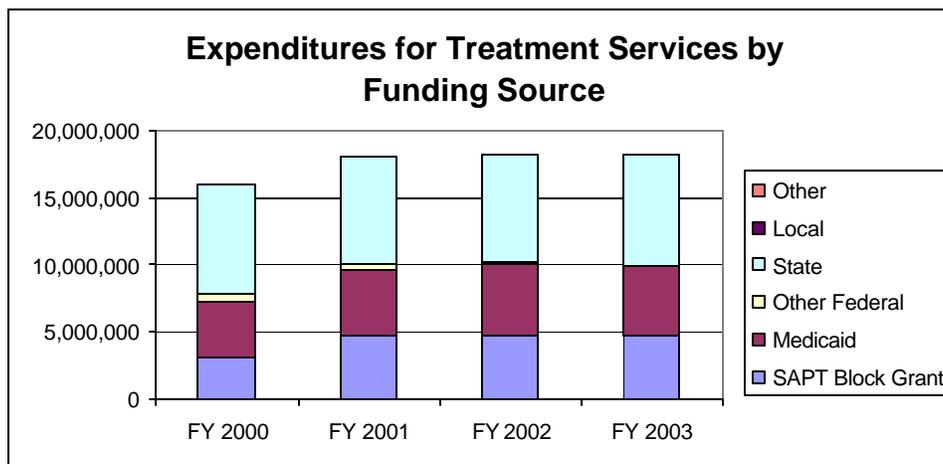
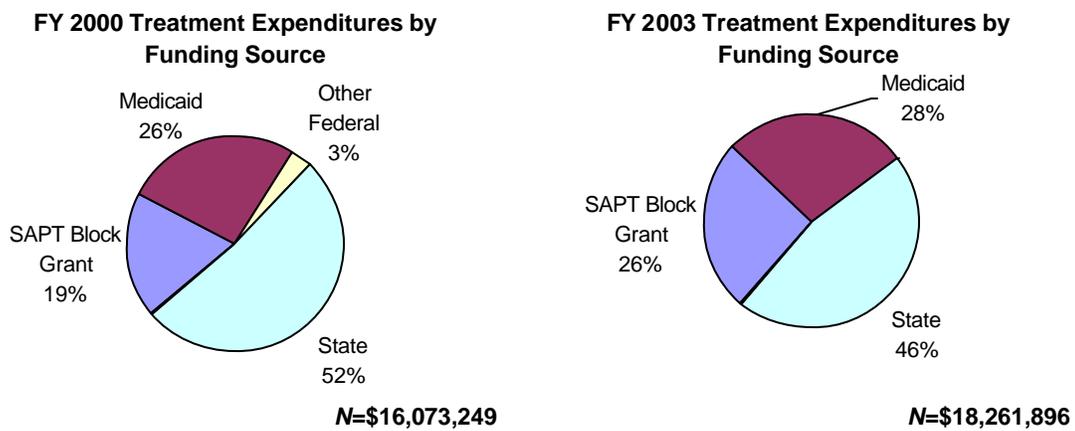
Treatment services are available in a variety of settings, including outpatient treatment, minority-specific outpatient (Latino and Asian) treatment, women’s day and residential treatment, outpatient methadone treatment, residential treatment, adolescent day and residential treatment, and detoxification programs.

In response to recent needs assessment findings, SATPS is in the process of developing services specifically for clients with co-occurring disorders, gambling addiction, and transitional needs.

Treatment Funding and Expenditures

Funding for treatment services in the State increased slightly between FYs 2000 and 2003 (from \$16.1 to \$18.3 million). In FY 2003 the State was the largest contributor to treatment expenditures (at 46 percent of the total), followed by Medicaid (at 28 percent) and the Block Grant (at 26 percent).

Block Grant funding for treatment and rehabilitation increased substantially during this time, from \$2.87 per capita in FY 2000 to \$4.41 per capita in FY 2003.



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,014,729	19	4,682,085	26	4,755,951	26	4,738,905	26
Medicaid	4,254,337	26	4,942,870	27	5,295,970	29	5,099,558	28
Other Federal	499,239	3	319,695	2	128,133	1	23,367	0
State	8,304,944	52	8,086,551	45	7,995,618	44	8,400,066	46
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	16,073,249	100	18,031,201	100	18,175,672	100	18,261,896	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Rhode Island's SAPT Block Grant application indicates that nearly 14,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=13,774)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,270	1,941	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	17	11	0
Short-term residential	23	33	0
Long-term residential	367	943	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	1,922	0
Outpatient (non-methadone)	2,732	3,350	0
Intensive outpatient	242	423	0
Detoxification (outpatient)	4	496	0
TOTAL	4,655	9,119	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 13,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 25 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,640	25.4
Alcohol in combination with other drugs	10,642	25.4
Total	13,282	25.4

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 81,000 persons aged 12 and older (9.0 percent of Rhode Island's population) needed, but did not receive, treatment for alcohol use and 29,000 persons (3.2 percent) needed, but did not receive, treatment for illicit drug use in Rhode Island.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.01	6.28	23.85	6.65
Needing but not receiving treatment for illicit drug use	3.18	5.54	11.23	1.42

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

All prevention providers are required to enter data on a monthly basis into the Performance Based Prevention System (PBPS), an integrated data management system. PBPS includes a planning module based on a risk and protective factor framework, allowing SATPS to assess prevention needs throughout the State. SATPS also works closely with other State agencies to ensure that substance use questions are included in all surveys of Rhode Island youth. Additionally, the agency utilizes information from the Student Accountability for Learning and Teaching (SALT)—a survey of students, teachers, staff, and parents, Youth Risk Behavior Study, Youth Tobacco Study and Kids Count surveys to determine prevention needs.

SATPS is currently working closely with CSAP and local prevention providers to develop a statewide prevention framework based on existing needs and best practices.

Evaluation

SATPS utilizes the Internet-based PBPS to track prevention service data and program outcomes. Further, BHS contracted with the University of Rhode Island to help develop capacity within the prevention system. The long-term goal of this collaboration was to improve statewide outcomes through effective planning, use, and evaluation of science-based prevention strategies.

Recent evaluations have enabled SATPS to close gaps in many areas of prevention and treatment, including case management, culturally responsive services, and extended care for chronic clients.

Training and Assistance

The State contracts with the Drug and Alcohol Treatment Association (DATA) to provide training and workforce development services to professionals throughout the statewide prevention system. As part of this contract, DATA conducts assessments to determine current training needs. SATPS also collaborates with DATA, CSAP's Northeast Center for the Application of Prevention Technologies (NECAPT), the Safe and Drug Free Schools Coordinator, and other agencies to conduct training and technical assistance initiatives for agencies seeking to implement evidence-based programs.

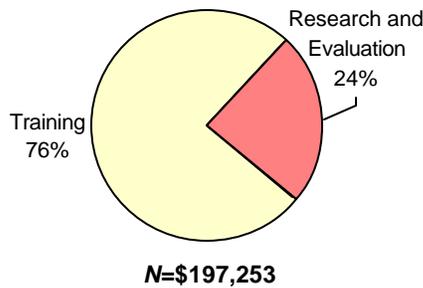
The State collaborates with the New England Institute of Addiction Studies, CSAP, and the NECAPT to produce two annual conferences: the New England School of Prevention Studies and the New England School of Addiction Studies.

Rhode Island offers four levels of professional certification in the field of substance abuse and prevention. It is currently the only State offering a Prevention Supervisor Credential. SATPS funds an extensive training program through the Drug and Alcohol Treatment Association that supports a certification program for all counselors.

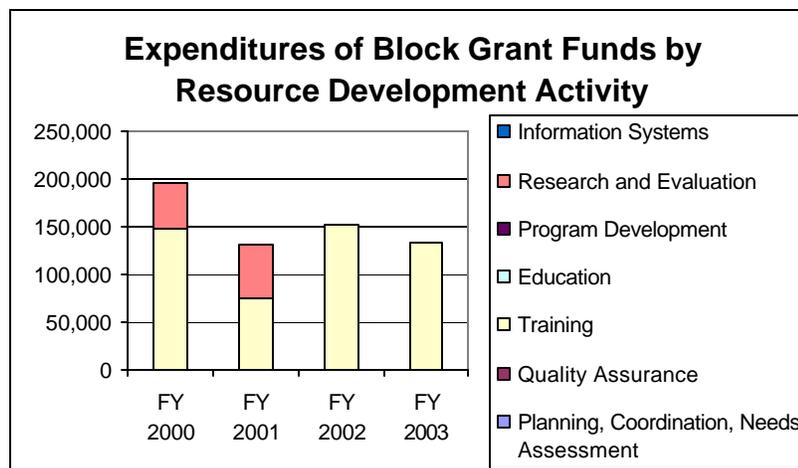
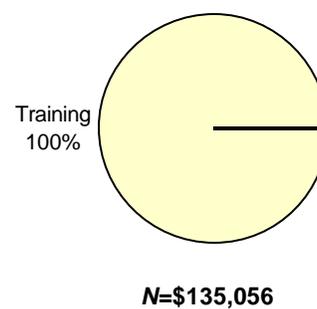
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Rhode Island declined very slightly between FYs 2000 and 2003 (from \$197,000 to \$135,000). In FY 2000, three-quarters of the funds went toward training and one-fourth toward research and evaluation, whereas in FY 2003 all of the funds went toward training.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	0	0	0	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	149,777	76	74,252	56	153,761	100	135,056	100
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	47,476	24	57,606	44	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	197,253	100	131,858	100	153,761	100	135,056	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Rhode Island received \$2.5 million in Center for Substance Abuse Prevention (CSAP) discretionary grants in FY 2004. Most of the funds went toward the Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	2	165,465
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	3	2,516,430

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, the Center for Substance Abuse Treatment (CSAT) awarded the State \$3.1 million in discretionary grants for treatment activities. Almost half of the funds went toward targeted capacity for HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	650,000
Adult Juvenile and Family Drug Courts	1	400,000
Effective Adolescent Treatment	1	249,875
State Data Infrastructure	1	100,000
Strengthening Access and Retention	1	192,945
Targeted Capacity - HIV/AIDS	3	1,468,763
Total	8	3,061,583

SOURCE: www.samhsa.gov

SOUTH CAROLINA

State SSA Director

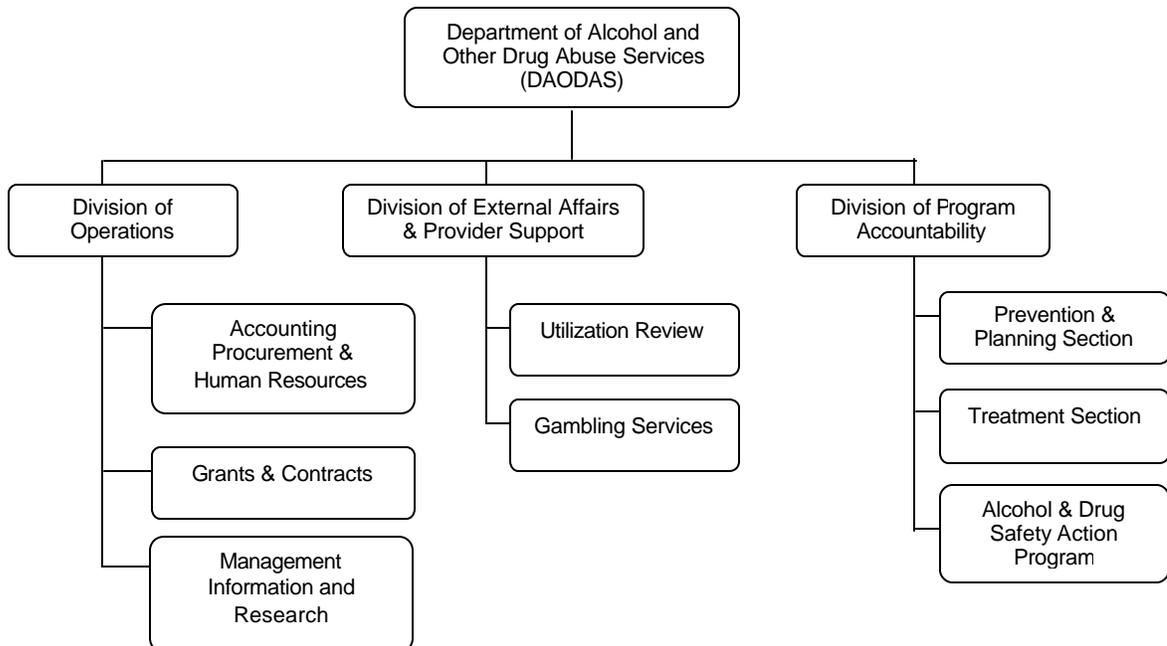
Mr. W. Lee Catoe, Director
South Carolina Department of
Alcohol and Other Drug Abuse Services
101 Executive Center Drive, Suite 215
Columbia, SC 29210
Phone: 803-896-5551
Fax: 803-896-5557
E-mail: leecatoe@daodas.state.sc.us
Web site: www.daodas.state.sc.us

Structure and Function



The Department of Alcohol and Other Drug Abuse Services (DAODAS) is the Single State Agency (SSA) for alcohol and other drug abuse programming. DAODAS is a cabinet-level agency, reporting directly to the Governor. Its mission is to ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions. DAODAS contracts with 33 county alcohol and drug abuse authorities to provide direct services to citizens in all 46 counties of the State. It also partners with public, private, and social sector organizations to provide quality prevention, intervention, and treatment services. In addition, DAODAS facilitates a gambling addiction program, as well as the DRUGSTORE Information Clearinghouse and the toll-free Drug Information Access Line (DIAL).

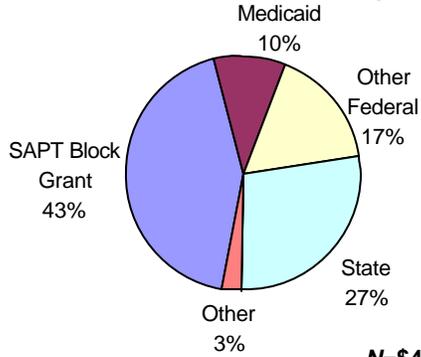
Single State Agency Structure



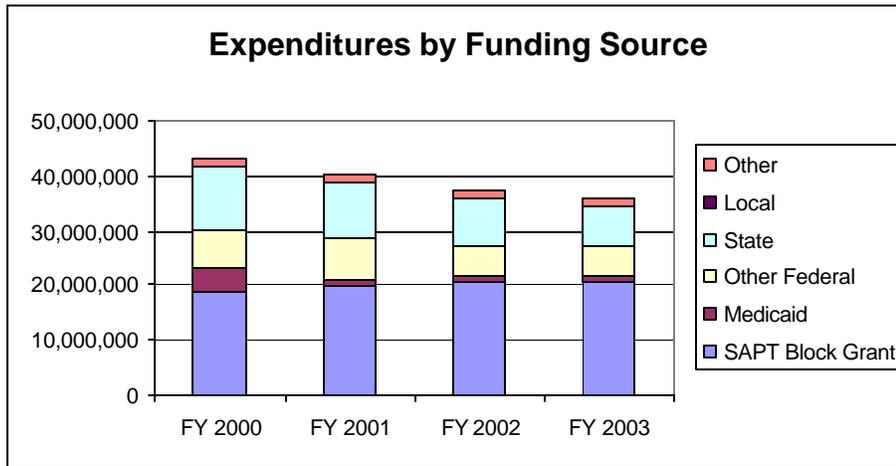
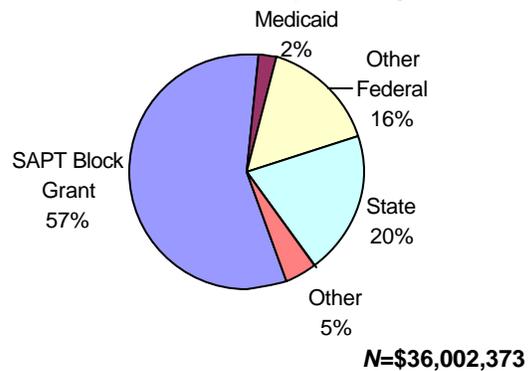
Single State Agency Funding Overview

Total SSA expenditures in South Carolina declined steadily from FYs 2000 through 2003, from \$43 to \$36 million. In FY 2003, the single largest source of funds came from the Block Grant (at 57 percent of the total), 20 percent from the State, 16 percent from other Federal sources, and 5 percent from other sources. This represents a change from FY 2000, when 43 percent of SSA funds came from the Block Grant, 27 percent from the State, 17 percent from other Federal sources, and 10 percent from Medicaid.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



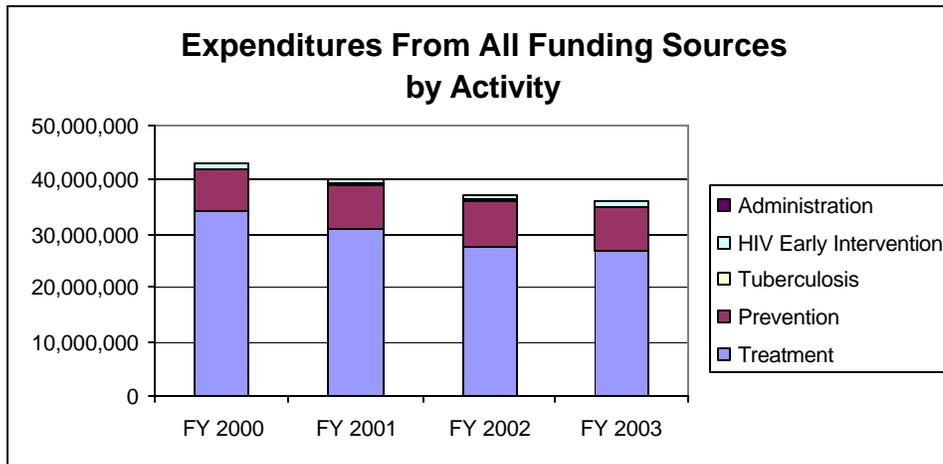
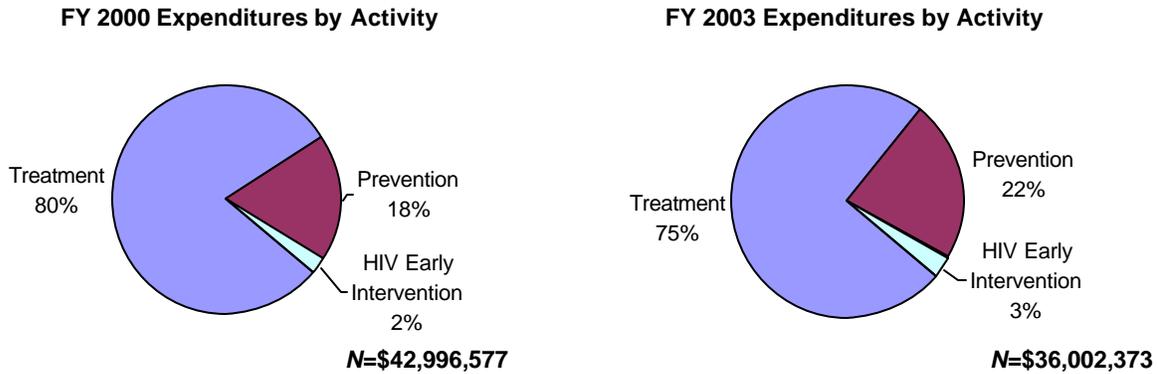
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	18,663,528	43	19,670,678	49	20,555,962	55	20,661,633	57
Medicaid	4,303,637	10	1,185,422	3	1,022,760	3	875,635	2
Other Federal	7,134,303	17	7,982,801	20	5,841,233	16	5,714,912	16
State	11,770,060	27	10,014,654	25	8,654,022	23	7,128,044	20
Local	0	0	0	0	0	0	0	0
Other	1,125,049	3	1,413,903	4	1,325,608	4	1,622,149	5
Total*	42,996,577	100	40,267,458	100	37,399,585	100	36,002,373	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$36 million in total SSA expenditures in FY 2003, three-fourths were allocated for treatment services, and 22 percent for prevention services. Although total dollars expended on treatment decreased during this time period, the distribution of funds during these years remained fairly similar.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	20,900,239	49	16,515,006	41	27,715,365	74	26,948,891	75
Alcohol Treatment	7,966,253	19	7,835,333	19				
Drug Treatment	5,502,442	13	6,815,540	17				
Prevention	7,632,280	18	8,055,866	20	8,594,242	23	7,953,854	22
Tuberculosis	62,180	0	62,180	0	62,180	0	62,180	0
HIV Early Intervention	933,183	2	983,533	2	1,027,798	3	1,037,448	3
Administration	0	0	0	0	0	0	0	0
Total*	42,996,577	100	40,267,458	100	37,399,585	100	36,002,373	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

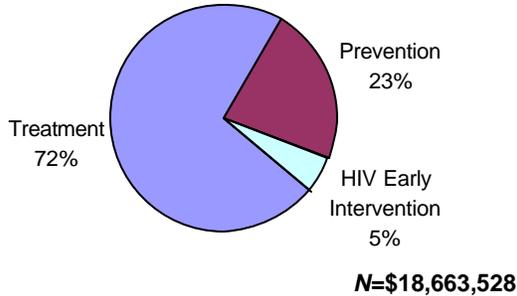
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

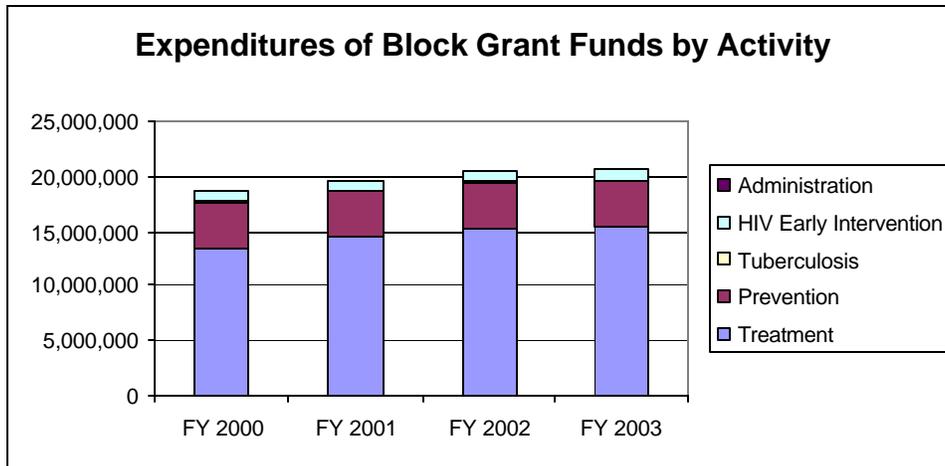
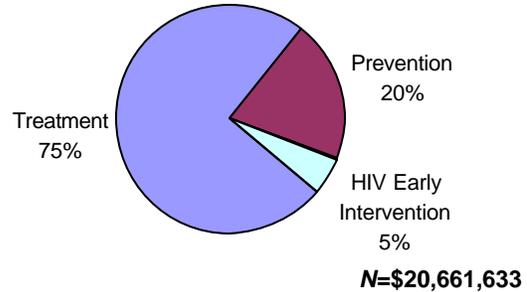
Expenditures of Block Grant Funds

Block Grant expenditures in South Carolina remained relatively stable between FYs 2000 and 2003, increasing from \$18.7 to \$20.7 million. In FY 2003, three-fourths of the total was spent on treatment services, followed by 20 percent for prevention services and 5 percent for HIV early intervention. This distribution of funds was similar to that in FY 2000.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	15,329,584	75	15,429,544	75
Alcohol Treatment	7,966,253	43	7,835,333	40				
Drug Treatment	5,502,442	29	6,815,540	35				
Prevention	4,199,470	23	3,974,092	20	4,136,400	20	4,136,827	20
Tuberculosis	62,180	0	62,180	0	62,180	0	62,180	0
HIV Early Intervention	933,183	5	983,533	5	1,027,798	5	1,033,082	5
Administration	0	0	0	0	0	0	0	0
Total*	18,663,528	100	19,670,678	100	20,555,962	100	20,661,633	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

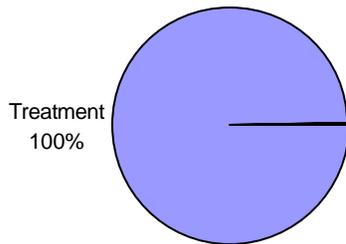
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

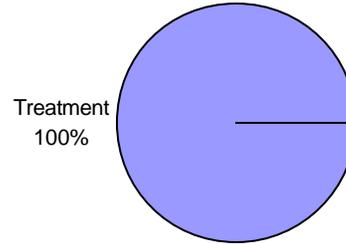
South Carolina State expenditures declined steadily between FYs 2000 and 2003, from \$11.8 to \$7.1 million. Since FY 2000 all funds have been allocated for treatment services.

FY 2000 State Expenditures by Activity

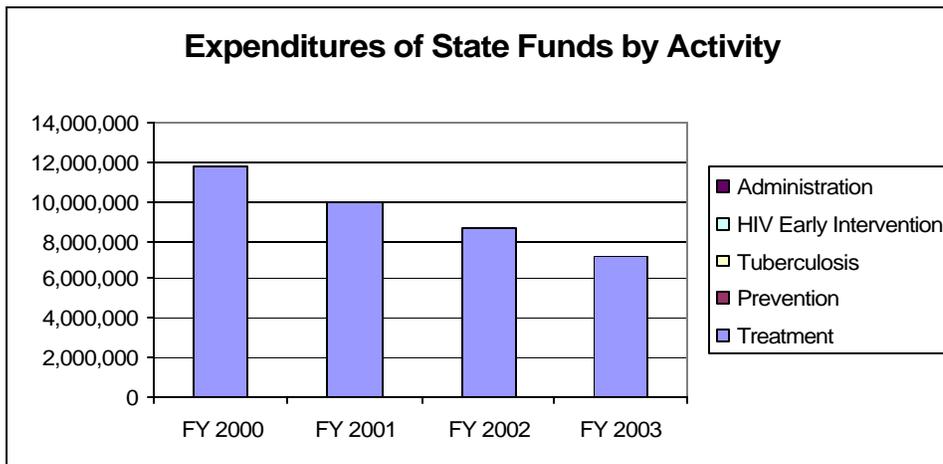


N=\$11,770,060

FY 2003 State Expenditures by Activity



N=\$7,128,044



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	11,770,060	100	10,014,654	100	8,654,022	100	7,123,678	100
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	4,366	0
Administration	0	0	0	0	0	0	0	0
Total*	11,770,060	100	10,014,654	100	8,654,022	100	7,128,044	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

South Carolina’s prevention services are based upon principles of sound research. Services are designed to identify and reduce factors that place an individual or a community at risk of experiencing problems. At the same time, DAODAS also works to strengthen protective factors to help prevent the development of problems among high-risk groups and the public at large. DAODAS administers prevention programs through 11 areas, including community-based prevention services; Drug Abuse Resistance Education (D.A.R.E.); FaithWorks; the Governor’s Cooperative Agreement for Prevention (G-CAP); the Safe and Drug-free Schools and Communities program; retailer and server education programs; and prevention services in the areas of infectious disease, underage drinking, and underage use of tobacco. DAODAS also provides training and assistance for parents regarding alcohol, tobacco, and other drug (ATOD) use by minors.

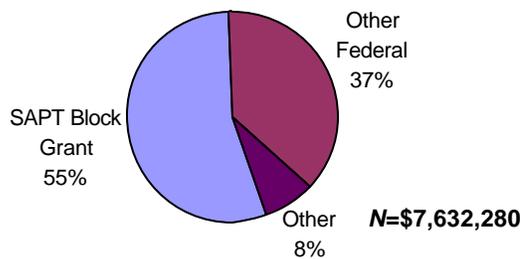
DAODAS recently implemented new evidence-based multi-session prevention education programs for youths age 10-20, which resulted in significant decreases in the use of alcohol, marijuana, and cigarettes among participants.

Prevention Funding and Expenditures

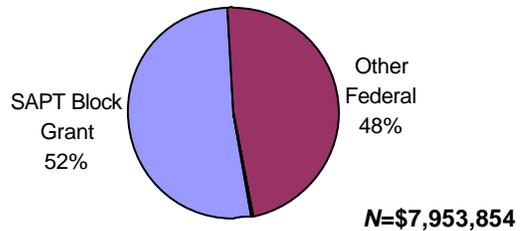
Between FYs 2000 and 2003, prevention funding in South Carolina remained stable, ranging from \$7.6 million to \$8 million. In FY 2003, about half of prevention funding was supported by the Block Grant and about half from other Federal sources. This differs somewhat from the funding sources in FY 2000, when 55 percent came from the Block Grant, 37 percent from other Federal sources, and 8 percent from other sources.

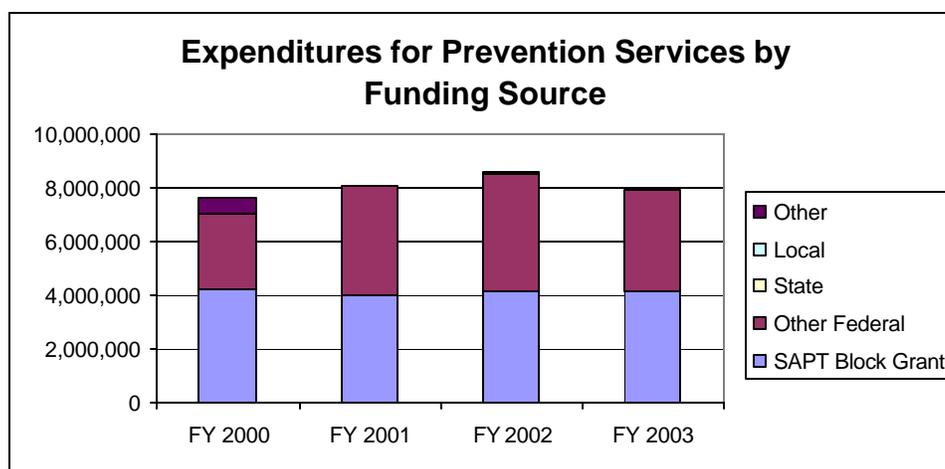
Per capita Block Grant funding for prevention services in South Carolina were fairly stable during FYs 2000 through 2003, ranging from \$.98 to \$1.04.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,199,470	55	3,974,092	49	4,136,400	48	4,136,827	52
Other Federal	2,835,794	37	4,081,774	51	4,418,086	51	3,801,608	48
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	597,016	8	0	0	39,756	0	15,419	0
Total*	7,632,280	100	8,055,866	100	8,594,242	100	7,953,854	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

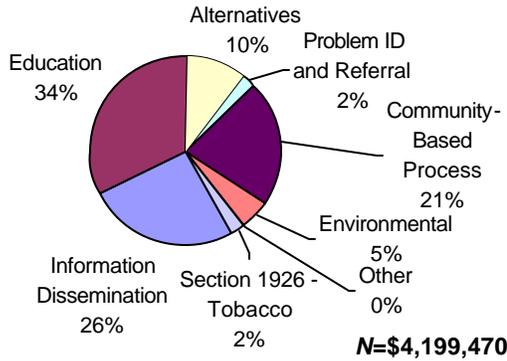
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Four regional Prevention Resource Centers disseminate information to the general public. Funding also supports the DRUGSTORE Information Clearinghouse and the toll-free Drug Information Access Line.
Education	Education includes SC Teen Institute sessions focusing on youth leadership and prevention strategies and approximately 50,000 public service announcements in the media.
Alternatives	Events include mentoring activities, afterschool activities, and youth training and youth leadership programs.
Community-Based Processes	Coalitions strengthen prevention through efforts such as workforce development, increased technological capacity, agency linkages, a community needs and resources assessment, and the development of a comprehensive community prevention strategy.
Environmental	Strategies include merchant education on underage drinking and a working agreement with law enforcement to enhance tobacco enforcement.
Problem Identification and Referral	Funds support problem identification and referral services through the schools, as well as through driving under the influence (DUI) programs.
Other: Management Information System	Strategies include a statewide, Internet-based prevention reporting system that has helped to identify underserved populations, including those with limited English proficiency and the dually diagnosed.

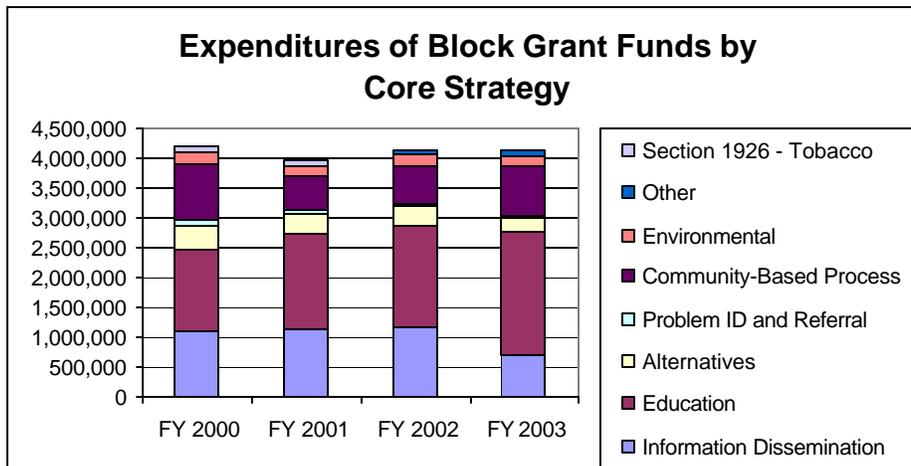
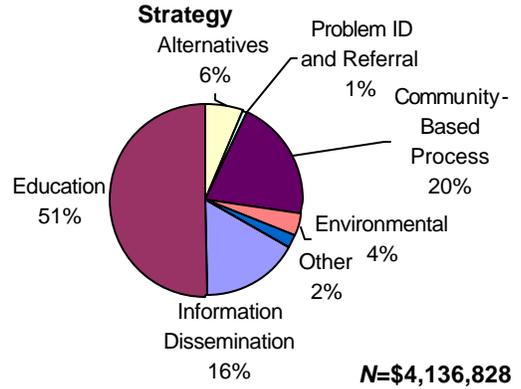
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention services totaled \$4.1 million in FY 2003. The single largest funding target was education (receiving about half of funds), followed by community-based processes (20 percent) and information dissemination (16 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,080,151	26	1,111,012	28	1,149,558	28	680,475	16
Education	1,397,549	33	1,642,785	41	1,716,692	42	2,086,640	50
Alternatives	416,872	10	338,079	9	339,111	8	250,225	6
Problem ID and Referral	93,523	2	49,138	1	52,352	1	39,907	1
Community-Based Process	902,114	21	559,955	14	606,601	15	828,414	20
Environmental	218,221	5	180,173	5	192,957	5	159,974	4
Other	0	0	0	0	79,129	2	91,193	2
Section 1926 - Tobacco	91,040	2	92,950	2	0	0	0	0
Total*	4,199,470	100	3,974,092	100	4,136,400	100	4,136,828	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Through its network of nationally accredited county authorities, DAODAS provides a comprehensive continuum of treatment services for individuals and families. Specific services include a range of outpatient treatment services, intensive outpatient treatment, halfway houses, social model detoxification, freestanding medical detoxification, residential treatment, inpatient treatment, and day treatment. These services include specialized services for women and children, services to adolescents, and services to incarcerated and paroled individuals. DAODAS also coordinates services for adolescents preparing to leave residential treatment settings to help them reintegrate successfully into their families and communities. Additionally, DAODAS provides early intervention services by identifying those in the early stages of alcohol and substance abuse through the school system, the criminal justice system, the workplace, and other social systems.

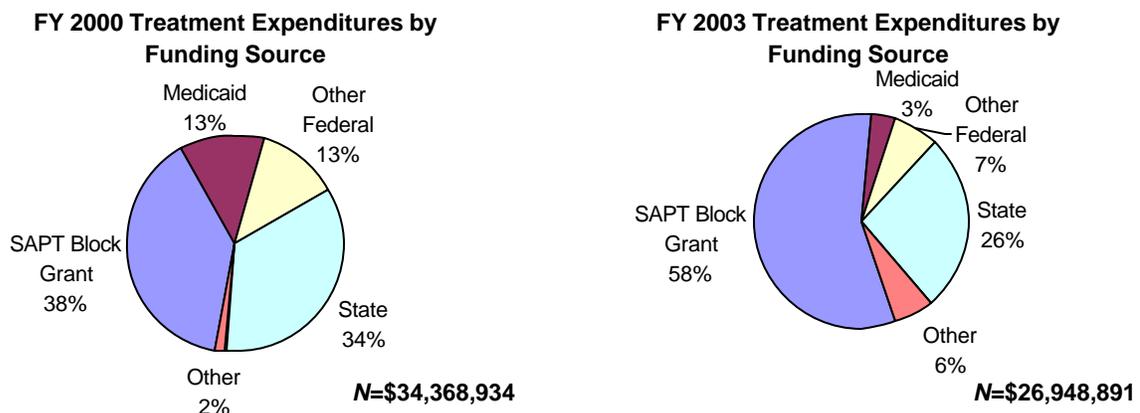
AODAS coordinates regular meetings between treatment directors and women's services coordinators, enabling agencies to refer clients to other providers within the network rather than being placed on waiting lists. Those on waiting lists receive interim services and intensive case management services via telephone contact.

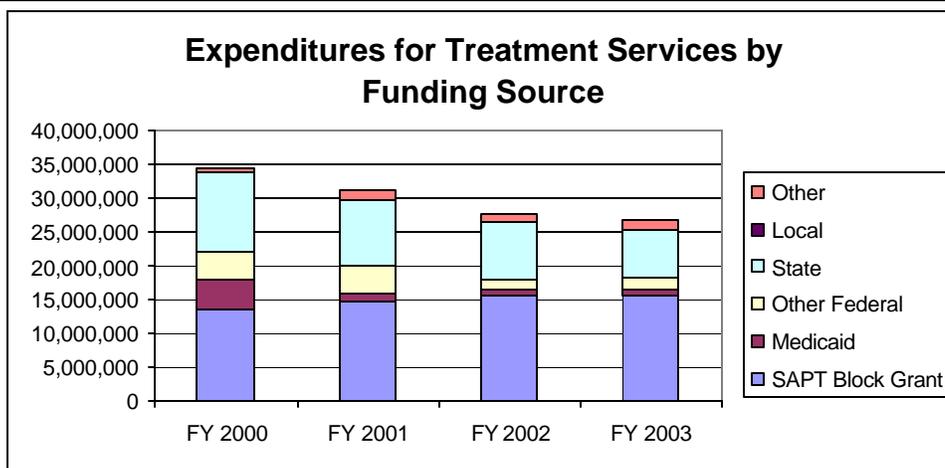
Despite statewide budget cuts during FY 2004, DAODAS not only maintained its continuum of treatment services, but added residential treatment beds for women and expanded an adolescent treatment facility.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment funding in South Carolina declined substantially from \$34.4 to \$26.9 million. Funding from the Block Grant increased over time (in both proportion and in dollar value), while funding from the State decreased. The two largest resources for FY 2003 funding were the Block Grant (at 58 percent of the total) and the State (supporting 26 percent).

Block Grant expenditures on treatment and rehabilitation increased from \$3.35 per capita in FY 2000 to \$3.72 per capita in FY 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	13,468,695	38	14,650,873	47	15,329,584	55	15,429,544	58
Medicaid	4,303,637	13	1,185,422	4	1,022,760	4	875,635	3
Other Federal	4,298,509	13	3,901,027	13	1,423,147	5	1,913,304	7
State	11,770,060	34	10,014,654	32	8,654,022	31	7,123,678	26
Local	0	0	0	0	0	0	0	0
Other	528,033	2	1,413,903	5	1,285,852	5	1,606,730	6
Total*	34,368,934	100	31,165,879	100	27,715,365	100	26,948,891	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

South Carolina’s SAPT Block Grant application indicates that nearly 4,500 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) or free-standing residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=4,413)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	2,397	2,016	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	38	142	0
Long-term residential	42	185	0
Ambulatory (Outpatient)			
Outpatient (methadone)	157	0	0
Outpatient (non-methadone)	9,501	5,894	0
Intensive outpatient	1,540	2,082	0
Detoxification (outpatient)	1	0	0
Total	2,397	2,016	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate nearly 26,000 admissions (where at least one substance is known), of which more than 11,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 8 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 4 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 10 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	11,381	4.5
Alcohol in combination with other drugs	14,280	10.2
Total	25,661	7.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 250,000 persons aged 12 and older (7.4 percent of South Carolina's population) needed, but did not receive, treatment for alcohol use and 82,000 persons (2.4 percent) needed, but did not receive, treatment for illicit drug use in South Carolina.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.38	4.50	18.58	5.78
Needing but not receiving treatment for illicit drug use	2.43	4.32	7.31	1.31

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

South Carolina assesses the treatment and prevention needs of its citizens locally, regionally, and statewide. The 46 counties are grouped into 4 regions to facilitate this assessment.

DAODAS utilizes two primary data sources in determining needs for prevention and treatment in South Carolina. The State Treatment Needs Assessment Program (STNAP) involves telephone surveys of adolescents and adults, a survey of the Medicaid-eligible population, and a hospital-mental health-alcohol-drug client treatment utilization study. These data are used in varying combinations to identify trends, determine areas of greatest need, and suggest necessary shifts in program and service emphasis. Additionally, the Substance Abuse Agencies management Information System (SAAMIS) is a vital planning and information source for monitoring emerging trends, as well as service-provider performance.

Evaluation

DAODAS tracks statewide client outcome measures for intervention and treatment programs through the Coordinated County Review process, county alcohol and drug abuse authorities outcome evaluation results, and the outcome indicator data from SAAMIS. The State utilizes individualized outcome measures for specific populations, based on involvement with the criminal justice system, employment status, relapse history, housing status, and social consequences of abuse. Further, throughout the State, service providers notify DAODAS when they have reached 90 percent of their capacity. In this way, DAODAS is able to monitor utilization of services and manage capacity and waiting lists. Additionally, DAODAS provides technical assistance to help agencies optimize capacity and reduce no-show percentages.

South Carolina currently monitors outcome measures for prevention services as well, and DAODAS is now developing a statewide prevention outcome evaluation system, based on core measures from the *Governor's Comprehensive Strategy for Youth Substance Abuse Prevention*.

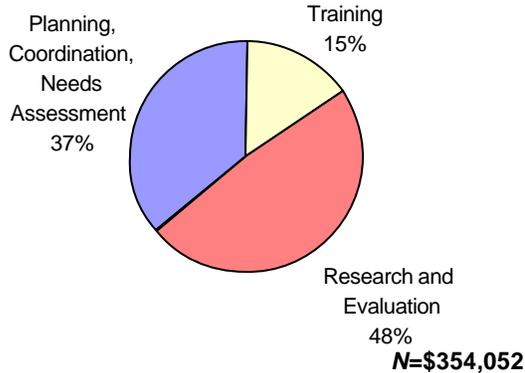
Training and Assistance

DAODAS provides training to meet the diverse credentialing, certification and/or licensing, and continuing education needs of prevention and treatment staff throughout the State. Many of these education and professional development initiatives are provided in collaboration with other health and human service organizations. DAODAS also sponsors quarterly trainings for specific populations, such as prevention coordinators, treatment directors, and youth coordinators. Best practices information is available on the DAODAS Web site. DAODAS continues to expand its regional training services, including increased utilization of teleconferencing. DAODAS recently facilitated the 30th South Carolina School of Alcohol and Other Drug Studies. Additionally, recognizing a growing need, DAODAS sponsored a technical assistance conference for faith- and community-based organizations in 2004.

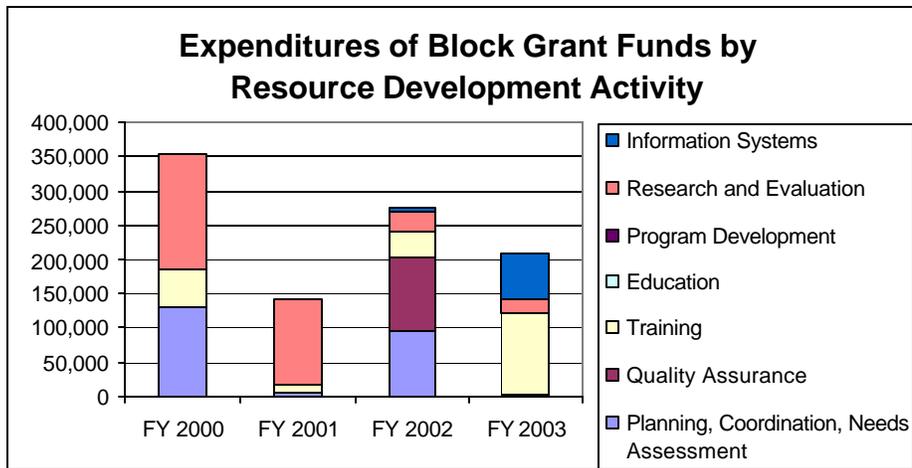
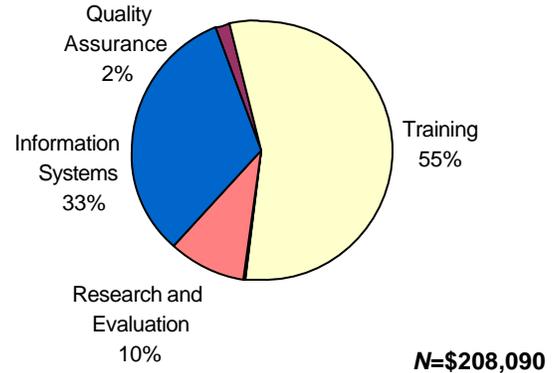
Expenditures of Block Grant Funds for Resource Development Activities

Between FYs 2000 and 2003 Block Grant funding for resource development activities declined from \$354,000 to \$208,000. Distribution of funds per type of activity also varied widely over that time period. In FY 2003 most (55 percent) of the total in funds for resource development activities were spent on training, followed by 33 percent on information systems.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	129,358	37	6,988	5	94,669	34	0	0
Quality Assurance	0	0	0	0	105,511	38	3,800	2
Training	54,746	15	11,361	8	40,148	15	115,650	55
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	169,948	48	122,634	87	29,725	11	20,600	10
Information Systems	0	0	0	0	6,500	2	68,040	33
Total*	354,052	100	140,983	100	276,553	100	208,090	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

South Carolina was awarded nearly \$700,000 in discretionary funding from the Center for Substance Abuse Prevention (CSAP) in FY 2004. Seven of the eight grants were awarded to drug-free communities and one was a drug-free communities mentoring award.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	7	646,485
Drug Free Communities Mentoring	1	49,904
Total	8	696,389

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, the Center for Substance Abuse Treatment (CSAT) awarded South Carolina more than \$2 million in discretionary funding for treatment services. Grants were awarded for adult, juvenile, and family drug court; targeted capacity expansion; and TCE innovative treatment and rural populations.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	2	688,000
Targeted Capacity Expansion	1	416,052
TCE Innovative Treatment	1	451,704
TCE Rural Populations	1	494,739
Total	5	2,050,495

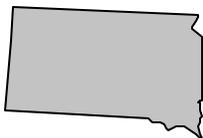
SOURCE: www.samhsa.gov

SOUTH DAKOTA

State SSA Director

Mr. Gilbert Sudbeck, Division Director
Division of Alcohol and Drug Abuse
South Dakota Department of Human Services
Hillsview Prop Plaza, East Hwy 34
c/o 500 East Capitol Avenue
Pierre, SD 57501-5070
Phone: 605-773-3123
Fax: 605-773-7076
E-mail: gib.sudbeck@state.sd.us
Web site: www.state.sd.us/dhs/ADA/Index.htm

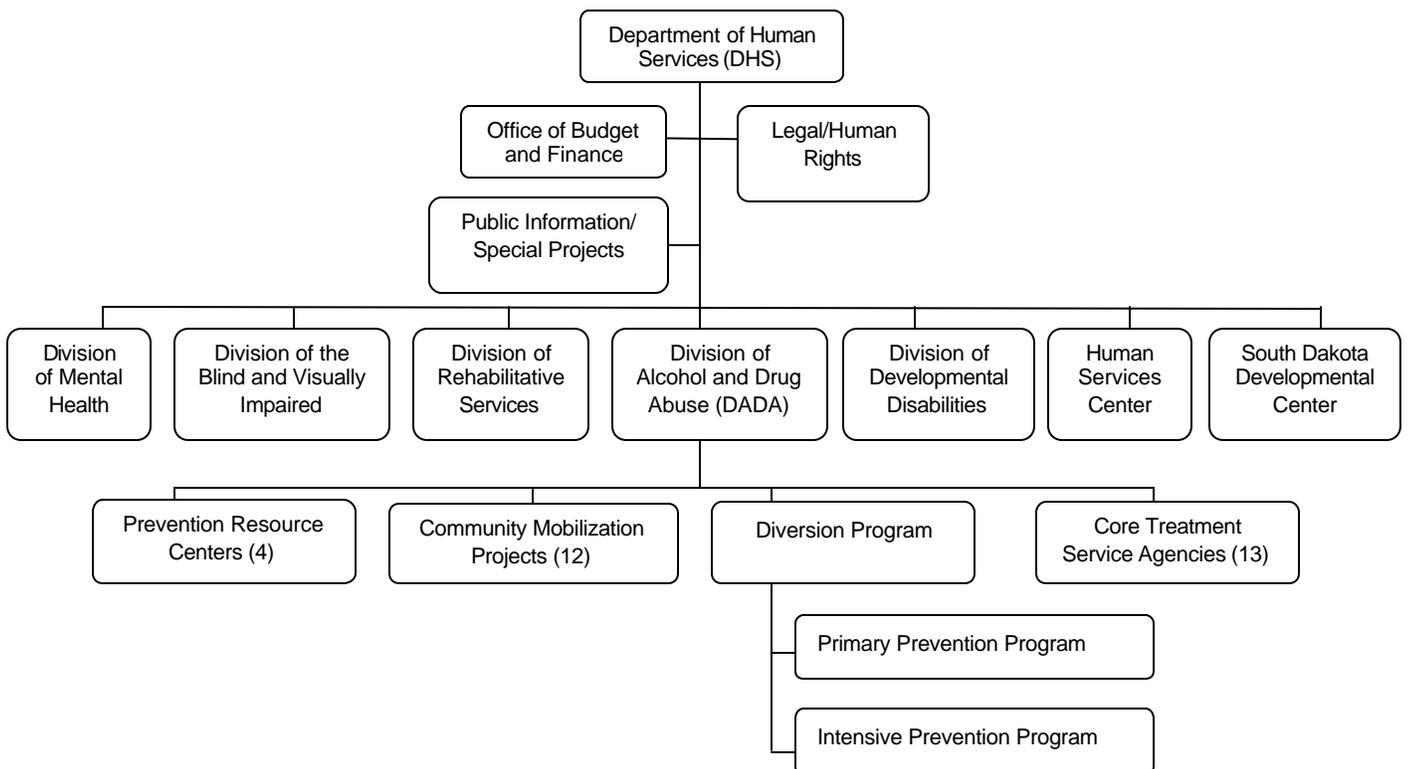
Structure and Function



The Division of Alcohol and Drug Abuse (DADA) is South Dakota's designated Single State Agency (SSA) for substance abuse prevention and treatment efforts. It is one of the eight divisions of the South Dakota Department of Human Services (DHS).

DADA partners with other DHS departments in order to meet the varied needs of South Dakotans. These primarily include the Departments of Corrections, Social Services, and Health. Additionally, the Alcohol and Drug Advisory Council is a legislatively mandated board which advises DADA on statewide prevention, treatment, and rehabilitation needs. The Advisory Council also assists DADA in coordinating activities between State and local agencies and private service providers.

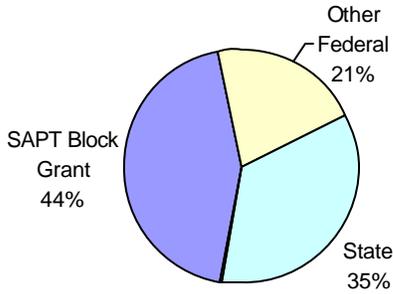
Single State Agency Structure



Single State Agency Funding Overview

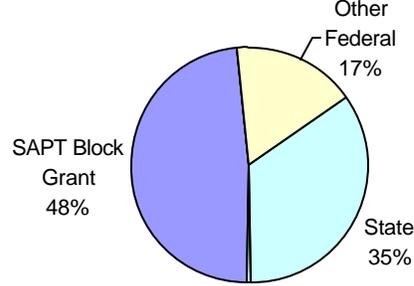
Between FYs 2000 and 2003, total SSA funding in South Dakota increased by \$1.5 million (from \$8 to nearly \$9.6 million). The largest funding source in FY 2003 was the Block Grant constituting 48 percent of the total, followed by the State (35 percent) and other Federal funds (17 percent). These proportions are similar to those in FY 2000.

FY 2000 Expenditures by Funding Source

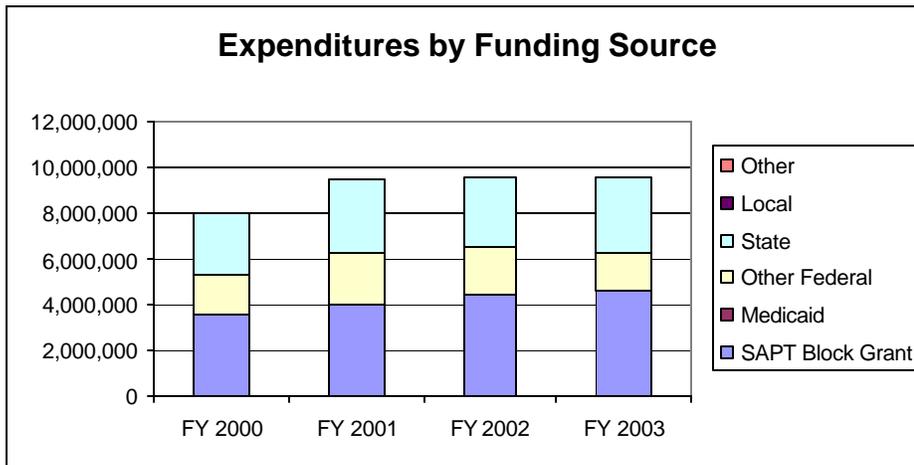


N=\$8,057,224

FY 2003 Expenditures by Funding Source



N=\$9,556,150



Single State Agency Expenditures From All Funding Sources

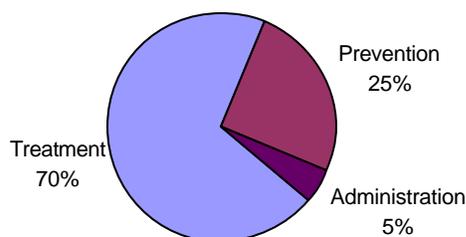
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,529,799	44	3,959,993	42	4,388,101	46	4,608,895	48
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,699,466	21	2,356,155	25	2,168,095	23	1,645,246	17
State	2,827,959	35	3,176,730	33	3,033,428	32	3,302,009	35
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	8,057,224	100	9,492,878	100	9,589,624	100	9,556,150	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

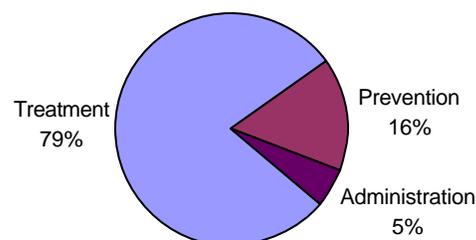
Most (79 percent) of SSA funds in FY 2003 were spent on treatment activities, 16 percent on prevention activities, and 5 percent on administration costs. By contrast, in FY 2000, only 70 percent of total SSA funds went toward treatment services, one-fourth went toward prevention services, and 5 percent toward administration costs.

FY 2000 Expenditures by Activity



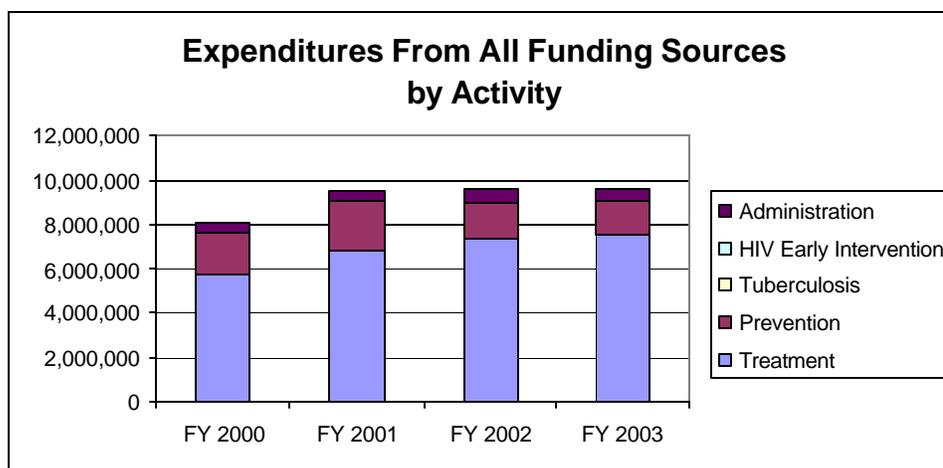
N=\$8,057,224

FY 2003 Expenditures by Activity



N=\$9,556,150

**Expenditures From All Funding Sources
by Activity**



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	3,017,368	37	3,872,138	41	7,359,924	77	7,554,638	79
Alcohol Treatment	1,328,373	16	1,487,989	16				
Drug Treatment	1,312,091	16	1,480,121	16				
Prevention	2,027,364	25	2,228,050	23	1,658,964	17	1,495,705	16
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	372,028	5	424,580	4	570,736	6	505,807	5
Total*	8,057,224	100	9,492,878	100	9,589,624	100	9,556,150	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

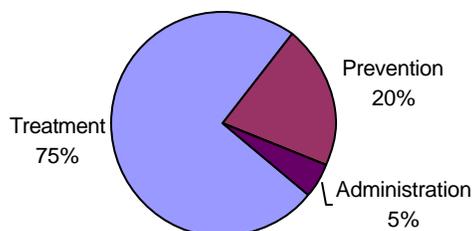
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

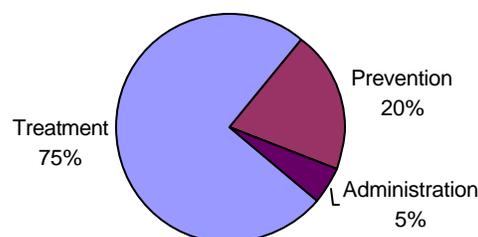
Block Grant expenditures rose by more than \$1 million between FYs 2000 and 2003 (from \$3.5 to \$4.6 million). However, during that time period the distribution of Block Grant funds remained stable: three-fourths went toward treatment services, 20 percent toward prevention activities, and 5 percent toward administration costs.

FY 2000 Block Grant Expenditures by Activity

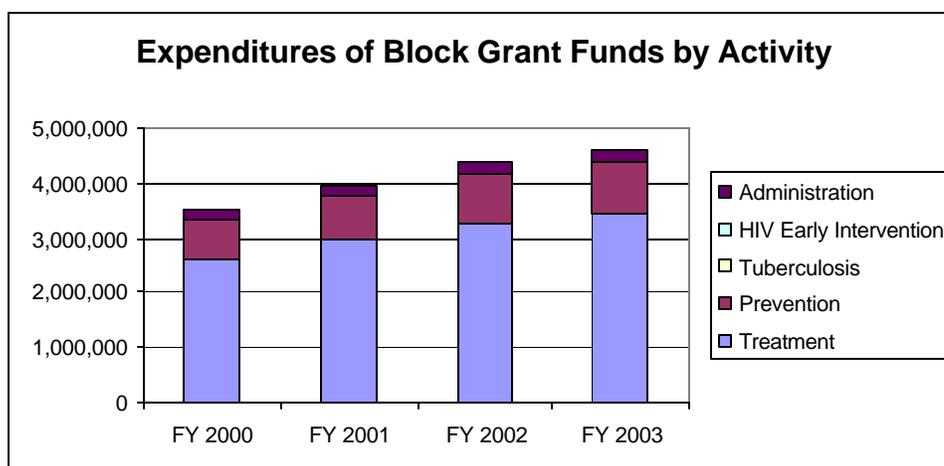


N=\$3,529,799

FY 2003 Block Grant Expenditures by Activity



N=\$4,608,895



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	3,291,159	75	3,450,509	75
Alcohol Treatment	1,328,373	38	1,487,989	38				
Drug Treatment	1,312,091	37	1,480,121	37				
Prevention	712,845	20	793,883	20	878,845	20	927,941	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	176,490	5	198,000	5	218,097	5	230,445	5
Total*	3,529,799	100	3,959,993	100	4,388,101	100	4,608,895	100

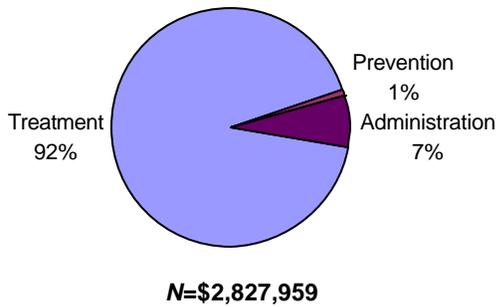
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

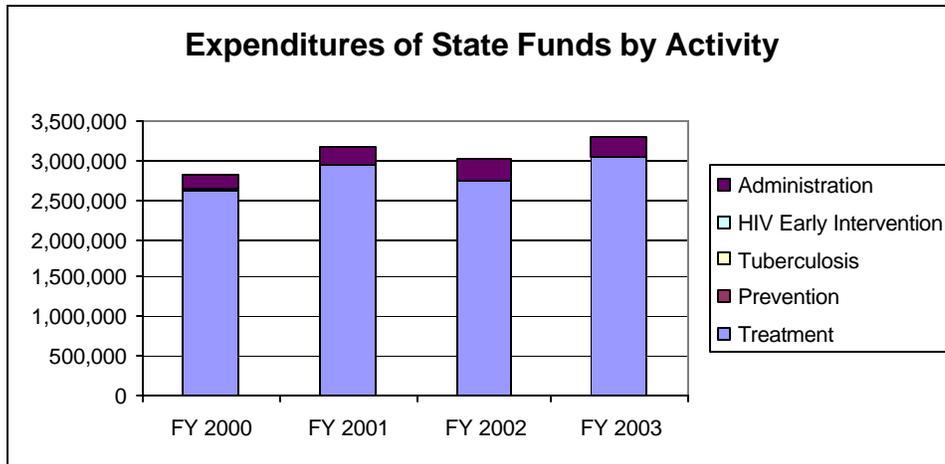
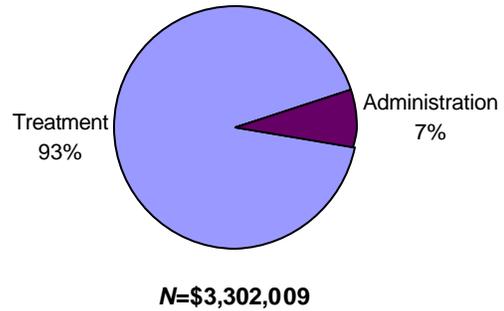
Expenditures of State Funds

Between FYs 2000 and 2003, State expenditures on alcohol and drug abuse related services increased from \$2.9 to \$3.3 million. During this time period, nearly all (91 to 93 percent) of the funds went toward treatment, 0 to 1 percent went toward prevention activities, and 7 percent toward administration costs.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	2,608,530	92	2,950,160	93	2,746,208	91	3,056,701	93
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	23,902	1	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	195,527	7	226,570	7	287,220	9	245,308	7
Total*	2,827,959	100	3,176,730	100	3,033,428	100	3,302,009	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

DADA stresses evidence-based programs and strategies in its efforts to prevent substance abuse among its citizens. The recently approved statewide prevention plan is driven by client and program outcomes, rather than the historical emphasis on program process. South Dakota has focused its prevention efforts in four key areas.

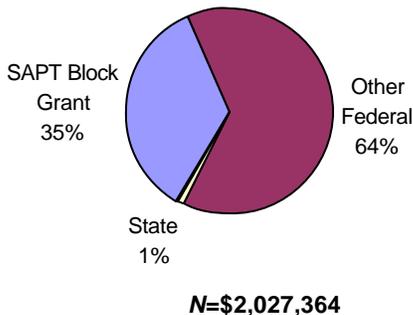
First, four Prevention Resource Centers (PRCs) distribute information; assist schools in developing alcohol, tobacco, and other drug (ATOD) policies, programming, and curricula; help community and parent groups develop prevention activities; and serve as Regional Alcohol and Drug Awareness Resource (RADAR) network sites throughout the State. Second, 12 Community Mobilization Projects (CMPs) work to establish community advisory committees, assist in local needs assessment, and develop short- and long-term goals in meeting the identified community needs. Finally, the two-tiered Diversion Program refers juveniles entering the court system for alcohol- or drug-related offenses to either a Primary Prevention Program (10 hours) or an Intensive Prevention Program (30 hours). (Each includes a family component and an early intervention strategy.) The fourth area is School-based Prevention Programming.

Prevention Funding and Expenditures

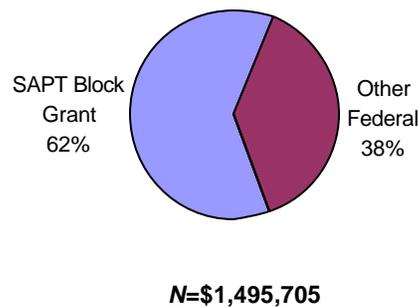
Prevention funding in South Dakota declined between FYs 2000 and 2003 from \$2 to \$1.5 million. In FY 2003, most (62 percent) of prevention expenditures derived from the Block Grant and 38 percent from other Federal sources. By contrast, in FY 2000, only 35 percent of prevention expenditures came from the Block Grant and 64 percent from other Federal sources.

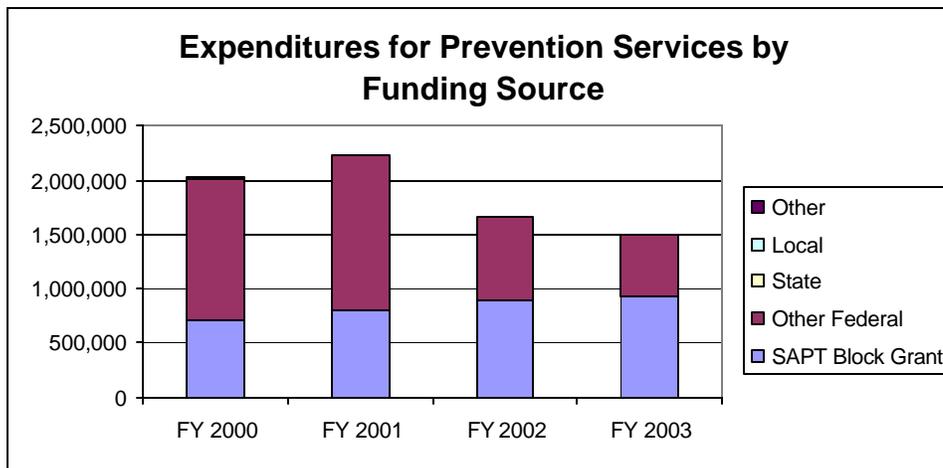
Between FYs 2000 and 2002, Block Grant prevention expenditures per capita rose from \$0.94 to \$1.16. In FY 2003, Block Grant expenditures on prevention services continued to increase to \$1.21 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	712,845	35	793,883	36	878,845	53	927,941	62
Other Federal	1,290,617	64	1,434,167	64	780,119	47	567,764	38
State	23,902	1	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	2,027,364	100	2,228,050	100	1,658,964	100	1,495,705	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

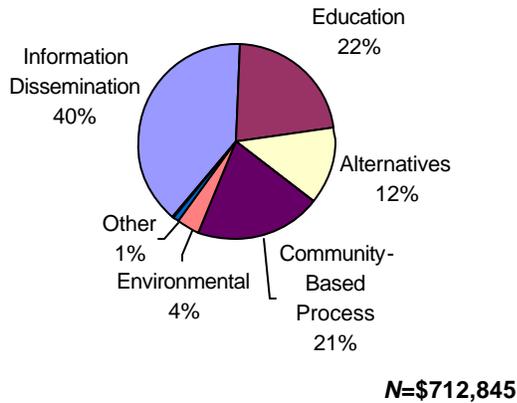
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Activities include media promotions, health fairs, newsletters, literature dissemination and the Red Ribbon campaign, primarily facilitated by the PRCs.
Education	Through the PRCs, DADA funds training programs for youth and adults on topics such as National Helpers, student assistance, Walking the Talk (Parenting as Prevention), risk and resiliency, Improvisational Theater, and principles of effectiveness.
Alternatives	Activities include two improvisational theater trainings and community-sponsored drug-free events through the local CMPs.
Community-Based Processes	Strategies include the funding of community prevention specialists through the Core Service Agencies and other agencies and partnerships between DADA and the city governments and school districts of Sioux Falls and Rapid City, which provide a range of prevention programming through the schools.
Environmental	DADA funds structured prevention programming for high-risk youth through contracts with local providers, support local task forces in the areas of policy development. DADA trains teachers and prevention advocates and works with local community, parent, and youth groups.
Problem Identification and Referral	Strategies include the Diversion Program for juvenile offenders and screenings and assessments of adult offenders.

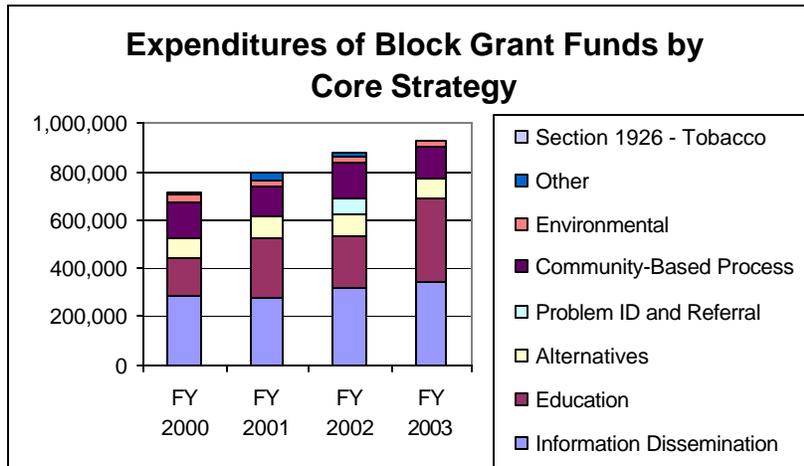
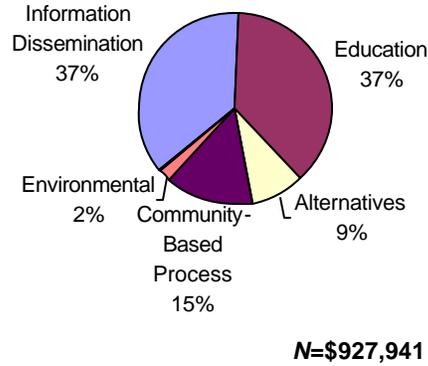
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention core strategies in South Dakota rose slightly from nearly \$713,000 in FY 2000 to nearly \$928,000 in FY 2003. The distribution of these funds went to a wide array of strategies, with most (37 percent each in FY 2003) going toward education and information dissemination.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	284,344	40	274,738	35	319,038	36	344,358	37
Education	157,873	22	253,923	32	215,242	24	344,390	37
Alternatives	88,083	12	90,740	11	90,493	10	82,724	9
Problem ID and Referral	0	0	0	0	63,450	7	0	0
Community-Based Process	147,494	21	120,233	15	149,620	17	134,719	15
Environmental	25,523	4	23,496	3	20,406	2	21,750	2
Other	9,528	1	30,754	4	20,596	2	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	712,845	100	793,884	100	878,845	100	927,941	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

DHS' goal is to promote the highest level of independence for all individuals. To that end, DADA provides substance abuse treatment services in progressive levels of care, according to the unique needs of each individual. These services include clinically-managed residential detoxification programs, corrections substance abuse programs, outpatient treatment, day treatment, early intervention, gambling treatment, intensive outpatient treatment, clinically managed low-intensity residential programs, medically monitored intensive inpatient treatment, and core service agencies.

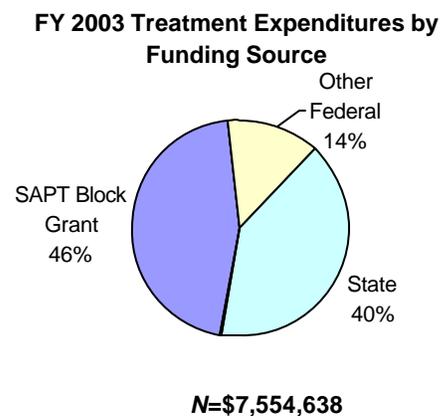
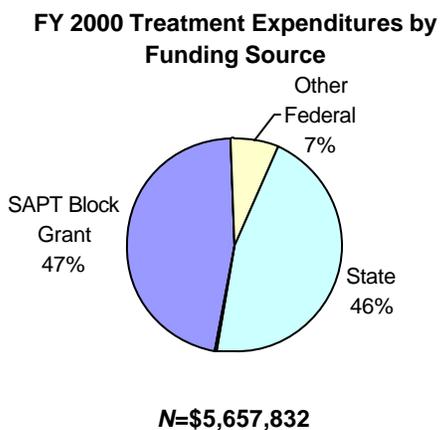
DADA's Corrections Substance Abuse Program provides a continuum of substance abuse services to adults and juveniles who are either incarcerated or on parole. Through this program, South Dakota works to equip these individuals to live substance- and crime-free lives.

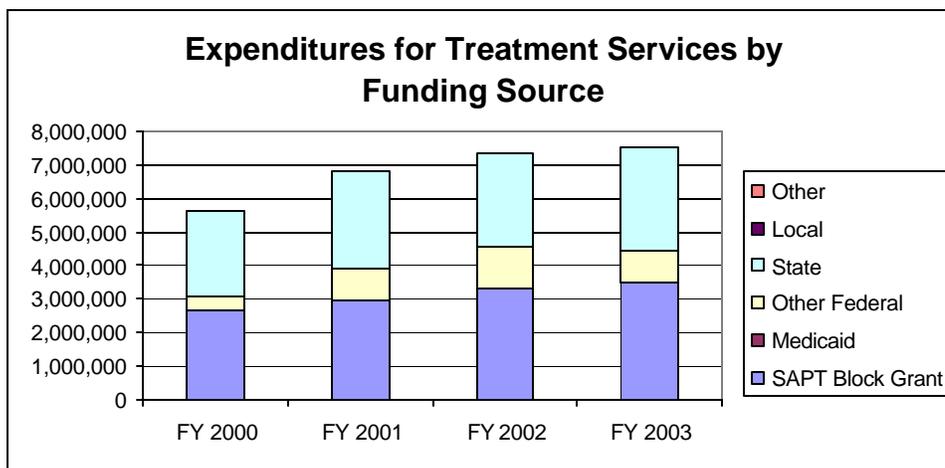
Approximately 30 percent of clients in State-funded treatment programs are Native American. As a result, DADA has recently partnered with tribal communities throughout the State to evaluate and enhance alcohol and substance abuse treatment resources. Additionally, DADA continues its recent emphasis on identifying and treating substance abusing pregnant women and teens.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment funding in South Dakota increased from \$5.7 to \$7.6 million. In FY 2003, the largest source of treatment funding was the Block Grant (constituting 46 percent of treatment funds), followed by the State (at 40 percent) and other Federal sources (at 14 percent). This distribution varies slightly from the FY 2000 distribution.

Block Grant expenditures on treatment and rehabilitation increased substantially between FYs 2000 and 2002 from \$3.49 to \$4.33 per capita. In FY 2003, Block Grant expenditures on treatment continued to increase to \$4.51 per capita.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,640,464	47	2,968,110	43	3,291,159	45	3,450,509	46
Medicaid	0	0	0	0	0	0	0	0
Other Federal	408,838	7	921,978	13	1,322,557	18	1,047,428	14
State	2,608,530	46	2,950,160	43	2,746,208	37	3,056,701	40
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	5,657,832	100	6,840,248	100	7,359,924	100	7,554,638	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

South Dakota’s SAPT Block Grant application indicates that over 15,000 persons were admitted to treatment during FY 2002, most of which were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=15,338)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,690	951	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	118	66	0
Long-term residential	572	322	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	7,017	3,947	0
Intensive outpatient	1,028	578	0
Detoxification (outpatient)	0	0	0
Total	10,425	4,913	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 7,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 21 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,933	18.9
Alcohol in combination with other drugs	4,050	21.6
Total	6,983	20.5

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 60,000 persons aged 12 and older (9.6 percent of South Dakota's population) needed, but did not receive, treatment for alcohol use and 15,000 persons (2.4 percent) needed, but did not receive, treatment for illicit drug use in South Dakota.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.59	8.55	24.04	6.92
Needing but not receiving treatment for illicit drug use	2.37	5.08	6.20	1.21

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

South Dakota's prevention needs are assessed at the local level. As part of any funding application, communities must present a needs assessment, including objectives and strategies based on the identified needs. The primary assessment instruments are the Search Survey and the Tri-Ethnic Center (Colorado) survey. The Search Survey assesses the well-being of youth in grades 6 through 12 using a framework of 40 developmental assets. With the Tri-Ethnic Center, DADA conducted a State-wide evaluation of the impact of a Community Readiness Model to stimulate prevention activities in rural areas.

DADA periodically develops a statewide position paper on the prevention needs throughout South Dakota. Written with input from the Departments of Health, Commerce, and Social Services, the Attorney General's office, and local non-profit prevention entities, the report and its recommendations were disseminated to all prevention and treatment providers throughout the State.

To assess treatment needs, DADA utilizes the State Treatment Needs Assessment Program, which includes a household telephone survey and a face-to-face survey of Native American adults. DADA recently completed the second round of a statewide treatment prevalence and needs assessment analysis. The information helped the State identify those populations, areas, and localities in South Dakota with greatest need for alcohol and substance abuse services. Specifically, as a result of this assessment, DADA expanded treatment programming for pregnant substance-abusing women and funded two new residential treatment units.

Evaluation

DADA works on an ongoing basis with the Departments of Corrections, Social Services, and Health, as well as local prevention and treatment professionals, to ensure that all services meet the needs of the individuals they serve. DADA also conducts biannual accreditation surveys to evaluate the effectiveness of prevention and treatment programs. For programs specifically serving women who are pregnant or who have dependent children, DADA conducts onsite program reviews and provides technical assistance. Additionally, DADA partners with Mountain Plains Research to conduct outcome studies of all individuals completing intensive outpatient, day treatment, and medically monitored inpatient treatment.

Training and Assistance

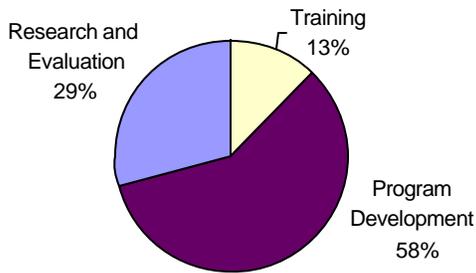
In general, DADA determines ongoing training needs based on the annual work plans submitted by local agencies. Through these plans, providers identify their general training needs, as well as specific needs based on current drug trends and rural issues.

DADA provides funding to the Chemical Dependency Association to provide two annual conferences and to local agencies for the training of prevention and treatment professionals. Recognizing recent trends, in 2004, DADA conducted a statewide conference on the prevention and treatment of methamphetamine use. DADA is also providing technical assistance to address cultural AOD needs, particularly with respect to the State's Native American citizens. Various reports and manuals are also available on the DADA Web site.

Expenditures of Block Grant Funds for Resource Development Activities

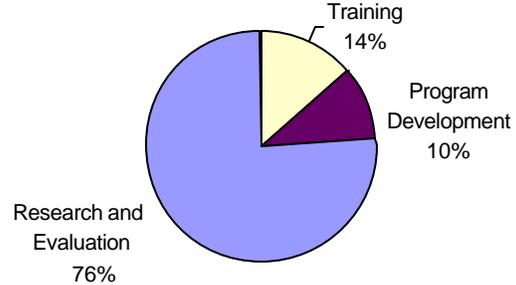
Block Grant funding for resource development activities in South Dakota increased from over \$39,000 in FY 2000 to over \$51,000 in FY 2003. The distribution of fund shifted during this time period. In FY 2003, three quarters of these funds went toward research and evaluation (compared with only 29 percent in FY 2000), 14 percent went toward training (similar to the proportion in FY 2000), and 10 percent toward program development (compared with 58 percent in FY 2000).

FY 2000 Block Grant Expenditures on Resource Development Activities

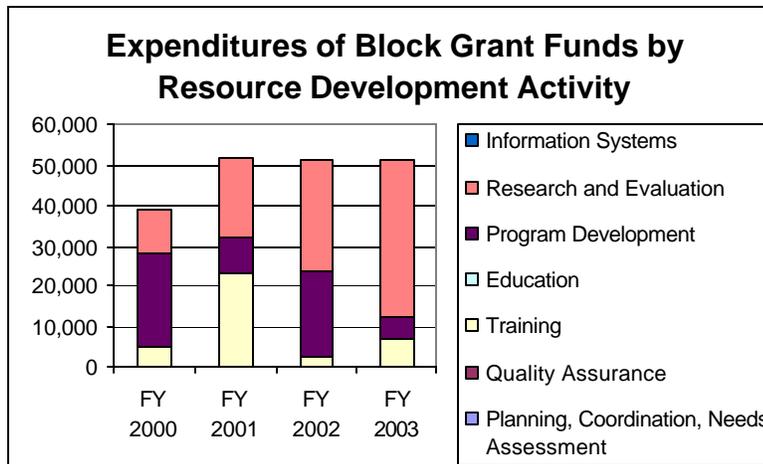


N=\$39,120

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$51,185



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	0	0	75	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	4,905	13	22,791	44	2,550	5	6,920	14
Education	0	0	0	0	0	0	0	0
Program Development	22,689	58	9,176	18	21,033	41	5,320	10
Research and Evaluation	11,526	29	19,741	38	27,570	54	38,945	76
Information Systems	0	0	0	0	0	0	0	0
Total*	39,120	100	51,783	100	51,153	100	51,185	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) discretionary awards for the State totaled more than \$772,000 in FY 2004. More than half went toward CSAP 2004 earmarks.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	472,198
Drug Free Communities	3	249,968
Emergency Response	1	50,000
Total	5	772,166

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, the Center for Substance Abuse Treatment (CSAT) awarded just under \$550,000 to South Dakota in discretionary funding for treatment. Most of these funds went toward CSAT 2004 earmarks.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
CSAT 2004 Earmarks	2	447,345
State Data Infrastructure	1	100,000
Total	3	547,345

SOURCE: www.samhsa.gov

TENNESSEE

State SSA Director

Stephanie W. Perry, M.D., Assistant Commissioner
Bureau of Alcohol and Drug Abuse Services
Tennessee Department of Health
Snodgrass Tennessee Tower
312 Eighth Avenue North, 26th Floor
Nashville, TN 37243-0001

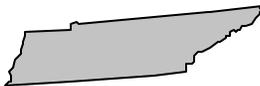
Phone: 615-741-1921

Fax: 615-532-2419

E-mail: stephanie.perry@state.tn.us

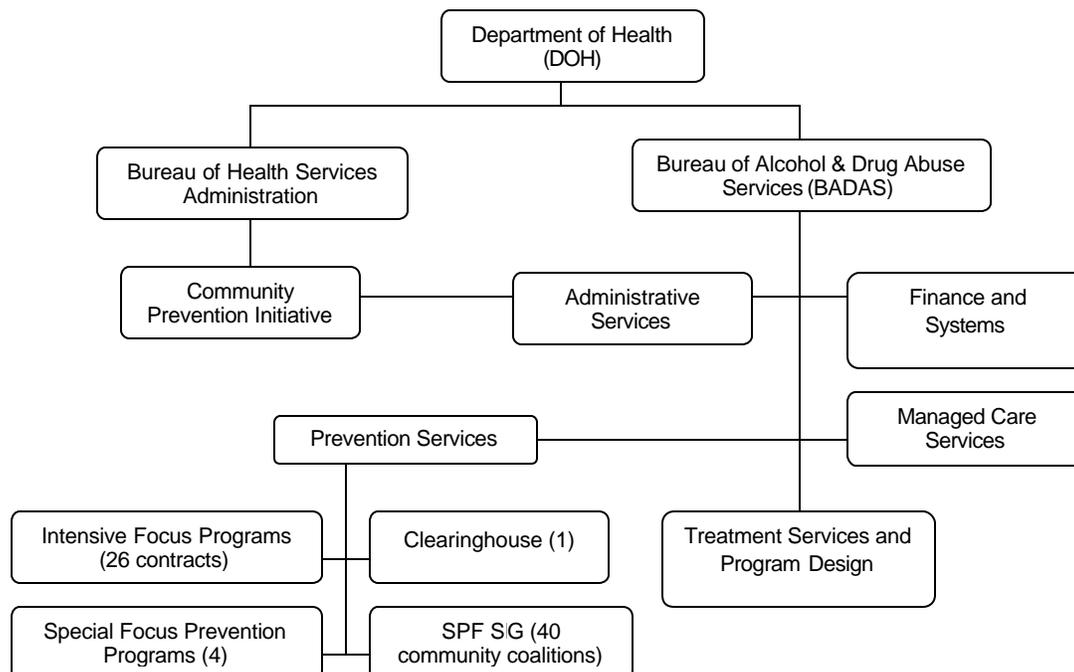
Web site: www.state.tn.us/health/A&D/index.htm

Structure and Function



The Bureau of Alcohol and Drug Abuse Services (BADAS) is Tennessee's designated Single State Agency (SSA) and is responsible for planning, developing, administering, and evaluating substance abuse prevention and treatment services throughout the State. BADAS' mission is to reduce substance abuse by promoting prevention and by reducing high-risk behaviors through community programs and activities to ensure that treatment services are available for all individuals in need. Housed within Tennessee's Department of Health (DOH), BADAS functions through five primary divisions. Through its Prevention Services Division, BADAS contracts with local prevention service providers throughout DOH's 18 regions. Additionally, BADAS facilitates two main program areas: the Alcohol and Drug Addiction Treatment Fund (ADAT) for driving under the influence (DUI) offenders and Training and Education Services. In its efforts to develop and coordinate effective services throughout the State, BADAS partners with other State agencies, counties, cities, and communities.

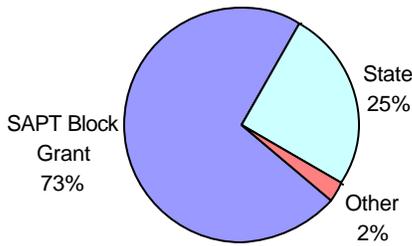
Single State Agency Structure



Single State Agency Funding Overview

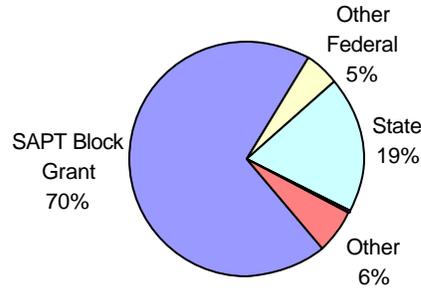
Total SSA funding for alcohol and drug abuse services in Tennessee increased between FYs 2000 and 2003 (from \$36 to \$42 million), driven largely by increases in Block Grant funding and other funding sources. The largest source of funding during this time period was the Block Grant, constituting 69 to 73 percent of total funds. The second largest source of funding was the State, ranging from 19 to 25 percent of total funds.

FY 2000 Expenditures by Funding Source

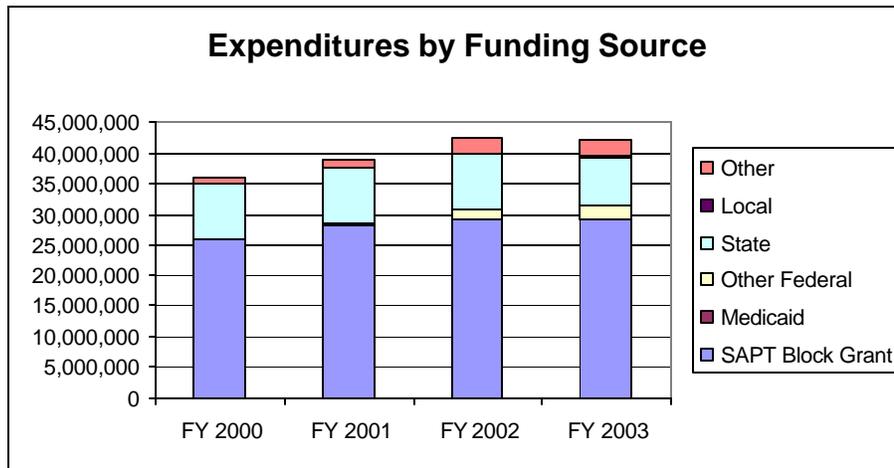


N=\$36,018,717

FY 2003 Expenditures by Funding Source



N=\$41,973,689



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	25,999,363	72	28,299,310	73	29,240,906	69	29,391,224	70
Medicaid	0	0	0	0	0	0	0	0
Other Federal	128,371	0	274,847	1	1,586,872	4	1,964,738	5
State	8,953,030	25	8,952,885	23	8,952,813	21	7,966,574	19
Local	58,440	0	63,488	0	62,678	0	76,153	0
Other	879,513	2	1,200,699	3	2,584,015	6	2,575,000	6
Total*	36,018,717	100	38,791,229	100	42,427,284	100	41,973,689	100

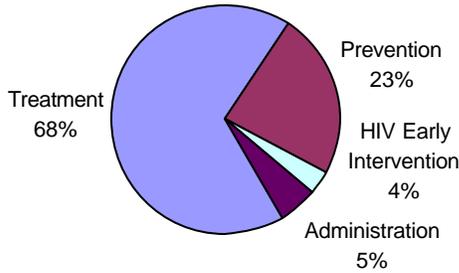
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

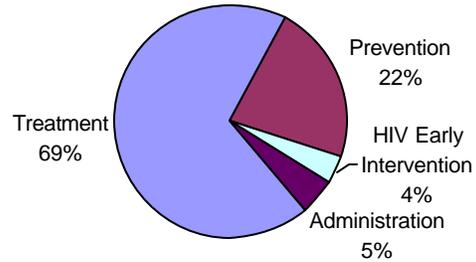
The distribution of total SSA funding remained relatively stable between FYs 2000 and 2003. Treatment services received the majority of funds (ranging from 67 to 69 percent of the total), followed by prevention (at 22 to 25 percent), administration costs (at 5 percent), and HIV early intervention (at 3 or 4 percent).

FY 2000 Expenditures by Activity

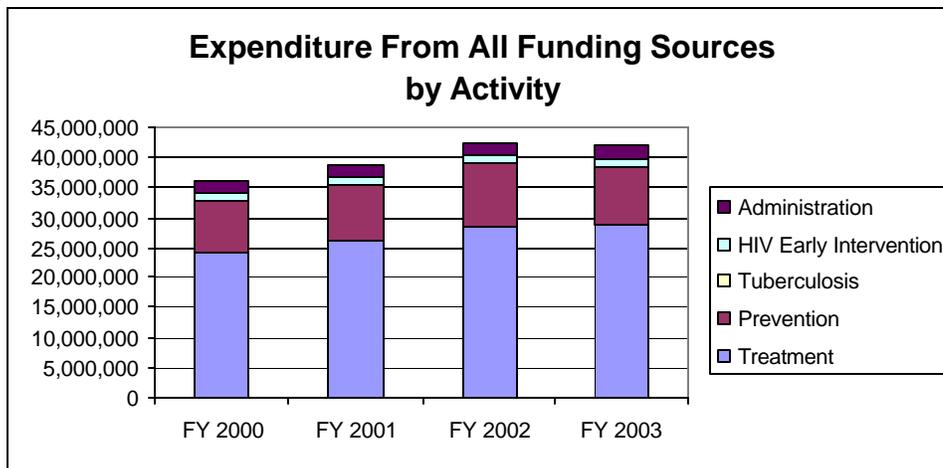


N=\$36,018,717

FY 2003 Expenditures by Activity



N=\$41,973,689



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	1,264,187	3	28,630,790	67	29,062,010	69
Alcohol Treatment	12,514,049	35	11,870,758	31				
Drug Treatment	11,940,732	33	13,289,891	34				
Prevention	8,322,765	23	8,888,862	23	10,428,097	25	9,228,890	22
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,309,983	4	1,414,966	4	1,281,227	3	1,601,467	4
Administration	1,931,188	5	2,062,565	5	2,087,170	5	2,081,322	5
Total*	36,018,717	100	38,791,229	100	42,427,284	100	41,973,689	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

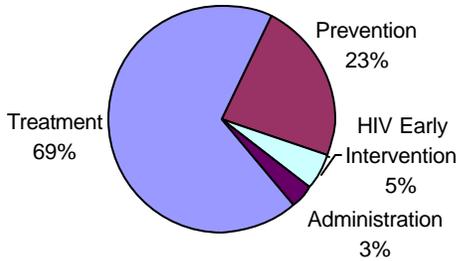
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

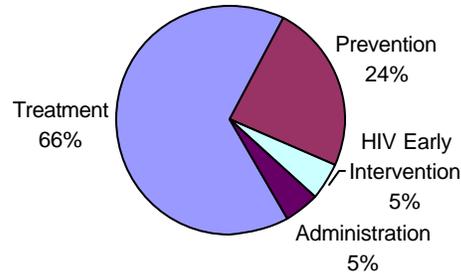
Between FYs 2000 and 2003, Block Grant expenditures increased from \$26 to \$29.4 million in Tennessee. The distribution of funds during this time, however, remained quite stable. The largest recipient of funds was treatment services (at 66 percent in FY 2003), followed by prevention activities (at 24 percent), and HIV early intervention and administration costs (at 5 percent each).

FY 2000 Block Grant Expenditures by Activity

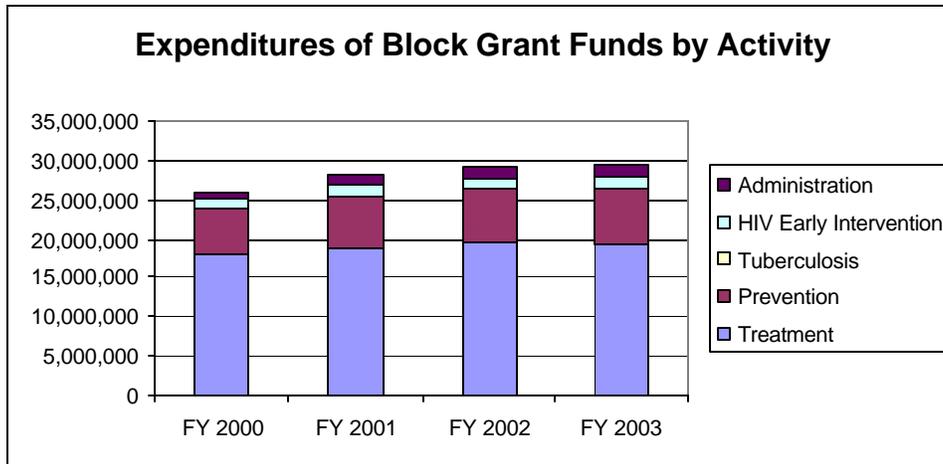


N=\$25,999,363

FY 2003 Block Grant Expenditures by Activity



N=\$29,391,224



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	19,639,717	67	19,452,248	66
Alcohol Treatment	8,728,153	34	8,383,046	30				
Drug Treatment	9,034,348	35	10,549,546	37				
Prevention	6,043,025	23	6,603,984	23				
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,309,983	5	1,414,966	5	1,281,227	4	1,514,511	5
Administration	883,854	3	1,347,768	5	1,464,952	5	1,450,617	5
Total*	25,999,363	100	28,299,310	100	29,240,906	100	29,391,224	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

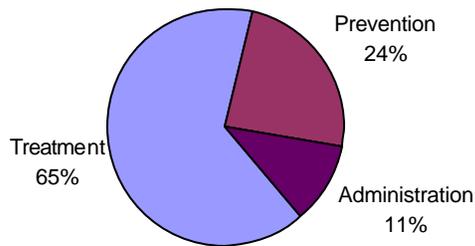
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

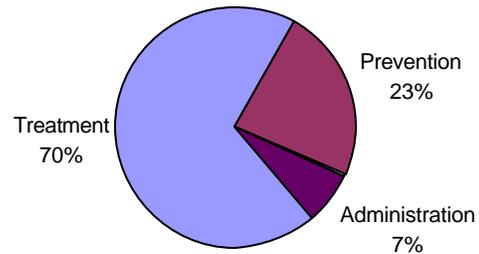
State expenditures declined between FYs 2000 and 2003 (from \$9 to \$8 million) and the distribution of funds shifted slightly. Most of the State funds went toward treatment services (at 65 percent in FY 2000 and 70 percent in FY 2003), followed by prevention (23 percent in FY 2003), and administration costs (7 percent in FY 2003).

FY 2000 State Expenditures by Activity

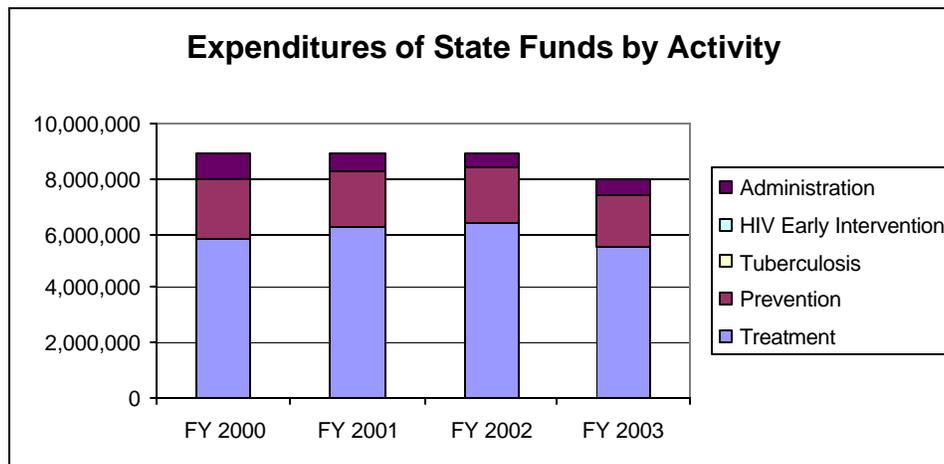


N=\$8,953,030

FY 2003 State Expenditures by Activity



N=\$7,966,574



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	6,407,058	72	5,536,445	69
Alcohol Treatment	2,906,383	32	3,487,712	39				
Drug Treatment	2,906,384	32	2,740,345	31				
Prevention	2,151,369	24	2,010,031	22	1,986,215	22	1,843,963	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	31,614	0
Administration	988,894	11	714,797	8	559,540	6	554,552	7
Total*	8,953,030	100	8,952,885	100	8,952,813	100	7,966,574	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

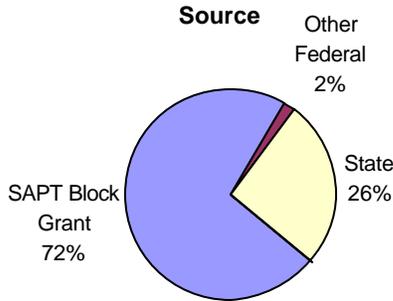
BADAS' Prevention Services Division provides technical assistance, training, and support to local and statewide alcohol, tobacco, and drug (ATOD) prevention programs. BADAS takes both a theory-based and an evidence-based approach to substance abuse prevention. Services reflect current best practices and are continuously evaluated as to process and outcomes. Prevention services are provided through contracts with community-based organizations and primarily target youth who demonstrate two or more risk factors for developing ATOD use problems. BADAS also targets student leaders throughout the State to teach them prevention strategies and to help them implement these strategies in their own school and/or community settings.

Prevention Funding and Expenditures

Between FYs 2000 and 2003 prevention expenditures in Tennessee increased from \$8.3 to \$9.2 million. During this time period, the Block Grant's proportion of total prevention funding increased slightly (from 72 to 76 percent), while the State's declined (from 26 to 20 percent).

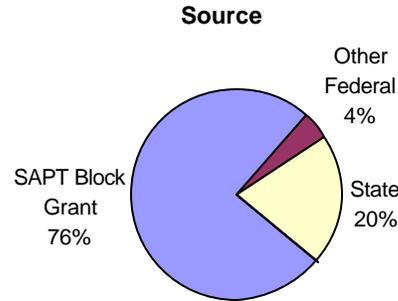
Block Grant expenditures for prevention activities increased from \$1.06 per capita in FY 2000 to \$1.19 per capita in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

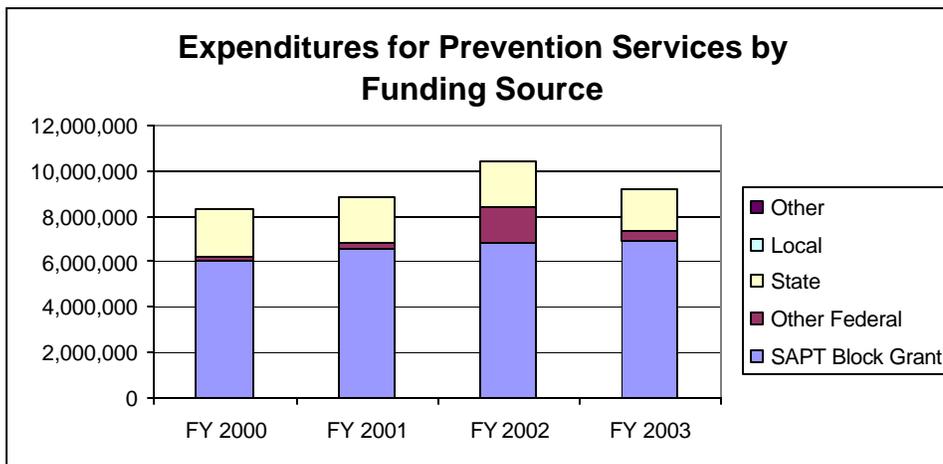


N=\$8,322,765

FY 2003 Prevention Expenditures by Funding Source



N=\$9,228,890



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	6,043,025	73	6,603,984	74	6,855,010	66	6,973,848	76
Other Federal	128,371	2	274,847	3	1,586,872	15	411,079	4
State	2,151,369	26	2,010,031	23	1,986,215	19	1,843,963	20
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	8,322,765	100	8,888,862	100	10,428,097	100	9,228,890	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

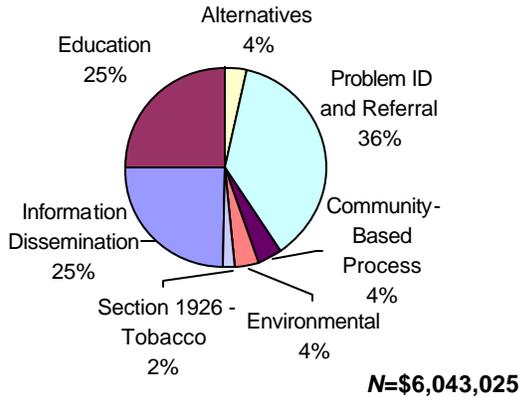
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The statewide clearinghouse provides materials to provider agencies and the general public, supports a toll-free information line, distributes a brochure describing prevention and treatment services throughout the State, produces media campaigns, and maintains a Web site for professionals and the general public. Regional agencies disseminate community-specific information under the Community Prevention Initiative for Children.
Education	BADAS provides training, supervision, consultation, and other resources in school systems. Regional Prevention Coordinators provide prevention education services to agencies and communities. The Annual Youth Power trainings equip parents, teachers, and students to conduct local prevention efforts.
Alternatives	BADAS partners with the Mini Teen Institute and Regional Teen Institute to hold the annual statewide Teen Leadership Conference for high school students throughout the State. BADAS provides consultation and training to school staff and youth as they develop drug-free activities, peer/helper programs, community services, and peer-led educational programs.
Community-Based Processes	Through the Faith Initiative, BADAS promotes local church involvement in outreach, training, and education services which target pre-adolescent children living in single-parent households in inner-city housing developments. The Deaf and Hard of Hearing Program implements prevention curricula for hearing-impaired students and also recruits, screens, and trains local volunteers to implement the curricula in their own communities.
Environmental	Collaborative partners include the Department of Agriculture and DOH's Tobacco Control Section to enforce tobacco policies and educate youth about the dangers of tobacco use.
Problem Identification and Referral	BADAS facilitates community-based intensive focus groups for youth displaying high risk behaviors as identified by schools, the juvenile court system, and/or families.

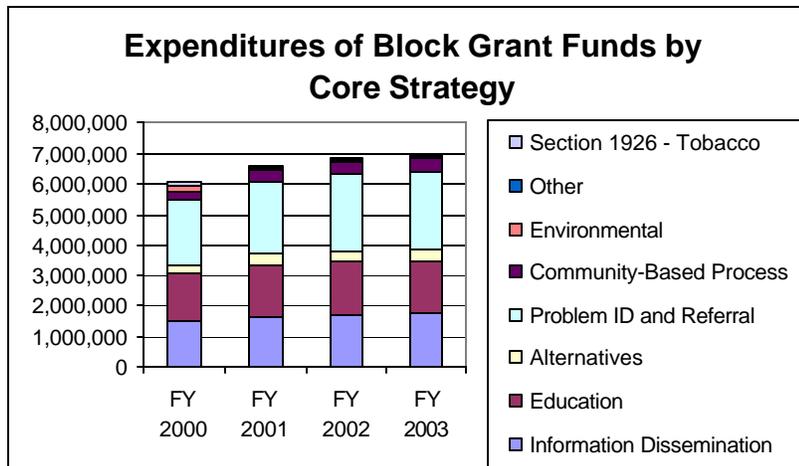
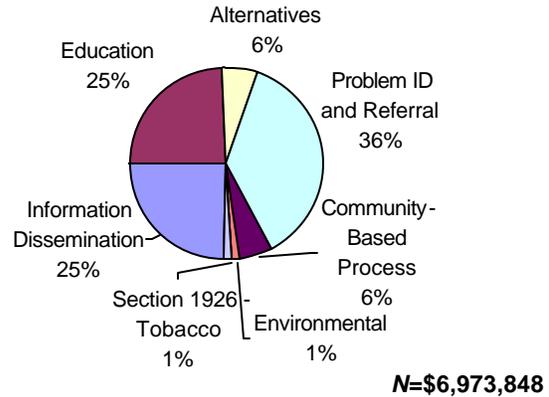
Expenditures of Block Grant Funds for Core Strategies

Block Grant expenditures on prevention core strategies increased between FYs 2000 and 2003 from \$6 to \$7 million. The distribution of funds remained stable during that time period, with problem identification and referral receiving 36 percent of the funds, and education and information dissemination strategies each receiving one-quarter of the funds.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,510,756	25	1,631,699	25	1,693,722	25	1,723,084	25
Education	1,510,756	25	1,631,699	25	1,693,722	25	1,723,084	25
Alternatives	241,721	4	391,608	6	406,495	6	413,542	6
Problem ID and Referral	2,211,489	36	2,414,915	36	2,506,706	36	2,550,163	36
Community-Based Process	237,891	4	391,608	6	406,495	6	413,542	6
Environmental	237,891	4	65,268	1	67,748	1	68,923	1
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	92,521	2	77,187	1	80,122	1	81,510	1
Total*	6,043,025	100	6,603,984	100	6,855,010	100	6,973,848	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

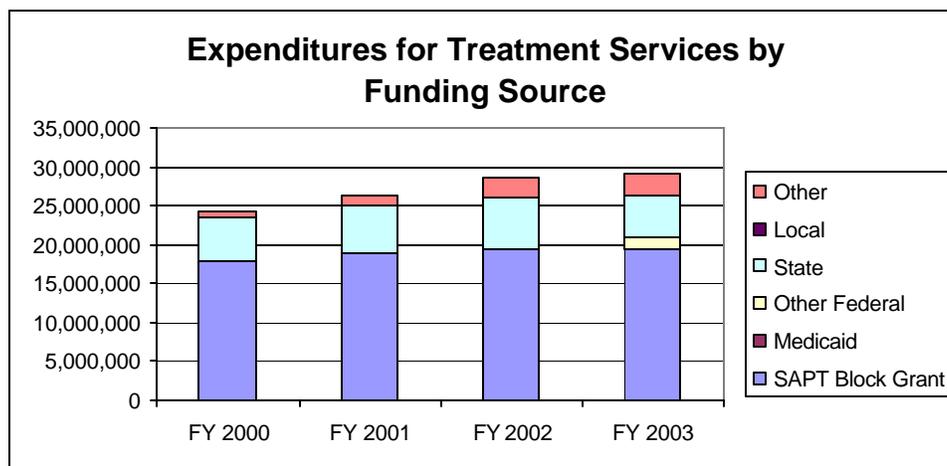
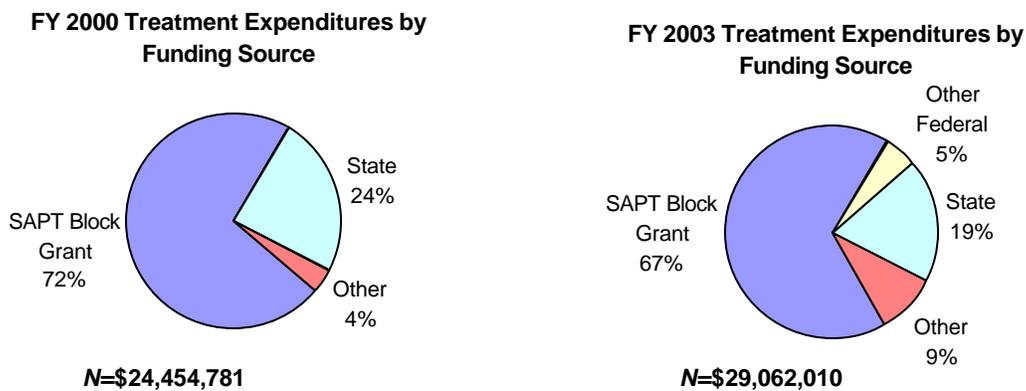
BADAS is responsible for planning, developing, administering, and evaluating the statewide substance abuse treatment system. Toward that end, BADAS provides a continuum of care that includes outreach, early identification and intervention, assessment, placement, and movement within appropriate levels of treatment, as well as aftercare and support services during the recovery phase. BADAS contracts with community-based organizations to provide treatment services, which specifically include adolescent residential and day treatment, family intervention and referral, halfway houses, HIV/AIDS outreach, the Life Development Program, medical detoxification, outpatient services, programs for pregnant women, residential rehabilitation, social setting (non-medical) detoxification, women’s intensive outpatient services, and wraparound services.

BADAS also oversees the Alcohol and Drug Addiction Treatment (ADAT) Program. ADAT provides alcohol and drug abuse treatment services for repeat DUI offenders who are directed into treatment by court order and who are deemed indigent by the court.

Treatment Funding and Expenditures

Treatment funding in Tennessee increased steadily between FYs 2000 and 2003 from \$24.5 to \$29.1 million. The proportion of treatment funding from the Block Grant and the State decreased during this time period (from 72 to 67 percent and from 24 to 19 percent respectively), while the proportion of funds from other Federal sources and other sources increased.

Per capita funding from the Block Grant increased during this time, from \$3.11 to \$3.33.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	17,762,501	72	18,932,592	72	19,639,717	69	19,452,248	67
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	1,498,317	5
State	5,812,767	24	6,228,057	24	6,407,058	22	5,536,445	19
Local	0	0	63,488	0	0	0	0	0
Other	879,513	4	1,200,699	5	2,584,015	9	2,575,000	9
Total*	24,454,781	100	26,424,836	100	28,630,790	100	29,062,010	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Tennessee's SAPT Block Grant application indicates that over 15,000 persons were admitted to treatment during FY 2002, of which most were admitted for intensive outpatient treatment and for short-term residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=15,078)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	183	115	0
Free-standing residential	1,101	1,261	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	59	470	0
Short-term residential	1,355	2,405	0
Long-term residential	435	1,137	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	837	651	0
Intensive outpatient	1,819	3,250	0
Detoxification (outpatient)	0	0	0
Total	5,789	9,289	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 7,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 6 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary much when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	1,671	5.1
Alcohol in combination with other drugs	5,514	6.6
Total	7,185	6.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 273,000 persons aged 12 and older (5.7 percent of Tennessee's population) needed, but did not receive, treatment for alcohol use and 122,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Tennessee.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	5.70	4.62	14.41	4.38
Needing but not receiving treatment for illicit drug use	2.54	4.43	6.71	1.59

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

DOH is engaged in community diagnosis, a planning process across Tennessee's 95 counties. Through this process, community-based agencies assess local health care needs, including substance abuse prevention and treatment needs, as well as the social, economic, and political realities affecting the local delivery of services.

Additionally, BADAS contracted with the DOH to develop the Tennessee Social Indicator Study. The study is an ongoing effort to collect and analyze county-level risk and protective factors for adolescent substance abuse. From these data, BADAS is able to identify county- and regional-level risk factors and incorporate them into needs assessment and prevention planning. BADAS also completed the Tennessee Prevention Needs Assessment in FY 2003.

Evaluation

The Tennessee Alcohol and Drug Prevention Outcome Longitudinal Evaluation (TADPOLE) is an evaluation system that measures the outcomes of State-funded alcohol and drug prevention programs for youth and adolescents ages 8 to 19. TADPOLE uses two self-report survey instruments: (1) the Student Attitudinal Inventory for youth and adolescents in grades 6 to 12 and (2) the Children's Self-Concept Attitudinal Inventory for youth and adolescents in grades 3 to 6.

With respect to treatment services evaluation, the Institute for Substance Abuse Treatment Evaluation (I-SATE) conducts outcome evaluation research to determine the efficacy of alcohol and drug treatment outcomes throughout Tennessee. A partnership between BADAS and the University of Memphis, I-SATE produces reports allowing practitioners and policymakers to evaluate treatment protocols and funding streams. BADAS' Financial and Systems Division also supports confidential databases which allow local treatment service providers to enter client treatment and outcome data for evaluation purposes.

Training and Assistance

BADAS' Training and Education Services Program provides an educational forum for all professionals associated with the prevention, intervention, and treatment of alcohol and substance abuse in Tennessee. Training services are coordinated by the Bureau's Alcohol and Drug Training Coordinator, as well as six full-time Regional Training Coordinators (RTCs) throughout the State. The RTCs assess the unique training needs of professionals in their region.

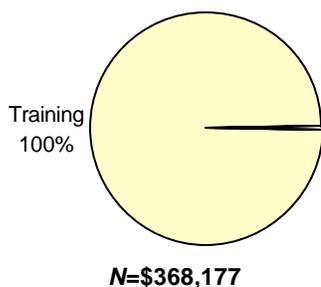
BADAS also sponsors the statewide annual Tennessee Advanced School on Addictions, during which national experts provide training on the most current trends in prevention, intervention, and treatment. The event draws approximately 350 participants each year.

Recognizing the unique treatment needs of individuals dealing with both substance/alcohol abuse and mental health disorders, BADAS developed The Co-Occurring Disorders Project. Through the project, BADAS trains program administrators, counselors, and healthcare providers about the unique needs of these clients.

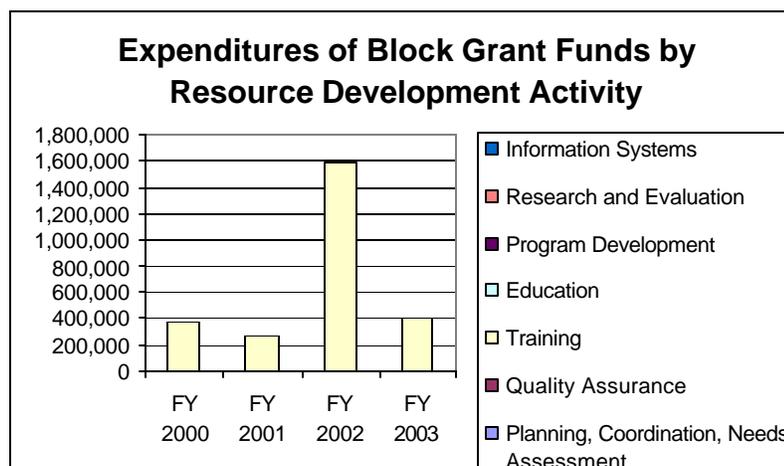
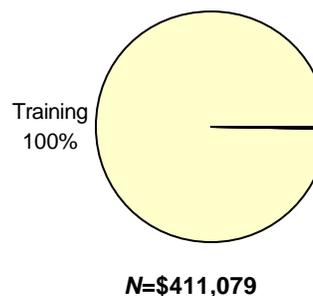
Expenditures of Block Grant Funds for Resource Development Activities

Between FYs 2000 and 2003 Block Grant funding for resource development activities in Tennessee increased slightly (from \$368,000 to \$411,000). All of the funding during that time period went toward training.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	0	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	368,177	100	272,451	100	1,586,872	100	411,079	100
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	368,177	100	272,451	100	1,586,872	100	411,079	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004 Tennessee received more than \$3.6 million in discretionary funding from the Center for Substance Abuse Prevention (CSAP). Most of the funds came from the Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	9	821,678
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	350,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	13	3,649,915

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Tennessee received nearly \$10.4 million in Center for Substance Abuse Treatment (CSAT) discretionary awards for treatment services in FY 2004, most of which went toward Access to Recovery (ATR) services.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	5,938,532
Adult Juvenile and Family Drug Courts	1	391,468
Homeless Addictions Treatment	3	1,399,386
Recovery Community Service	1	200,000
Targeted Capacity - HIV/AIDS	3	1,433,122
TCE Minority Populations	1	499,836
TCE Rural Populations	1	500,000
Total	12	10,362,344

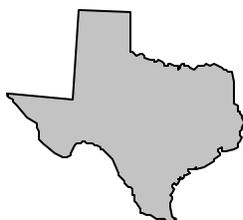
SOURCE: www.samhsa.gov

TEXAS

State SSA Director

Dave R. Wanser, Ph.D., Deputy Commissioner
Behavioral and Community Health Services
Division of Mental Health and Substance Abuse Services
Texas Department of State Health Services
1100 West 49th Street, M-751
Austin, TX 78756-3199
Phone: 512-458-7376
Fax: 512-458-7477
E-mail: dave.wanser@dshs.state.tx.us
Web site: www.tcada.state.tx.us/finding/index.shtml

Structure and Function

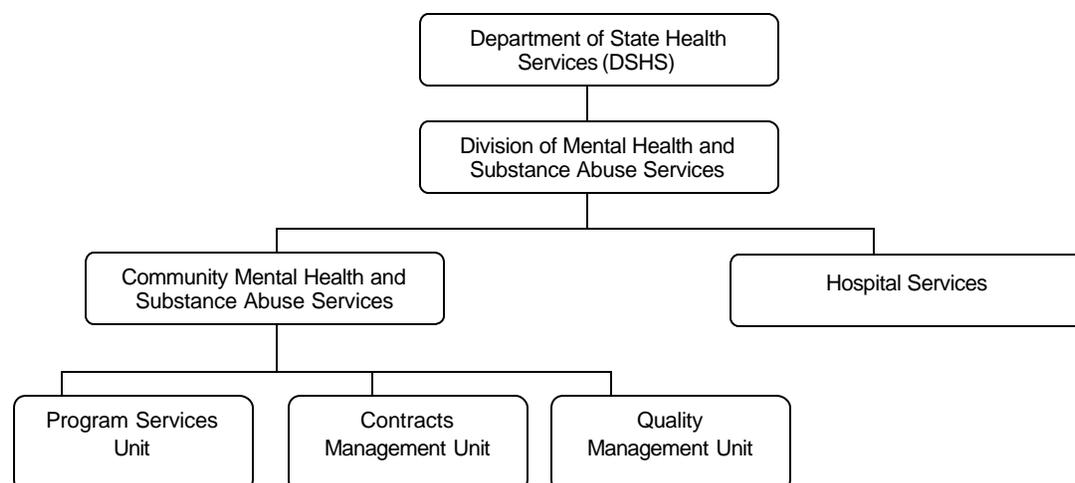


The Texas Department of State Health Services (DSHS) was formed in 2005 as a result of the consolidation of the Texas Department of Health, the Department of Mental Health and Mental Retardation, and the Commission on Alcohol and Drug Abuse. DSHS is the designated Single State Agency (SSA) and includes the Division for Mental Health and Substance Abuse Services as an agency of the Texas health and human services system. The merger of

mental health and substance abuse services in Texas is designed to promote cost-effective system integration and the capacity to address the health, mental health, and substance abuse issues of citizens. DSHS's mission is to promote optimal health for individuals and communities while providing effective health, mental health, and substance abuse services.

DSHS funds about 200 prevention and treatment providers that deliver approximately 450 programs through 11 Health Services Regions (HSRs). In FFY 2005, all prevention and treatment services in the State were renegotiated and contracted through a statewide procurement. Other substance abuse functions of DSHS are monitoring drug trends in Texas; analyzing data and conducting surveys related to substance abuse and gambling; building alliances with other public and private agencies, including law enforcement and corrections, to look for ways to reduce the State's substance abuse problems; and providing a 24-hour hotline for those who need crisis counseling or drug and alcohol information.

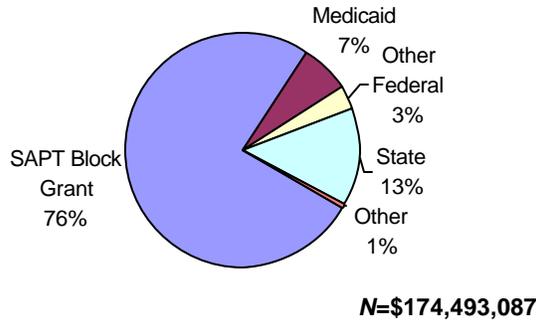
Single State Agency Structure



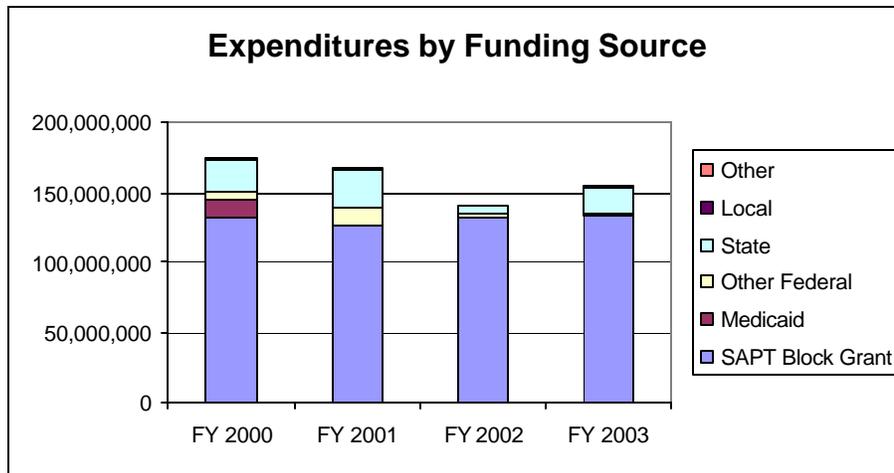
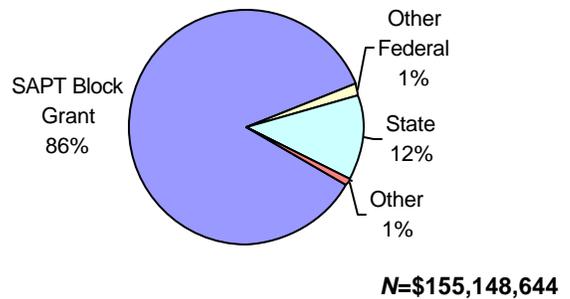
Single State Agency Funding Overview

Between FYs 2000 and 2003 total SSA funding in Texas declined from \$174.5 to \$155.1 million. The single largest funding source in FY 2003 was the Block Grant (at 86 percent of the total) followed by the State (at 12 percent). This distribution represents a change from FY 2000, when the Block Grant represented 76 percent of total funds.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	132,649,225	76	127,289,421	76	132,649,226	94	133,322,329	86
Medicaid	11,922,431*	7	0	0	0	0	0	0
Other Federal	5,453,534	3	12,457,975	7	2,446,687	2	2,124,630	1
State	23,316,421	13	27,091,202	16	6,007,342	4	18,467,532	12
Local	0	0	0	0	0	0	0	0
Other	1,151,476	1	492,765	0	269,413	0	1,234,153	1
Total**	174,493,087	100	167,331,363	100	141,372,668	100	155,148,644	100

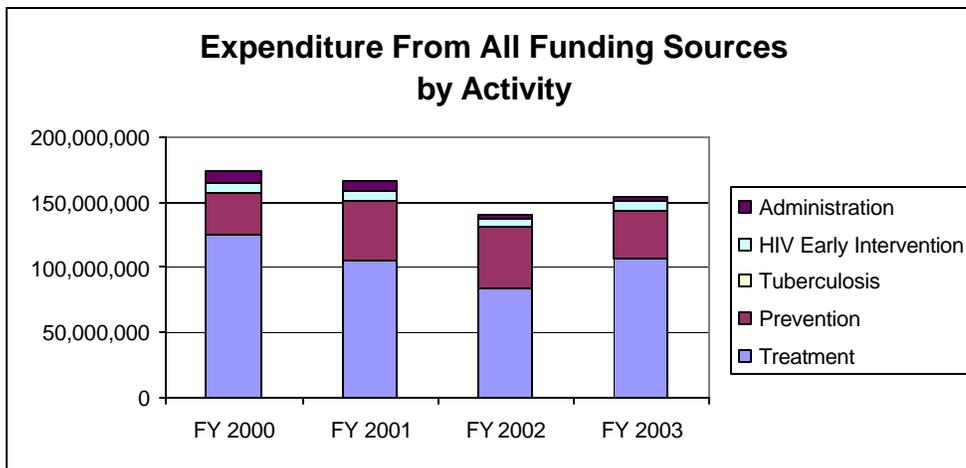
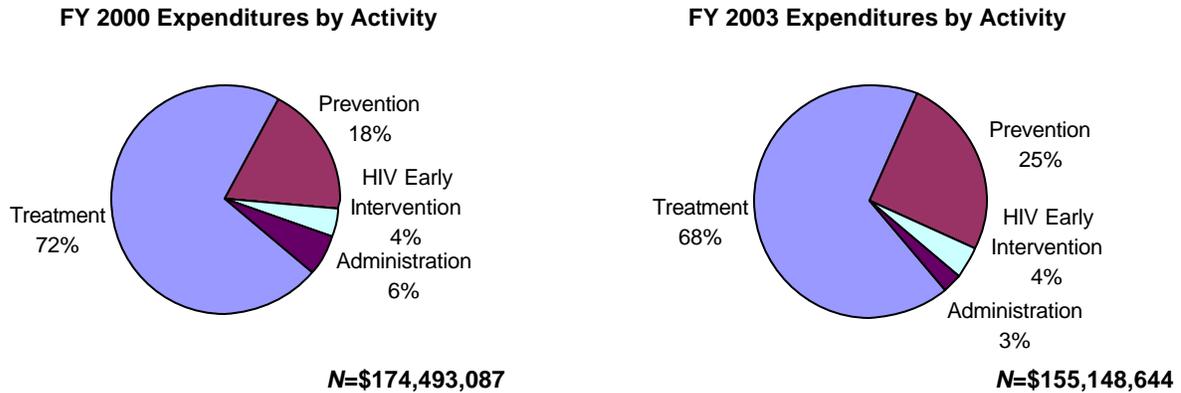
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Although Texas had Medicaid expenditures in years subsequent to FY 2000, they aren't reflected in the table. The separate reporting of Medicaid expenditure is due to a separate allocation strategy for the managed care program after FY 2000.

** Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$155.1 million spent in FY 2003, most (68 percent) of SSA expenditures went toward treatment services and one-quarter went toward prevention services. By slight contrast, in FY 2000, 72 percent of SSA funds went toward treatment and only 18 percent toward prevention.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	32,688,664	19	104,121,962	62	83,776,789	59	105,369,967	68
Alcohol Treatment	46,427,229	27	0	0				
Drug Treatment	46,427,229	27	0	0				
Prevention	31,834,217	18	47,906,158	29	47,502,227	34	38,564,386	25
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	7,107,400	4	7,478,302	4	6,628,175	5	6,832,866	4
Administration	10,008,348	6	7,824,941	5	3,465,477	2	4,381,425	3
Total*	174,493,087	100	167,331,363	100	141,372,668	100	155,148,644	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

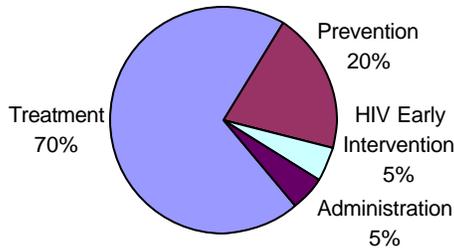
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

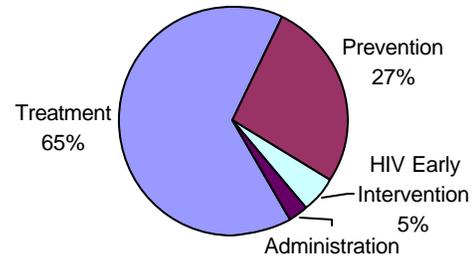
Block Grant expenditures in Texas remained relatively stable since FY 2000, ranging from \$127.3 million in FY 2001 to \$133.3 million in FY 2003. Services for treatment received the majority of funds (65 percent) in FY 2003, prevention activities received 27 percent, and HIV early intervention and administration costs received the remainder.

FY 2000 Block Grant Expenditures by Activity



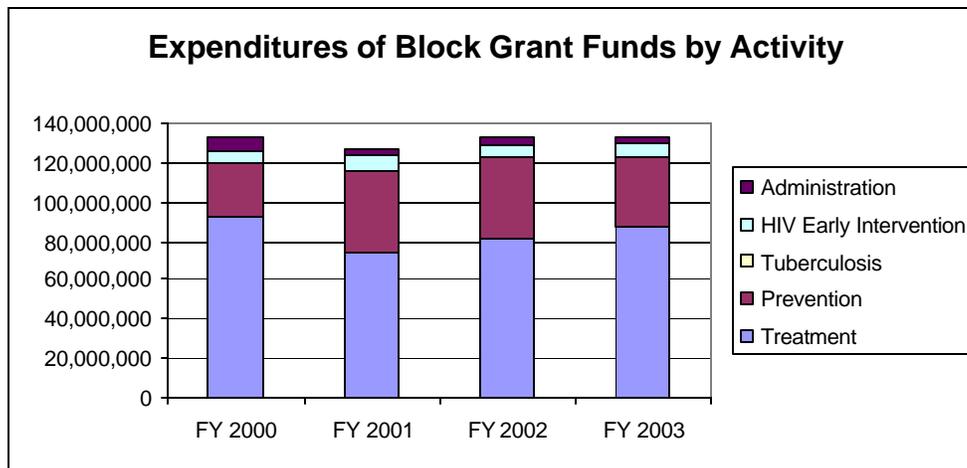
N=\$132,649,225

FY 2003 Block Grant Expenditures by Activity



N=\$133,322,329

Expenditures of Block Grant Funds by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	75,013,681	59	81,198,694	61	87,289,044	65
Alcohol Treatment	46,427,229	35	0	0				
Drug Treatment	46,427,229	35	0	0				
Prevention	26,529,845	20	40,998,900	32	41,356,880	31	35,844,543	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	6,632,461	5	7,478,302	6	6,628,175	5	6,666,557	5
Administration	6,632,461	5	3,798,538	3	3,465,477	3	3,522,185	3
Total*	132,649,225	100	127,289,421	100	132,649,226	100	133,322,329	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

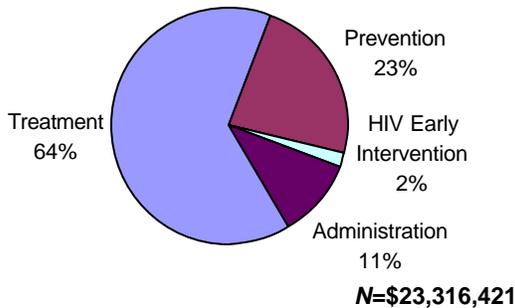
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

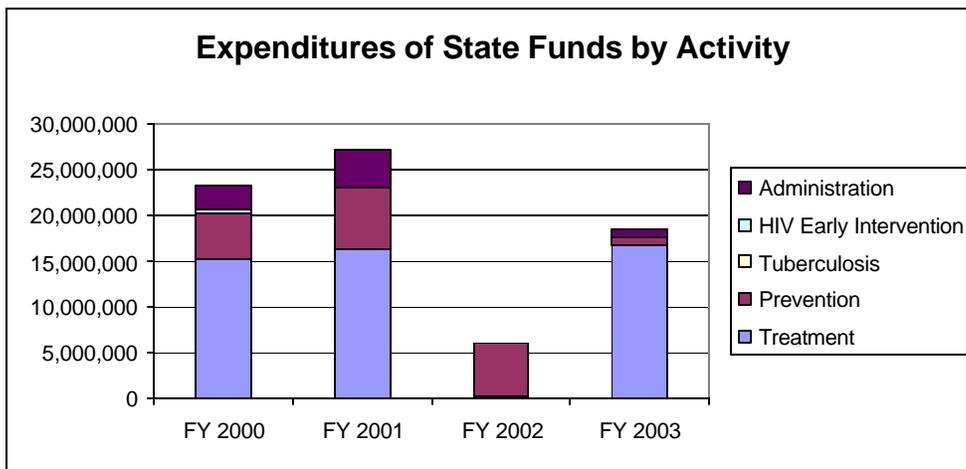
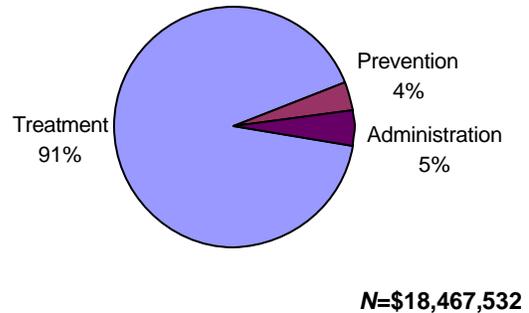
Expenditures of State Funds

Texas State expenditures for drug and alcohol abuse services changed dramatically over the past several years. Between FYs 2000 and 2002 total expenditures declined by \$17.3 million (from \$23.3 to \$6 million). However, between FYs 2002 and 2003 State expenditures increased to \$23.3 million. The distribution of funds also changed dramatically between FYs 2000 and 2003. The proportion of State funds spent on treatment services increased from 64 to 91 percent, while prevention's proportion declined from 23 to 4 percent.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	15,002,199	64	16,429,426	61	322,361	5	16,934,997	92
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	5,304,372	23	6,740,740	25	5,684,981	95	673,295	4
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	474,939	2	0	0	0	0	0	0
Administration	2,534,911	11	3,921,036	14	0	0	859,240	5
Total*	23,316,421	100	27,091,202	100	6,007,342	100	18,467,532	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The Department funds 11 Prevention Resource Centers across the State that provide communities with prevention information, resources, and expertise. Key prevention resources include the Substance Abuse Services Library and Clearinghouse; the Partnership for a Drug-Free Texas that generates more than \$10 million in advertising and media exposure; the Texas Red Ribbon Campaign that teaches students about the benefits of a drug-free lifestyle; and the Statewide Prevention Training Program that provides schools and community groups with access to prevention training, conferences, and workshops.

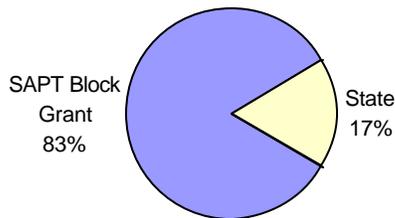
DSHS-funded providers implement prevention programs that specifically target universal; selective (target a subset of the general population that is at-risk); and indicated (designed for those already experimenting with drugs or exhibit other problem behaviors) groups. Each funded provider further defines the target population by age, gender, ethnicity, risk and protective factors, patterns of substance use, social and cultural characteristics, knowledge, beliefs, values, attitudes, and needs. Strategies that target families are encouraged.

Prevention Funding and Expenditures

Between FYs 2000 and 2003 total prevention funding in Texas increased from \$31.8 to \$38.6 million. Nearly all (93 percent) prevention funds were supported by the Block Grant in FY 2003, whereas in FY 2000, 83 percent came from the Block Grant and 17 percent came from the State.

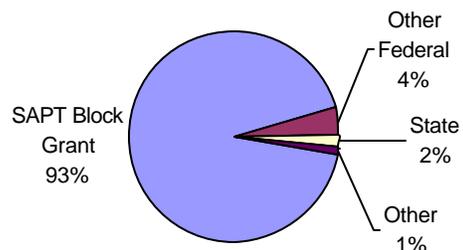
Between FYs 2000 and 2002 Block Grant prevention funds in Texas increased from \$1.27 to \$1.90 per capita. In FY 2003 per capita spending for prevention services totaled \$1.62.

FY 2000 Prevention Expenditures by Funding Source

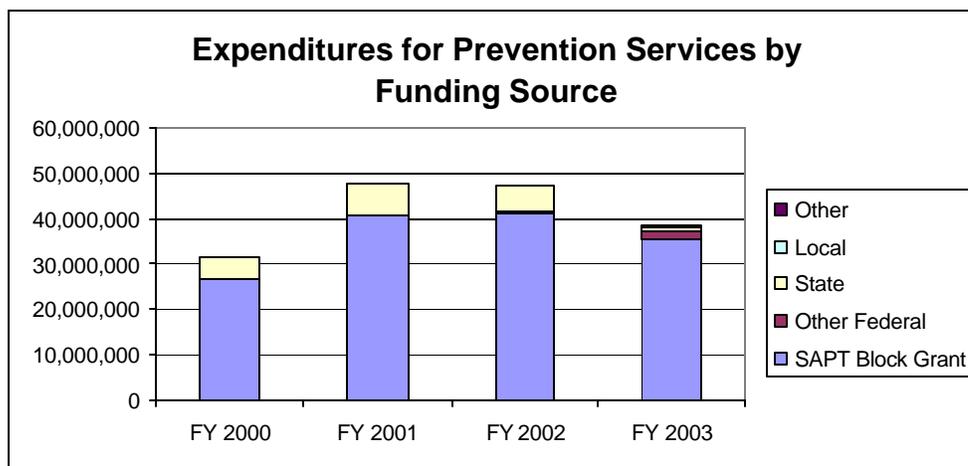


N=\$31,834,217

FY 2003 Prevention Expenditures by Funding Source



N=\$38,564,386



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	26,529,845	83	40,998,900	86	41,356,880	87	35,844,543	93
Other Federal	0	0	60,440	0	190,953	0	1,587,694	4
State	5,304,372	17	6,740,740	14	5,684,981	12	673,295	2
Local	0	0	0	0	0	0	0	0
Other	0	0	106,078	0	269,413	1	458,854	1
Total*	31,834,217	100	47,906,158	100	47,502,227	100	38,564,386	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

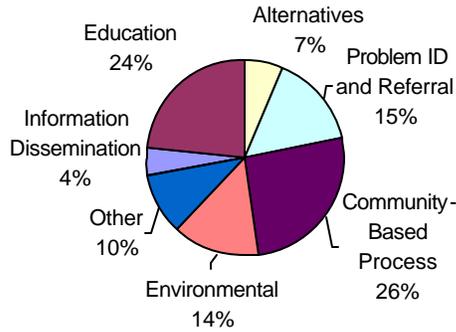
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Activities include a DSHS Web page, and a library and clearinghouse that offer information statewide. The statewide campaign "2young2drink" includes billboards and public awareness events.
Education	Strategies include evidence-based school and community programs, groups for children of substance abusers, parenting and family management classes, peer leader, and mentoring programs, and minors and tobacco education and information classes.
Alternatives	Strategies include athletic and recreational activities, retreats, field trips, drug-free parties and dances, community drop-in centers, and community service projects.
Community-Based Processes	Funds support community volunteer training, neighborhood action planning, teacher training, coalition building, and multicultural leadership training.
Environmental	Strategies include drug-free school zones, alcohol and tobacco education for retailers, and education of policymakers on gaps in services.
Problem Identification and Referral	Funding supports community-based 24-hour telephone information lines and referrals to services and school-based early identification of problems and referrals.

Expenditures of Block Grant Funds for Core Strategies

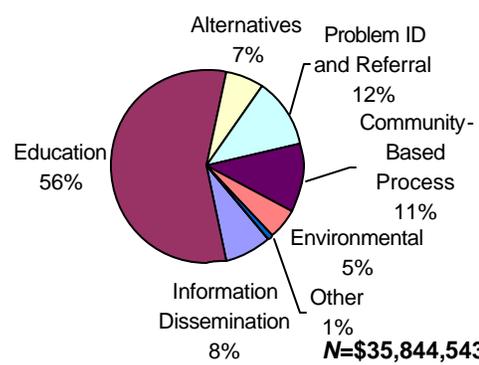
Between FYs 2000 and 2003 Block Grant prevention funds in Texas increased from \$29.7 to \$35.8 million. In FY 2003, more than half (56 percent) of these funds were spent on education, and the remainder was spread among a variety of prevention core strategies.

FY 2000 Block Grant Expenditures by Core Strategy

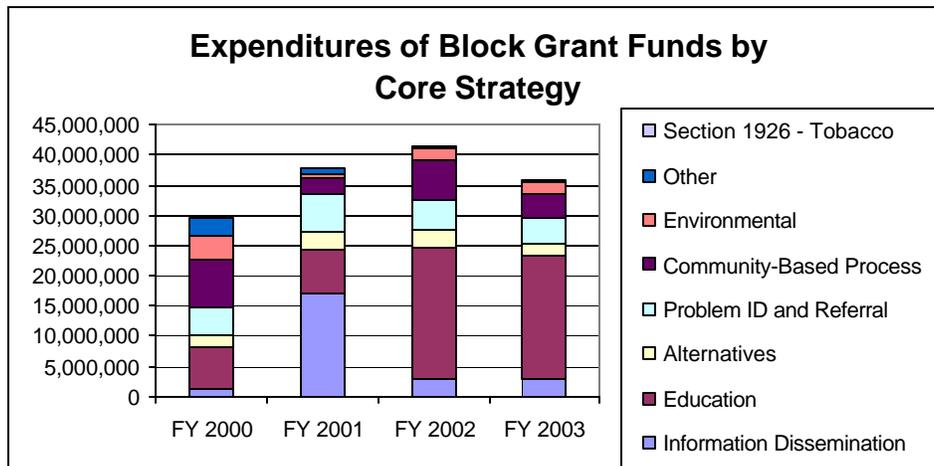


N=\$29,677,676

FY 2003 Block Grant Expenditures by Core Strategy



N=\$35,844,543



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,296,709	4	16,891,271	45	2,942,594	7	2,788,649	8
Education	7,000,983	24	7,694,205	20	21,708,893	52	20,382,837	57
Alternatives	1,947,653	7	2,870,759	8	3,181,798	8	2,353,395	7
Problem ID and Referral	4,589,088	15	5,974,267	16	4,663,911	11	4,154,632	12
Community-Based Process	7,567,074	25	2,819,909	7	6,785,124	16	4,014,392	11
Environmental	4,244,037	14	597,717	2	1,767,345	4	1,780,364	5
Other	2,955,409	10	946,519	3	291,323	1	370,274	1
Section 1926 - Tobacco	76,723	0	42,791	0	15,892	0	0	0
Total*	29,677,676	100	37,837,438	100	41,356,880	100	35,844,543	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

DSHS contracts with treatment programs to provide services in the 11 Health Services Regions. Each region has detoxification and residential treatment services for adults and adolescents. Intensive outpatient and supportive outpatient services are also funded in each region. Specialized female programs and pharmacotherapy programs are funded in every major population center. At least one co-occurring psychiatric and substance abuse disorder provider is funded in each region. Multiple methadone programs are licensed in the State. Ambulatory detoxification services are being added to the treatment continuum.

Substance abuse treatment for adults engages the client and the family in recovery efforts from outreach through continuing care. Youth treatment assists individuals aged 13-17 in achieving and maintaining a drug-free life by identifying strengths, weaknesses, and mental health issues. Specialized female treatment services are specifically designed for pregnant women and women with dependent children. Pharmacotherapy services are available for those who are addicted to opioids and who may receive methadone and LAAM.

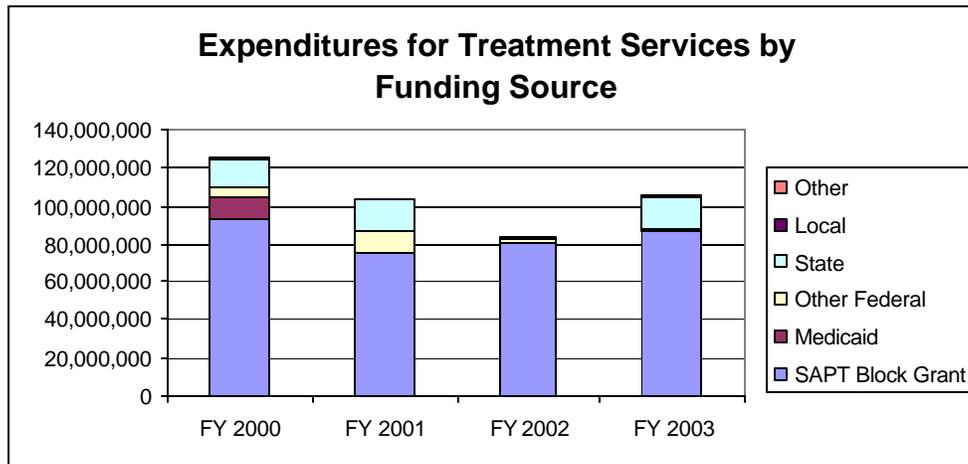
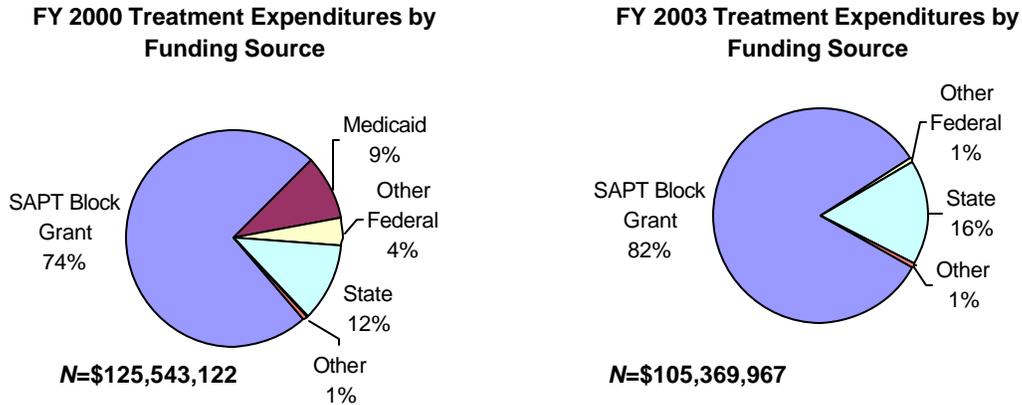
Specific initiatives in the State include:

- ? Access to Recovery (ATR) is an initiative to increase access to substance abuse services using vouchers that will operate through drug courts in six Texas counties.
- ? Partnership for Drug-Free Texas is an arm of the Partnership for a Drug-Free America that generates millions of dollars in advertising and media exposure to encourage Texas youth to make wise choices about alcohol and other drugs.
- ? The border Initiative fosters healthy border communities through accessible and culturally comprehensive substance abuse prevention and treatment services along the Texas-Mexico border.
- ? The Behavioral Health Integrated Provider System (BHIPS) is a nationally recognized Web-based electronic health record and billing/reporting system for behavioral health providers that offers tools for clinicians to ensure provision of consistent care.
- ? Pregnant Post Partum Intervention comprises programs that provide onsite, gender-specific outreach, intervention, motivational counseling, case management, treatment referral, and continuing care for women with substance abuse problems.
- ? The TCU, Dwayne Simpson Treatment Process Model, was adopted statewide as a required evidence-based practice for all contracted treatment programs.
- ? The statewide Drug Demand Reduction Advisory Committee is legislatively mandated by statute to develop a single statewide strategy for drug demand reduction and make recommendations to the legislature. The committee is chaired by the SSA and includes all State agencies involved in prevention, treatment, and enforcement.

Treatment Funding and Expenditures

Treatment expenditures in Texas have varied over the past several years. Between FYs 2000 and 2002 expenditures declined from \$125.5 to \$83.8 million, but in FY 2003 they increased to \$105.4 million. The Block Grant was the largest funding source for treatment services during this time period (providing 74 percent of funds in FY 2000 and 82 percent in FY 2003), followed by the State (providing 12 percent in FY 2000 and 16 percent in FY 2003), followed by the State (providing 12 percent in FY 2000 and 16 percent in FY 2003).

Block Grant treatment expenditures declined from \$4.43 to \$3.74 per capita in Texas between FYs 2000 and 2002. In FY 2003, treatment expenditures per capita rebounded to \$3.95.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	92,854,458	74	75,013,681	72	81,198,694	97	87,289,044	83
Medicaid	11,922,431	9	0	0	0	0	0	0
Other Federal	4,762,047	4	12,292,168	12	2,255,734	3	536,936	1
State	15,002,199	12	16,429,426	16	322,361	0	16,934,997	16
Local	0	0	0	0	0	0	0	0
Other	1,001,987	1	386,687	0	0	0	608,990	1
Total*	125,543,122	100	104,121,962	100	83,776,789	100	105,369,967	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Texas's SAPT Block Grant application indicates that nearly 53,000 persons were admitted to treatment during FY 2002, of which most were admitted for short-term residential, outpatient (non-methadone), or free-standing residential treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=52,801)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	5,054	6,895	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	5,550	10,803	0
Long-term residential	365	2,996	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	1,535	0
Outpatient (non-methadone)	4,388	8,422	0
Intensive outpatient	1,971	4,822	0
Detoxification (outpatient)	0	0	0
Total	17,328	35,473	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 35,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 20 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	5,092	19.7
Alcohol in combination with other drugs	29,698	19.9
Total	34,790	19.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 1,287,000 persons aged 12 and older (7.4 percent of Texas's population) needed, but did not receive, treatment for alcohol use and 427,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Texas.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.43	5.65	16.62	5.91
Needing but not receiving treatment for illicit drug use	2.47	4.91	6.39	1.31

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Multiple surveys provide needs data on adults in the general population, elementary and secondary school students, individuals in the adult and juvenile justice systems, college students, Texans living on the Mexico border, and parents and their children. Substance use prevention, intervention, and treatment needs at the State and substate levels are calculated using data from the Texas Survey of Substance Use among Adults and the Texas School Survey of Substance Use among Students. Additionally, as results of other surveys and synthetic estimates become available, need estimates are developed for special populations and high-risk groups. A new methodology to assess prevention need was developed in 2004 that takes into consideration the elements of universal, selective, and indicated prevention needs to better target particular populations in the State.

A funding formula is designed to produce equity in funding across and within all regions of the State. The simplified formula includes population as the most heavily weighted factor at 75 percent—poverty representing 20 percent of the formula, and need weighted at 5 percent of the formula.

Evaluation

The Community Mental Health and Substance Abuse Services Section, Quality Management Unit, provides leadership, design, and coordination of quality management services. The unit uses performance-based risk assessment to identify contractors at high risk for delivery of poor quality services and implements appropriate interventions to increase compliance and service quality. The unit also responds to complaints, advocates for consumer rights, and provides data analysis and information to management and external stakeholders. Quality Management works closely with the Program Services and Contract Management Units to assure effective and efficient delivery of services.

In 2004, a new process to measure outcomes of prevention programs was implemented. Prevention and intervention service providers are required to report outcome data on a quarterly basis and are reviewed quarterly. Performance measure data are reported monthly and compiled data are reviewed quarterly by DSHS staff. A team approach is used by DSHS to provide contract oversight and to examine and assess provider performance, compliance with contract requirements, and quality of services.

A peer review process is in place that includes a review of client record data to assess the process of screening, assessment, and treatment planning. The peer reviewers and DSHS staff analyze the data to identify trends and issues around quality, effectiveness, and appropriateness of treatment services.

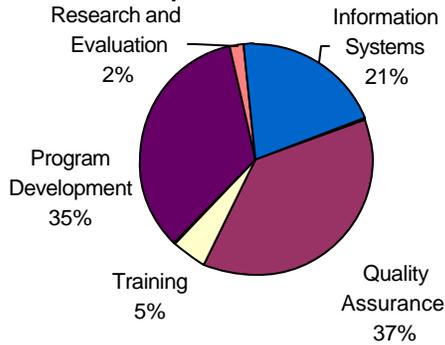
Training and Assistance

DSHS provides continuing education units to professionals who work in the substance abuse field. Prevention conferences offer tracks on such topics as coalition building, advanced prevention, leadership, and science-based prevention. Annual institutes include tracks on successful engagement and retention strategies, cultural competency in health care settings, counseling essentials, improving administration, and drug courts. In FFY 2005, DSHS plans to offer regional trainings and conferences and a Summer Institute providing both prevention and treatment sessions for professionals and community volunteers.

Expenditures of Block Grant Funds for Resource Development Activities

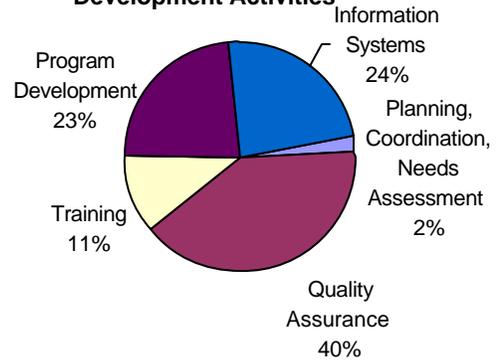
In FY 2003 Block Grant funding for resource development activities in Texas totaled \$7.1 million, a decrease from FY 2000. Quality assurance received the largest portion (40 percent) of these funds in FY 2003, followed by program development (at 23 percent) and information systems (at 24 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities

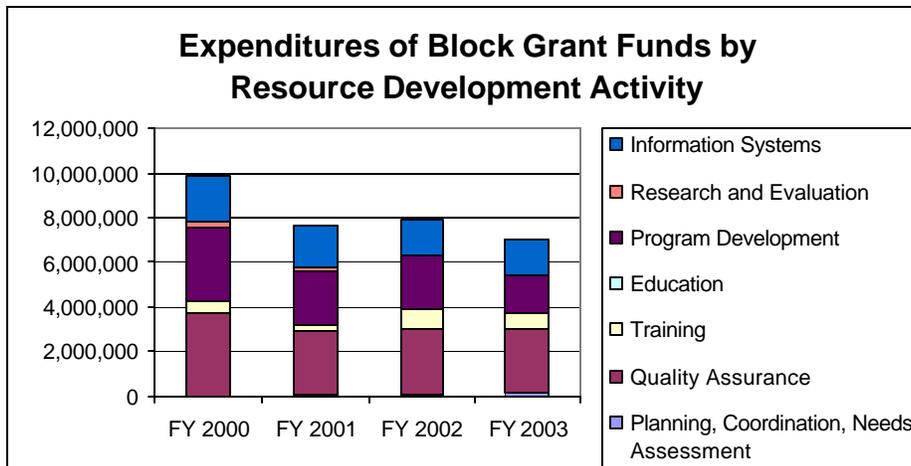


N=\$9,916,947

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$7,069,917



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	19,949	0	60,598	1	90,765	1	136,567	2
Quality Assurance	3,701,381	37	2,867,820	38	2,906,882	37	2,823,254	40
Training	486,257	5	258,890	3	854,573	11	785,154	11
Education	0	0	0	0	0	0	0	0
Program Development	3,424,708	35	2,410,358	32	2,440,198	31	1,634,543	23
Research and Evaluation	194,493	2	140,298	2	15,874	0	0	0
Information Systems	2,090,159	21	1,908,714	25	1,599,848	20	1,690,399	24
Total*	9,916,947	100	7,646,678	100	7,908,140	100	7,069,917	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded over \$14 million in discretionary prevention grant funds to Texas entities in FY 2004. These grants included Drug Free Communities (22 of the 46 total grants awarded), HIV/AIDS, and Cooperative Agreements for Ecstasy and Other Club Drugs Prevention services. The largest single grants were the State Incentive Cooperative Agreement and the Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	4	1,169,424
Drug Free Communities	22	1,978,632
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	6	2,055,983
HIV/AIDS Cohort 4 Services	1	342,638
HIV/AIDS Cohort 5 Services	6	1,500,000
Prevention of Meth and Inhalant Use	1	350,000
State Incentive Cooperative Agreements	1	4,000,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Youth Transition into the Workplace	2	300,000
Total	46	14,174,914

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$26.3 million in discretionary treatment grant funds to Texas entities in FY 2004. These grants included the Targeted Capacity-HIV/AIDS, Adult and Juvenile Drug Courts, and Homeless Addictions Treatment. The largest single grant awards were for ATR and State Targeted Capacity Expansion (TCE) - Screening Brief Intervention Referral Treatment.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

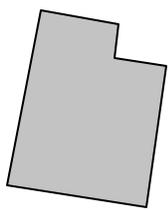
CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Addiction Technical Transfer Center	1	649,424
Adult Juvenile and Family Drug Courts	2	798,279
CSAT 2004 Earmarks	2	646,165
Effective Adolescent Treatment	2	495,000
Homeless Addictions Treatment	6	2,997,067
Methamphetamine Populations	1	500,000
Pregnant/Post-Partum Women	1	500,000
Recovery Community Service	1	322,499
Residential SA TX	1	454,876
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	3,346,000
Strengthening Access and Retention	1	181,588
Targeted Capacity Expansion	2	719,684
Targeted Capacity - HIV/AIDS	11	5,388,656
Treatment of Persons w/Co-Occuring Substance Related and Mental Disorders	1	1,100,000
Youth Offender Reentry Program 2004	1	500,000
Total	36	26,290,961

SOURCE: www.samhsa.gov

State SSA Director

Mr. Mark Payne, Director
 Division of Substance Abuse and Mental Health
 Utah Department of Human Services
 120 North 200 West Street, Room 209
 Salt Lake City, UT 84103
Phone: 801-538-3939
Fax: 801-538-9892
E-mail: mpayne@utah.gov
Web site: www.hsdsa.utah.gov

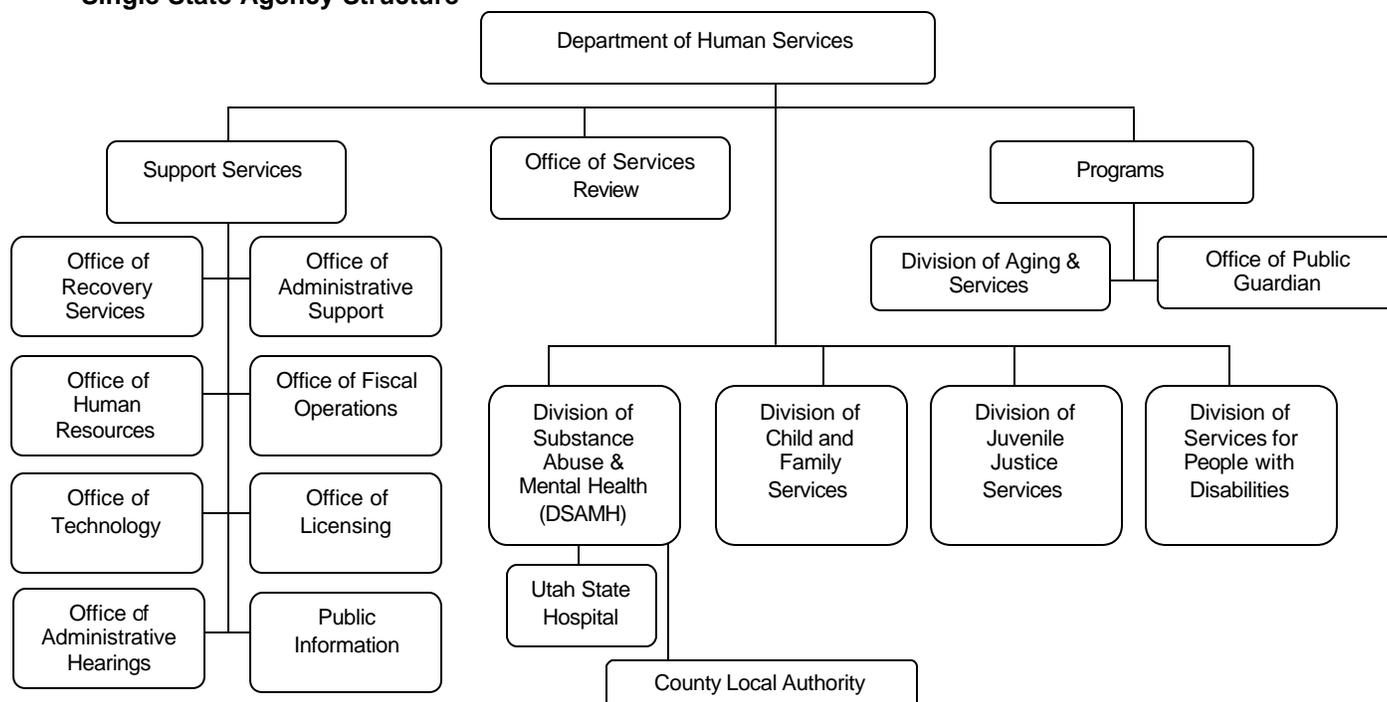
Structure and Function



The Division of Substance Abuse and Mental Health (DSAMH) is the Single State Agency (SSA) for public substance abuse and mental health programs in Utah and is charged with ensuring that prevention and treatment services are available throughout the State. DSAMH monitors and evaluates mental health services and substance abuse services through an annual site review process, review of local area plans, and outcome data. DSAMH also provides technical assistance and training to the local authorities, evaluates the effectiveness of prevention and treatment programs, and disseminates information to stakeholders.

Under Utah law, local substance abuse and mental health authorities are responsible for providing services to their residents. A local authority is generally the governing body of a county. There are 29 counties in Utah and 13 local authorities. Some counties have joined together to provide services for their residents. By legislative intent, no substance abuse or community mental health center is operated by the State. DSAMH contracts with the local county governments statutorily designated as local substance abuse authorities and local mental health authorities to provide prevention and treatment services.

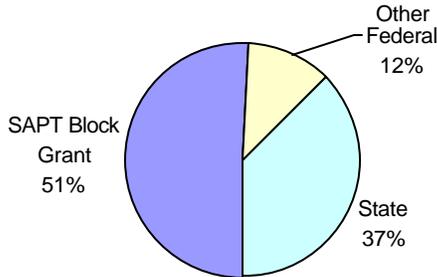
Single State Agency Structure



Single State Agency Funding Overview

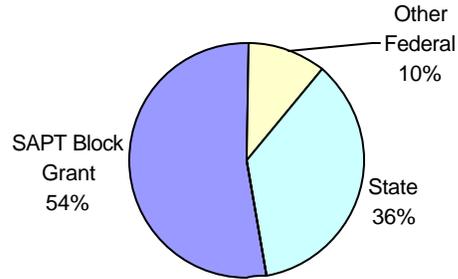
Total SSA funding in Utah increased from \$28.5 to \$31.7 million between FYs 2000 and 2003. The largest funding source during that time period was the Block Grant (totaling 51 to 54 percent of the total), followed by the State (34 to 37 percent) and other Federal sources (9 to 14 percent).

FY 2000 Expenditures by Funding Source

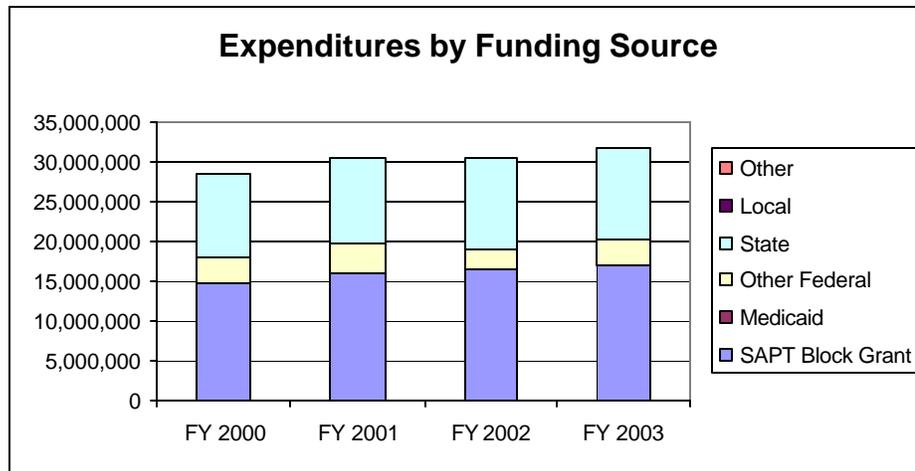


N=\$28,530,40

FY 2003 Expenditures by Funding Source



N=\$31,723,18



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	14,551,928	51	15,791,123	52	16,460,288	54	16,914,130	53
Medicaid*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Federal	3,371,589	12	4,170,118	14	2,763,229	9	3,320,604	10
State	10,606,890	37	10,456,346	34	11,264,151	37	11,488,452	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total**	28,530,407	100	30,417,587	100	30,487,668	100	31,723,186	100

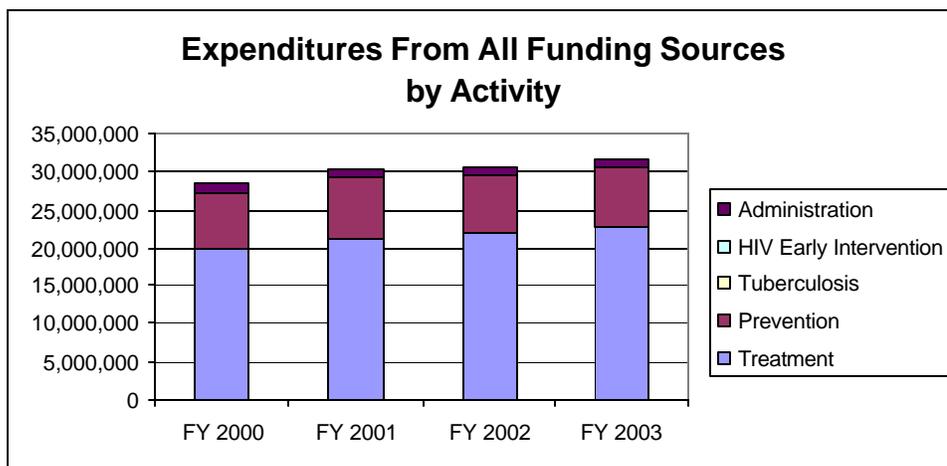
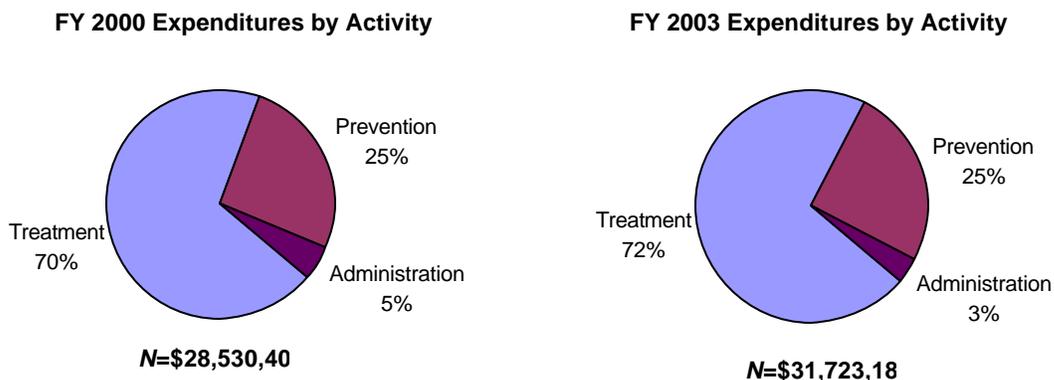
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Medicaid funding is managed by the Department of Health.

** Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$31.7 million SSA expenditures in FY 2003, nearly three-fourths were spent on treatment and rehabilitation services, and one-fourth was spent on prevention activities. The distribution of funds was similar since FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	22,040,496	72	22,749,973	72
Alcohol Treatment	8,399,649	29	9,155,461	30				
Drug Treatment	11,508,284	40	12,196,322	40				
Prevention	7,280,604	26	7,866,045	26	7,443,416	24	7,955,561	25
Tuberculosis	28,230	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,341,869	5	1,199,759	4	1,003,756	3	1,017,652	3
Total*	28,530,407	100	30,417,587	100	30,487,668	100	31,723,186	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

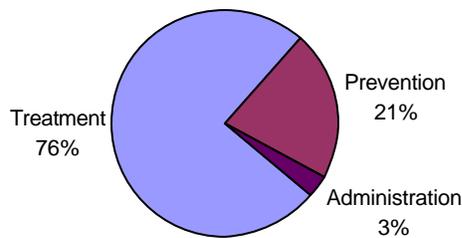
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

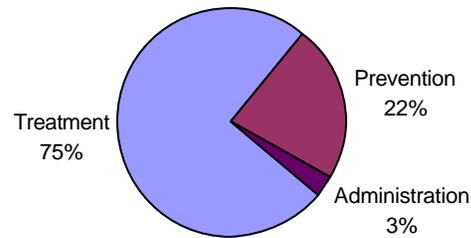
Between FYs 2000 and 2003, Block Grant expenditures in Utah rose from \$14.6 to \$16.9 million. Three quarters of Block Grant funds went toward treatment activities in FY 2003, followed by 22 percent toward prevention activities, and 3 percent toward administration costs.

FY 2000 Block Grant Expenditures by Activity

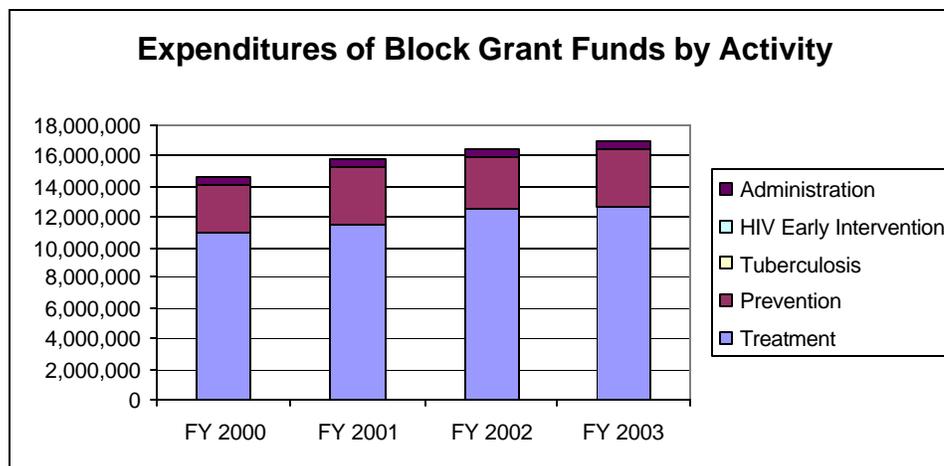


N=\$14,580,15

FY 2003 Block Grant Expenditures by Activity



N=\$16,914,13



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	12,614,230	77	12,690,265	75
Alcohol Treatment	5,156,507	35	5,595,542	35				
Drug Treatment	5,876,802	40	5,941,658	38				
Prevention	3,043,619	21	3,730,856	24	3,292,058	20	3,693,865	22
Tuberculosis	28,230	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	475,000	3	523,067	3	554,000	3	530,000	3
Total*	14,580,158	100	15,791,123	100	16,460,288	100	16,914,130	100

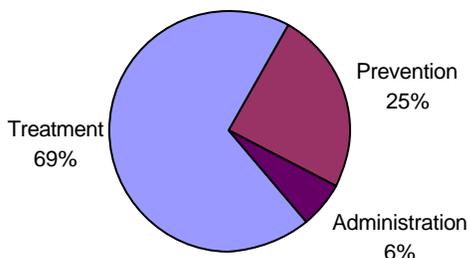
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

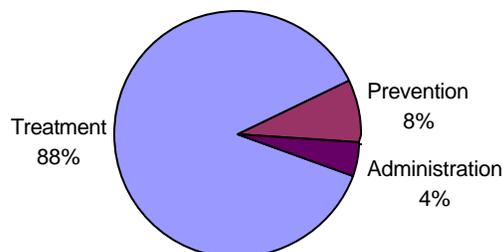
State expenditures for alcohol and drug abuse services also increased between FYs 2000 and 2003 (from \$10.6 to \$11.5 million). In FY 2003, 88 percent of State funds were spent on treatment services, 8 percent on prevention activities, and 4 percent on administration costs. By contrast, in FY 2000 only 69 percent went toward treatment activities, and one fourth went toward prevention activities.

FY 2000 State Expenditures by Activity

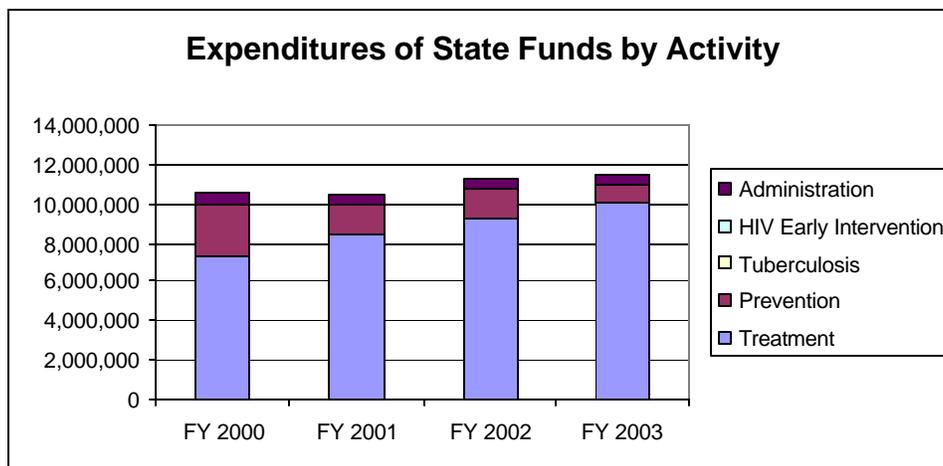


N=\$10,606,89

FY 2003 State Expenditures by Activity



N=\$11,488,45



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	9,276,266	82	10,059,708	88
Alcohol Treatment	2,573,248	24	2,949,714	28				
Drug Treatment	4,778,889	45	5,478,040	52				
Prevention	2,619,246	25	1,560,462	15	1,538,129	14	941,092	8
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	635,507	6	468,130	4	449,756	4	487,652	4
Total*	10,606,890	100	10,456,346	100	11,264,151	100	11,488,452	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The mission of the prevention unit of the DSAMH is to provide leadership and advocacy and to improve the quality of service through public education; technical assistance; collaboration; expansion of resources; and development, promotion, and monitoring of effective practices that will empower local authorities, support consumers and families, influence policymakers, and inform the general public. The Utah framework for prevention integrates the risk and protective factor model and the Institute of Medicine continuum of care model. DSAMH collaborates with the Department of Health to perform tobacco prevention and control activities. Prevention Services in Utah are administered by the Local Substance Abuse Authorities (LSAAs), with guidance from DSAMH. Each LSAA submits an annual plan for prevention activities, which is reviewed by DSAMH.

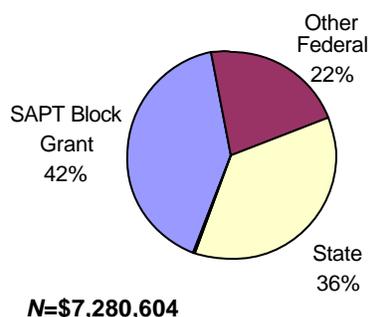
Utah was awarded a State Incentive Cooperative Agreement (SICA) by the Center for Substance Abuse Prevention (CSAP) in 2000 to target youth ages 12-17. The goals of the SICA were to develop a comprehensive, statewide, sustainable prevention strategy using the risk and protective factors framework; implement science-based prevention approaches; and demonstrate a reduction of research-based indicators that affect youth. In 2003, Utah was awarded a SIG-Enhancement grant to expand the success model established in the SICA to focus on the prevention and early intervention needs of 18-25 year-old college students at Utah's public colleges and universities.

Prevention Funding and Expenditures

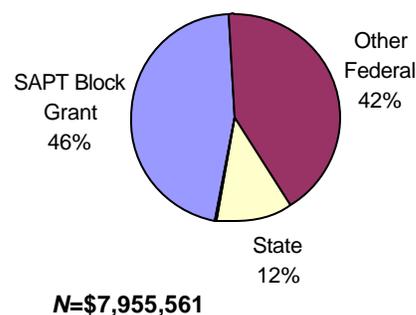
Prevention funding in Utah remained relatively stable between FYs 2000 and 2003 (from \$7.3 to \$8 million). The distribution of funds shifted during this time. In FY 2003, the Block Grant constituted 46 percent of prevention funding, followed by other Federal sources at 42 percent and State funds at 12 percent. By contrast, in FY 2000 the Block Grant constituted 42 percent, other Federal sources constituted 22 percent, and the State constituted 36 percent of total prevention funds.

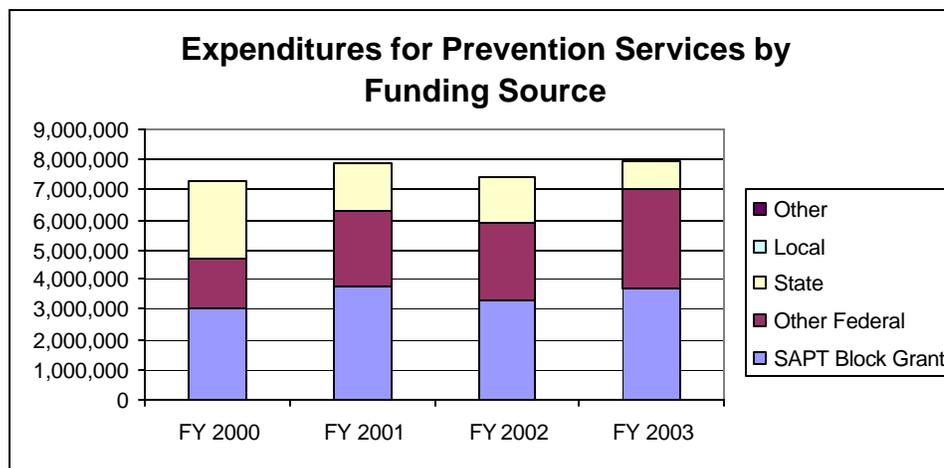
Between FYs 2000 and 2003, Block Grant prevention funding increased from \$1.36 to \$1.55 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,043,619	42	3,730,856	47	3,292,058	44	3,693,865	46
Other Federal	1,617,739	22	2,574,727	33	2,613,229	35	3,320,604	42
State	2,619,246	36	1,560,462	20	1,538,129	21	941,092	12
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,280,604	100	7,866,045	100	7,443,416	100	7,955,561	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

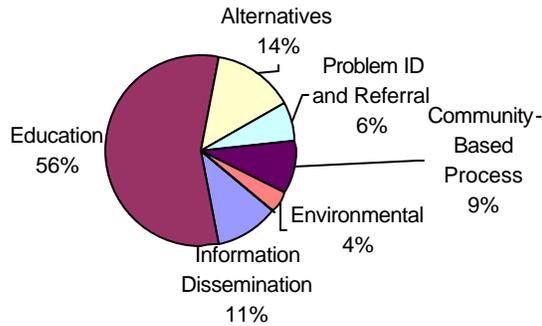
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include dissemination of information via the seven Utah Family Centers throughout the State, which also serve as the State Regional Alcohol and Drug Awareness Resources (RADAR) depositories.
Education	Strategies include the sponsorship of "Prevention Dimensions," a K-12 school-based prevention education curriculum.
Alternatives	Strategies include supporting the Governing Youth Council (GYC) for high school students involved in the promotion of anti-drug and anti-violence activities throughout the State.
Community-Based Processes	Strategies include the Annual Fall Conference on Substance Abuse to provide professional education and development opportunities for individuals in the substance abuse field.
Environmental	DSAMH works collaboratively with the Department of Health to conduct underage tobacco purchase compliance checks.
Problem Identification and Referral	Strategies include referral and assessment for driving under the influence (DUI) offenders, and youth with first offenses for tobacco, alcohol, and other drugs.

Expenditures of Block Grant Funds for Core Strategies

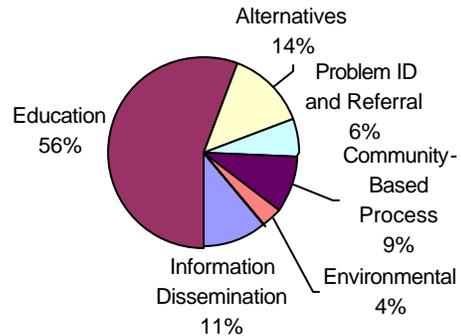
Block Grant funding for prevention core strategies in Utah rose from \$3 to \$3.7 million between FYs 2000 and 2003. During this time period, the largest recipient of the funding went toward education (56 percent of the total).

FY 2000 Block Grant Expenditures by Core Strategy

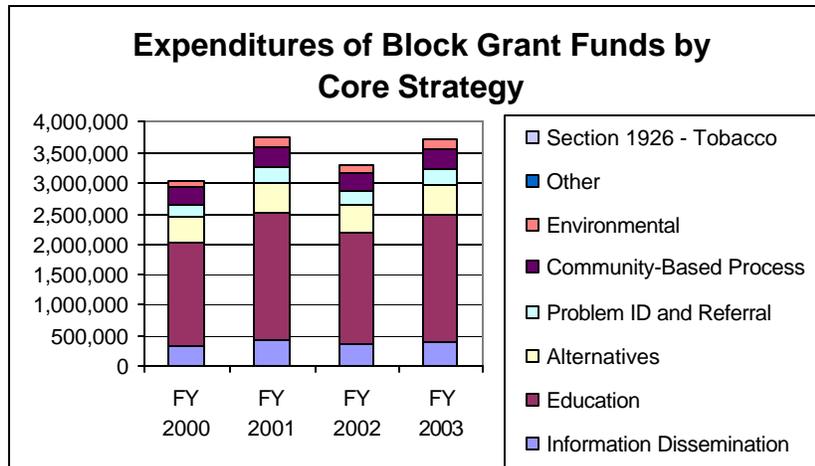


N=\$3,043,622

FY 2003 Block Grant Expenditures by Core Strategy



N=\$3,693,865



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	329,706	11	404,151	11	355,542	11	398,937	11
Education	1,714,212	56	2,101,273	56	1,853,429	56	2,079,646	56
Alternatives	413,284	14	506,602	14	447,720	14	502,366	14
Problem ID and Referral	197,187	6	241,711	6	213,984	7	240,101	6
Community-Based Process	279,404	9	342,492	9	299,577	9	336,142	9
Environmental	109,829	4	134,627	4	121,806	4	136,673	4
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	3,043,622	100	3,730,856	100	3,292,058	100	3,693,865	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Substance abuse treatment services in Utah are delivered through LSAAs. As the SSA, DSAMH contracts with counties to provide these services. Counties may either operate as single entities or join with multiple counties in multicounty organizations, and counties may either provide direct services or contract out for services. Each LSAA is required to provide for a continuum of services, including general outpatient, intensive outpatient, day treatment, jail services, residential and detoxification. Methadone treatment is provided by one publicly funded methadone treatment program, which operates sites in Salt Lake City and Provo.

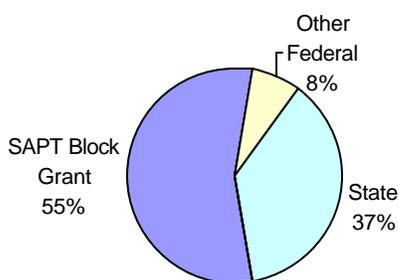
DSAMH also funds drug courts, including nine adult felony courts, four dependency courts, and three juvenile courts. Three therapeutic communities in Utah correctional facilities were also funded and represent ongoing coordination between DSAMH and the criminal justice system. The Collaborative Interventions for Addicted Offenders (CIAO) program targets parolees and probationers with serious substance abuse issues, and is funded by DSAMH in partnership with the Commission on Criminal and Juvenile Justice.

Treatment Funding and Expenditures

Between FYs 2000 and 2003 treatment expenditures in Utah increased from \$19.9 to \$22.7 million. More than half of treatment expenditures were paid for by the Block Grant in FY 2003 (a similar proportion to that in FY 2000), and 44 percent were paid for by the State (compared with only 37 percent in FY 2000).

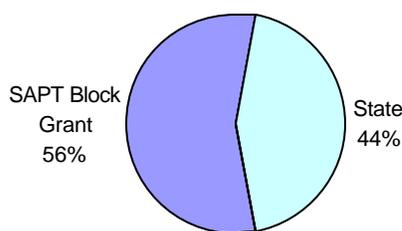
Between FYs 2000 and 2003 Block Grant expenditures on treatment services increased from \$4.92 to \$5.33 per capita.

FY 2000 Treatment Expenditures by Funding Source

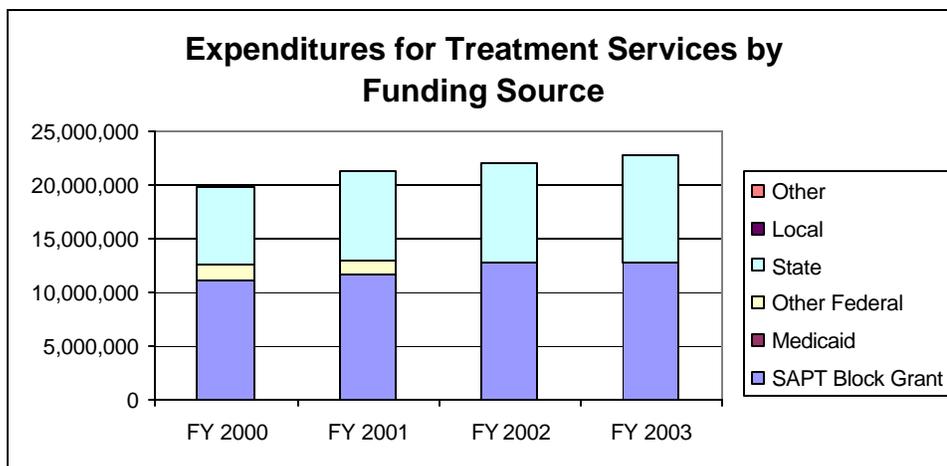


N=\$19,907,93

FY 2003 Treatment Expenditures by Funding Source



N=\$22,749,97



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	11,033,309	55	11,537,200	54	12,614,230	57	12,690,265	56
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,522,487	8	1,386,829	6	150,000	1	0	0
State	7,352,137	37	8,427,754	39	9,276,266	42	10,059,708	44
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	19,907,933	100	21,351,783	100	22,040,496	100	22,749,973	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Utah's SAPT Block Grant application indicates that over 21,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=21,142)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	8	0	0
Free-standing residential	1,890	2,121	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	321	1,338	0
Long-term residential	379	994	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	550	0
Outpatient (non-methadone)	3,901	6,262	0
Intensive outpatient	658	2,209	0
Detoxification (outpatient)	2	0	0
Total	7,165	13,491	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 11,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 31 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,173	29.0
Any other drugs	8,994	31.7
Total	11,167	31.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 115,000 persons aged 12 and older (6.3 percent of Utah's population) needed, but did not receive, treatment for alcohol use and 49,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in Utah.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.33	4.71	12.89	4.71
Needing but not receiving treatment for illicit drug use	2.69	4.22	5.42	1.59

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Substate planning is conducted by the LSAAs under the direction of DSAMH. DSAMH provides technical assistance, data, and training to LSAAs, and LSAAs submit area plans to DSAMH, where the plan is reviewed and modified as necessary.

Treatment and prevention needs assessment studies are conducted by DSAMH to facilitate substate planning by the LSAAs. Treatment needs assessment studies include the Adult Treatment Needs Assessment Telephone study and the Native American Reservation Study, funded by the Center for Substance Abuse Treatment (CSAT) State Treatment Needs Assessment program (STNAP). In addition, A Prison Inmate study was conducted, as well as the Arrestee Drug Abuse Monitoring (ADAM) study. Prevention needs assessment studies include the Youth Risk Behavior Survey (jointly administered by the State Office of Education) and the Youth Tobacco Survey (jointly administered by the Utah Department of Health). Data from the prevention and treatment needs assessment studies were disseminated to the LSAAs, and technical assistance was provided to interpret the data.

Evaluation

DSAMH monitors the performance of each LSAA using a variety of methods. First, each LSAA must submit an area plan for treatment and prevention. In addition, each LSAA and its subcontractors receive an annual site visit. The site visit consists of a review of the physical facility, program operation, client records, as well as interviews with staff and clients to determine program compliance. Verification of submitted data also takes place during the site visit review. Any deficiencies or non-compliance with the rules require a written plan of action to correct deficiencies and a timeline achieve compliance.

Training and Assistance

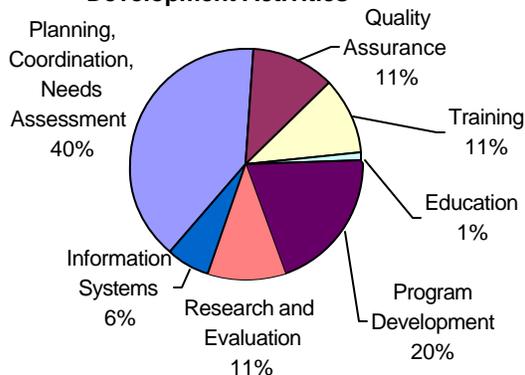
DSAMH has many training opportunities for its substance abuse treatment and prevention workforce. DSAMH sponsors an Annual Fall Conference on Substance Abuse in which substance abuse professionals from the community attend and participate in one of four tracks: Administrative, Adult and Juvenile Justice, Prevention, and Treatment. DSAMH also co-sponsors the Annual University of Utah School on Alcoholism and Other Drug Dependencies and scholarships are allocated to LSAAs for individuals to attend the week-long school.

Three statewide conferences are sponsored by DSAMH: The Annual Drug Endangered Children's conference; the Critical Issues Facing Children and Adolescents conference; and the Generations Conference (adult issues). In addition, DSAMH, in conjunction with the Utah State Office of Education, provides regional trainings on the "Prevention Dimensions" curriculum for teacher inservice teams. The teams train K-12 teachers to effectively implement the Prevention Dimensions curriculum in Utah's classrooms. In addition DSAMH sponsors intensive, 40-hour training for new instructors for the PRIME for Life program for DUI offenders and provides recertification trainings for previously certified instructors.

Expenditures of Block Grant Funds for Resource Development Activities

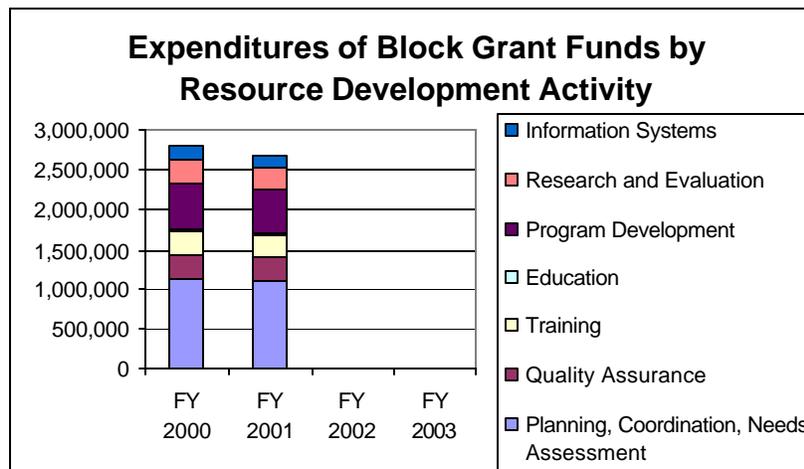
In FY 2000 Utah spent \$2.8 million of Block Grant funds for resource development activities. The largest proportion (40 percent) of funds were spent on planning, coordination, and needs assessment, 20 percent on program development, and the remainder was spread over several other types of activities. This distribution of funds was similar in FY 2001. Utah did not indicate spending any monies on resource development activities in FYs 2002 or 2003.

FY 2000 Block Grant Expenditures on Resource Development Activities



Utah did not report any expenditures for resource development activities for FY 2003.

N=\$2,791,772



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	1,126,072	40	1,089,900	41	N/R**	-	N/R	-
Quality Assurance	318,258	11	294,000	11	N/R	-	N/R	-
Training	300,712	11	300,300	11	N/R	-	N/R	-
Education	27,380	1	27,700	1	N/R	-	N/R	-
Program Development	553,574	20	532,700	20	N/R	-	N/R	-
Research and Evaluation	297,009	11	293,800	11	N/R	-	N/R	-
Information Systems	168,767	6	150,200	6	N/R	-	N/R	-
Total*	2,791,772	100	2,688,600	100	N/R	-	N/R	-

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

** N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004, Utah received 10 discretionary grants from the Center for Substance Abuse Prevention (CSAP) totaling \$1.7 million. The largest grant (\$750,000) went toward a State incentive cooperative agreement.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	7	649,721
Drug Free Communities Mentoring	1	51,000
HIV/AIDS Cohort 5 Services	1	250,000
State Incentive Cooperative Agreements	1	750,000
Total	10	1,700,721

SOURCE : www.samhsa.gov

Center for Substance Abuse Treatment

Utah received more than \$1.9 million in Center for Substance Abuse Treatment (CSAT) discretionary grants for treatment in FY 2004. Adult, juvenile, and family drug courts received the most funding at \$692,000.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	2	692,354
Residential SA TX	1	462,284
State Data Infrastructure	1	100,000
Targeted Capacity Expansion	1	192,924
Targeted Capacity - HIV/AIDS	1	497,400
Total	6	1,944,962

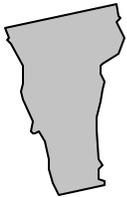
SOURCE: www.samhsa.gov

VERMONT

State SSA Director

Ms. Barbara Cimaglio, Deputy Commissioner
Division of Alcohol and Drug Abuse Programs
Vermont Department of Health
Agency of Human Services
P.O. Box 70
Burlington, VT 05402
Phone: 802-951-1258
Fax: 802-951-1275
E-mail: bcimagl@vdh.state.vt.us
Web site: www.state.vt.us/adap

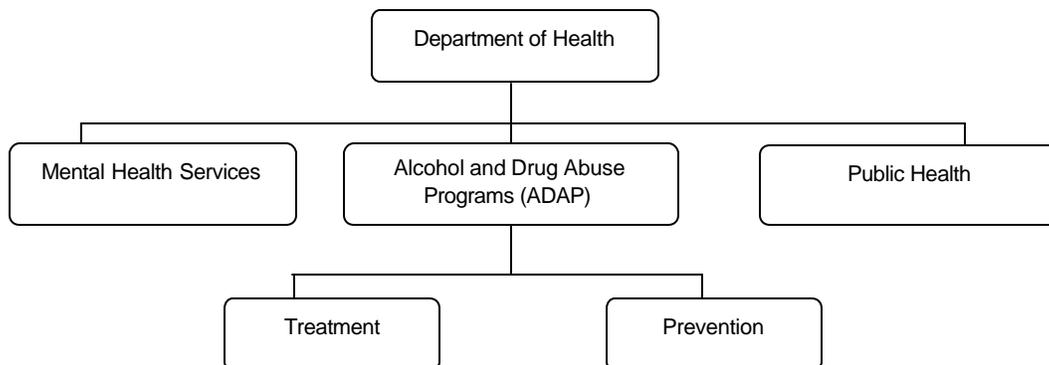
Structure and Function



The Division of Alcohol and Drug Abuse Programs (ADAP) is the State's lead agency for alcohol and drug abuse prevention and treatment and serves as the Single State Agency (SSA) for the State of Vermont. Organizationally, ADAP is located in the Department of Health and is led by a Deputy Commissioner of Health for Alcohol and Drug Abuse. The mission of ADAP is to help Vermonters prevent and eliminate the problems caused by alcohol and other drug use.

ADAP is organized into three functional units: treatment, prevention, and training. In partnership with other public and private organizations, ADAP plans, supports, and evaluates a comprehensive system that provides education, prevention, intervention treatment recovery, and research services.

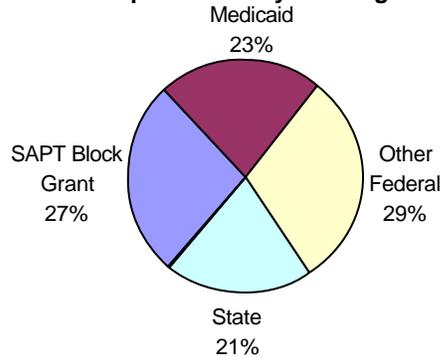
Single State Agency Structure



Single State Agency Funding Overview

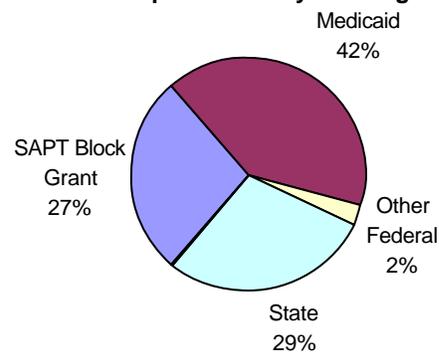
Total SSA funding increased in Vermont between FYs 2000 and 2003 (from \$14 to \$18 million). Medicaid, as a proportion of total funding, increased during this time period (from 23 to 42 percent), the Block Grant's proportion remained fairly stable (ranging from 27 to 30 percent), the State's proportion increased (from 21 to 29 percent), and the proportion supported by other Federal funds declined dramatically (from 29 to 2 percent).

FY 2000 Expenditures by Funding Source

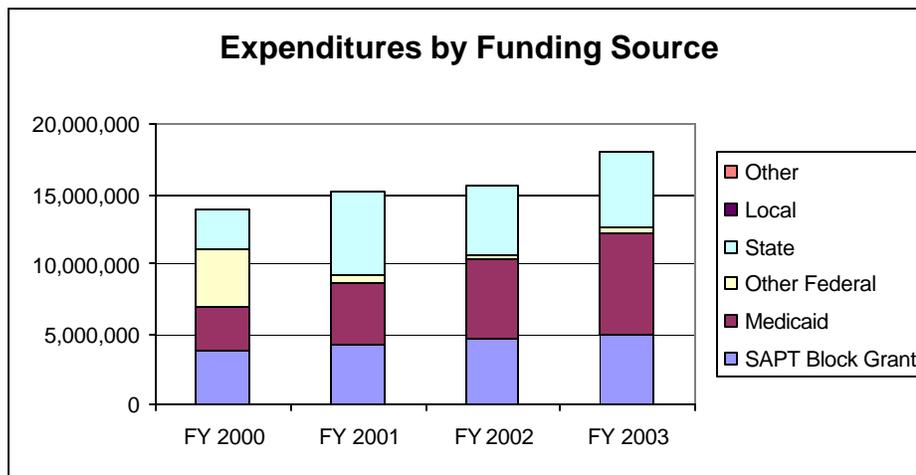


N=\$13,993,523

FY 2003 Expenditures by Funding Source



N=\$17,997,118



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	3,774,105	27	4,234,075	28	4,691,812	30	4,927,888	27
Medicaid	3,177,773	23	4,320,717	28	5,555,143	36	7,368,676	41
Other Federal	4,157,834	29	668,317	4	476,774	3	440,872	2
State	2,883,811	21	6,050,335	40	4,865,235	31	5,259,682	29
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	13,993,523	100	15,273,444	100	15,588,964	100	17,997,118	100

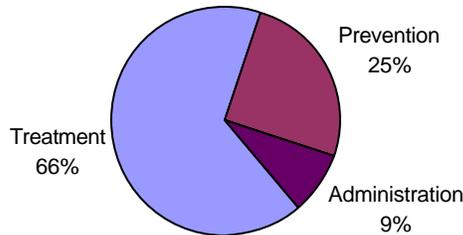
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

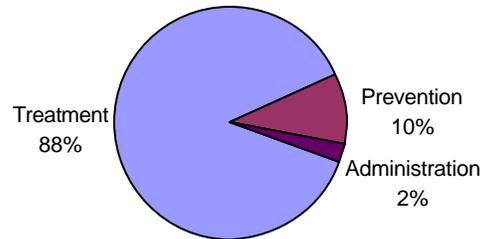
Between FYs 2000 and 2003, SSA funding for treatment services increased, both in dollar amounts and as a proportion of total funding. In FY 2000, treatment services received 66 percent of SSA funding, and in FY 2003, expenditures on treatment services increased to account for 88 percent of funding. Funding for prevention services and administrative activities decreased in both dollar amounts and proportions. Prevention expenditures constituted 25 percent of SSA funds in FY 2000 and decreased to comprise 10 percent in FY 2003. Similarly, the proportion of funds on administrative activities declined from 9 to 2 percent during this time period.

FY 2000 Expenditures by Activity

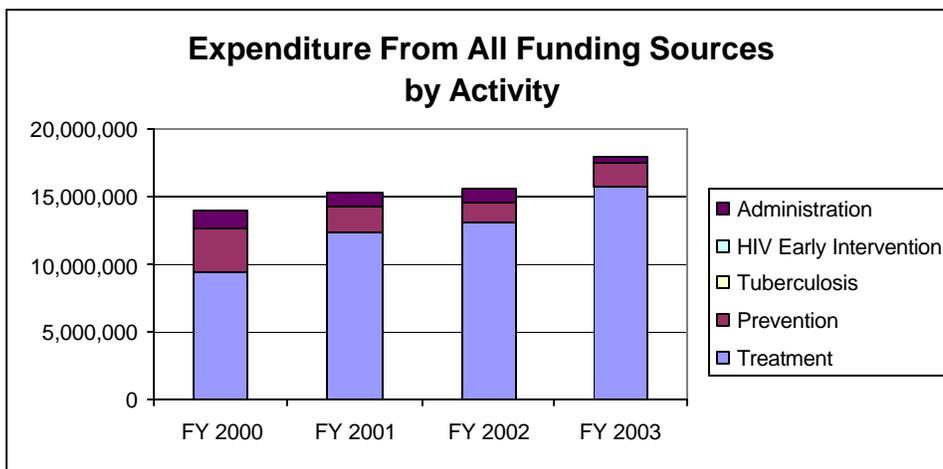


N=\$13,993,523

FY 2003 Expenditures by Activity



N=\$17,997,118



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	6,461,606	46	9,256,163	61	13,155,544	84	15,830,540	88
Alcohol Treatment	1,424,725	10	1,693,630	11				
Drug Treatment	1,405,854	10	1,481,926	10				
Prevention	3,459,649	25	1,809,721	12	1,460,818	9	1,727,071	10
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,241,689	9	1,032,004	7	972,602	6	439,507	2
Total*	13,993,523	100	15,273,444	100	15,588,964	100	17,997,118	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

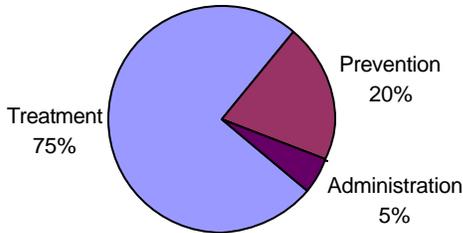
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

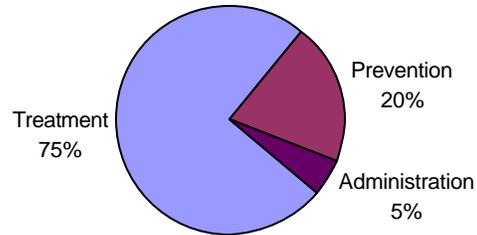
Block Grant funding in Vermont increased from \$3.8 to \$4.9 million between FYs 2000 and 2003. While the dollar amount of funding increased for all activities, the distribution of these funds remained stable. Treatment services received the largest proportion (75 percent) of funds during this time period, followed by prevention at 20 percent, and administration costs at 5 percent.

FY 2000 Block Grant Expenditures by Activity

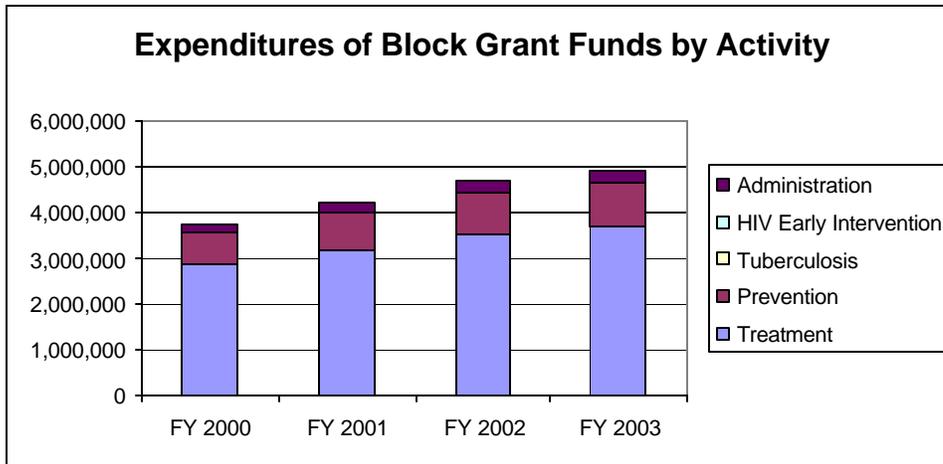


N=\$3,774,105

FY 2003 Block Grant Expenditures by Activity



N=\$4,927,888



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	3,518,859	75	3,695,916	75
Alcohol Treatment	1,424,725	38	1,693,630	40				
Drug Treatment	1,405,854	37	1,481,926	35				
Prevention	754,821	20	846,815	20	938,362	20	985,578	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	188,705	5	211,704	5	234,591	5	246,394	5
Total*	3,774,105	100	4,234,075	100	4,691,812	100	4,927,888	100

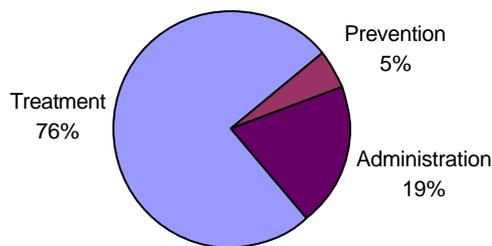
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

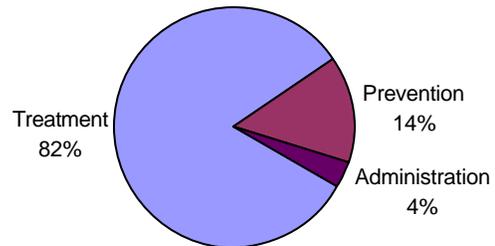
State expenditures on alcohol and drug abuse services in Vermont increased substantially between FYs 2000 and 2003 (from \$2.9 to \$5.3 million). In FY 2003 treatment services received the majority (82 percent) of funds (up from 76 percent in FY 2000), prevention received 14 percent (up from 5 percent in FY 2000), and administration received 4 percent (down from 19 percent in FY 2000).

FY 2000 State Expenditures by Activity

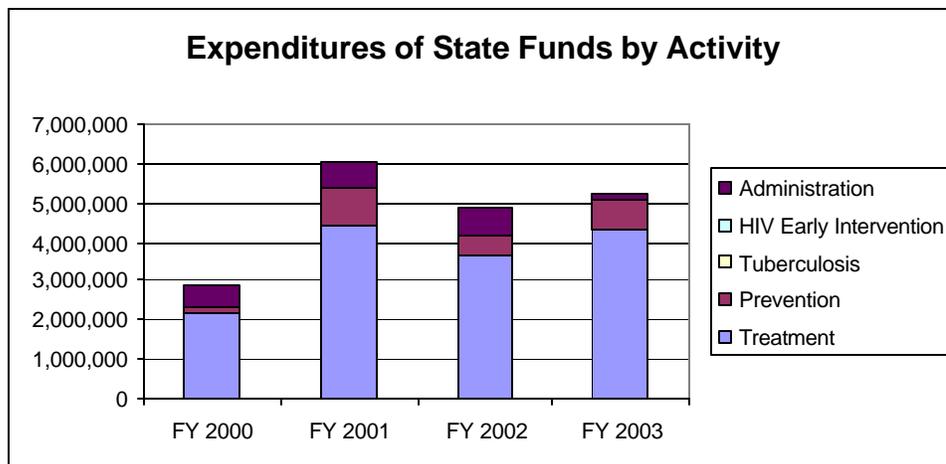


N=\$2,883,811

FY 2003 State Expenditures by Activity



N=\$5,259,682



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	2,167,620	75	4,414,876	73	3,635,296	75	4,332,636	82
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	158,369	5	962,906	16	522,456	11	741,493	14
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	557,822	19	672,553	11	707,483	15	185,553	4
Total*	2,883,811	100	6,050,335	100	4,865,235	100	5,259,682	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The Vermont substance abuse prevention infrastructure has several components. A network of 10 Regional Prevention Consultants (RPCs) provides consultation services, training, and technical assistance to local community coalitions, schools, agencies, and other key prevention stakeholders. The RPCs are located in satellite offices throughout the State and reflect the grassroots nature of prevention services in Vermont. Another component of the Vermont prevention infrastructure is the New Directions Coalitions, which are 18 of the 23 previous State Incentive Grant (SIG) recipients who have acquired diverse funding, including ADAP, which funds 13 of the 18 coalitions. In addition, regional community grants are given to communities to implement community-based prevention activities. Another aspect of the prevention infrastructure are statewide grants, which are given to nine projects with a statewide focus on early childhood, preschool, youth leadership, management information services, education, and program evaluation. Finally, Student Assistance Professionals (SAPs) focus on early intervention and are supported by schools statewide.

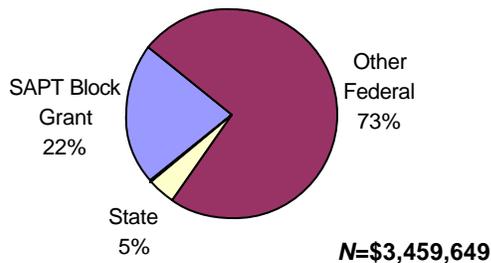
Tobacco programming is administered by the Tobacco Control Prevention Program within the Department of Health. While this program is not managed by ADAP, the divisions work closely together. The Tobacco Control Prevention Program funds 21 tobacco coalitions throughout the state, and 7 of the 21 tobacco coalitions are also New Directions Coalitions.

Prevention Funding and Expenditures

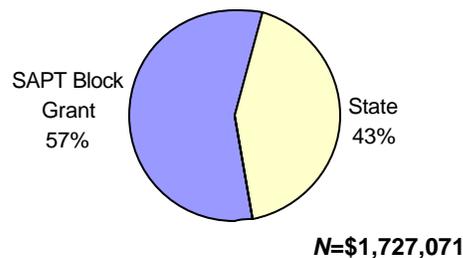
Prevention funding in Vermont declined between FYs 2000 and 2003 (from \$3.5 to \$1.7 million). The funding sources supporting prevention activities also changed during this time period. In FY 2003, the Block Grant provided more than half (57 percent) of prevention funds, and the State provided 43 percent. In contrast, in FY 2000, other Federal sources provided the majority (73 percent) of prevention funds, followed by the Block Grant at 22 percent and the State at only 5 percent.

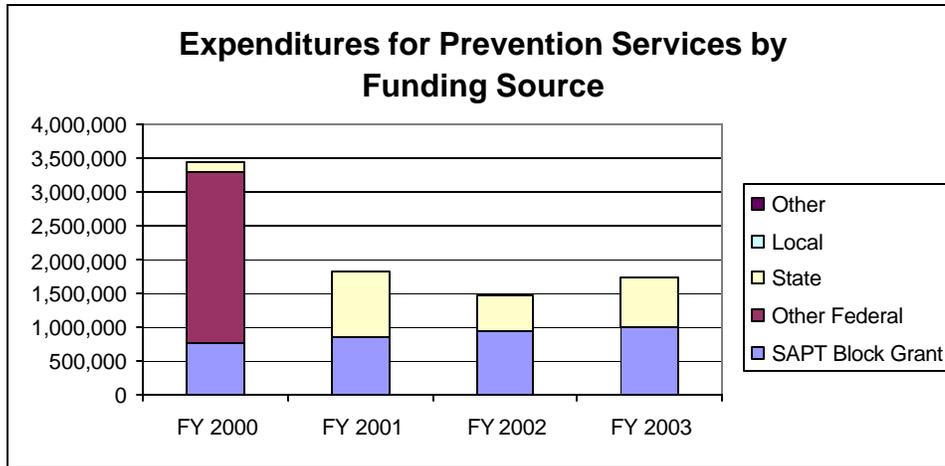
Block Grant expenditures per capita increased over time, from \$1.24 in FY 2000 to \$1.59 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	754,821	22	846,815	47	938,362	64	985,578	57
Other Federal	2,546,459	74	0	0	0	0	0	0
State	158,369	5	962,906	53	522,456	36	741,493	43
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,459,649	100	1,809,721	100	1,460,818	100	1,727,071	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

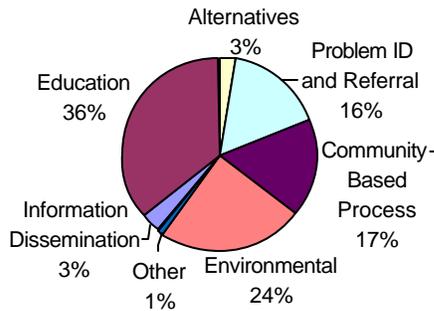
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include distribution of print materials and videotapes via a lending library, distribution of the Parent Handbook on alcohol, tobacco, and other drug (ATOD) prevention, and delivery of presentations on substance abuse prevention concepts and strategies statewide.
Education	Strategies include promotion of effective curricula by the 10 regional prevention consultants, linking schools with community-based substance abuse prevention initiatives, and providing training for school staff.
Alternatives	Strategies include providing training and technical assistance to afterschool programs, teen centers, and other alternative programs by regional prevention specialists.
Community-Based Processes	Strategies include providing consultation and facilitation services to coalitions, partnerships, groups, and agencies on planning and implementing prevention and early intervention strategies.
Environmental	Strategies include providing training and consultation on development and implementation of school ATOD policies by the regional prevention consultants; and providing linkages between local coalitions, SAPs, and local Stop Alcohol Risk Teams (START).
Problem Identification and Referral	Strategies include working with VT Department of Education and the Vermont Freemasons to organize and implement one CARE training to develop school support and referral systems for students in distress.

Expenditures of Block Grant Funds for Core Strategies

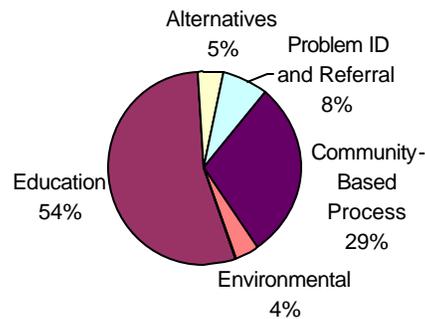
Most (54 percent) of the \$1 million in Block Grant funding for prevention core strategies in Vermont went toward education in FY 2003. Community-based processes received nearly 30 percent, and the remainder of funds was divided among problem identification and referral, alternatives, and environmental strategies.

FY 2000 Block Grant Expenditures by Core Strategy

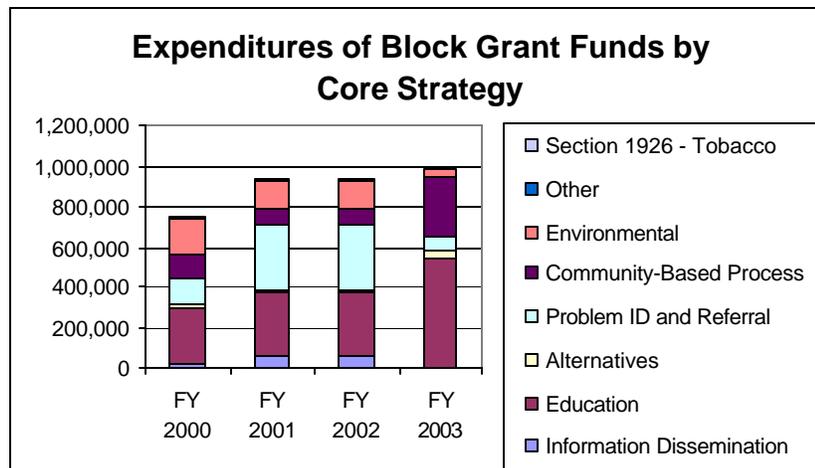


N=\$754,821

FY 2003 Block Grant Expenditures by Core Strategy



N=\$985,578



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	22,528	3	61,164	7	61,164	7	1,792	0
Education	270,501	36	312,902	33	312,902	33	534,475	54
Alternatives	19,809	3	9,871	1	9,871	1	44,445	5
Problem ID and Referral	124,369	16	325,706	35	325,706	35	76,256	8
Community-Based Process	124,625	17	77,998	8	77,998	8	290,386	29
Environmental	181,725	24	140,167	15	140,167	15	38,224	4
Other	11,264	1	10,554	1	10,554	1	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	754,821	100	938,362	100	938,362	100	985,578	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

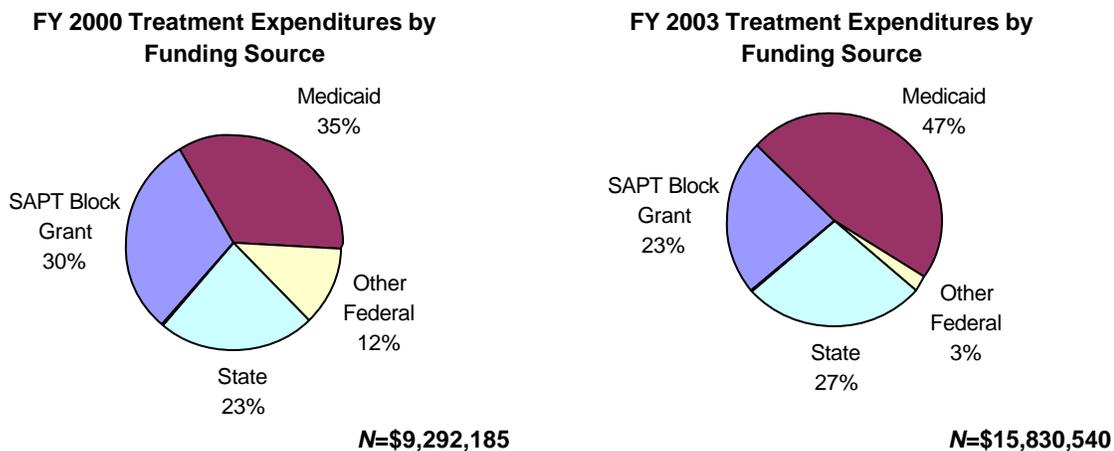
ADAP contracts with 18 nonprofit treatment providers throughout Vermont to provide substance abuse treatment services. These services include 8 residential treatment programs, 9 intensive outpatient programs, and 22 outpatient programs. In addition, Vermont has an opiate treatment program which has as many persons enrolled in the program as are on the waiting list. To address the long waiting list, Vermont has developed mobile opiate addiction treatment units for clients in rural areas through the Governor’s DETER (Drug Education, Treatment, Enforcement & Rehabilitation) Initiative. This plan funds nearly \$3 million in new programs and services, coordinates existing resources into a single statewide initiative, and focuses on providing a sustainable strategy to address today’s substance abuse problems and reduce tomorrow’s risk.

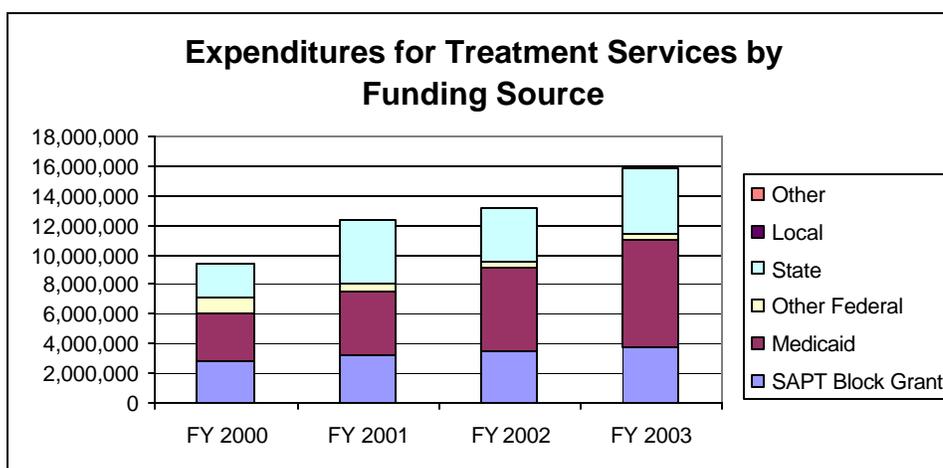
ADAP administers the assessment, referral, and treatment of driving under the influence (DUI) offenders. The Public Inebriate Program provides temporary supervised shelter, assessment services, and if warranted, referral to treatment for intoxicated people who are a danger to themselves and others.

Treatment Funding and Expenditures

Treatment funding in Vermont increased substantially between FYs 2000 and 2003 (from \$9.3 to \$15.8 million). During this time period, Medicaid as a proportion of treatment funding, increased from 35 to 47 percent (and also increased in dollar amount from \$3.2 to \$7.4 million). The proportion of funding from the State also increased from 23 to 27 percent. By contrast, the Block Grant’s proportion of treatment funding declined from 30 to 23 percent, and other Federal funds as a proportion declined from 12 to 3 percent.

Block Grant funding per capita for treatment services increased substantially over time in Vermont. In FY 2000, Block Grant funding per capita for treatment services was \$4.64, and this increased to \$5.18 in FY 2001, \$5.71 in FY 2002, and \$5.97 in FY 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,830,579	30	3,175,556	26	3,518,859	27	3,695,916	23
Medicaid	3,177,773	35	4,320,717	35	5,555,143	42	7,368,676	47
Other Federal	1,116,213	12	520,570	4	446,246	3	433,312	3
State	2,167,620	23	4,414,876	36	3,635,296	28	4,332,636	27
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	9,292,185	100	12,431,719	100	13,155,544	100	15,830,540	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Vermont’s SAPT Block Grant application indicates that over 9,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment and short-term residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=9,036)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	359	310	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,092	967	0
Long-term residential	47	70	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	3,385	2,153	126
Intensive outpatient	318	209	0
Detoxification (outpatient)	0	0	0
Total	5,201	3,709	126

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 5,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 20 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 18 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 21 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	1,629	18.2
Alcohol in combination with other drugs	3,100	21.3
Total	4,729	20.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 39,000 persons aged 12 and older (7.3 percent of Vermont's population) needed, but did not receive, treatment for alcohol use and 18,000 persons (3.4 percent) needed, but did not receive, treatment for illicit drug use in Vermont.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.30	6.43	18.33	5.51
Needing but not receiving treatment for illicit drug use	3.39	7.19	11.52	1.49

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Vermont is divided into two planning regions for prevention and treatment services: Chaplain Valley, which includes Burlington, Vermont's largest city, its most diverse economic region, and several of the largest colleges; and the rest of the State, which is largely rural. DADA prepares an annual plan for the SAPT Block Grant for inclusion in the Vermont Agency of Human Services Single State Block Grant application to the Department of Health and Human Services.

Prevention planning uses, among other things, data collected in the Youth Risk Behavior Survey (YRBS) and the Behavioral Risk Factor Survey (BRFS). Prevention Planning is also based upon analysis of "trends over time" and "comparison of Vermont vs. National data." In 2003, over 31,000 students (grades 8-12) from 153 schools participated in the YRBS.

The State monitors the availability of treatment services by measuring treatment utilization at each treatment program, and by monitoring monthly admissions waiting lists. Funding is reduced to programs that do not maintain 90 percent utilization of capacity and reallocated to over-utilized programs.

Evaluation

ADAP ensures quality treatment by setting performance standards and monitoring compliance of contracted providers. ADAP is also responsible for licensing substance abuse counselors who practice in Vermont.

One tool that Vermont uses to monitor its prevention services is the Prevention Management Information System (PMIS). The PMIS tracks service delivery and target group numbers, as well as service delivery by the 10 Prevention Consultants. Specifically, data is collected on which setting, the type of service, which prevention strategy, the target group and the domains for each activity provided.

Training and Assistance

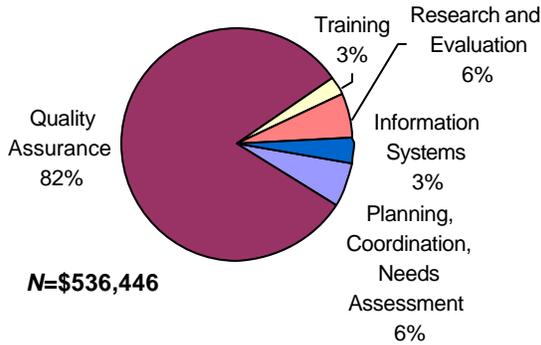
Training is provided for both the treatment and prevention workforce in Vermont. ADAP maintains the Vermont Addiction Education Center which disseminates information regarding treatment, intervention, and prevention, and develops statewide and regional conferences for substance abuse education. ADAP participates in the annual New England Institute of Addictions Conference and the New England Institute of Addictions Advanced School by providing faculty, staff, and scholarships. In addition, the NE Center for the Application of Prevention Technology (NE CAPT) and the Vermont Consortium of Addiction Training coordinates with ADAP to maximize training for prevention professionals on evidence-based prevention practices.

ADAP participates in the Substance Abuse Workforce Development Committee, comprising professionals from higher education, prevention, treatment and recovery organizations, in addition to State Government representatives. Its mission is to improve Vermont's workforce capacity through recruitment, retention, education, training, and development in the areas of substance abuse prevention, intervention, treatment, continuing care/recovery, and enforcement. Accomplishments of this group include compiling data from Vermont and New Hampshire colleges on substance abuse and prevention-related course offerings at the bachelor's and master's levels in an effort to promote careers in substance abuse, to facilitate the certification process, and to create a consortium of colleges to enhance and develop substance abuse course offerings that comply with certification requirements.

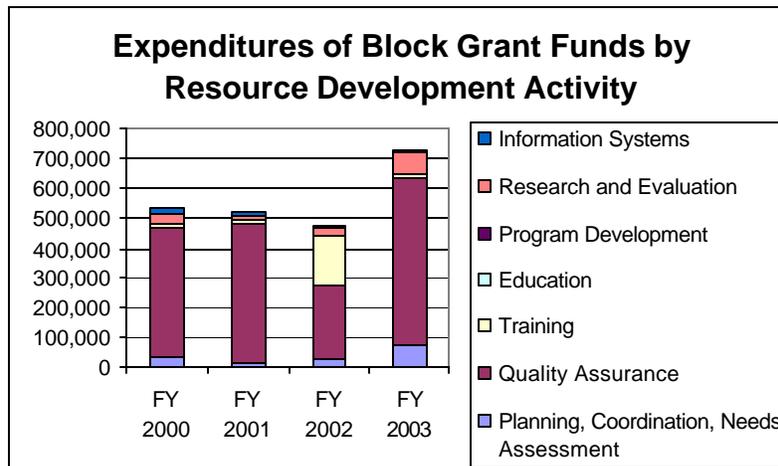
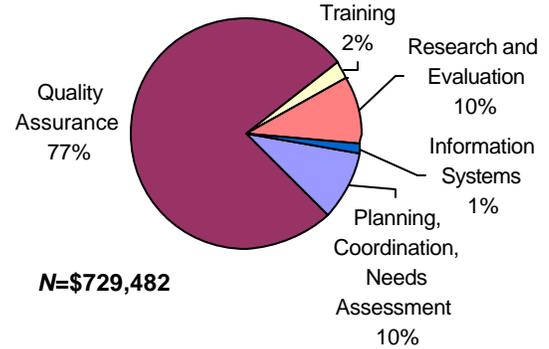
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Vermont increased from over \$530,000 in FY 2000 to nearly \$730,000 in FY 2003. The majority of funds during this time period went toward quality assurance (ranging from 52 to 89 percent), and the remainder was spread among a variety of activities.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	32,518	6	16,086	3	23,700	5	70,594	10
Quality Assurance	438,986	82	464,708	89	246,200	52	562,642	77
Training	14,040	3	15,000	3	175,000	37	17,500	2
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	32,518	6	16,083	3	23,700	5	70,594	10
Information Systems	18,384	3	11,942	2	7,336	2	8,152	1
Total*	536,446	100	523,819	100	475,936	100	729,482	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004, Vermont received \$1.4 million in Center for Substance Abuse Prevention (CSAP) discretionary awards. Most of these funds went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	17	1,308,572
Drug Free Communities Mentoring	1	75,000
Total	18	1,383,572

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) discretionary funding for treatment totaled nearly \$600,000 in Vermont in FY 2004. Most of the funds went toward services for pregnant/post-partum women.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Pregnant/Post-Partum Women	1	499,957
State Data Infrastructure	1	100,000
Total	2	599,957

SOURCE: www.samhsa.gov

VIRGINIA

State SSA Director

Mr. Ken Batten, Director
Office of Substance Abuse Services
Department of Mental Health, Mental
Retardation and Substance Abuse Services
P.O. Box 1797
Richmond, VA 23218-1797
Phone: (804)-786-3906
Fax: (804)-786-4320
E-mail: ken.batten@co.dmhmsas.virginia.gov
Web site: www.virginia.gov/cmsportal

Structure and Function

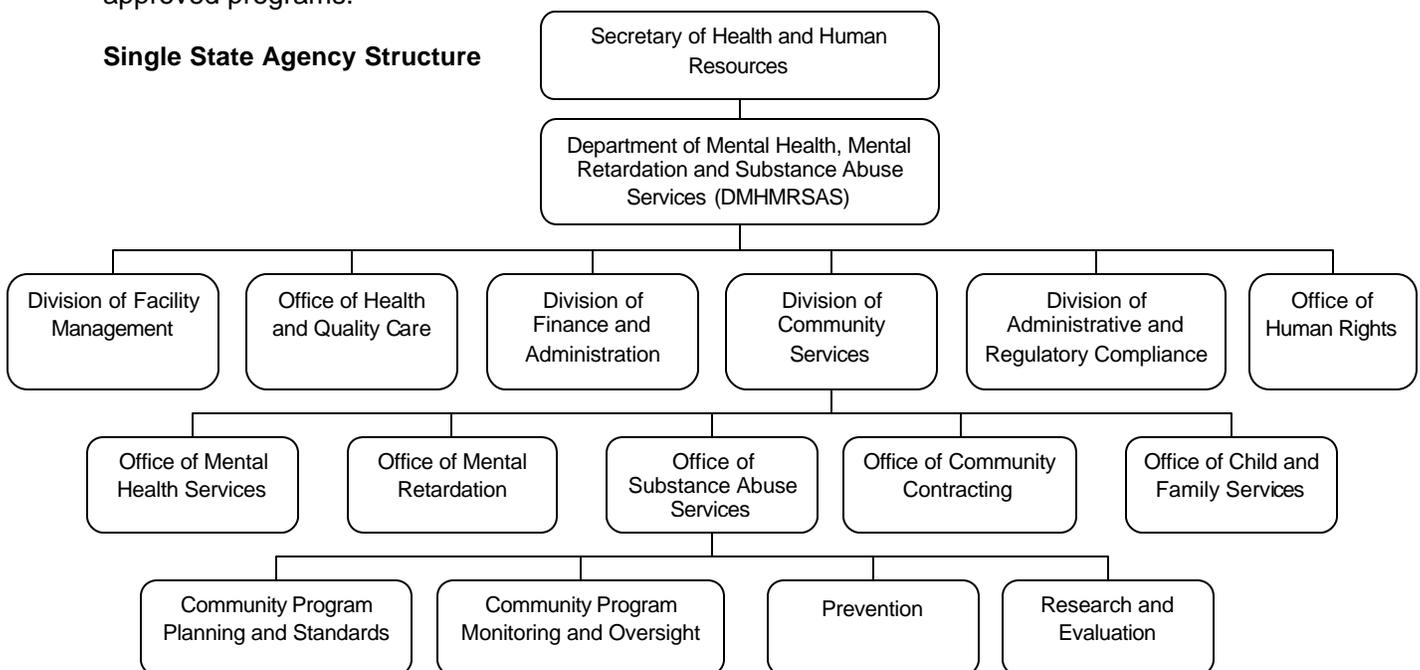


The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) is responsible for establishing, maintaining, and promoting the development of mental health, mental retardation and substance abuse services, and is the Single State Agency (SSA) for substance abuse.

The mission of the Department is to provide leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders. It seeks to promote dignity, choice, recovery, and the highest levels of participation in work, relationships, and all aspects of community life for these individuals. Programs are not administered directly through DMHMRSAS, but through contracts with 40 Community Service Boards (CSBs) that may provide services directly or through contracts with private providers and serve as the single point of entry for Virginia's publicly funded mental health, mental retardation, and substance abuse services.

The Office of Substance Abuse Services has oversight over the substance abuse treatment and prevention programs. Oversight duties include providing technical assistance to local and State agencies, reviewing all applications for State and Federal funds or services, recommending legislation regarding needed services, fostering training programs, coordinating alcohol and drug research, providing periodic inspections of alcohol and drug programs, and maintaining a list of approved programs.

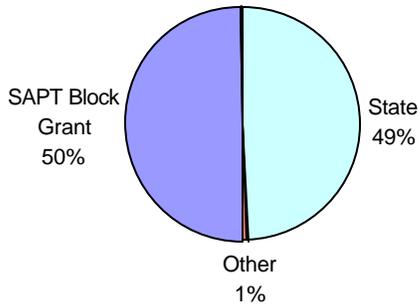
Single State Agency Structure



Single State Agency Funding Overview

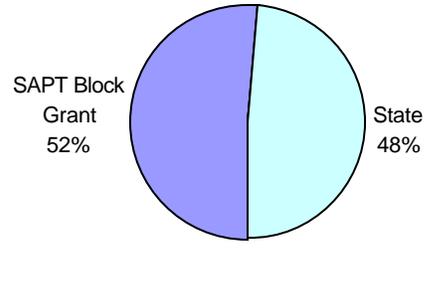
SSA funding in Virginia increased steadily over time from \$78.7 million in FY 2000 to \$82.4 million in FY 2003. Since 2000, approximately half of Virginia's substance abuse expenditures were from the SAPT Block Grant, and slightly less than half were from State expenditures.

FY 2000 Expenditures by Funding Source

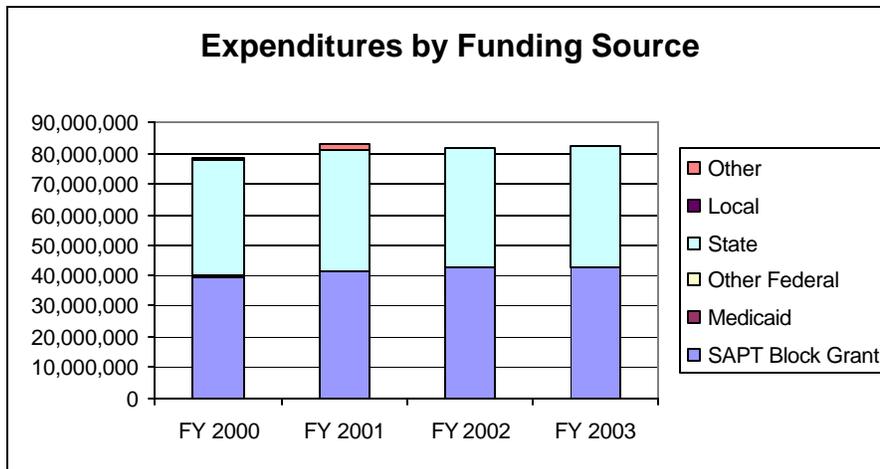


N=\$78,740,484

FY 2003 Expenditures by Funding Source



N=\$82,385,627



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	39,245,298	50	40,929,104	49	42,309,094	52	42,526,592	52
Medicaid	291,703	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	38,503,482	49	40,202,220	49	39,492,092	48	39,859,035	48
Local	0	0	0	0	0	0	0	0
Other	700,001	1	1,699,999	2	0	0	0	0
Total*	78,740,484	100	82,831,323	100	81,801,186	100	82,385,627	100

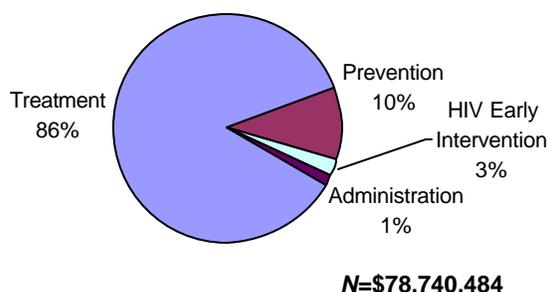
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

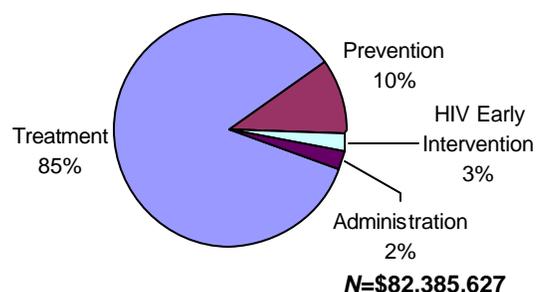
Activities and Expenditures From All Funding Sources

The distribution of funding among the various SSA services and activities has been stable since 2000. The majority of expenditures went toward treatment and rehabilitation activities (86 percent in 2000 and 2001, and 85 percent in 2002 and 2003). Prevention services consistently received 10 percent of funds, and the remaining funds went toward HIV early intervention activities and administrative costs.

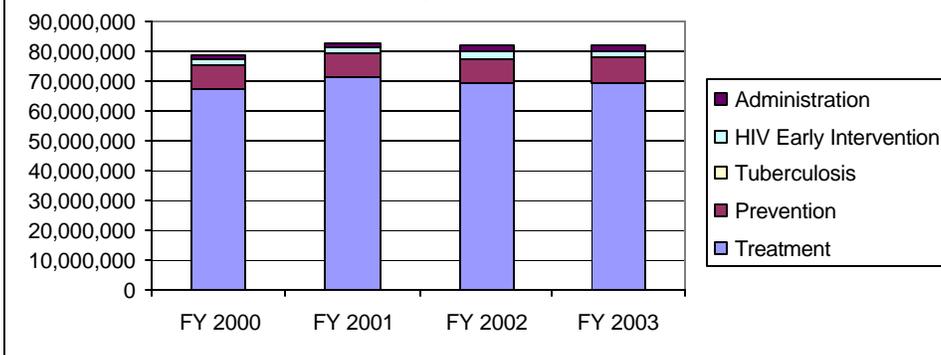
FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Expenditure From All Funding Sources by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	39,495,186	50	41,902,219	51	69,241,146	85	69,711,951	85
Alcohol Treatment	14,455,538	18	15,167,239	18				
Drug Treatment	13,793,778	18	14,363,958	17				
Prevention	7,965,941	10	8,206,542	10	8,509,884	10	8,511,634	10
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,006,085	3	2,036,990	2	2,115,456	3	2,126,330	3
Administration	1,023,956	1	1,154,375	1	1,934,700	2	2,035,712	2
Total*	78,740,484	100	82,831,323	100	81,801,186	100	82,385,627	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

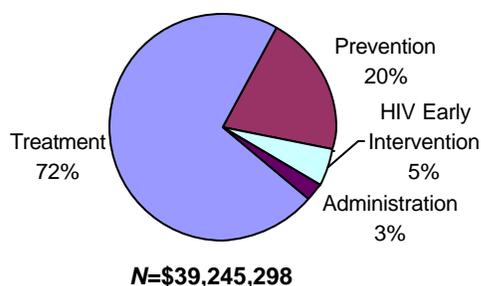
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

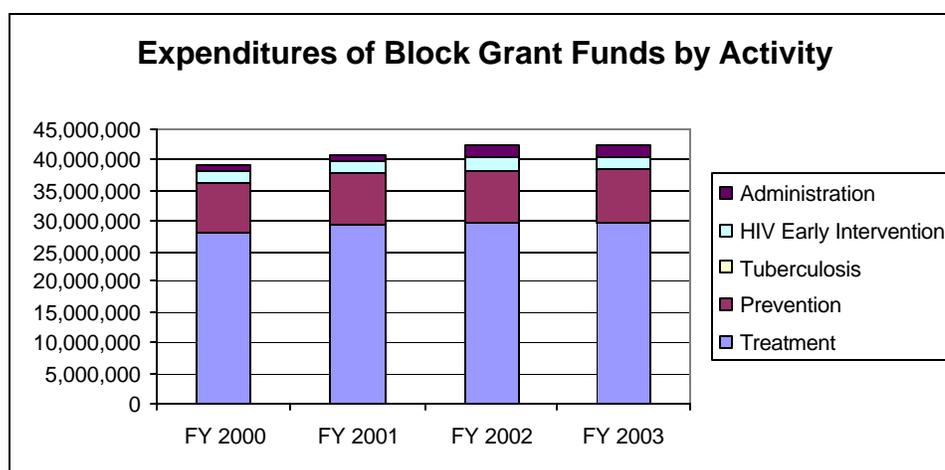
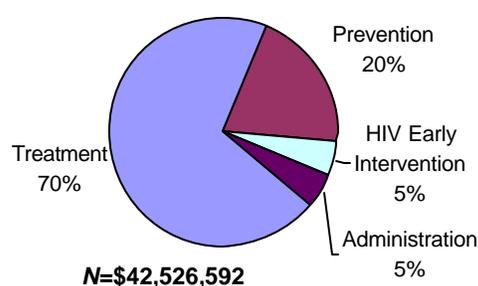
Expenditures of Block Grant Funds

Block Grant funding for SSA activities increased steadily over time, from \$39.4 to \$42.5 million, from FY 2000 to FY 2003, respectively. The distribution of Block Grant expenditures among SSA activities has also been stable since FY 2000. Treatment accounted for the majority of Block Grant expenditures (72 percent in 2000 and 2001; 70 percent in 2002 and 2003) and prevention expenditures have remained consistent at 20 percent for all four years.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	29,749,054	70	29,852,916	70
Alcohol Treatment	14,455,538	37	15,167,239	37				
Drug Treatment	13,793,778	35	14,363,958	35				
Prevention	7,965,941	20	8,206,542	20	8,509,884	20	8,511,634	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,006,085	5	2,036,990	5	2,115,456	5	2,126,330	5
Administration	1,023,956	3	1,154,375	3	1,934,700	5	2,035,712	5
Total*	39,245,298	100	40,929,104	100	42,309,094	100	42,526,592	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

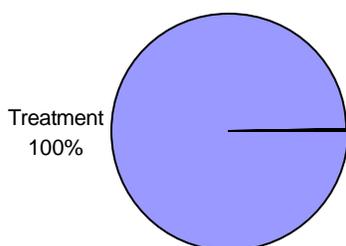
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

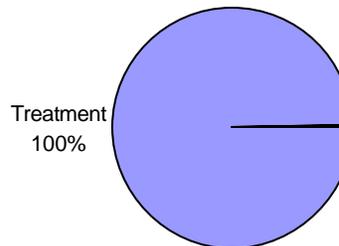
State funding remained fairly stable from FYs 2000 to 2003, ranging from \$38.5 million in FY 2000 to \$40.2 million in FY 2001. All of State funds were expended for treatment and rehabilitation activities during this time period.

FY 2000 State Expenditures by Activity

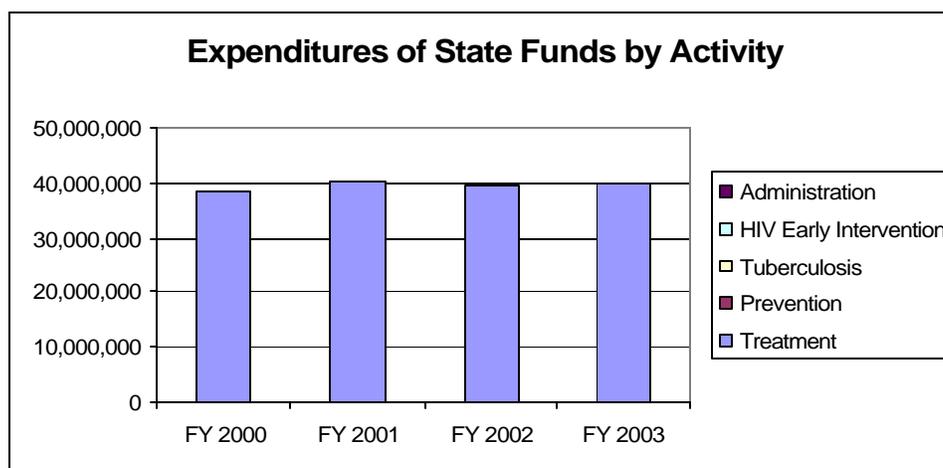


N=\$38,503,482

FY 2003 State Expenditures by Activity



N=\$39,859,035



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	38,503,482	100	40,202,220	100	39,492,092	100	39,859,035	100
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	38,503,482	100	40,202,220	100	39,492,092	100	39,859,035	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The prevention mission of Virginia DMHMRSAS is to reduce the incidence and prevalence of dependence on and addiction to alcohol, tobacco, and other drugs by strategically addressing the risk factors associated with these disorders. The emphasis is on the enhancement of protective factors and reduction of risk factors.

The Prevention Service Unit Manager is part of the Governor's Office for Substance Abuse Prevention (GOSAP) Collaborative. The collaborative includes the State prevention directors in the Department of Education, Social Services, Juvenile Justice, Criminal Justice Services, Motor Vehicles, Health, the Alcohol Beverage Control Board, the Virginia Tobacco Settlement Foundation, and the National Guard. The group is developing and maintaining a statewide, cross-system social data indicator and youth survey database. A statewide prevention plan is also being developed. Prevention services also utilize the 40 CSBs as a single entry point for the publicly funded system. Each CSB has a prevention director that administers or contracts for prevention services.

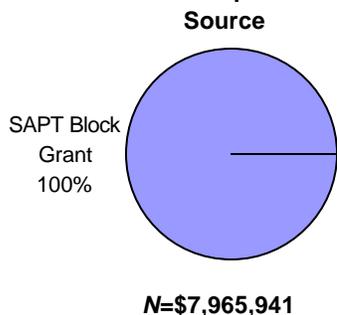
GOSAP is the recipient of a 3-year State Incentive Grant (SIG). The majority of the SIG is to award 20 subgrants for the implementation of community-oriented, evidence-based prevention practices to fill gaps in critical prevention services in 44 communities. GOSAP also sponsors other prevention initiatives, including Kidsafe Virginia, a program initiated in 2002 to provide personal safety resources to students, parents, educators, and public safety professionals throughout Virginia; the Youth Alcohol and Drug Prevention Project, a student-run conference empowering youth to change their lives through leadership; and The Youth Public Safety Advisory Council, a channel for options and feedback of Virginia high school youth about school and community safety issues.

Prevention Funding and Expenditures

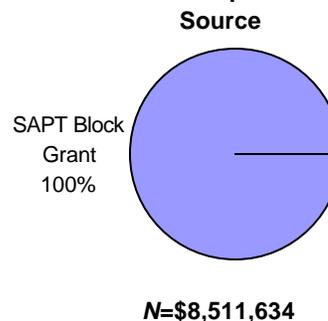
Prevention expenditures in Virginia increased steadily over time, from nearly \$8 million in FY 2000 to \$8.5 million in FY 2003. All prevention activities were funded exclusively by the SAPT Block Grant for all four years (FYs 2000 – 2003).

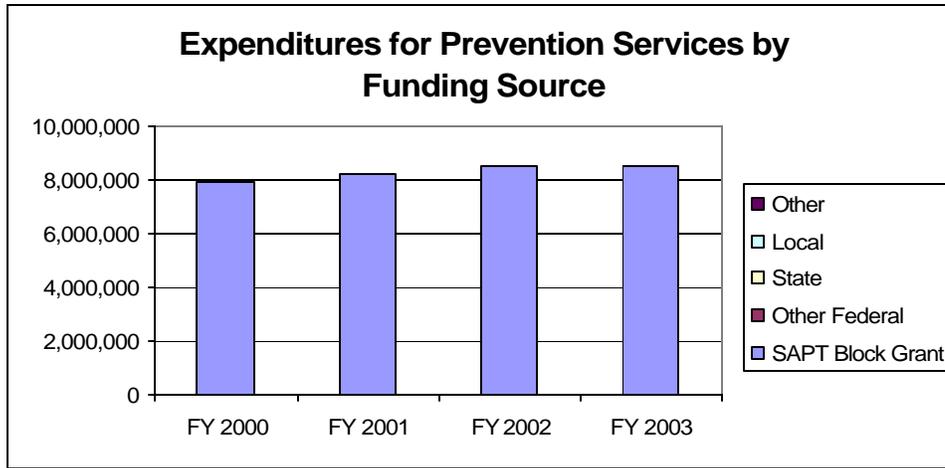
Block Grant expenditures per capita remained stable during these years, ranging from \$1.12 to \$1.17.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	7,965,941	100	8,206,542	100	8,509,884	100	8,511,634	100
Other Federal	0	0	0	0	0	0	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,965,941	100	8,206,542	100	8,509,884	100	8,511,634	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

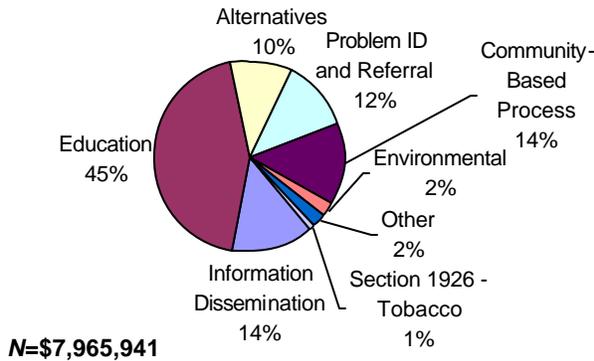
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include informational mailings, regional meetings, and onsite training on request at the CSBs; information clearinghouse; and distribution of the Directory of Virginia Prevention Researchers and Evaluators.
Education	Strategies include co-sponsoring the Virginia Summer Institute for Addiction Studies; supporting the Strengthening Families Initiative; and to conduct basic and advanced training quarterly in the Performance Based Prevention System.
Alternatives	Strategies include supporting collaborative activities involving other community service providers, organizations, and individual citizens, as well as provision of technical assistance and training on the planning, implementation, and evaluation of alternative activities as requested by prevention directors.
Community-Based Processes	Strategies include provision of training and technical assistance on the community-based planning process to prevention personnel on the State and local levels, and representation on many State and local prevention activities, including GOSAP KIDSafe Conference Planning Committee, VA Youth Tobacco Prevention Research to Practice Grant Request and Conference Planning Committee, Virginia Tobacco Settlement Strategic Planning Committee, and CSAP Regional Alcohol and Drug Awareness Resources (RADAR) Network Steering Committee.
Environmental	Strategies include distribution of merchant awareness materials to store owners and clerks and teaming with the Alcohol Beverage Control (ABC) board to conduct inspections related to Virginia youth access to tobacco legislation.
Problem Identification and Referral	Strategies include continued support of the eight LINK projects, student assistance programs in collaboration with local school systems, and employee assistance programs.

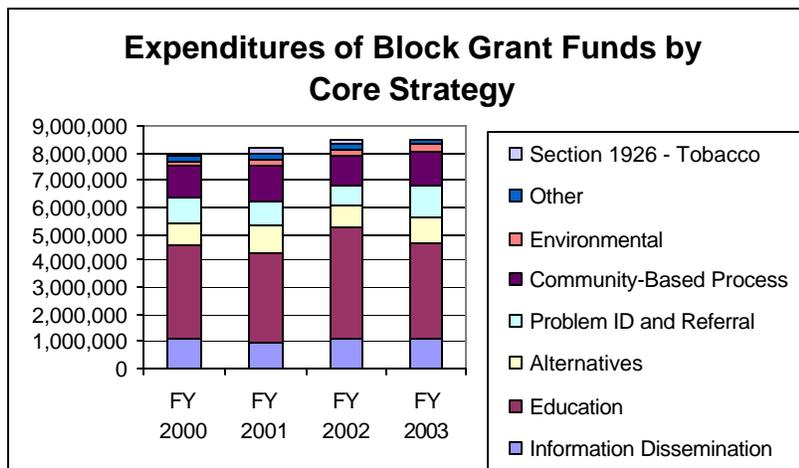
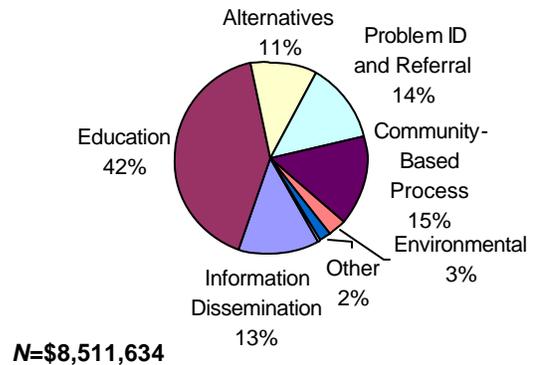
Expenditures of Block Grant Funds for Core Strategies

The distribution of Block Grant funds among the core prevention strategies remained quite stable from FYs 2000 to 2003. Education consistently received the majority of funds (from 41 to 49 percent of total funding). The remaining funds were distributed among a variety of activities, including community-based process, information dissemination, problem identification and referral, and alternative strategies.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,096,702	14	984,432	12	1,097,191	13	1,123,368	13
Education	3,517,452	44	3,344,894	41	4,148,474	49	3,574,957	42
Alternatives	825,871	10	985,986	12	793,366	9	932,670	11
Problem ID and Referral	957,645	12	936,260	11	746,937	9	1,168,336	14
Community-Based Process	1,130,288	14	1,282,792	16	1,133,031	13	1,270,763	15
Environmental	176,448	2	235,425	3	226,443	3	257,316	3
Other	174,171	2	171,932	2	196,782	2	151,706	2
Section 1926 - Tobacco	87,364	1	264,821	3	167,660	2	32,518	0
Total*	7,965,941	100	8,206,542	100	8,509,884	100	8,511,634	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Virginia's DMHMRSAS does not provide direct alcohol and drug treatment services. Rather, services are contracted to 40 CSBs located throughout the State. The CSBs provide direct substance abuse services or contract for services through local providers. The CSBs vary in their composition, organizational structures, and array of services and include operating CSBs (which are nongovernmental entities that provide direct services or contract for services), administrative CSBs (which employ city or county employees that provide direct services or contract for services), and policy advisory CSBs (which serve in an advisory role to a local government entity that provides direct services or contracts for services).

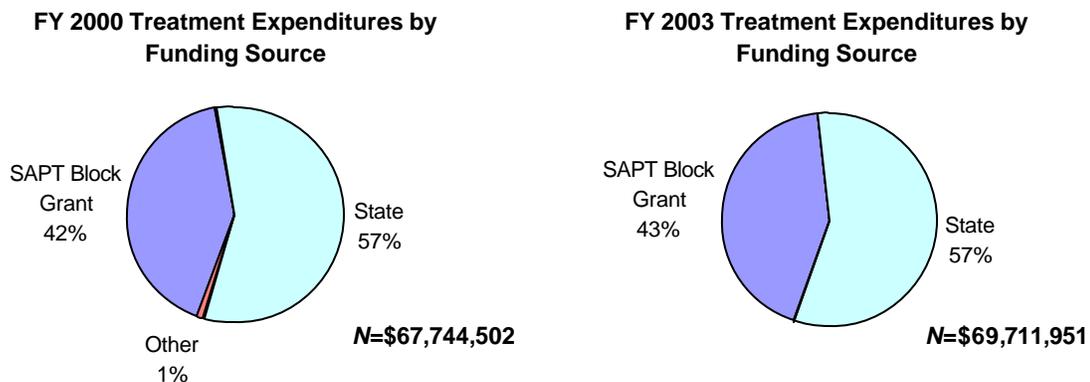
DMHMRSAS has also funded education and collaboration efforts to target child welfare and substance abuse services providers throughout Virginia regarding perinatal substance use and Virginia's Substance Exposed Infant Legislation. A variety of special education initiatives regarding perinatal addiction and the impact of maternal substance use on children for medical providers, child welfare staff, and front-line and in-home service providers have been funded.

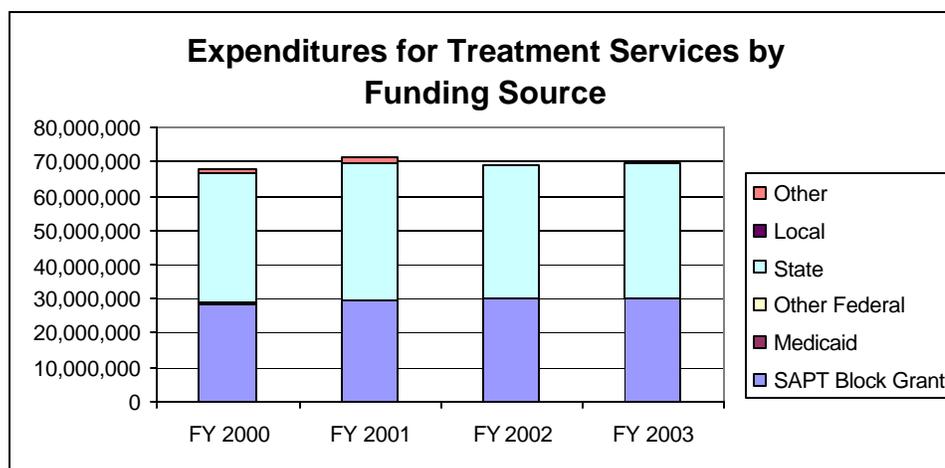
In addition, there are 6 publicly funded and 11 privately funded opioid treatment programs statewide. A staff person in the Office of Substance Abuse Services is the delegated opioid treatment authority, and works with the Office of Licensure to ensure that programs comply with state licensure requirements, which are more stringent than the Federal guidelines.

Treatment Funding and Expenditures

Expenditures on treatment and rehabilitation services in Virginia increased from \$67.7 million in FY 2000 to \$69.7 million in FY 2003. The State has consistently funded 56 to 57 percent of treatment expenditures, while the SAPT Block Grant has funded between 41 and 43 percent of treatment expenditures.

Block Grant expenditures on treatment have remained fairly stable in Virginia, ranging from \$3.98 to \$4.11 per capita.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	28,249,316	42	29,531,197	41	29,749,054	43	29,852,916	43
Medicaid	291,703	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	38,503,482	57	40,202,220	56	39,492,092	57	39,859,035	57
Local	0	0	0	0	0	0	0	0
Other	700,001	1	1,699,999	2	0	0	0	0
Total*	67,744,502	100	71,433,416	100	69,241,146	100	69,711,951	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Virginia did not include the number of persons admitted by type of treatment care for FY 2002 (Form 7a) in their FY 2005 Block Grant Application. Treatment Episode Data Set (TEDS) data indicate more than 22,000 admissions (where at least one substance is known) of which nearly 18,000 were admitted for substance abuse treatment of alcohol in combination with other drugs. Calculations (with imputation) from TEDS data show that approximately 18 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	4,446	18.2
Any other drugs	17,825	18.4
Total	22,271	18.4

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 418,000 persons aged 12 and older (7.1 percent of Virginia's population) needed, but did not receive, treatment for alcohol use and 159,000 persons (2.7 percent) needed, but did not receive treatment, for illicit drug use in Virginia.

Treatment Gap by Age Group

Measure	12 and older	12-17	18-25	26 and older
Needing but not receiving treatment for alcohol use	7.08	6.01	17.15	5.59
Needing but not receiving treatment for illicit drug use	2.69	5.51	7.95	1.46

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Virginia is divided into five Health Planning Regions (HPRs) for substate planning. DMHMRSAS allocates funding for the 40 CSBs based on population of the catchment area, need for services, and ability to pay. Need for service indicators include substance abuse-related deaths; arrests for sale/distribution of a controlled substance, arrests for possession of a controlled substance, prevalence of AIDS attributable to intravenous drug use, average level of disability among substance abuse clients served, poverty rate, and unemployment rate. Each CSB is also required to develop a community-based prevention plan based on the Strategic Prevention Framework (SPF) model.

Virginia has conducted a substance abuse treatment needs assessment, which included a Household Telephone Survey of Adults, Substance Abuse Need for Treatment Among Arrestees (SANTA), Social Indicator Study, and household survey of adolescents. Data from the studies were entered in the Virginia Social Data Base which is updated regularly. The Virginia State prevention needs assessment studies includes a community youth survey, a community resource assessment, and a social indicator study.

Evaluation

The evaluation of substance abuse treatment and prevention services in Virginia is accomplished through a variety of methods. First, each CSB must submit a plan for services, including a community-based prevention plan based on the SPF, which includes monitoring and evaluation. Also, Virginia DMHMRSAS makes periodic site visits to the CSB to ensure compliance. DMHMRSAS uses a quality improvement approach to obtain needed changes in service operations of the CSBs, and will, on occasion, make performance contract addenda to ensure necessary changes in services. DMHMRSAS also performs licensure, regulation, and consultation services to the CSBs.

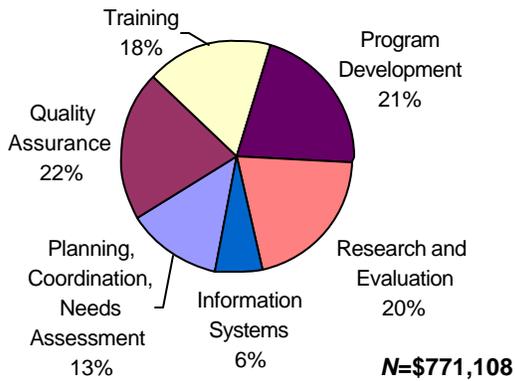
Training and Assistance

Virginia DMHMRSAS provides training opportunities for both treatment and prevention providers. Staff assistance and financial support is provided by DMHMRSAS for the Virginia Summer Institute for Addiction Studies (VSIAS). The institute is designed to train prevention specialists and substance abuse counselors in basic and advanced skill development. Program administrators are also trained in advance program management techniques. The Mid Atlantic ATTC delivers a 12-month training curriculum that highlights the 12 core functions associated with substance abuse treatment and recovery. The curriculum meets the academic requirements for State substance abuse certification and licensure through the Virginia Department of Health Professions. In addition, DMHMRSAS staff conducts quarterly basic and advanced training in the Performance Based Prevention System.

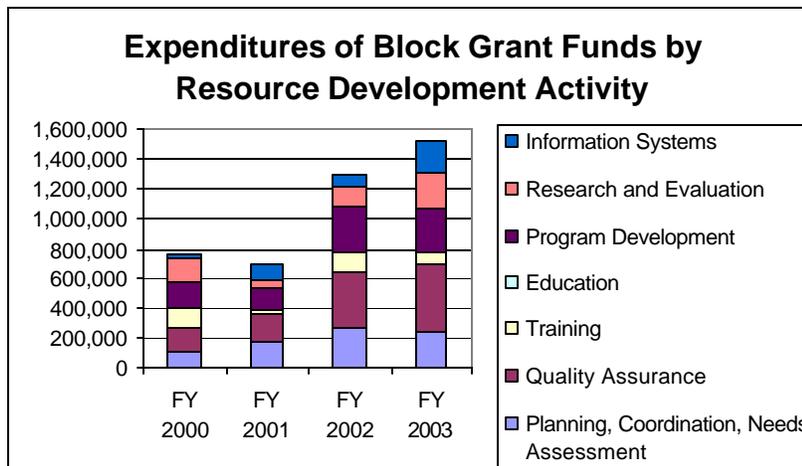
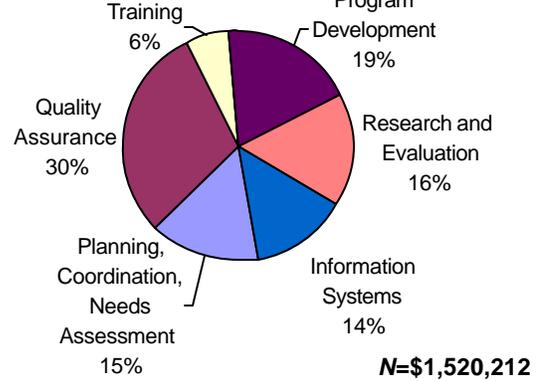
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Virginia more than doubled from FY 2000 to 2003 (from over \$770,000 to \$1.5 million, respectively). Funding was widely distributed among different areas, including quality assurance; planning, coordination, and needs assessment; program development; and research and evaluation.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	102,057	13	170,969	25	261,097	20	232,442	15
Quality Assurance	162,662	21	184,741	27	372,646	29	456,560	30
Training	136,655	18	29,536	4	142,551	11	91,049	6
Education	0	0	0	0	0	0	0	0
Program Development	162,662	21	138,029	20	313,255	24	288,369	19
Research and Evaluation	158,021	20	58,728	9	129,919	10	242,840	16
Information Systems	49,051	6	99,513	15	78,241	6	208,952	14
Total*	771,108	100	681,516	100	1,297,709	100	1,520,212	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded nearly \$4 million to Virginia in 26 discretionary grants in FY 2004. Most of the funding (\$1.6 million) and awards (18 of the 26) went to Drug Free Community grantees.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Anti-Drug Coalition	1	994,100
CSAP 2004 Earmarks	1	99,410
Drug Free Communities	18	1,568,577
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	349,989
HIV/AIDS Cohort 5 Services	3	750,000
Youth Transition into the Workplace	1	149,976
Total	26	3,975,688

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$2.9 million in discretionary grants to Virginia in FY 2004. Most of the awards went to the Addiction Technical Transfer Center, for residential treatment, and for the targeted capacity HIV/AIDS or rural populations' grants.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
SAMHSA Conference Grants	1	50,000
Targeted Capacity - HIV/AIDS	1	500,000
Adult Juvenile and Family Drug Courts	1	400,000
TCE Rural Populations	1	500,000
Residential SA Treatment	1	500,000
Strengthening Access and Retention	1	188,740
Addiction Technical Transfer Center	1	649,990
Total	8	2,888,730

SOURCE: www.samhsa.gov

WASHINGTON

State SSA Director

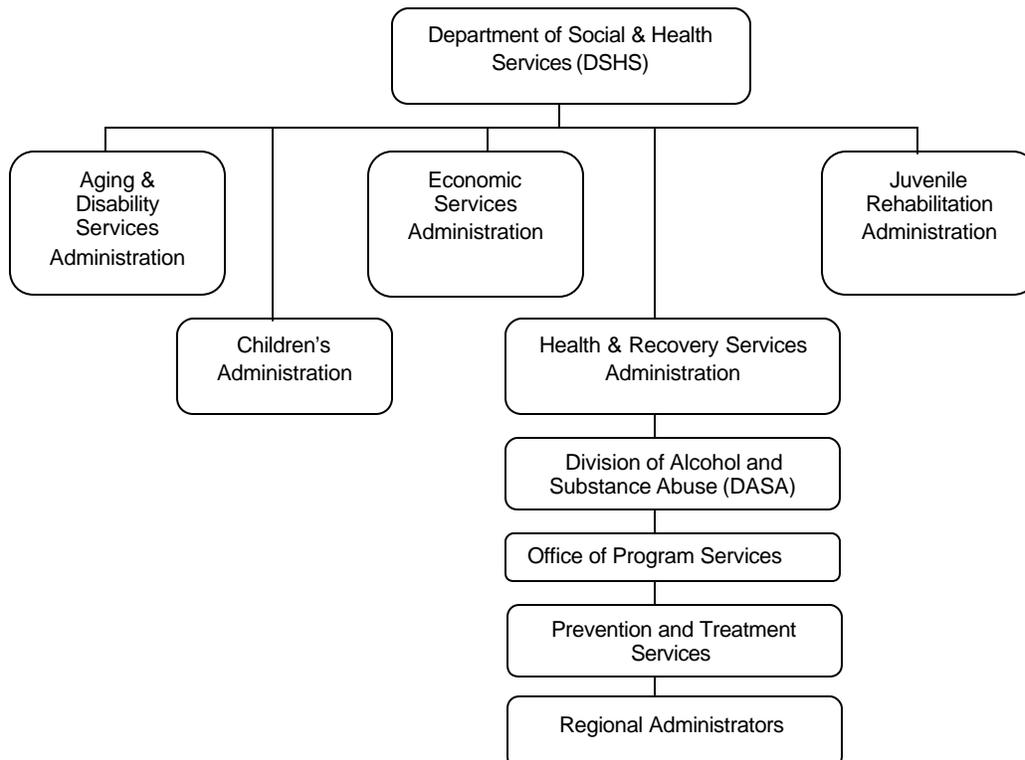
Mr. Doug E. Allen, Director
Washington State Division of Alcohol and Substance Abuse
P.O. Box 45330
Olympia, WA 98504-5330
Phone: 360-725-3700
Fax: 360-438-8078
E-mail: allende@dshs.wa.gov

Structure and Function



The Department of Social and Health Services (DSHS) has broad statutory authority to plan, establish, and maintain substance abuse prevention and treatment programs. The Division of Alcohol and Substance Abuse (DASA) is the unit within DSHS that functions as the Single State Agency (SSA) for Washington. The goal of this division is to reduce the likelihood of persons becoming chemically dependent or experiencing negative consequences from misusing drugs and to provide for recovery. To accomplish its goal DASA (1) certifies providers of treatment services; (2) contracts with counties, tribes, and treatment organizations to provide services to persons who cannot pay the full cost of needed treatment; and (3) coordinates a comprehensive program of drug prevention and early intervention. The division works with county governments, Tribes, nonprofit organizations, and other State agencies to develop programs, and performs seven major program management functions: program policy and planning, program implementation and oversight, certification and evaluation of providers, fiscal and contract management, training and technical assistance, management information system, and comprehensive program research and outcome studies.

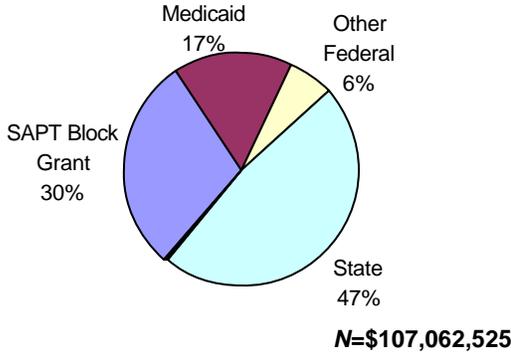
Single State Agency Structure



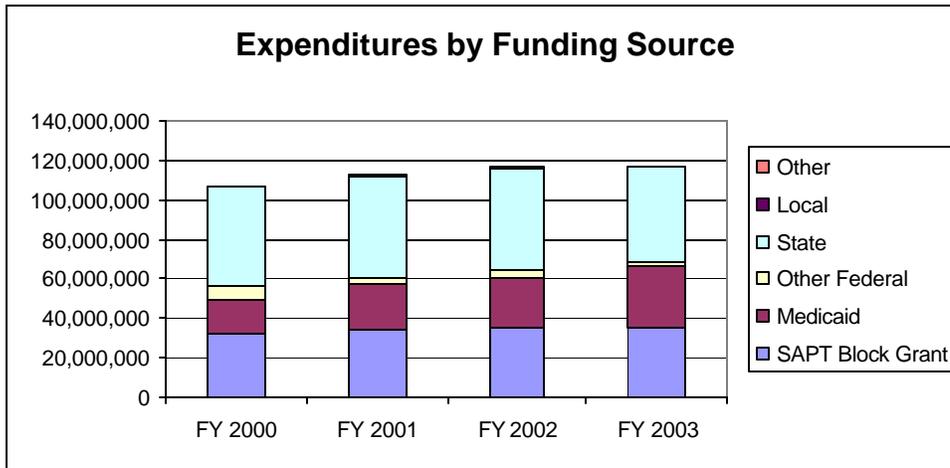
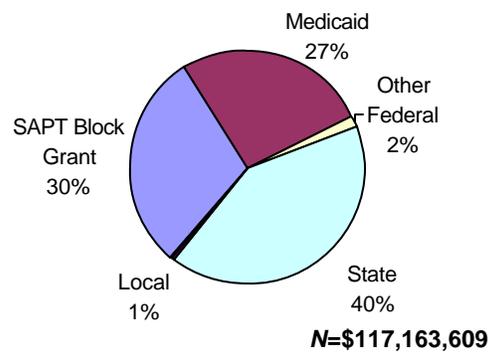
Single State Agency Funding Overview

Between FYs 2000 and 2003 total SSA expenditures increased from \$107 to nearly \$117.2 million. In FY 2003, the State provided the largest proportion (40 percent) of total funds, followed by the Block Grant (at 30 percent) and Medicaid (27 percent). This distribution represents a change since FY 2000 when the State provided nearly 50 percent of SSA funds, and Medicaid provided 17 percent of funds.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

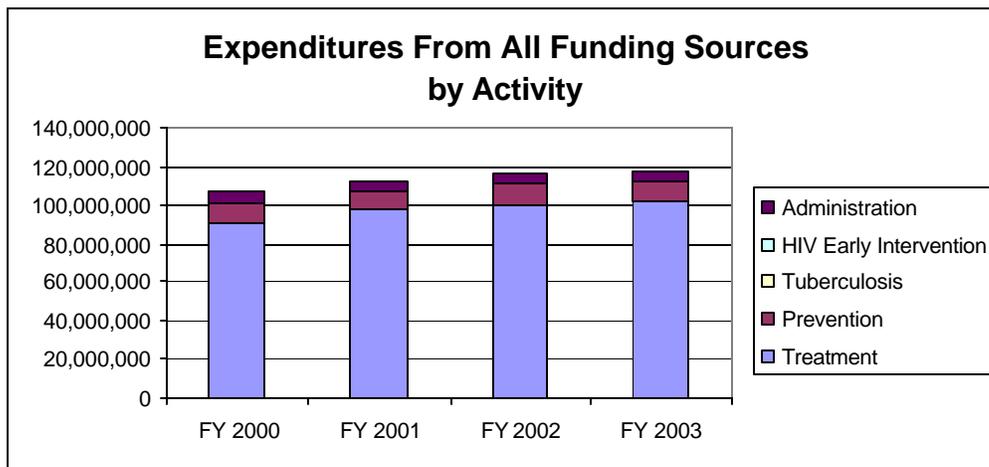
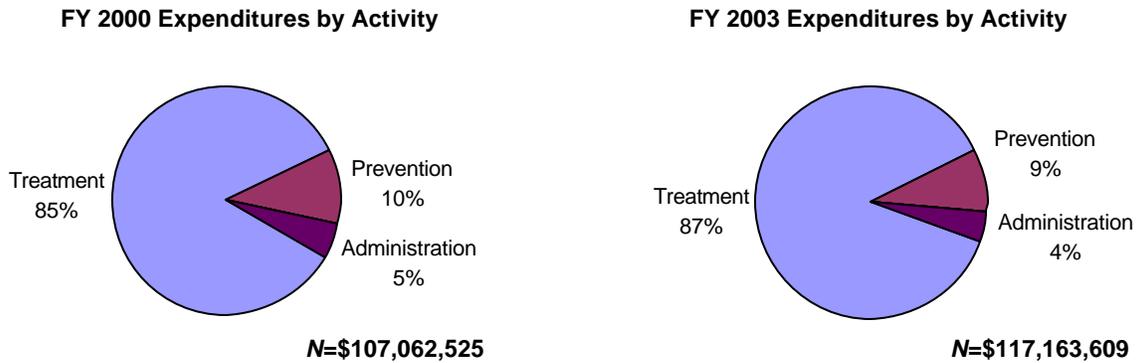
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	31,732,096	30	33,750,256	30	34,946,027	30	35,125,673	30
Medicaid	17,704,369	17	22,795,496	20	24,619,090	21	31,346,544	27
Other Federal	6,454,368	6	3,029,599	3	3,968,409	3	1,814,572	2
State	50,806,275	47	52,812,663	47	52,454,495	45	48,253,834	40
Local	365,417	0	520,051	0	537,244	0	622,986	1
Other	0	0	0	0	0	0	0	0
Total*	107,062,525	100	112,908,065	100	116,525,265	100	117,163,609	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$117.2 in total SSA expenditures in FY 2003, 87 percent was spent on treatment activities, 9 percent on prevention services, and 4 percent on administration costs. This distribution is similar to those in FYs 2000, 2001 and 2002.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	90,695,985	85	97,949,645	87	100,393,972	86	102,176,682	87
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	10,884,604	10	9,114,844	8	11,069,777	9	10,095,235	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	5,481,936	5	5,843,576	5	5,061,516	4	4,891,692	4
Total	107,062,525	100	112,908,065	100	116,525,265	100	117,163,609	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

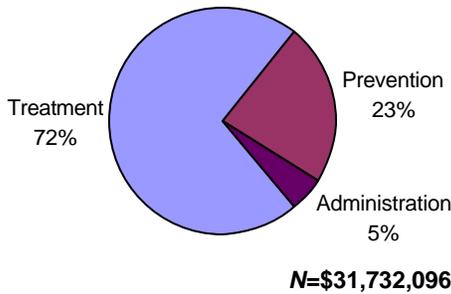
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

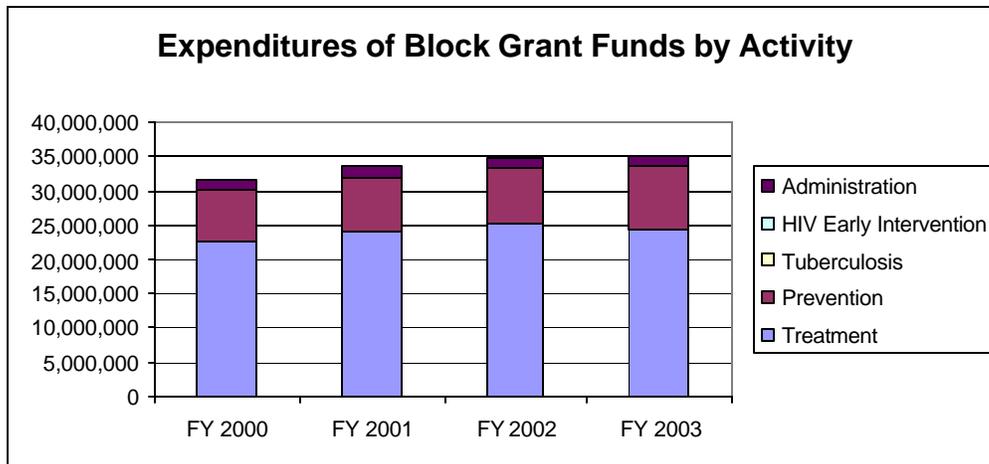
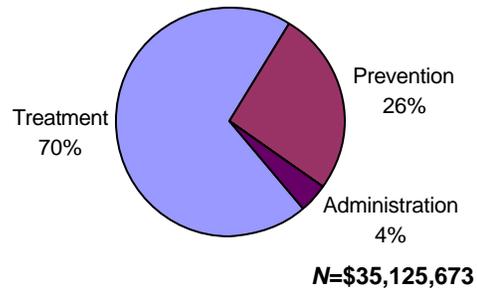
Expenditures of Block Grant Funds

SAPT Block Grant expenditures in Washington increased from \$31.7 to \$35.1 million between FYs 2000 and 2003. The distribution of Block Grant funds during this time remained relatively stable. In FY 2003, treatment activities received the largest proportion (70 percent), followed by prevention activities (at 26 percent) and administration costs (4 percent).

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	22,795,536	72	24,202,190	72	25,353,204	73	24,587,971	70
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	7,360,525	23	7,864,273	23	7,930,079	23	9,118,562	26
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,576,035	5	1,683,793	5	1,662,744	5	1,419,140	4
Total*	31,732,096	100	33,750,256	100	34,946,027	100	35,125,673	100

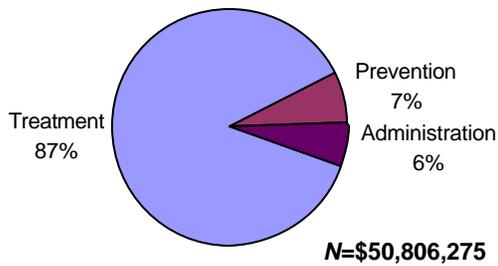
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

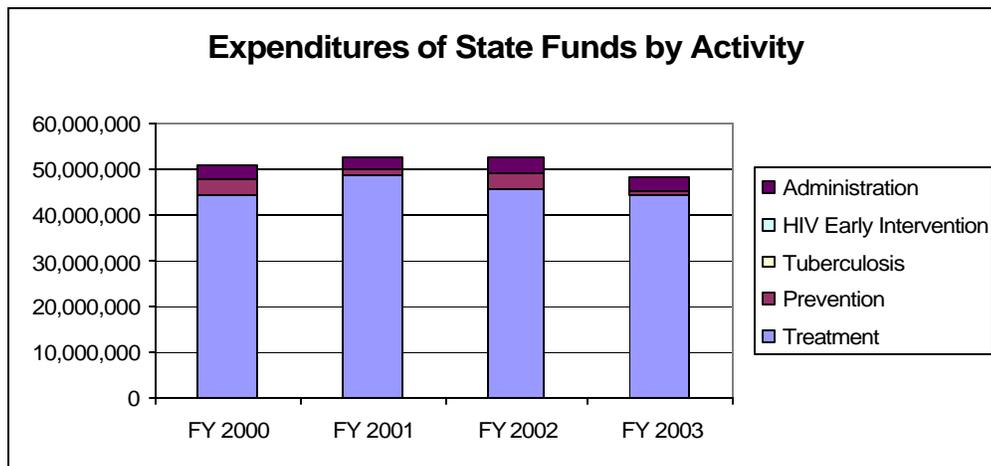
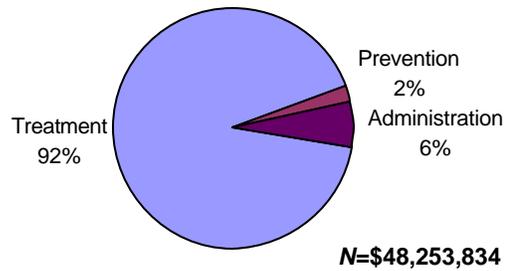
Expenditures of State Funds

Between FYs 2000 and 2003 State expenditures declined slightly from \$50.8 to \$48.3 million. In FY 2003, most (92 percent) of State funds were spent on treatment services (up from 87 percent in FY 2000), followed by 6 percent on administration costs and 2 percent on prevention activities (down from 7 percent from FY 2000).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	44,334,274	87	48,735,720	92	45,916,025	88	44,325,677	92
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	3,524,079	7	1,250,571	2	3,139,698	6	976,673	2
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,947,922	6	2,826,372	5	3,398,772	6	2,951,484	6
Total*	50,806,275	100	52,812,663	100	52,454,495	100	48,253,834	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

DASA's Prevention Program is aimed at preventing alcohol, tobacco, and other (ATOD) drug use and abuse to reduce their negative consequences and minimize future needs for substance abuse treatment. The program covers all segments of the population at potential risk for substance use and abuse, although the primary focus of the program is on children who have not yet begun use or are still only experimenting.

DASA's prevention philosophy adopts a risk and protective factor approach as the cornerstone of its efforts to prevent alcohol and other drug abuse. It contracts with the Department of Social and Health Services' Research and Data Analysis unit to compile risk and protection profiles for each of the State's 39 counties that are used to support program planning, resource allocation, and the development of outcome measures.

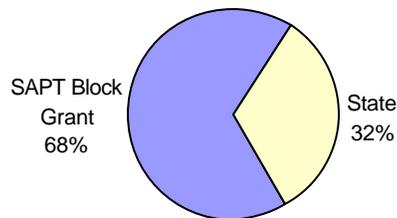
DASA supports a statewide system of county programs and a statewide network of tribal programs. Several special initiatives are in place and include a student assistance program; the Federal Office of Juvenile Justice and Delinquency Prevention project that supports community-based environmental strategies; media efforts; a mentoring program; and training and technical resources for special populations. Other strategies pursued by communities are being implemented and include peer support programs, cross-age teaching models, parent training, task force development, and education and support programs for children of substance users, among others.

Prevention Funding and Expenditures

Prevention funding in Washington totaled nearly \$10 million in FY 2003, down slightly from \$10.9 million in FY 2000. In FY 2003, the Block Grant provided most (90 percent) of these funds, followed by 10 percent from the State. This is a dramatic shift from FY 2000 when the Block Grant provided 68 percent of prevention funds, and the State provided 32 percent.

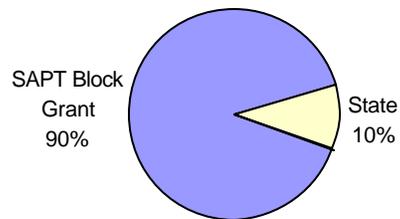
Block Grant prevention expenditures ranged from \$1.25 to \$1.31 per capita in Washington between FYs 2000 and 2002. In FY 2003 per capita prevention expenses increased to \$1.49.

FY 2000 Prevention Expenditures by Funding Source

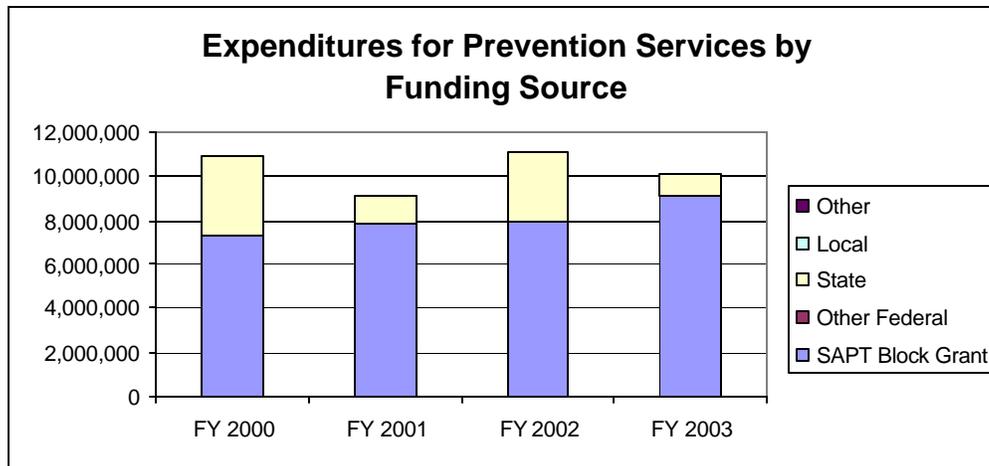


N=\$10,884,604

FY 2003 Prevention Expenditures by Funding Source



N=\$10,095,235



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	7,360,525	68	7,864,273	86	7,930,079	72	9,118,562	90
Other Federal	0	0	0	0	0	0	0	0
State	3,524,079	32	1,250,571	14	3,139,698	28	976,673	10
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	10,884,604	100	9,114,844	100	11,069,777	100	10,095,235	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

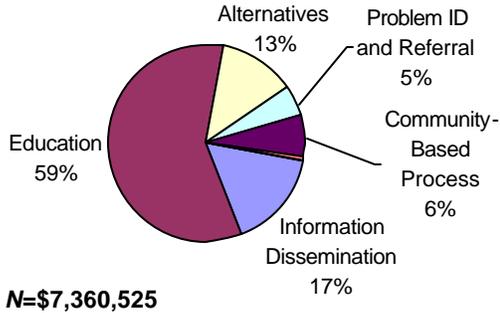
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Resources include a clearinghouse and information center for prevention professionals, parents, students, school personnel, community members, as well as the electronic newsletter "Prevention E-briefs."
Education	Activities include education programs in community colleges, technical colleges, and universities; parent education programs; and peer helper programs.
Alternatives	Funding supports community drop-in centers and youth/adult leadership activities.
Community-Based Processes	Activities include community team building, systematic planning, and community and volunteer training.
Environmental	Funding supports the promotion of ATOD policies in schools and monitoring and changing advertising practices.
Problem Identification and Referral	Programs include driving under the influence (DUI) programs, student assistance programs, and drug-free business initiatives.

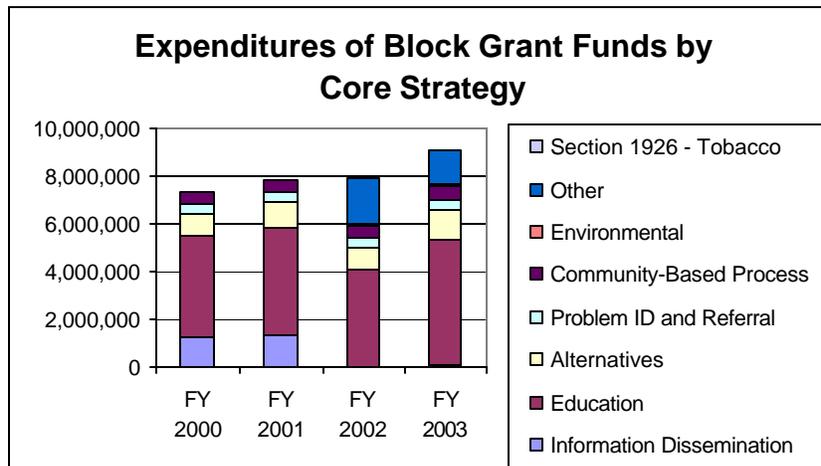
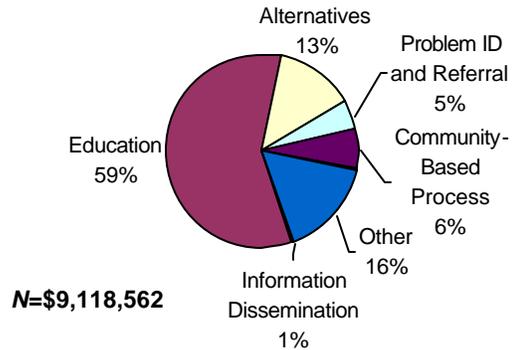
Expenditures of Block Grant Funds for Core Strategies

Washington’s SAPT Block Grant funding for prevention strategies increased from FYs 2000 and 2003 from \$7.4 to \$9.1 million. During this time, education received the majority (59 percent) of prevention core strategies funds, and the remainder were spread among a wide array of activities.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,211,813	16	1,294,748	16	0	0	45,593	1
Education	4,299,184	58	4,593,417	58	4,031,180	51	5,325,240	58
Alternatives	972,558	13	1,039,119	13	1,047,563	13	1,203,650	13
Problem ID and Referral	375,003	5	400,668	5	403,641	5	465,047	5
Community-Based Process	470,593	6	502,800	6	499,595	6	583,588	6
Environmental	31,374	0	33,521	0	33,782	0	36,474	0
Other	0	0	0	0	1,914,318	24	1,458,970	16
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	7,360,525	100	7,864,273	100	7,930,079	100	9,118,562	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

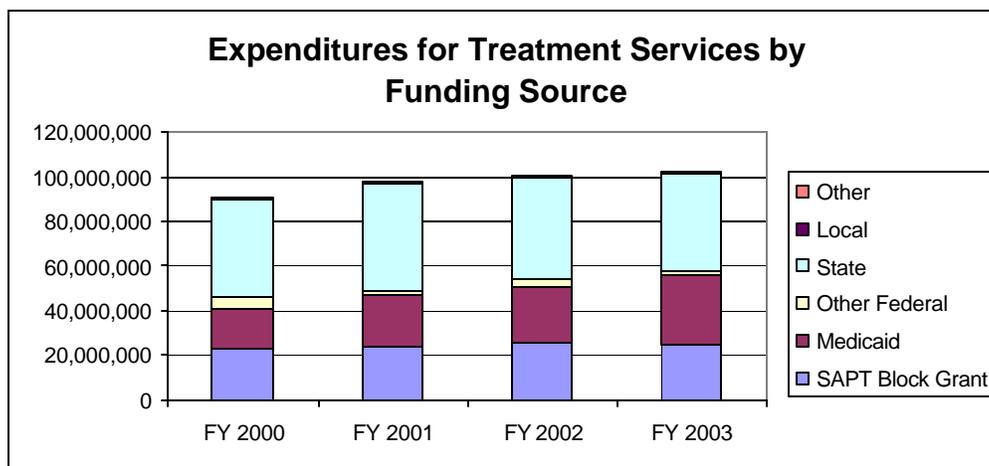
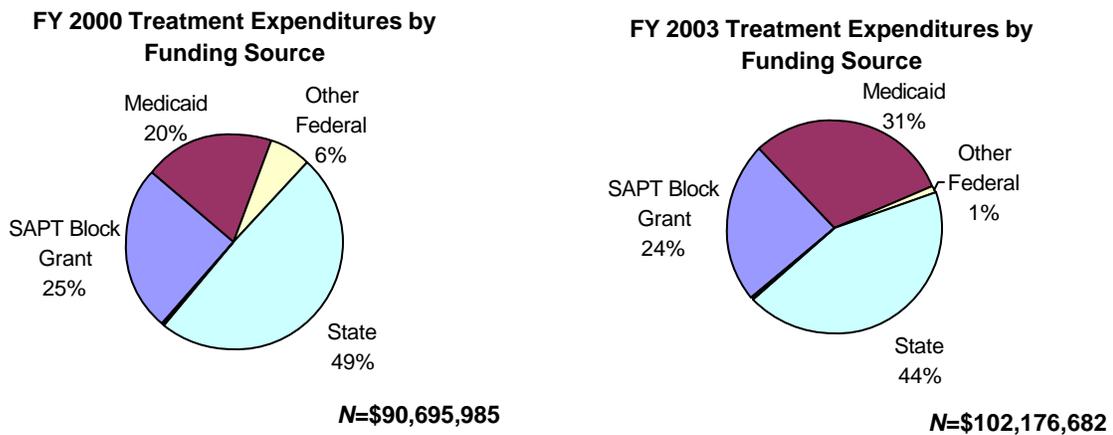
DASA-funded services are available to individuals who are low-income, indigent, or are unemployable as a result of their alcohol or other drug addiction. Treatment services are designed to maintain a cost-effective, quality continuum of care for rehabilitating individuals who abuse alcohol and other drugs. DASA supports basic services that include diagnostic evaluation, client motivational counseling, primary treatment, and followup counseling. Treatment includes opiate substitution, intensive inpatient, long-term residential, outpatient, recovery house, involuntary, youth residential, and youth outpatient services. In addition, Alcoholics Anonymous and Narcotics Anonymous provide peer support throughout and after the primary treatment phase.

Special efforts are made to serve pregnant women and new mothers, families with children, recipients of child welfare and child protective services, adolescents, ethnic minorities, criminal justice system referrals, injection drug users (IDUs), persons with HIV/AIDS, and persons with co-occurring mental health and substance abuse disorders.

Treatment Funding and Expenditures

Treatment expenditures in Washington increased by more than \$10 million between FYs 2000 and 2003 (from \$90.7 to \$102.2 million). Most (44 percent) of FY 2003 treatment funds came from the State (down from 49 percent in FY 2000), followed by 31 percent from Medicaid (up dramatically from 20 percent in FY 2000), and 24 percent from the Block Grant.

Block Grant treatment funds per capita increased from \$3.86 to \$4.18 between FYs 2000 and 2002. In FY 2003, per capita funds declined to \$4.01.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	22,795,536	25	24,202,190	25	25,353,204	25	24,587,971	24
Medicaid	17,704,369	20	22,795,496	23	24,619,090	25	31,346,544	31
Other Federal	5,496,389	6	1,696,188	2	3,968,409	4	1,455,495	1
State	44,334,274	49	48,735,720	50	45,916,025	46	44,325,677	44
Local	365,417	0	520,051	1	537,244	1	460,995	0
Other	0	0	0	0	0	0	0	0
Total*	90,695,985	100	97,949,645	100	100,393,972	100	102,176,682	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Washington's SAPT Block Grant application indicates that over 50,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non methadone and intensive outpatient treatment).

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=50,281)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	0	0	7,913
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	7,139
Long-term residential	0	0	2,113
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	1,422
Outpatient (non-methadone)	0	0	19,782
Intensive outpatient	0	0	11,912
Detoxification (outpatient)	0	0	0
Total	0	0	50,281

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 42,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 23 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 16 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 24 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	7,067	15.5
Alcohol in combination with other drugs	34,862	24.3
Total	41,929	22.8

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 350,000 persons aged 12 and older (7.0 percent of Washington's population) needed, but did not receive, treatment for alcohol use and 154,000 persons (3.1 percent) needed, but did not receive, treatment for illicit drug use in Washington.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.00	5.70	17.79	5.33
Needing but not receiving treatment for illicit drug use	3.08	5.76	10.00	1.53

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Washington conducted a statewide assessment of need and calculated the treatment gap for residents who qualify financially and clinically for DASA-funded treatment services but who, because of the limits of available funding, do not receive it. (This is in contrast to the NSDUH study above which calculates a treatment gap for the entire statewide population, regardless of income and need.) To compute the treatment gap, Washington established an estimate of all residents at or below 200 percent of the Federal Poverty Level and in need of treatment. Persons with private insurance, access to military health services, or those enrolled in the subsidized portion of the Washington Basic Health Plan were not included. The following equation was then used:

$$\text{Treatment Gap Rate} = \frac{\text{\# qualifying for and requiring DASA-funded treatment minus those receiving it}}{\text{\# qualifying for and requiring DASA-funded treatment}} \times 100$$

Findings from this study in FY 2003 show that the treatment gap for all adults aged 18 and older was nearly 74 percent and the treatment gap for adolescents was 69 percent.

Target Population	Needing & Eligible for DASA-Funded Treatment	Received Treatment with DASA-Funded Support	Number of Eligible Individuals Unserved	Treatment Gap Rate (Unserved Need)
All adults aged 18 and older	96,196	25,339	70,857	73.7%
Adolescents (aged 12-17)	18,930	5,875	13,055	69.0%
Total	115,126	31,214	83,912	72.9%

Resource Development Activities

Planning and Needs Assessment

DASA completed a Strategic Plan for 2004-2009 that identifies key priorities and enables it to position its work in the context of the overarching mission to promote healthy lifestyles and support recovery. The delivery of treatment services occurs through contracts with each of the 39 counties' Substate Planning Areas (SPAs) and through contracts with agencies serving clients statewide. Planning for statewide services is based on utilization data with input from advisory groups. Planning for services through the SPAs is based on needs assessment, population data, and risk factors. Funding allocations are reviewed and adjusted by advisory groups.

DASA collects treatment service data through the TARGET (Treatment Assessment Report Generation Tool) management information system and generates statewide and countywide summary reports. DSHS' Research and Data Analysis unit conducts the Washington State Needs Assessment Household Survey. Data from the survey and the TARGET system provide updated need data. DASA also produces a report on Tobacco, Alcohol, and Other Drug Abuse Trends in the State. The report is made available to the counties for use in developing their substance abuse needs assessments and for county planning.

DASA requires a biennial needs assessment for prevention services at the county level. Archival risk and protective factor data and Healthy Youth Survey data are provided to counties. Counties are required to review the data in a public forum with prevention agencies, coalitions, and others. The needs assessments are submitted to DASA.

Evaluation

The Department of Health monitors and licenses facilities and DASA oversees the quality of the treatment provided, ensuring that all treatment and prevention program providers incorporate best practices and recent research findings into their programs. DASA certification staff monitor treatment providers to ensure compliance with rules and regulations on an ongoing basis. The TARGET management information system allows DASA managers to retrieve and conduct analysis of a broad range of client service data. A peer review process also is in place and coordinated by a committee of the Citizens Advisory Council on Alcoholism and Drug Addiction. Peer review covers both recruitment of providers and the evaluation of outcomes. Recommendations for change resulting from the peer review are directed to the full council, and if adopted, to DASA for action.

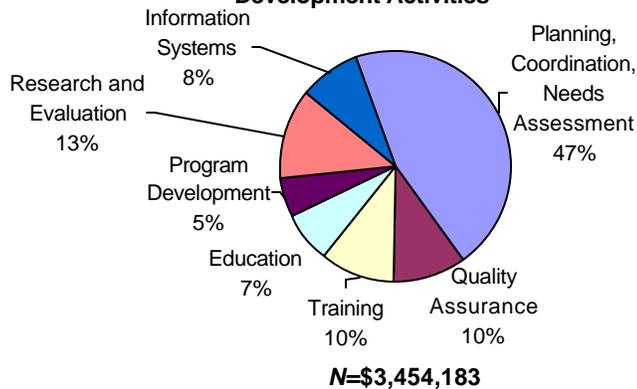
Training and Assistance

DASA conducts or cosponsors institutes, regional training sessions, conferences, academies, summits, and continuing education activities for prevention and treatment professionals, other professionals, parents, youth, and policymakers. For example, hundreds of individuals attended multiple Substance Abuse Prevention Specialist Training events, including an advanced online prevention professional training. Treatment agency administrators were trained on business practices and human resource development issues. An annual prevention summit targeted issues of interest to the field and 12 regional skill-based training sessions focused on issues facing treatment providers in each region. Over 120 participants completed the Co-occurring Disorders Case Management Academy.

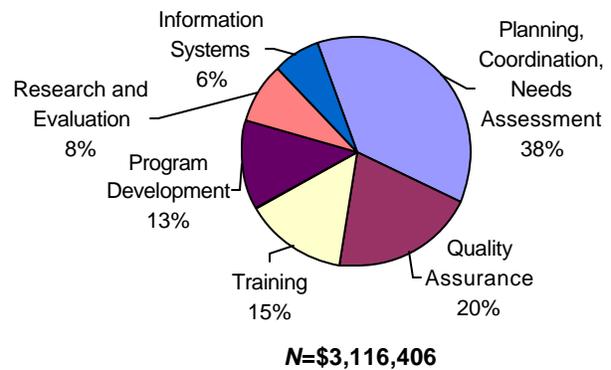
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities declined slightly between FYs 2000 and 2003 from \$3.5 to \$3.1 million. In FY 2003 the largest proportion (38 percent) of resource development activities funds was spent on planning, coordination, and needs assessment (down from 47 percent in FY 2000), followed by quality assurance at 20 percent (up from 10 percent in FY 2000). The remaining funds went towards a variety of activities.

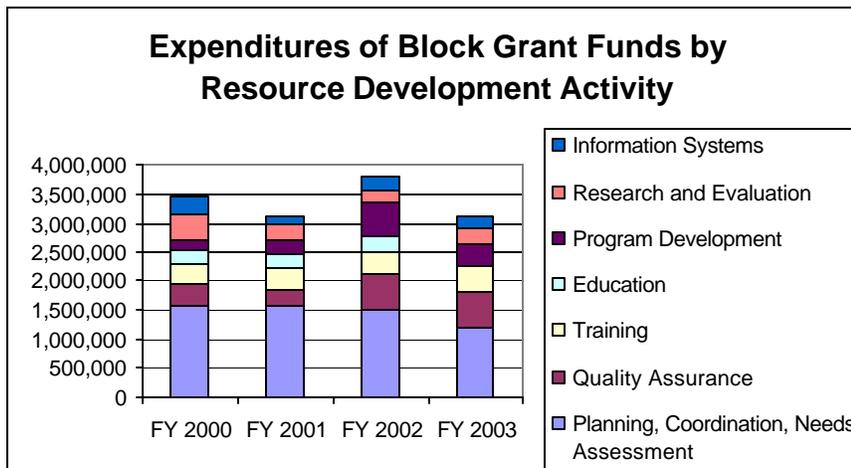
FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Expenditures of Block Grant Funds by Resource Development Activity



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	1,575,288	46	1,551,038	50	1,478,785	39	1,173,638	38
Quality Assurance	352,233	10	286,520	9	637,576	17	625,240	20
Training	354,464	10	362,531	12	407,964	11	454,949	15
Education	243,443	7	255,536	8	270,695	7	0	0
Program Development	185,678	5	250,740	8	558,861	15	395,895	13
Research and Evaluation	453,524	13	276,579	9	192,064	5	264,727	8
Information Systems	289,553	8	141,125	5	258,228	7	201,957	6
Total*	3,454,183	100	3,124,069	100	3,804,173	100	3,116,406	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Center for Substance Abuse Prevention (CSAP) discretionary funding for prevention in Washington totaled nearly \$5.2 million in 2004. Most (29 of 31) of the grants were awarded to drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	29	2,582,806
HIV/AIDS Cohort 5 Services	1	250,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	31	5,183,771

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) discretionary treatment funding in FY 2004 totaled \$13.9 million in Washington. More than half (\$7.6 million) went toward Access to Recovery (ATR) grant.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Adult Juvenile and Family Drug Courts	1	400,000
Effective Adolescent Treatment	1	248,576
Grants for Accreditation of OTPs	1	7,500
Methamphetamine Populations	1	470,718
Recovery Community Service	1	342,000
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	3,345,664
Targeted Capacity Expansion	2	927,664
Targeted Capacity - HIV/AIDS	1	500,000
Total	11	13,933,845

SOURCE: www.samhsa.gov

WEST VIRGINIA

State SSA Director

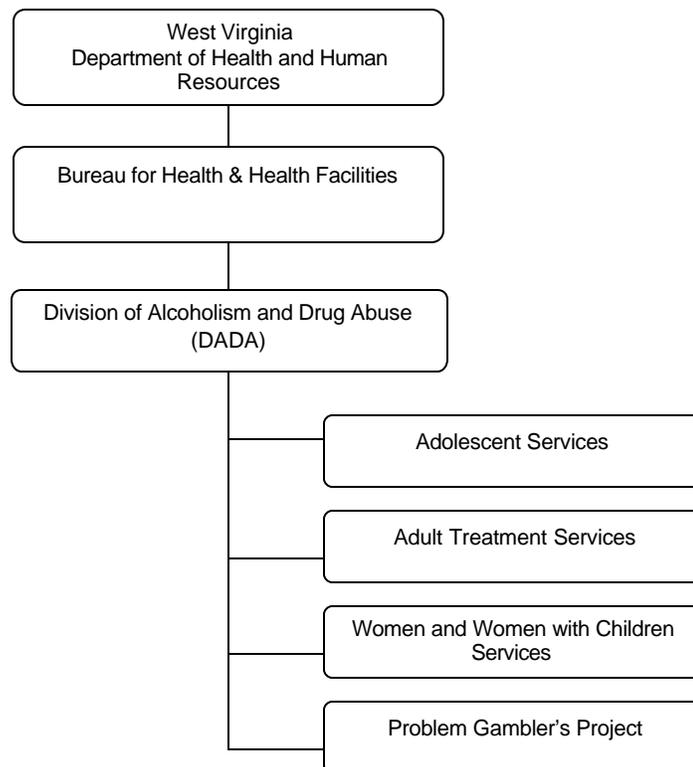
Mr. Stephen S. Mason, Director
Division on Alcoholism and Drug Abuse
Bureau for Behavioral Health and Health Facilities
350 Capitol Street, Room 350
Charleston, WV 25301-3702
Phone: 304-558-2276
Fax: 304-558-1008
E-mail: stevemason@wvdhhr.org
Web site: www.wvdhhr.org/bhfh

Structure and Function



The Division of Alcoholism and Drug Abuse (DADA) of the Bureau of Behavioral Health and Health Facilities, Department of Health and Human Resources, is the Single State Agency (SSA) for substance abuse treatment and prevention services for adults and adolescents in West Virginia. DADA's other primary responsibilities are to manage Block Grant funding, identify service needs, facilitate training, and provide leadership for collaborative community efforts in prevention and treatment. Substance abuse treatment services are administered through the State's 13 community behavioral health centers and other agencies. Prevention services are coordinated through the West Virginia Prevention Resource Center (WVPRC), which employs 16 Community Development Specialists, the core of the development and implementation of the statewide prevention system.

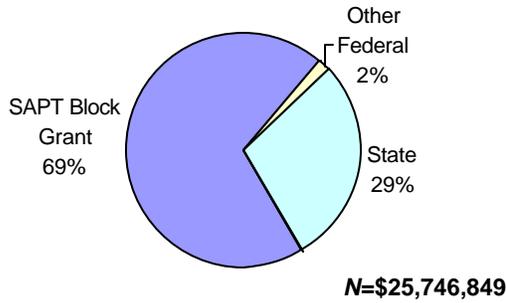
Single State Agency Structure



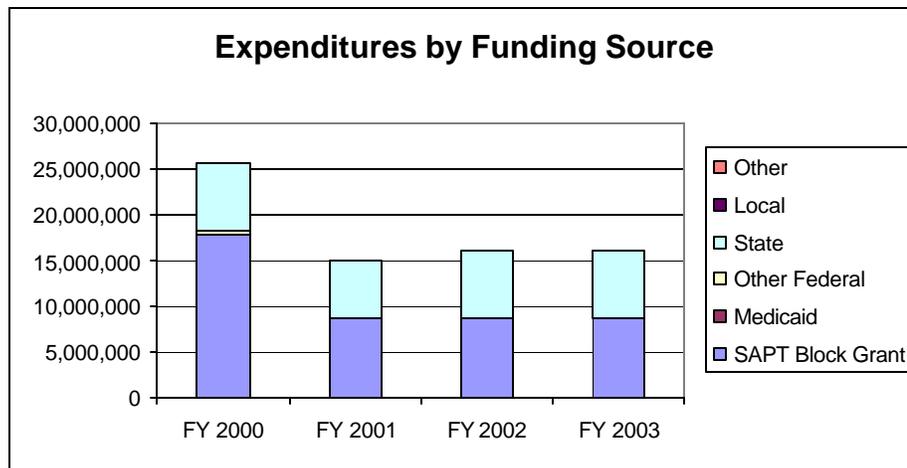
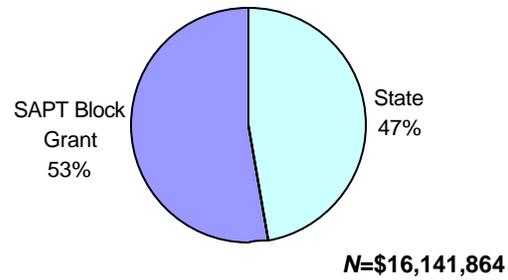
Single State Agency Funding Overview

West Virginia's overall SSA funding declined dramatically from FYs 2000 to 2003, from \$25.7 to \$16.1 million. This decline was primarily due to Block Grant funding shrinking by half, as well as the decline of other Federal funding. The only funding source to remain stable from FYs 2000 to 2003 was State funding, which held at around \$7.6 million.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

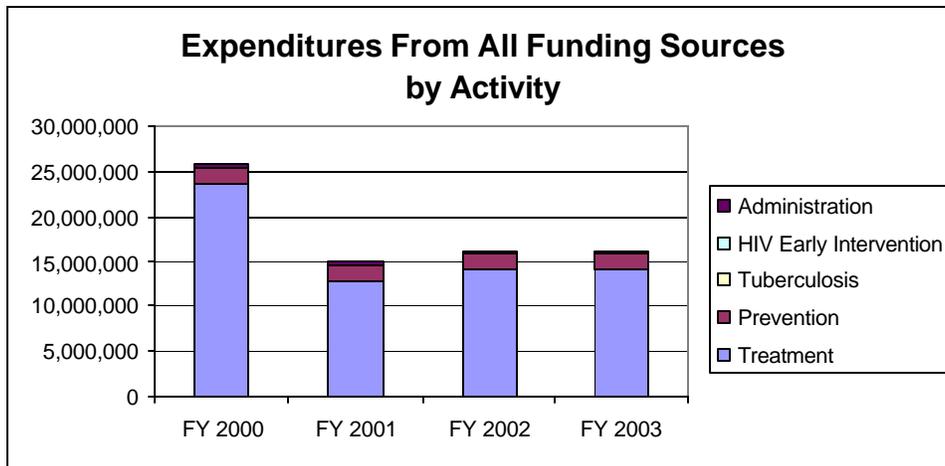
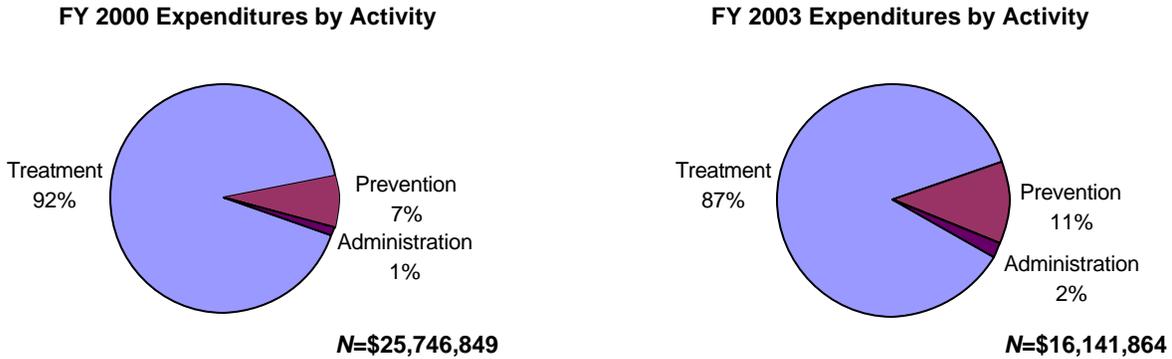
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	17,941,948	69	8,531,829	58	8,565,063	53	8,564,801	53
Medicaid	0	0	0	0	0	0	0	0
Other Federal	421,816	2	0	0	0	0	0	0
State	7,383,085	29	6,261,444	42	7,555,167	47	7,577,063	47
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	25,746,849	100	14,793,273	100	16,120,230	100	16,141,864	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

West Virginia’s treatment and rehabilitation services expenditures declined sharply between FYs 2000 and 2001, then leveled off at \$14.0 million between FYs 2001 and 2003. Prevention expenditure dollars remained level throughout the FY 2000 to 2003 timeframe, at about \$1.8 million.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	15,690,977	61	12,742,532	86	13,988,073	87	14,000,418	87
Alcohol Treatment	4,379,241	17	0	0				
Drug Treatment	3,549,453	14	0	0				
Prevention	1,762,169	7	1,783,048	12	1,764,465	11	1,784,561	11
Tuberculosis	30,000	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	335,009	1	267,693	2	367,692	2	358,885	2
Total*	25,746,849	100	14,793,273	100	16,120,230	100	16,141,864	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

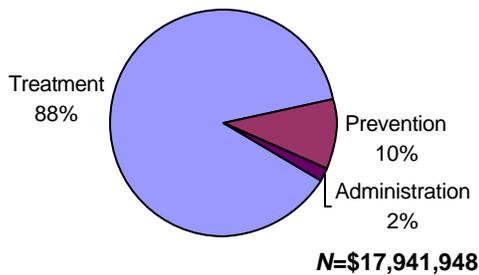
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

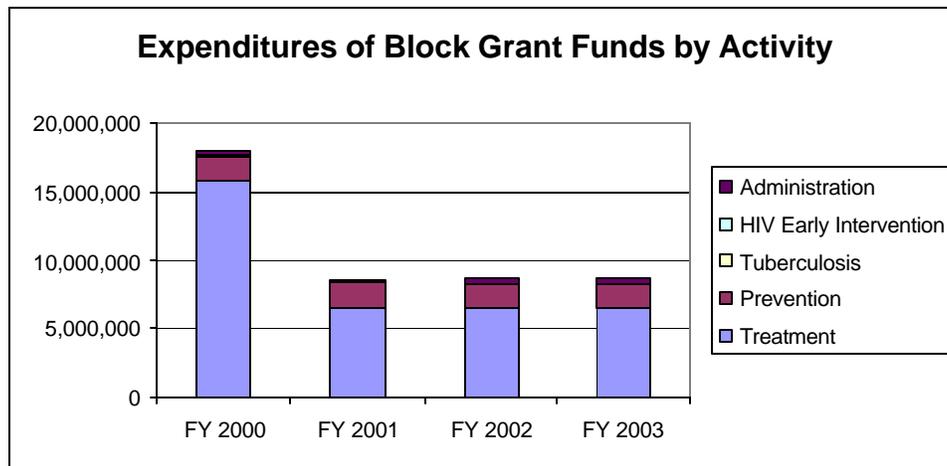
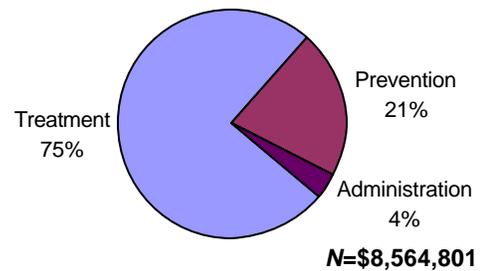
Expenditures of Block Grant Funds

Block Grant expenditures declined dramatically between FYs 2000 and 2001, from \$17.9 to \$8.5 million. Funding for treatment services was cut in half during this time, and then leveled off between FYs 2001 and 2003 at \$6.3 million. Prevention expenditures held stable from FYs 2000 to 2003, at \$1.8 million.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	7,928,695	44	6,520,149	76	6,479,065	76	6,468,098	75
Alcohol Treatment	4,379,241	24	0	0				
Drug Treatment	3,549,453	20	0	0				
Prevention	1,762,169	10	1,783,048	21	1,764,465	21	1,784,561	21
Tuberculosis	30,000	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	292,390	2	228,632	3	321,533	4	312,142	4
Total*	17,941,948	100	8,531,829	100	8,565,063	100	8,564,801	100

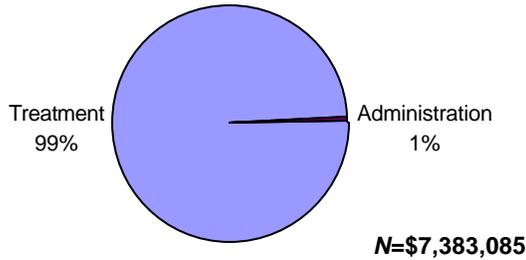
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

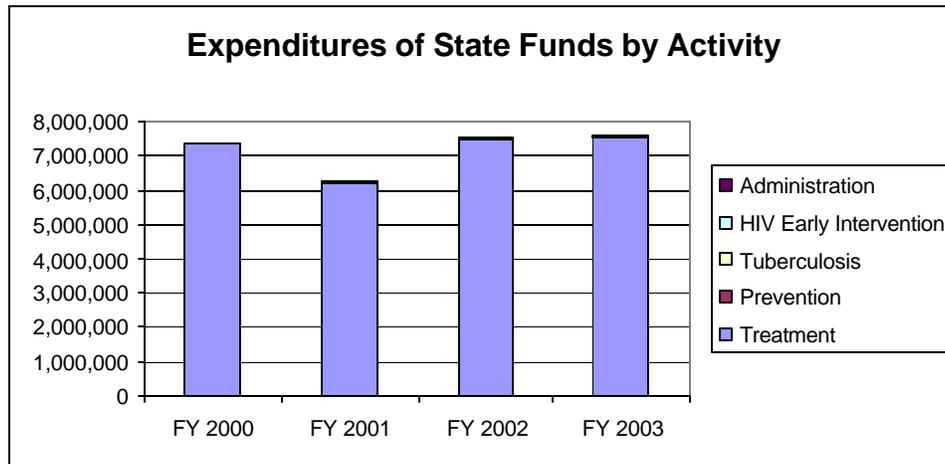
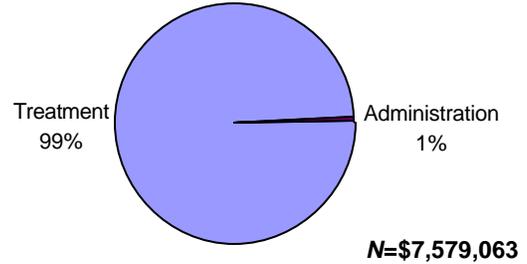
Expenditures of State Funds

Between FYs 2000 and 2003, State expenditures for alcohol and drug abuse services fluctuated slightly, totaling \$7.6 million in FY 2003. The funding was directed almost exclusively toward treatment and rehabilitation activities during that timeframe.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	7,340,466	99	6,222,383	99	7,509,008	99	7,532,320	99
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	42,619	1	39,061	1	46,159	1	46,743	1
Total*	7,383,085	100	6,261,444	100	7,555,167	100	7,579,063	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Prevention services in West Virginia are funneled through the WVPRC, which works to build the capacity of individuals, organizations, and agencies to promote the well-being of their communities. While WPPRC does not provide direct services, they do provide training and technical assistance, communication and information sharing, and accountability and evaluation. The WVPRC is a jointly owned and controlled public/private partnership administratively housed at the Marshall University and fiscally administered by the Marshall University Research Cooperation. Its 16 Community Development Specialists are specially trained and certified professionals who work locally in their communities to enhance West Virginia's prevention system.

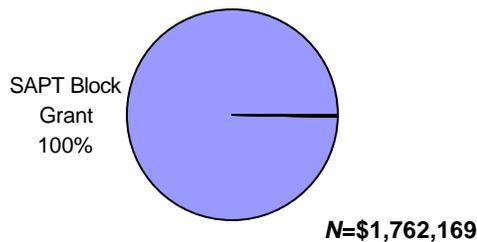
West Virginia is in the third year of a Center for Substance Abuse Prevention (CSAP) Strategic Planning Framework State Incentive Grant (SPF SIG). The SPF SIG is contracted to WVPRC, and the State and WVPRC are integrating workplans for SPF SIG and Block Grant activities. The SPF SIG is also providing the impetus and the opportunity for the State to improve its data collection processes.

Prevention Funding and Expenditures

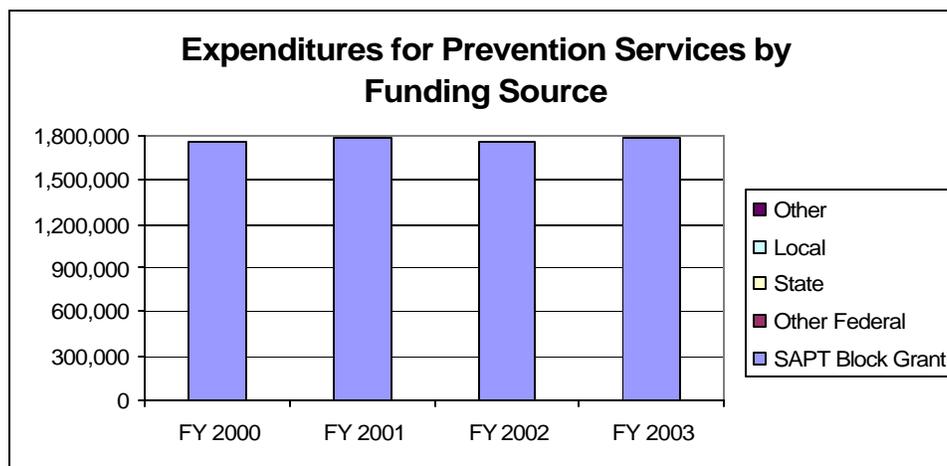
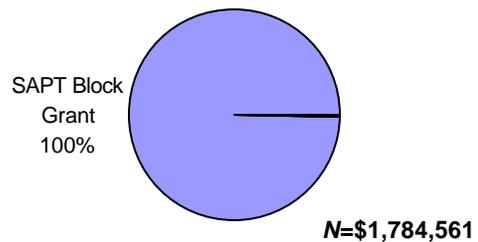
All prevention expenditures in West Virginia from FYs 2000 to 2003 came from the Block Grant, whose dollar value was remarkably stable throughout this timeframe at about \$1.8 million.

Per capita, the SAPT Block Grant funding for prevention services has also been relatively stable, at \$0.98, \$0.99, \$0.98, and \$0.99, respectively, in FYs 2000, 2001, 2002, and 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	1,762,169	100	1,783,048	100	1,764,465	100	1,784,561	100
Other Federal	0	0	0	0	0	0	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	1,762,169	100	1,783,048	100	1,764,465	100	1,784,561	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

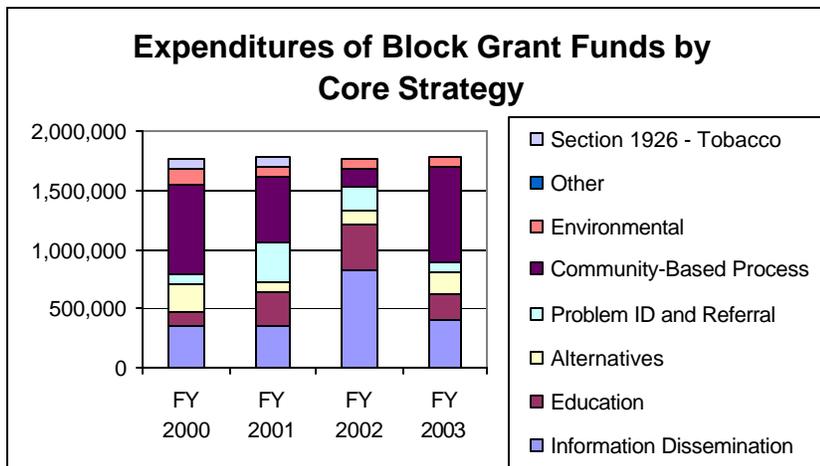
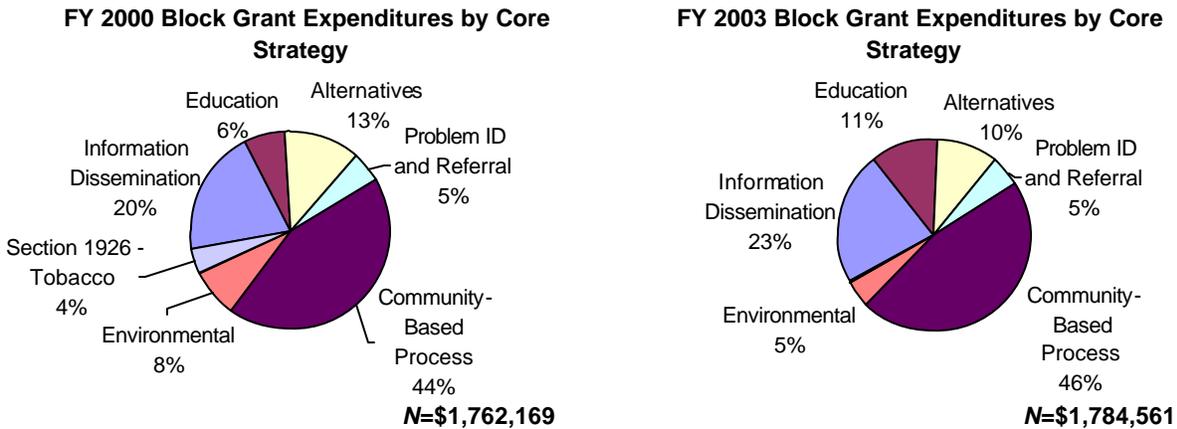
Core Strategies

Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include a prevention Web site with an online magazine that features prevention and related issues and clearinghouse information dissemination.
Education	Strategies focus on opportunities to learn from and participate in science-based prevention education programs such as BABES and Keep a Clear Mind.
Alternatives	Alternatives include providing technical assistance to communities for providing alcohol, tobacco, and other drug (ATOD)-free activities for teens and implementing youth leadership development activities.
Community-Based Processes	Funding provides training and technical assistance to communities to help them identify high-risk target groups, identify and secure resources for prevention for youth, and implement community prevention activities.
Environmental	Funds support the receipt of training in the area of policy, codes, regulations, and legislation that involve substance use issues that may adversely affect youth. Activities also include monitoring youth tobacco access laws.
Problem Identification and Referral	Activities target youth already involved in substance use or abuse, as well as employees via the AFL-CIO employee assistance program (EAP).

Expenditures of Block Grant Funds for Core Strategies

Block Grant expenditures in West Virginia, as mentioned previously, held constant from FYs 2000 to 2003, totaling nearly \$1.8 million in FY 2003. The breakdown of Block Grant funding by core strategy varied greatly throughout this timeframe, however. The core prevention strategies representing the greatest expenditures were information dissemination and community-based process.



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	357,540	20	358,039	20	818,848	46	406,959	23
Education	111,603	6	267,635	15	399,487	23	202,714	11
Alternatives	223,896	13	86,830	5	107,399	6	183,413	10
Problem ID and Referral	91,076	5	358,039	20	203,646	12	90,608	5
Community-Based Process	767,819	44	538,842	30	151,668	9	817,022	46
Environmental	138,866	8	86,831	5	83,417	5	83,845	5
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	71,369	4	86,832	5	0	0	0	0
Total*	1,762,169	100	1,783,048	100	1,764,465	100	1,784,561	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

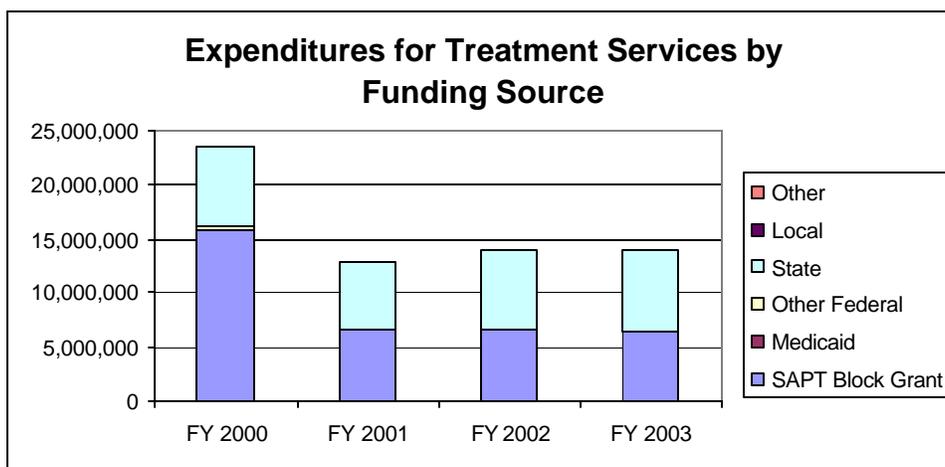
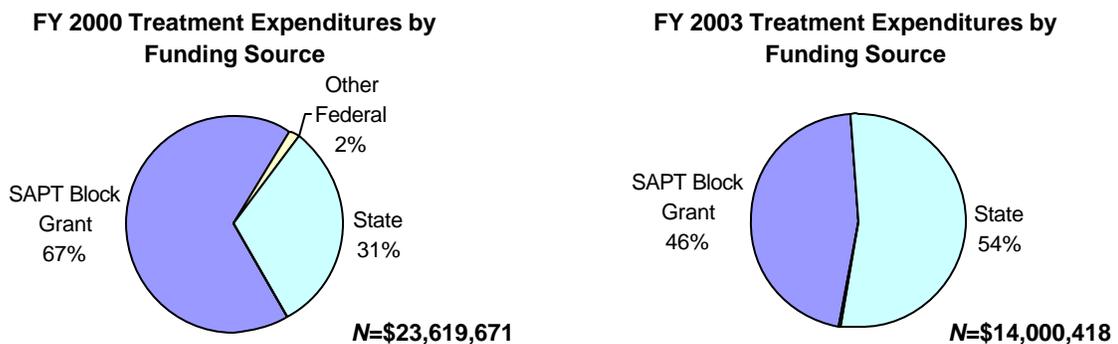
DADA contracts with the State's 13 community behavioral health centers for substance abuse treatment services. Treatment services available in West Virginia include several modalities: low-intensity outpatient services, home/community based services, transitional living services, nonmedical detoxification services, intensive outpatient treatment services, day treatment services, congregate therapeutic living services, long-term residential rehabilitation services, medically monitored inpatient/residential treatment services, medically managed acute inpatient treatment services, medically managed detoxification services, and public inebriate shelters. The primary method of treatment is individual outpatient treatment because of the remoteness of the clientele and difficulties with transportation.

Admission priority clients include pregnant injection drug users (IDUs), pregnant women, and IDUs. DADA is also integrating mental health services into substance abuse treatment for co-occurring clients.

Treatment Funding and Expenditures

Treatment expenditures in West Virginia held steady at \$14.0 million from FYs 2001 to 2003, after a sharp decline from FYs 2000 to 2001. The State's share of funding for treatment and rehabilitation increased slightly between FYs 2000 to 2003 (from \$7.3 million to \$7.5 million) and also increased as a proportion of West Virginia's expenditures by FY 2003 (from about one-third to more than half). Block Grant dollars dropped between FYs 2000 and 2001 (from \$15.9 to \$6.5 million), then leveled off between FYs 2001 and 2003.

Per capita, Block Grant funding for treatment and rehabilitation expenditures decreased over time from \$8.77 in FY 2000 to \$3.57 in 2003.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	15,857,389	67	6,520,149	51	6,479,065	46	6,468,098	46
Medicaid	0	0	0	0	0	0	0	0
Other Federal	421,816	2	0	0	0	0	0	0
State	7,340,466	31	6,222,383	49	7,509,008	54	7,532,320	54
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	23,619,671	100	12,742,532	100	13,988,073	100	14,000,418	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

West Virginia did not include the number of persons admitted by type of treatment care for FY 2002 (Form 7a) in their FY 2005 Block Grant Application. Treatment Episode Data Set (TEDS) data indicate more than 2,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 65 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	1,036	68.1
Any other drugs	1,521	63.5
Total	2,257	65.3

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 95,000 persons aged 12 and older (6.2 percent of West Virginia's population) needed, but did not receive, treatment for alcohol use, and 38,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in West Virginia.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.17	6.31	15.53	4.64
Needing but not receiving treatment for illicit drug use	2.46	5.29	8.37	1.18

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

West Virginia is divided into four substate planning areas for prevention and treatment, with slight variations in the counties that constitute the four prevention planning areas. West Virginia has received technical assistance to conduct State treatment and prevention needs assessment studies. The first attempt, a key informants and community members survey on prevention priorities, did not yield enough responses to be statistically significant. In the absence of a statewide planning prevention or treatment needs assessment, the WVPRC relies on its network across the State to work with communities. West Virginia is using its SPF SIG to conduct a detailed needs assessment for prevention services. DASIS funding will support the expansion of the Archival Indicator Data to include treatment-specific indicators as well as prevention indicators. In addition, DADA held seven open forums focusing on children's mental health, adult mental health, and substance abuse.

Training and Assistance

West Virginia co-sponsors the Annual Conference of the West Virginia Association of Alcohol and Drug Abuse Counselors, which provides CEUs for providers in their licensure efforts. Training efforts for treatment providers is also focused on the STAR model and ASAM Placement Criteria. DADA also supports the WVPRC in its efforts to certify the CDS prevention professionals by participation in the education reimbursement program. DADA also continues to sponsor and host the annual "Share the Vision" conference, which provides both treatment and prevention professionals the opportunity to update their skills.

Expenditures of Block Grant Funds for Resource Development Activities

West Virginia did not report spending any Block Grant funds on resource development activities for FYs 2000 through 2003.

West Virginia did not report spending any Block Grant funds for resource development activities for FY 2000 through FY 2003.

Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	N/R**	-	N/R	-	N/R	-	N/R	-
Quality Assurance	N/R	-	N/R	-	N/R	-	N/R	-
Training	N/R	-	N/R	-	N/R	-	N/R	-
Education	N/R	-	N/R	-	N/R	-	N/R	-
Program Development	N/R	-	N/R	-	N/R	-	N/R	-
Research and Evaluation	N/R	-	N/R	-	N/R	-	N/R	-
Information Systems	N/R	-	N/R	-	N/R	-	N/R	-
Total*	N/R	-	N/R	-	N/R	-	N/R	-

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

** N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$2.8 million in seven discretionary grants to entities in West Virginia during FY 2004. Most of the funding was for the Strategic Prevention Framework State Incentive Grants (SPF SIGs).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	4	374,996
Drug Free Communities Mentoring	1	75,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	7	2,800,961

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$1.5 million in discretionary grants to three entities in West Virginia during FY 2004. The largest portion of the funding was directed to homeless addictions treatment, followed by targeted capacity expansion, and youth offenders.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Homeless Addictions Treatment	1	592,195
Targeted Capacity Expansion	1	497,900
Youth Offender Reentry Program 2004	1	419,448
Total	3	1,509,543

SOURCE: www.samhsa.gov

WISCONSIN

State SSA Director

John T. Easterday, Ph.D., Associate Administrator
Bureau of Mental Health and Substance Abuse Services
Division of Disability and Elder Services

Wisconsin Department of Health and Family Services

P.O. Box 7851

Madison, WI 53707-7851

Phone: 608-267-9391

Fax: 608-266-2579

E-mail: eastejt@dhfs.state.wi.us

Web site: dhfs.wisconsin.gov

Structure and Function

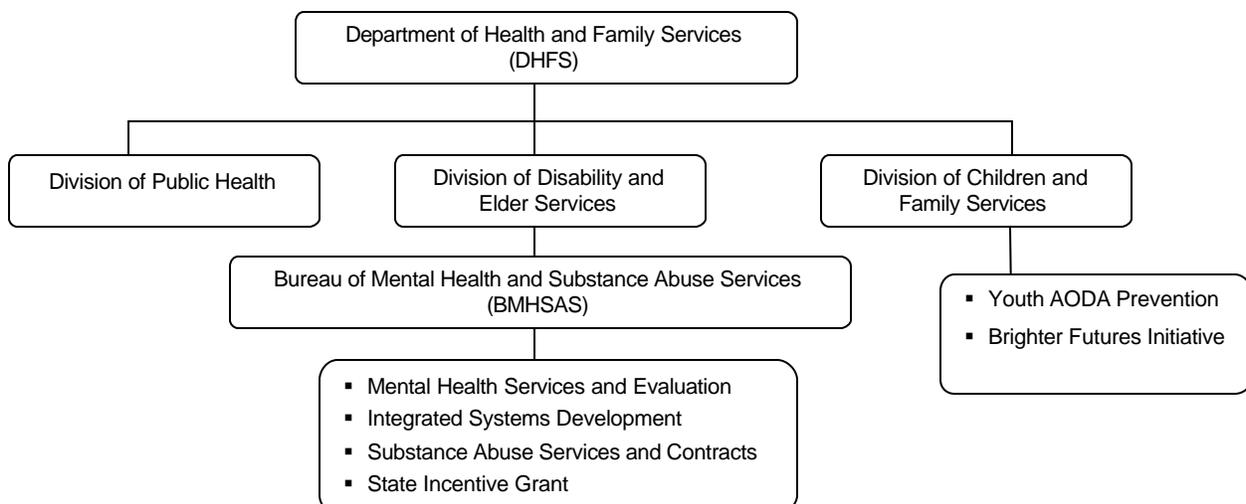


The Department of Health and Family Services (DHFS), Bureau of Mental Health and Substance Abuse Services (BMHSAS), is Wisconsin's designated Single State Agency (SSA) for providing substance abuse prevention and alcohol and other drug abuse (AODA) services. BMHSAS's mission is to support and improve the quality and effectiveness of mental health and substance abuse services in order to create a recovery-focused system for the people of Wisconsin. BMHSAS envisions a society where all persons have optimal physical and mental health; where mental health,

substance abuse dependency, and addiction are recognized as health issues; and where stigma and other barriers to recovery are eliminated. This mission and vision are realized by several guiding principles: invest for results and outcomes, change attitudes, build partnerships, commit to quality, and work on a common goal to assure that there will be access to individualized treatment and recovery. In addition to its central office, BMHSAS maintains five regional offices: Northeast, Northern, Southeastern, Southern, and Western.

The work of BMHSAS fall primarily into two categories for both prevention and treatment: program planning and evaluation monitoring and program and systems development. Program planning and evaluation activities include outcome identification, data system analysis, needs assessment activities, program coordination activities, and contract/grants management. The program and systems development activities include reviewing the biennial budget, following legislation, coordinating training, and managing programmatic areas.

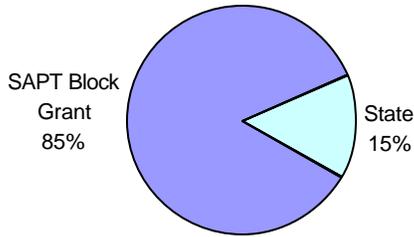
Single State Agency Structure



Single State Agency Funding Overview

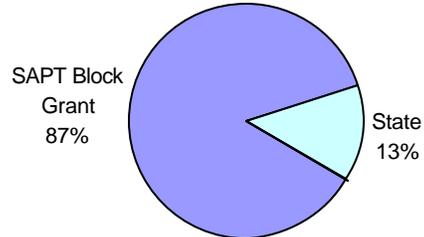
Wisconsin's SSA funding increased from \$28.8 million in FY 2000 to \$29.8 million in FY 2003. The distribution of expenditures remained fairly stable during this time period. In FY 2003 most (87 percent) of the expenditures came from the Block Grant, followed by 13 percent from the State—a distribution similar to that of FY 2000.

FY 2000 Expenditures by Funding Source

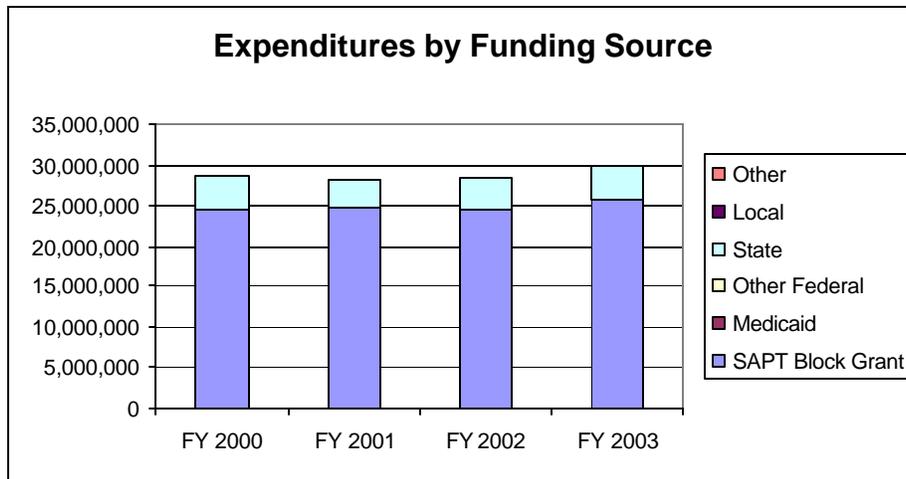


N=\$28,780,879

FY 2003 Expenditures by Funding Source



N=\$29,774,673



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	24,530,479	85	24,837,927	88	24,525,217	86	25,877,350	87
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	4,250,400	15	3,384,699	12	3,969,339	14	3,897,323	13
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	28,780,879	100	28,222,626	100	28,494,556	100	29,774,673	100

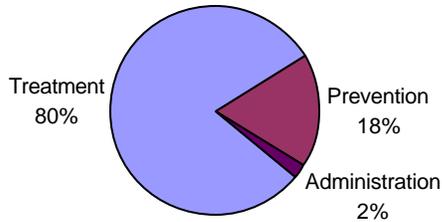
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

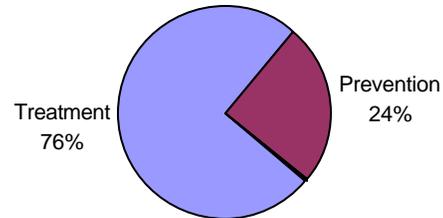
The \$22.4 million allocated for treatment services in Wisconsin in FY 2003 represented three-quarters (76 percent) of total SSA expenditures, while prevention services accounted for the remaining one-quarter (24 percent). Prevention as a proportion of total expenditures increased slightly from FYs 2000 to 2003, from 18 to 24 percent, while treatment as a proportion of total expenditures decreased from 80 to 76 percent.

FY 2000 Expenditures by Activity

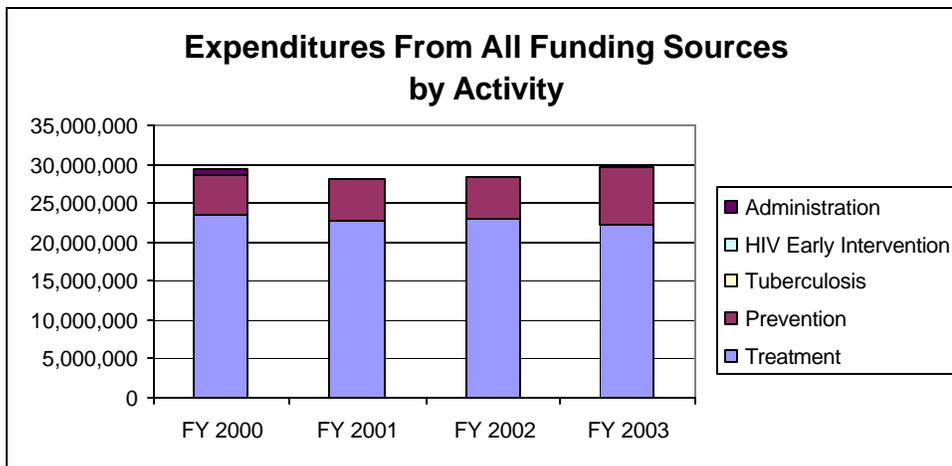


N=\$28,780,879

FY 2003 Expenditures by Activity



N=\$29,774,673



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	3,970,400	14	3,104,699	11	22,958,071	81	22,430,769	75
Alcohol Treatment	9,780,942	33	9,893,921	35				
Drug Treatment	9,780,941	33	9,893,921	35				
Prevention	5,186,096	18	5,267,585	19	5,536,485	19	7,244,160	24
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	625,000	2	62,500	0	0	0	99,744	0
Total*	28,780,879	100	28,222,626	100	28,494,556	100	29,774,673	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

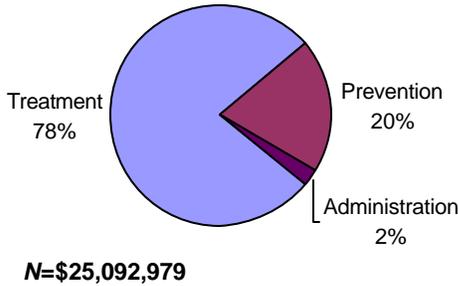
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

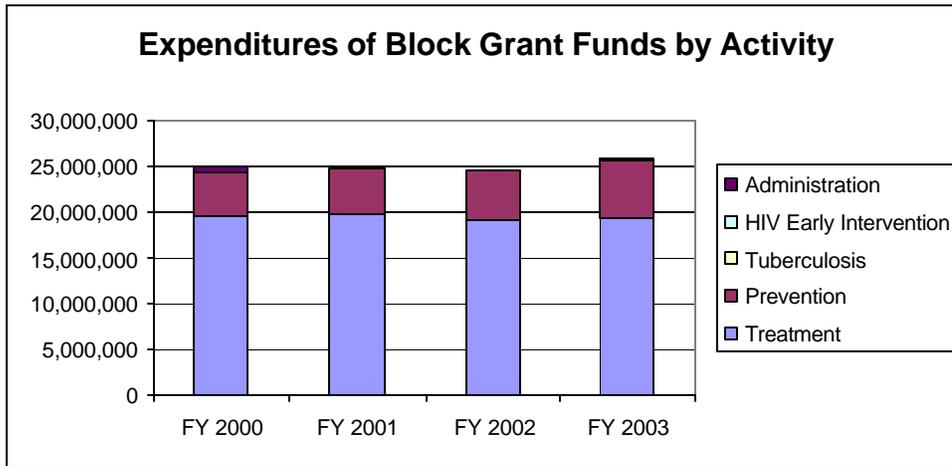
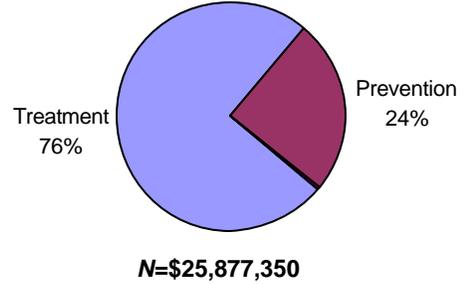
Expenditures of Block Grant Funds

Treatment and rehabilitation activities accounted for 76 percent of the nearly \$25.9 million in Block Grant funding for Wisconsin in FY 2003—down slightly from their share of 76 percent in FY 2000. Prevention activities increased slightly from FYs 2000 to 2003, both in dollar value and proportion.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditure by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	19,268,732	79	19,496,217	75
Alcohol Treatment	9,780,942	39	9,893,921	40				
Drug Treatment	9,780,941	39	9,893,921	40				
Prevention	4,906,096	20	4,987,585	20	5,256,485	21	6,281,389	24
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	625,000	2	62,500	0	0	0	99,744	0
Total*	25,092,979	100	24,837,927	100	24,525,217	100	25,877,350	100

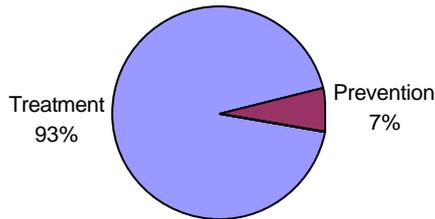
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

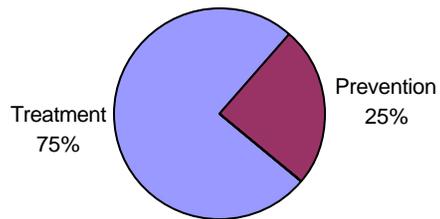
State expenditures for alcohol and drug abuse services in Wisconsin fluctuated between FYs 2000 and 2003. During this time period, expenditures on treatment decreased as a proportion of total funds (as well as in actual dollar amount) from 93 to 75 percent, while expenditures on prevention activities increased from 7 to 25 percent.

FY 2000 State Expenditures by Activity

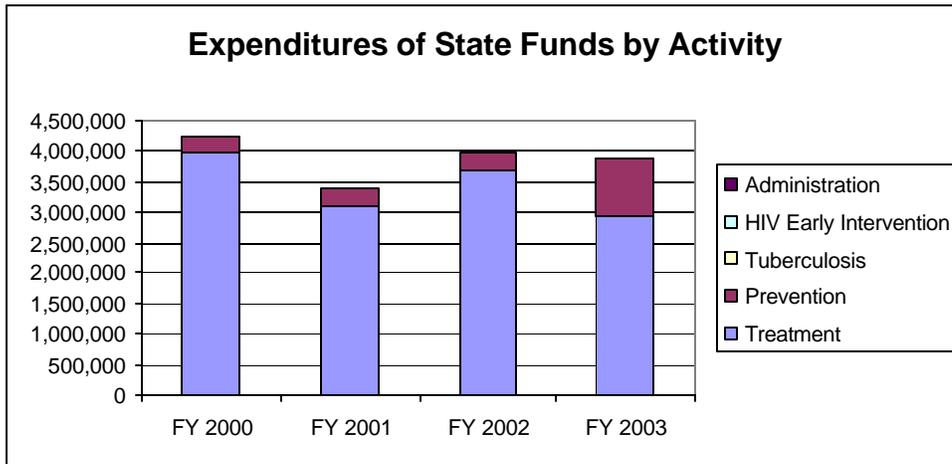


N=\$4,250,400

FY 2003 State Expenditures by Activity



N=\$3,897,323



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	3,970,400	93	3,104,699	92	3,689,339	93	2,934,552	75
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	280,000	7	280,000	8	280,000	7	962,771	25
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	4,250,400	100	3,384,699	100	3,969,339	100	3,897,323	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Wisconsin, a recipient of the Center for Substance Abuse Prevention (CSAP)'s State Incentive Grant (SIG), is in the process of reinventing its substance abuse prevention system to improve prevention programming by eliminating duplication, filling service gaps, and coordinating funding. The SIG Advisory Committee is completing a comprehensive, long-range prevention plan, utilizing two strategic planning committees: one includes DHFS's Division of Public Health, Division of Children and Family Services; the other committee includes the two entities above plus the Department of Public Instruction (which manages Safe and Drug Free Schools and Communities) and the Department of Transportation (which manages the driving while intoxicated and youth alcohol education programs).

The Brighter Futures Initiative (BFI) is a legislatively created initiative that funds 10 youth development programs. This program's overall goal is to assist youth and families to be safe, healthy, self-sufficient members of their community. BFI grantees receive enhanced technical assistance and access to the most current research on best practices in community, youth, and family development strategies to achieve the stated goals and benchmarks.

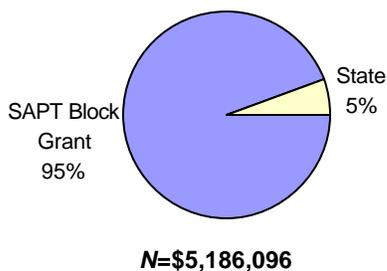
DMHSAS also helps enhance employers' capacity to implement and sustain a drug-free workplace as a primary prevention strategy. This coordination, the result of the Employee Assistance Program (EAP) Survey analysis, is included in the Governor's proclamation designating October as EAP and Drug Free Workplace Awareness Month. Other prevention activities include management of the tobacco prevention program through the Division of Public Health, and an initiative to support substance abuse prevention outcomes of high-risk Native American youth.

Prevention Funding and Expenditures

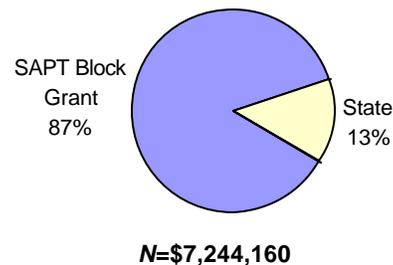
Wisconsin spent more than \$7.2 million on prevention services in FY 2003—a substantial increase from FY 2000 expenditures. Between those two periods, Block Grant funding dollars decreased as a proportion of prevention expenditures (from 95 to 87 percent), while State funds increased (from 5 to 13 percent).

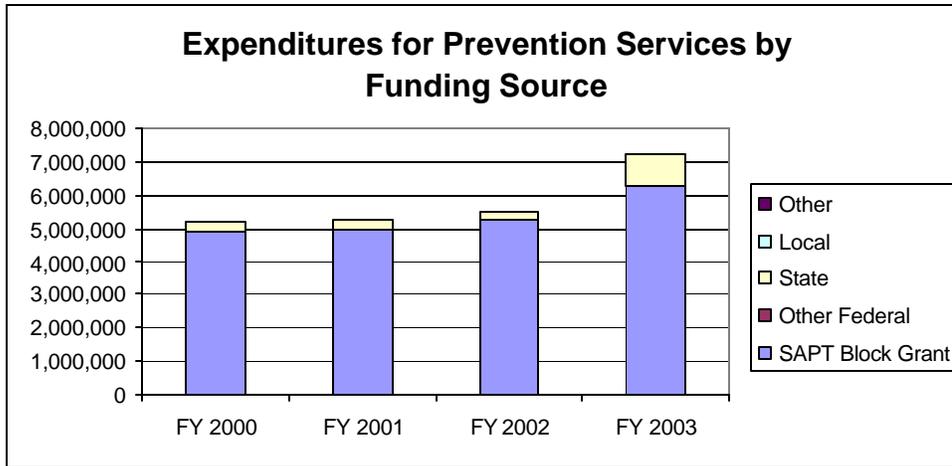
Per capita, Block Grant prevention funding increased from \$0.91 in FY 2000 to \$1.15 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,906,096	95	4,987,585	95	5,256,485	95	6,281,389	87
Other Federal	0	0	0	0	0	0	0	0
State	280,000	5	280,000	5	280,000	5	962,771	13
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	5,186,096	100	5,267,585	100	5,536,485	100	7,244,160	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

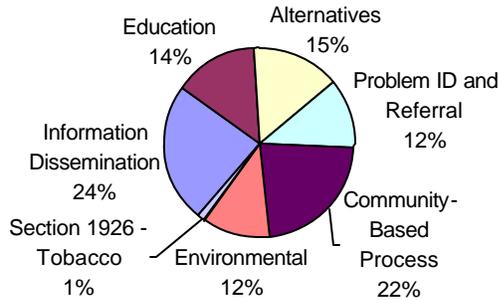
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Information dissemination activities include statewide clearinghouse activities through the Wisconsin Clearinghouse for Prevention Resources, Prevention Outlook newsletter, and Web sites.
Education	Strategies include a statewide prevention conference and prevention specialist workshops.
Alternatives	Programs include the Wisconsin Regional Teen Institute and the development and implementation of a community substance abuse prevention action plan.
Community-Based Processes	Brighter Futures Initiative (BFI) supports community participation and involvement to promote the health and well-being of children and families.
Environmental	Funds support education, policy, creation of local laws and ordinances, and training of community coalition members.
Problem Identification and Referral	Funds support each county and Tribe in providing onsite problem identification and referral services, as well as emergency after-hours hotline systems.

Expenditures of Block Grant Funds for Core Strategies

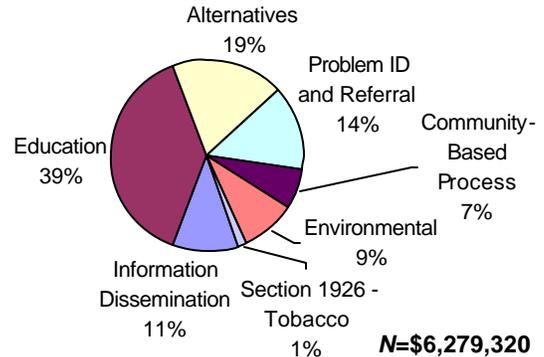
In FY 2003, the \$6.3 million in Block Grant funding for core prevention strategies was distributed widely among the strategies. Thirty-nine percent of funding went toward education activities (up from 14 percent in FY 2000), 19 percent went toward alternative strategies, and 14 percent went toward problem identification and referral activities.

FY 2000 Block Grant Expenditures by Core Strategy

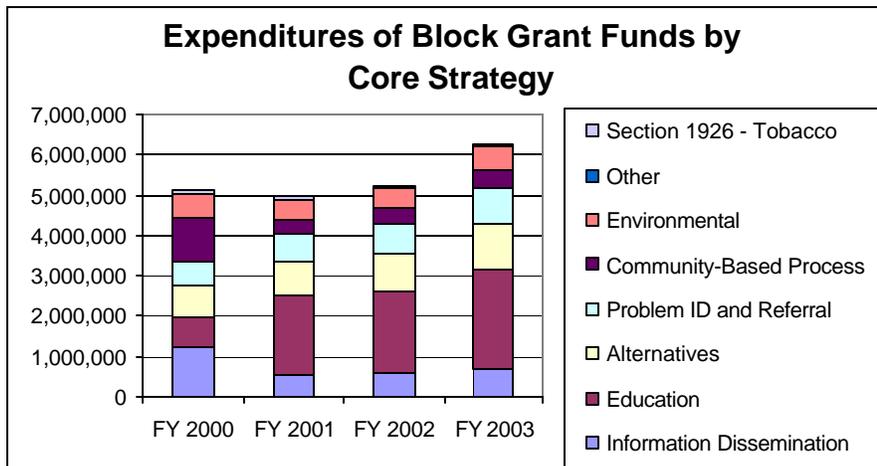


N=\$5,139,671

FY 2003 Block Grant Expenditures by Core Strategy



N=\$6,279,320



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	1,233,521	24	551,571	11	569,853	11	690,725	11
Education	719,554	14	1,957,267	39	2,020,389	38	2,435,728	39
Alternatives	770,951	15	822,199	16	984,292	19	1,193,071	19
Problem ID and Referral	616,761	12	707,759	14	725,268	14	879,105	14
Community-Based Process	1,130,728	22	378,192	8	414,439	8	439,552	7
Environmental	592,156	12	494,597	10	466,244	9	565,139	9
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	76,000	1	76,000	2	76,000	1	76,000	1
Total*	5,139,671	100	4,987,585	100	5,256,485	100	6,279,320	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

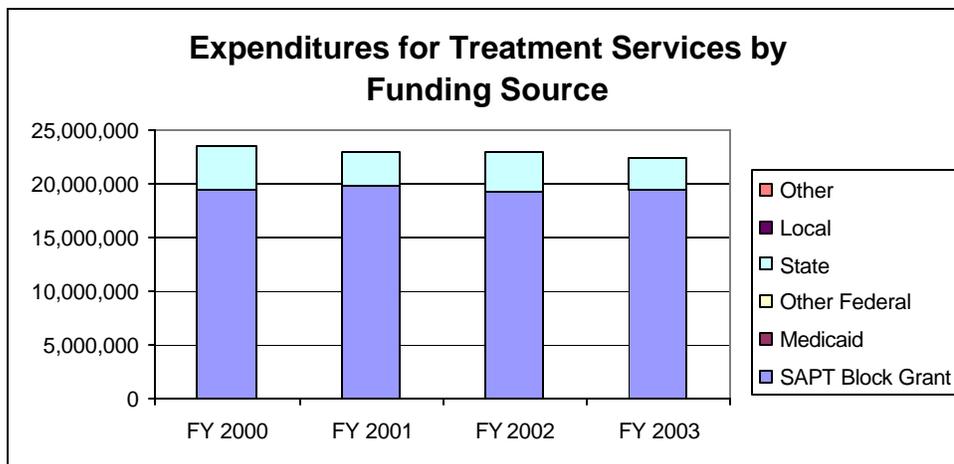
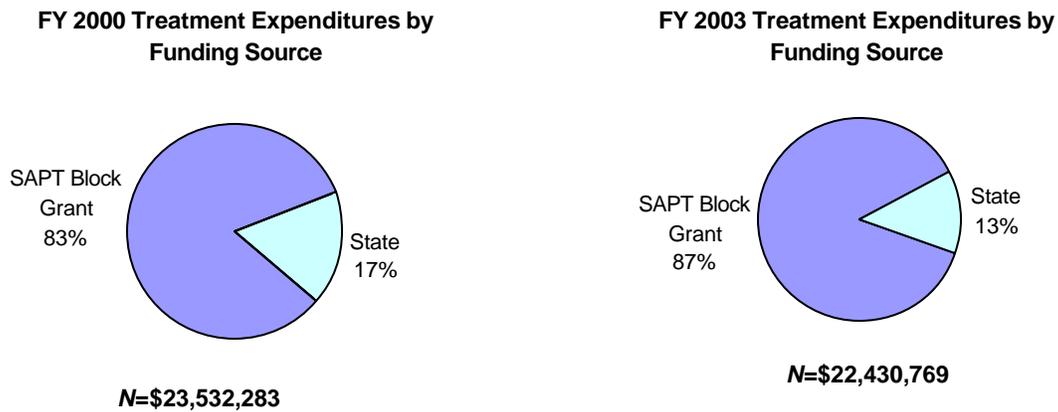
Wisconsin operates under a county-administered, State-supervised substance abuse service system. A full continuum of substance abuse services is purchased through the 72 counties and 11 tribal governments throughout Wisconsin. These services include emergency outpatient, medically managed inpatient detoxification, medically monitored residential detoxification, ambulatory detoxification, medically managed inpatient, medically monitored, outpatient, day, and transitional residential treatment services, as well as residential intoxication monitoring, and narcotic treatment for opiate addiction.

Pregnant women receive priority admission to treatment. Other targeted populations for treatment include women, participants in the criminal justice system, youth, and injection drug users (IDUs).

Treatment Funding and Expenditures

Between FYs 2000 and 2003, total expenditures on treatment services in Wisconsin remained fairly stable, totaling \$22.4 million in FY 2003. The Block Grant funded 87 percent of those expenditures, and the State funded the remaining 13 percent, representing a fairly stable proportion since FY 2000.

Block Grant funding per capita declined slightly from \$3.64 in FY 2000 to \$3.56 in FY 2003.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	19,561,883	83	19,787,842	86	19,268,732	84	19,496,217	87
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	3,970,400	17	3,104,699	14	3,689,339	16	2,934,552	13
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	23,532,283	100	22,892,541	100	22,958,071	100	22,430,769	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Wisconsin's SAPT Block Grant application indicates that nearly 30,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=29,998)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	3,228	199	298
Free-standing residential	892	632	58
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	163	56	40
Short-term residential	467	224	8
Long-term residential	1,625	996	44
Ambulatory (Outpatient)			
Outpatient (methadone)	222	768	17
Outpatient (non-methadone)	12,483	4,239	1,469
Intensive outpatient	1,183	657	30
Detoxification (outpatient)	0	0	0
Total	20,263	7,771	1,964

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 19,000 admissions (where at least one substance is known), of which more than 10,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 20 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	10,437	19.2
Any other drugs	8,615	20.6
Total	19,052	19.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 405,000 persons aged 12 and older (8.9 percent of Wisconsin's population) needed, but did not receive, treatment for alcohol use, and 104,000 persons (2.3 percent) needed, but did not receive, treatment for illicit drug use in Wisconsin.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.92	7.00	22.25	6.80
Needing but not receiving treatment for illicit drug use	2.28	5.67	6.84	0.99

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

BMHSAS works closely with the Governor's State Council on Alcohol and Other Drug Abuse (SCAODA) to ensure its mission, vision, and values are carried out. The SCAODA drafts a 4-year plan to guide the State's AODA treatment and prevention services, as well as direct cooperative agreements between State agencies to clarify responsibilities for implementing the plan. The DHFS Secretary chairs the SCAODA, and two BMHSAS staff also work with the SCODA.

Wisconsin's substate planning is divided into six planning areas, encompassing multiple counties and tribal governments, that plan substance abuse treatment and prevention services. Planning is done on the county level, and counties are required to hold public hearings for citizen input into Block Grant planning. SCAODA is statutorily responsible for overseeing and advising on planning, evaluation, and legislation addressing substance abuse in Wisconsin. It works with the regional directors to ensure that citizens have input into county-level treatment and prevention plans.

The State Treatment Needs Assessment Program (STNAP) studies are used for assessing treatment needs in Wisconsin. The primary data set for assessing prevention needs is the Youth Risk Behavior Survey (YRBS), conducted every other year. Secondary prevention data sets include the Wisconsin Clearinghouse for Prevention Resources study "Defining Prevention Needs for Wisconsin's Youth: Nation and State Resources Facts and Figures" and the Brighter Futures Initiative data set.

Evaluation

Monitoring and evaluation activities are conducted at the regional level. Each of the 5 regional offices participate in quality improvement activities, monitor program compliance with performance and outcome standards, and provide technical assistance to assure compliance with all Federal and State legislation, rules and regulations, and policies. The regional offices also receive and review all State/county contracts for human services in their region.

Prevention program monitoring for the SAPT Block Grant services is limited to monthly expenditure reports and annual progress reports by the county or tribe. Direct grants to nonprofit organizations report monthly expenditures and provide quarterly progress reports. The State's Human Service Reporting System (HSRS) provides data for the chemical dependency treatment system, exclusive of tribal programs that do not report on HSRS.

Training and Assistance

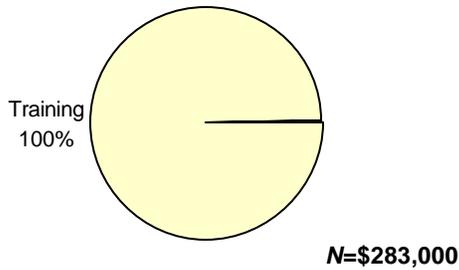
BMHSAS provides continuing education for the treatment workforce through counselor certification core courses, clinical supervisor training, and statewide monthly teleconferences on research-based addiction treatment. Training is also provided to improve substance abuse and mental health services for older persons in collaboration with the Bureau of Aging and Long-Term Care Resources. BMHSAS also oversees the Minority Training Project, an ongoing statewide training initiative to support the growth and development of ethnic minority substance abuse professionals.

The Wisconsin Clearinghouse for Prevention Resources has taken the lead in providing training to Wisconsin's prevention workforce. The Clearinghouse sponsored prevention specialist workshops and organized a prevention conference (the first in more than 10 years). The conference was designed to promote best practices, research-based programs, and environmental strategies to help sustain and improve the effectiveness of local and State programs.

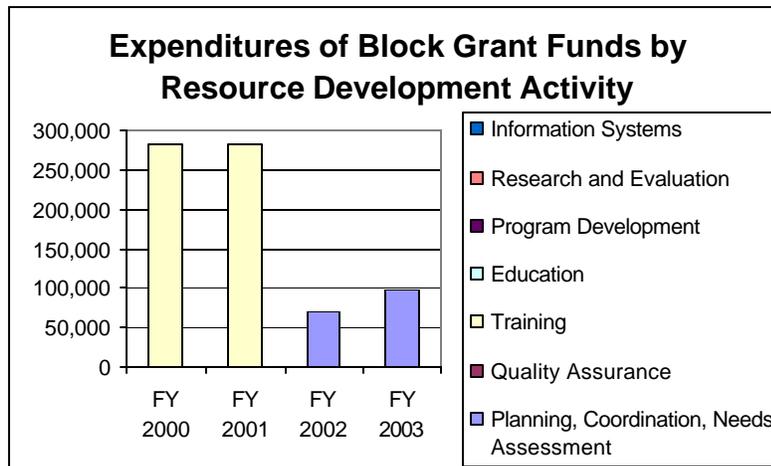
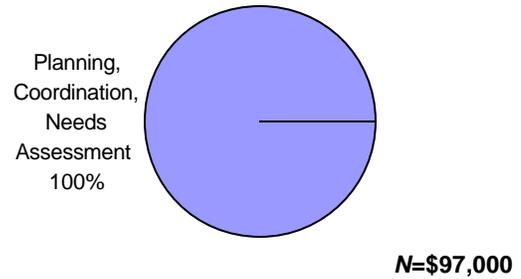
Expenditures of Block Grant Funds for Resource Development Activities

In FY 2003, Wisconsin directed all its Block Grant resource development funds (\$97,000) toward planning, coordination, and needs assessment activities. These funds were considerably reduced from those in FY 2000, when all of the funds were directed toward training activities.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	0	0	69,500	100	97,000	100
Quality Assurance	0	0	0	0	0	0	0	0
Training	283,000	100	283,000	100	0	0	0	0
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	283,000	100	283,000	100	69,500	100	97,000	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$2.8 million in 25 discretionary grants to entities in Wisconsin during FY 2004. Nearly three-quarters of that funding was awarded to 23 drug-free communities grantees

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	23	2,094,349
Family Strengthening	1	394,174
HIV/AIDS Cohort 3 Services	1	350,000
Total	25	2,838,523

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$11 million in discretionary grants to a wide range of Wisconsin entities in FY 2004. The largest awards were granted to Access to Recovery (ATR) (nearly 70 percent of total discretionary funds), followed by targeted capacity expansion (about 9 percent).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
Access to Recovery	1	7,591,723
Pregnant/Post-Partum Women	1	500,000
Homeless Addictions Treatment	1	511,465
Targeted Capacity Expansion	2	1,000,000
Targeted Capacity - HIV/AIDS	1	312,608
Youth Offender Reentry Program 2004	1	499,650
TCE Rural Populations	1	500,000
Total	9	11,015,446

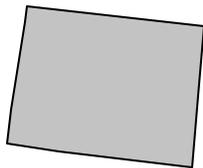
SOURCE: www.samhsa.gov

WYOMING

State SSA Director

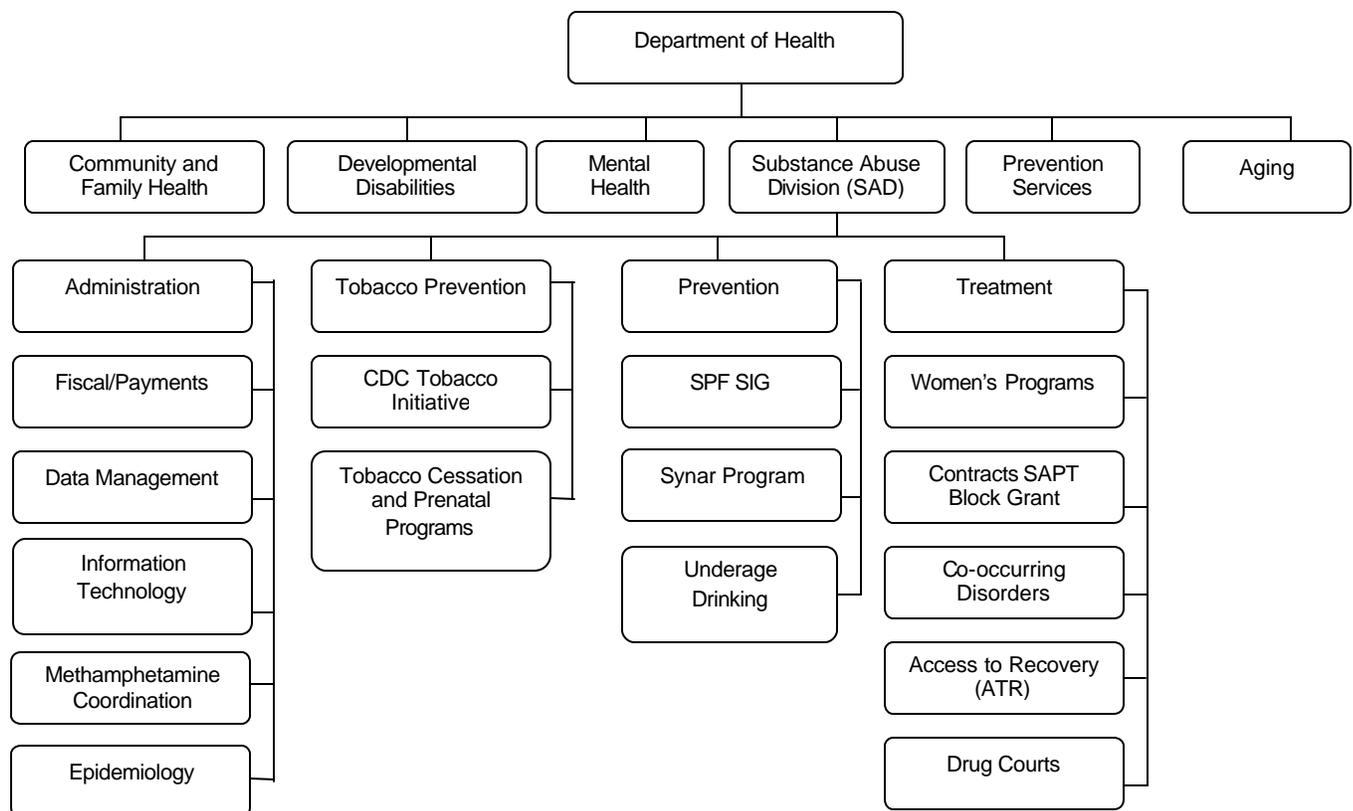
Mr. Steve Gilmore, Administrator
Substance Abuse Division
Wyoming Department of Health
6101 Yellowstone Road, Suite 220
Cheyenne, WY 82002
Phone: 307-777-6494
Fax: 307-777-5849
E-mail: sgilmo@state.wy.us
Web site: www.sad.state.wy.us

Structure and Function



The Substance Abuse Division (SAD) is Wyoming's designated Single State Agency (SSA) and is tasked with providing substance abuse treatment and prevention services to the citizens of Wyoming. SAD's mission is to help Wyoming communities change attitudes and behaviors about the use and abuse of both legal and illegal substances (drugs, alcohol, and tobacco). It aims to help communities develop and implement programs to prevent use of all substances by minors, prevent use of illegal substances by adults, and treat substance misuse, abuse, and addiction. Substance abuse treatment and prevention programs in Wyoming are provided via community facilities, through its drug courts, as well as both nonprofit and for-profit agencies. Additionally, SAD-certified substance abuse services are provided in all of Wyoming's correctional facilities.

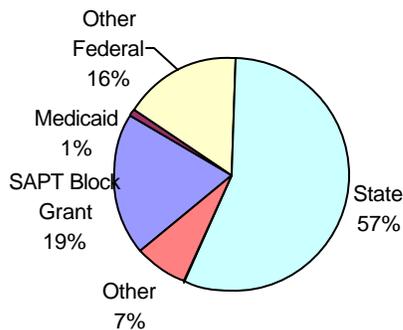
Single State Agency Structure



Single State Agency Funding Overview

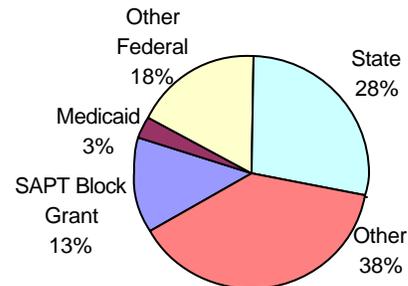
Wyoming's overall single State agency (SSA) funding nearly doubled between FYs 2000 and 2003 (from \$12.7 to \$24.2 million)—largely driven by a 10-fold increase in the “other” funding category, which accounted for the largest share (38 percent) of FY 2003 expenditures. The distribution of remaining funding sources shifted correspondingly between those two periods: State funding shrank from 56 to 28 percent of expenditures, even though the dollar decline was minimal; Block Grant funding declined in proportion despite a dollar increase; and other Federal funding doubled in dollar value but stayed relatively stable in proportion. Much of the “other Federal funding increase during this time period derived from the tobacco settlement account, which funded the Wyoming State Legislature-approved Substance Abuse Control Plan (SACP).

FY 2000 Expenditures by Funding Source

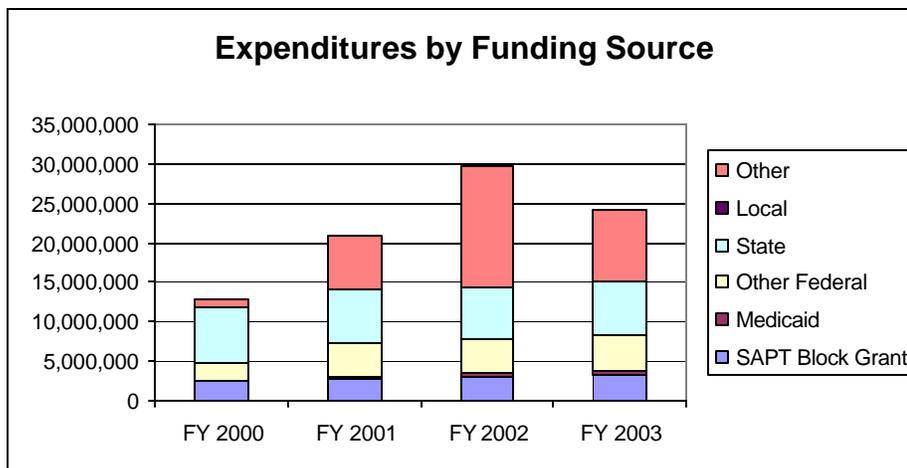


N=\$12,657,094

FY 2003 Expenditures by Funding Source



N=\$24,238,527



Single State Agency Expenditures From All Funding Sources

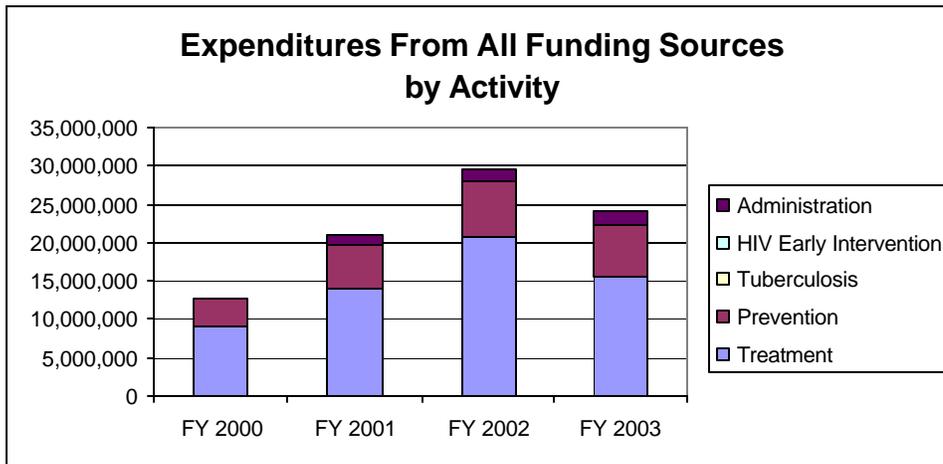
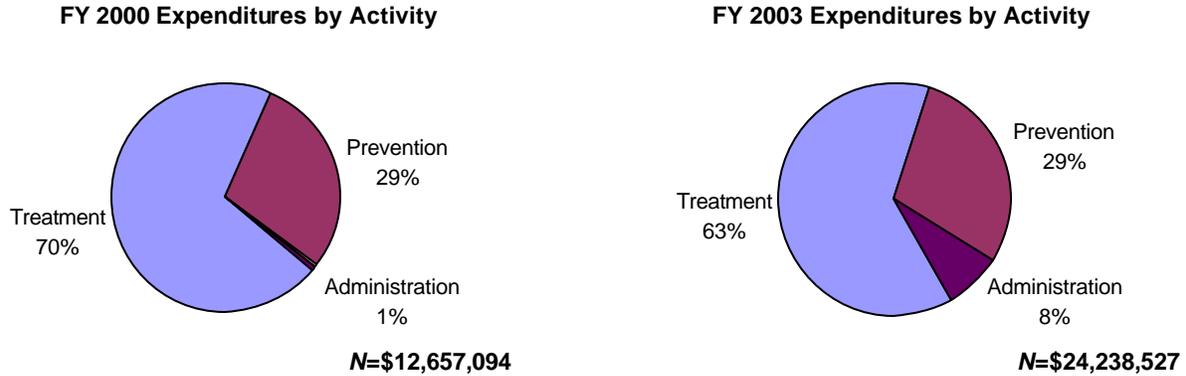
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	2,452,377	19	2,751,180	13	3,048,693	10	3,193,795	13
Medicaid	142,702	1	143,701	1	395,552	1	678,589	3
Other Federal	2,072,524	16	4,333,302	21	4,223,281	14	4,318,810	18
State	7,087,683	57	6,696,949	32	6,662,693	22	6,770,302	28
Local	0	0	0	0	0	0	0	0
Other	901,808	7	7,187,149	34	15,376,616	52	9,277,031	38
Total*	12,657,094	100	21,112,281	100	29,706,835	100	24,238,527	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Corresponding to the near doubling in overall SSA funding between FYs 2000 and 2003, expenditures for prevention activities approximately doubled too. Treatment and rehabilitation activity expenditures increased more moderately, accounting for a shrinking majority of total expenditures (from 70 percent to 63 percent).



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	7,448,158	58	11,581,695	55	20,811,396	70	15,351,449	63
Alcohol Treatment	0	0	0	0				
Drug Treatment	1,500,000	12	2,434,250	12				
Prevention	3,610,861	29	5,863,395	28	7,278,805	25	6,976,763	29
Tuberculosis	16,000	0	19,920	0	23,000	0	20,172	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	82,075	1	1,213,021	6	1,593,634	5	1,890,143	8
Total*	12,657,094	100	21,112,281	100	29,706,835	100	24,238,527	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

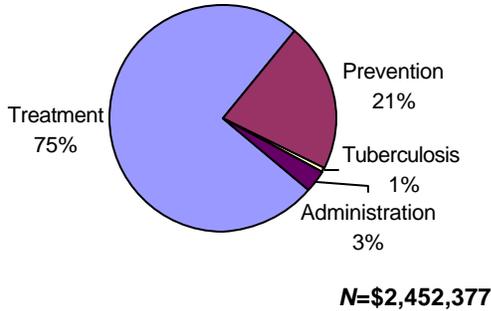
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

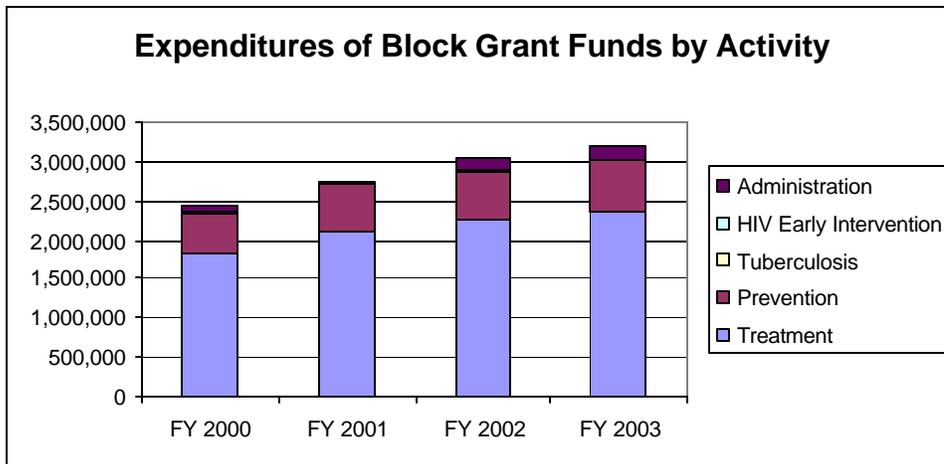
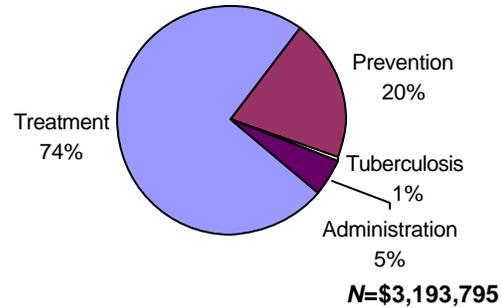
Expenditures of Block Grant Funds

Block Grant funding totaled nearly \$3.2 million in FY 2003, up from \$2.5 million in FY 2000. The distribution of those funds remained stable over those two periods: approximately three-quarters were spent on treatment and rehabilitation activities, and about one-fifth on prevention activities.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	1,840,805	75	2,121,925	77	2,263,519	74	2,376,379	74
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	513,497	21	604,335	22	609,739	20	637,139	20
Tuberculosis	16,000	1	19,920	1	23,000	1	20,172	1
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	82,075	3	5,000	0	152,435	5	160,105	5
Total*	2,452,377	100	2,751,180	100	3,048,693	100	3,193,795	100

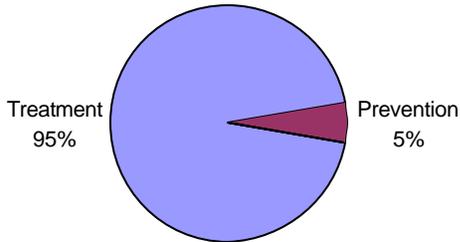
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

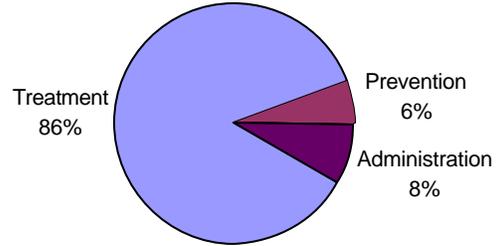
Wyoming contributed nearly \$6.8 million toward SSA activities in FY 2003—slightly less than the \$7.1 million contributed in FY 2000. The largest portion of State funds continued to target treatment and rehabilitation activities, although that share shrank somewhat between the two comparison periods (from 95 percent to 86 percent). Administrative costs increased correspondingly, while prevention expenditures remained relatively stable.

FY 2000 State Expenditures by Activity

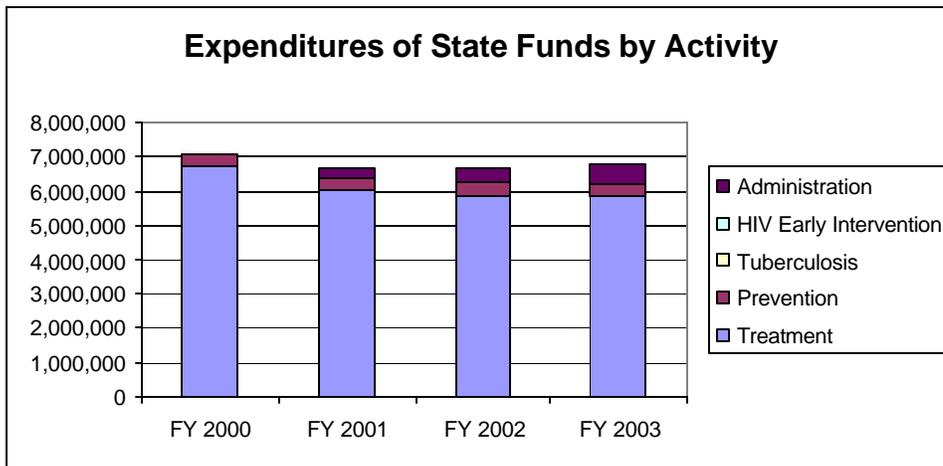


N=\$7,087,683

FY 2003 State Expenditures by Activity



N=\$6,770,302



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	5,208,910	74	4,593,700	69	5,889,169	88	5,854,362	86
Alcohol Treatment	0	0	0	0				
Drug Treatment	1,500,000	21	1,432,316	21				
Prevention	378,773	5	378,773	6	378,563	6	378,773	6
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	292,160	4	394,961	6	537,167	8
Total*	7,087,683	100	6,696,949	100	6,662,693	100	6,770,302	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Prevention services are guided by the five-step Strategic Prevention Framework State Incentive Grant (SPF SIG) planning process, which includes a data-driven model. Prevention providers are also guided by the Wyoming Youth Development Framework created by the Wyoming Youth Development Collaborative (WYDC).

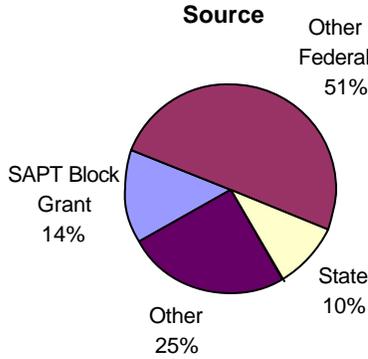
Prevention services in Wyoming include tobacco-free schools and communities, Synar and tobacco enforcement, and the SPF SIG. These services are provided for by about 35 percent contracted prevention and tobacco prevention providers. State-adopted prevention standards call for agencies receiving Federal prevention funds to use a community-based planning model to obtain and keep their certification.

Prevention Funding and Expenditures

Wyoming spent nearly \$7 million on prevention services in FY 2003, nearly doubling the \$3.6 million spent in FY 2000. More than half of those dollars continued to come from Federal sources other than the Block Grant, and more than one-quarter continued to be from sources in the “other funding” category—most of which comprises monies from the State tobacco settlement. “Other Federal” funding and “other funding” increased sharply between the two comparison years. State funds remained unchanged in dollar value, thus shrinking in proportion. Block Grant funds also shrank somewhat proportionately, but increased slightly in dollar value.

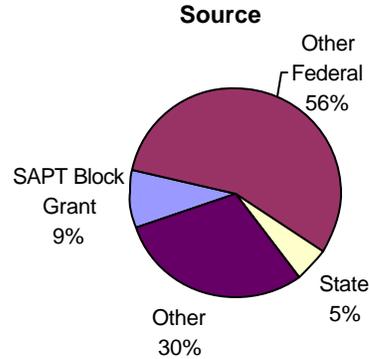
Per capita, Block Grant funding for prevention services increased from \$1.04 in FY 2000 to \$1.27 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

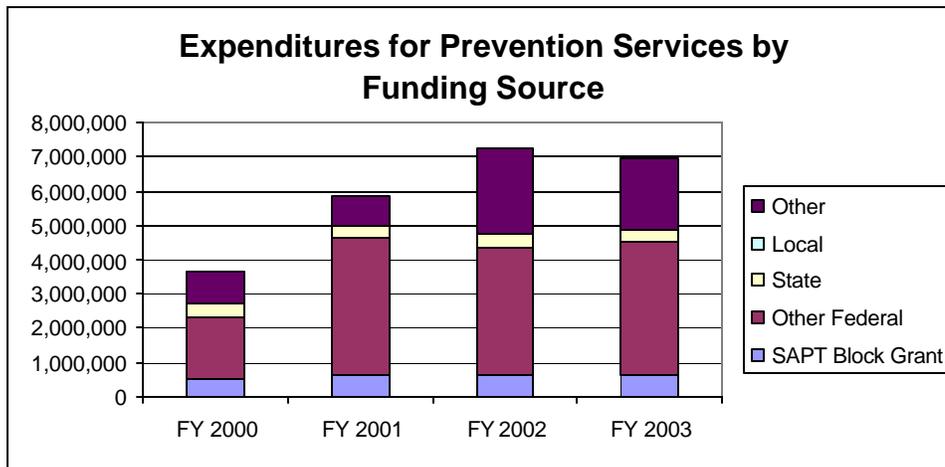


N=\$3,610,861

FY 2003 Prevention Expenditures by Funding Source



N=\$6,976,763



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	513,497	14	604,335	10	609,739	8	637,139	9
Other Federal	1,816,783	50	4,051,489	69	3,791,879	52	3,882,248	56
State	378,773	10	378,773	6	378,563	5	378,773	5
Local	0	0	0	0	0	0	0	0
Other	901,808	25	828,798	14	2,498,624	34	2,078,603	30
Total*	3,610,861	100	5,863,395	100	7,278,805	100	6,976,763	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

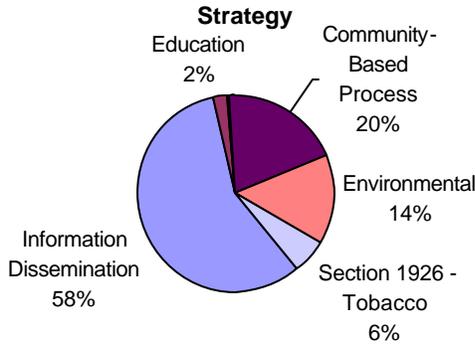
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include television and radio public service announcements, local newsletters, booths, and presentations at local health fairs.
Education	Education activities includes classroom and small group sessions, parenting and family management classes, peer leader/helper programs, youth education programs, and children of substance abusers programs.
Alternatives	Funds support drug-free dances and parties, youth/adult leadership activities, community drop-in centers, and community service activities.
Community-Based Processes	SAD supports Block Grant subrecipients in community-wide planning efforts by the publication of planning and needs assessment data, including summary data and archival data. Community-based processes include community and volunteer training, systematic planning, multi-agency coordination and collaboration, assessing services and funding, and community teambuilding.
Environmental	SAD promotes the establishment and review of alcohol, tobacco, and other drug (ATOD) use policies in schools, provides technical assistance to communities to maximize local enforcement procedures, and modifies alcohol and tobacco advertisement practices.
Problem Identification and Referral	SAD supports employee assistance programs and student assistance programs. The SPF SIG process is used to identify consumption and other data. Identified problems are addressed through community-based strategies.

Expenditures of Block Grant Funds for Core Strategies

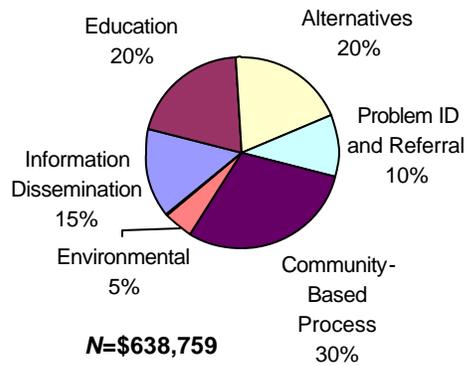
Block Grant funding for core prevention strategies increased somewhat between FYs 2000 and 2003 (from about \$513,000 to about \$637,000). Priorities shifted dramatically between the two comparison periods, with a sharp drop in expenditures for information dissemination strategies—from more than half (58 percent) of FY 2000 expenditures to only 15 percent of FY 2003 expenditures—and smaller declines in expenditures for environmental and Section 1926-tobacco strategies. Instead, funds increasingly shifted toward a range of strategies, including education, alternatives, problem identification and referral, community-based process strategies, and environmental strategies.

FY 2000 Block Grant Expenditures by Core Strategy

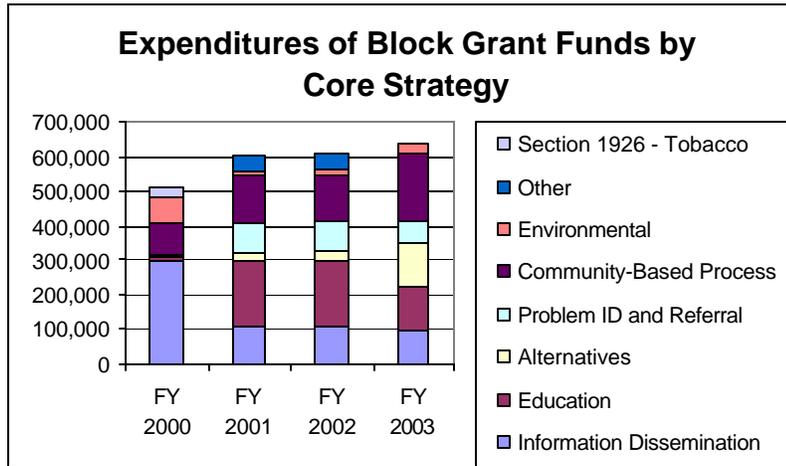


N=\$513,497

FY 2003 Block Grant Expenditures by Core Strategy



N=\$638,759



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	295,647	58	108,780	18	109,753	18	95,571	15
Education	10,653	2	187,344	31	189,019	31	129,048	20
Alternatives	1,454	0	24,173	4	24,390	4	127,427	20
Problem ID and Referral	2,423	0	90,650	15	91,461	15	63,714	10
Community-Based Process	101,780	20	132,954	22	134,143	22	191,142	30
Environmental	72,700	14	12,087	2	12,195	2	31,857	5
Other	0	0	48,347	8	48,778	8	0	0
Section 1926 - Tobacco	28,840	6	0	0	0	0	0	0
Total*	513,497	100	604,335	100	609,739	100	638,759	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

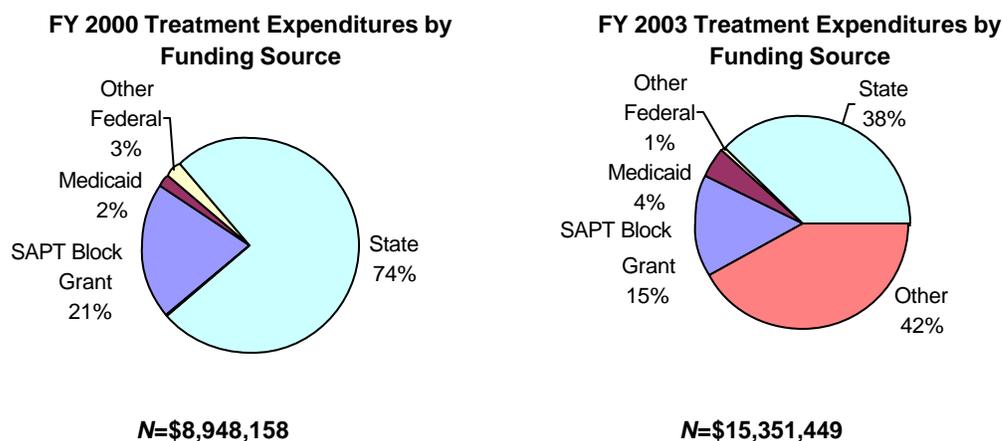
Wyoming offers a wide range of evidence-based substance abuse treatment services. These services include social detoxification, outpatient services, intensive outpatient services, short- and long-term residential treatment, transitional care, and continuing care. These services are based upon the Comprehensive Substance Abuse Community (CSAC) initiative, which outlines a three-tiered substance abuse treatment delivery system. The CSAC provides directly or through referrals the full continuum of services, from assessment and referral to case management, treatment, and continuing care. The CSACs act as hub agencies by integrating and coordinating services offered by all other private and public programs and agencies within a community. Wyoming also has six women-specific treatment programs, is engaged in a co-occurring disorders initiative with the Mental Health Division, and includes drug courts within its treatment services.

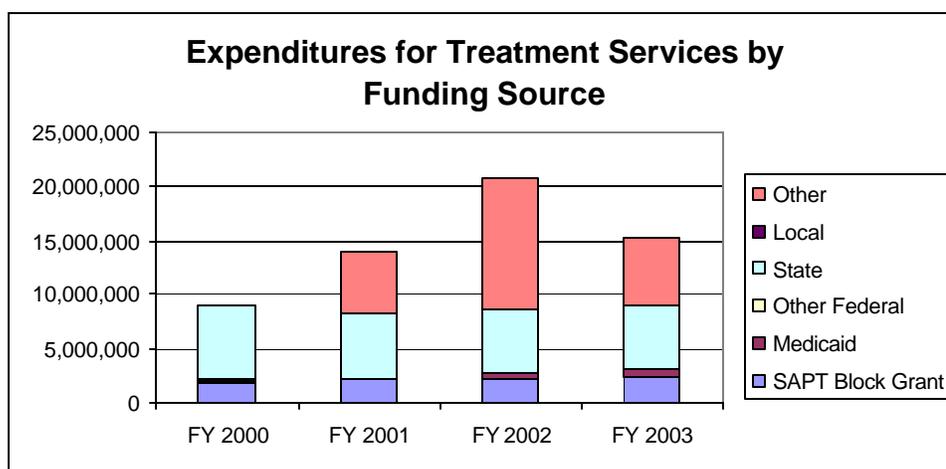
Wyoming was awarded an Access to Recovery (ATR) grant—a Presidential Initiative to expand treatment opportunities for people in need of substance abuse treatment and recovery support services. One goal of the Wyoming ATR project is help integrate the juvenile justice and substance abuse treatment systems by providing a treatment continuum of care to all youth involved with the courts. A second project goal is to expand the definition of adequate treatment to include quality aftercare support services for youth involved in substance abuse treatment services, including services provided by faith-based organizations.

Treatment Funding and Expenditures

Overall funding for treatment and rehabilitation increased sharply between FYs 2000 and 2003 (from \$8.9 to \$15.4 million). The most dramatic part of that increase came from the recent introduction of funds from the “other” category, comprised mostly by tobacco settlement funds. State funding for treatment and rehabilitation declined somewhat between the two comparison periods (from \$6.7 to \$5.9 million), but still accounted for a large—albeit reduced—share (38 percent) of funds.

Block Grant funding per capita for treatment and rehabilitation services increased from \$3.73 in FY 2000 to \$4.73 in FY 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	1,840,805	21	2,121,925	15	2,263,519	11	2,376,379	15
Medicaid	142,702	2	143,701	1	395,552	2	678,589	4
Other Federal	255,741	3	0	0	0	0	81,852	1
State	6,708,910	75	6,026,016	43	5,889,169	28	5,854,362	38
Local	0	0	0	0	0	0	0	0
Other	0	0	5,724,303	41	12,263,156	59	6,360,267	42
Total*	8,948,158	100	14,015,945	100	20,811,396	100	15,351,449	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Wyoming's SAPT Block Grant application indicates that more than 5,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=5,124)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	170	58	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term rehabilitation	63	40	0
Long-term residential	271	390	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	2,180	1,191	17
Intensive outpatient	404	340	0
Detoxification (outpatient)	0	0	0
Total	3,088	2,019	17

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data also indicate more than 5,000 admissions (where at least one substance is known), of which more than 2,000 were for alcohol only. Calculations (with imputation) from TEDS data show that approximately 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,107	17.8
Alcohol in combination with other drugs	3,033	20.5
Total	5,140	19.4

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 36,000 persons aged 12 and older (8.7 percent of Wyoming's population) needed, but did not receive, treatment for alcohol use, and 10,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Wyoming.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.71	7.13	23.02	6.22
Needing but not receiving treatment for illicit drug use	2.46	4.23	7.82	1.19

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Wyoming's substance abuse treatment planning and needs assessment have been affected by new treatment standards that focus on evidence-based treatment procedures. Data and IT plans are being developed in conjunction with the Mental Health Division as part of a statewide data infrastructure project. A State plan for treatment infrastructure has been developed and includes the collection of standardized data on all treatment clients. In addition, pilot testing has begun on the collection of encounter data to better understand the cost of treatment services in Wyoming. A driving under the influence (DUI) strategic plan has been developed to address priorities for building statewide DUI infrastructure following the passage of the first DUI felony law in Wyoming, requiring third-time DUI offenders to receive substance abuse assessment.

Wyoming's prevention needs assessment utilizes CSAP's WestCAPT Collaborative Comprehensive Prevention Planning Process, a five-step community planning model. Data are collected from Block Grant prevention contractors, State Incentive Grant (SIG) subrecipients, schools, and others. From the prevention needs assessment and evaluation reports, local and State prevention plans are developed. In addition, several prevention providers utilize Web-based tools to identify local prevention resources. The SAD is utilizing the SPF SIG process.

Evaluation

Wyoming monitors and evaluates its strategies using the Youth Risk Behavior Survey, the Behavioral Risk Factor Surveillance System, and through reviewing its needs assessment data.

Training and Assistance

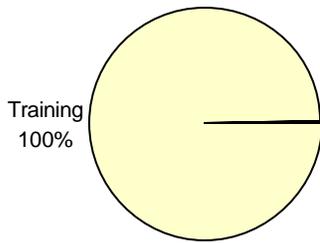
Wyoming offers a variety of training and conference opportunities for its treatment and prevention providers. Substance abuse treatment training needs were identified and a Behavioral Health Institute was developed to meet the identified training needs. The annual institute provided evidence-based skills building training to treatment providers. Treatment providers were also provided with competency-based training on the ASI, ASAM, and GAIN instruments. Prevention providers were trained in the application of the Risk and Protective Factors Model of Prevention, which includes training in community readiness, needs assessment, prioritizing goals, conducting resource assessments, and applying evidence-based practices followed by evaluation of prevention programs.

The State sponsored several treatment and prevention providers to attend regional and national trainings and conferences. Treatment providers were represented at several events: the Delinquency, Crime and Substance Abuse Services for Adolescent conference, the 10th Annual Adult Drug Court Training Conference; and the National Rural Institute on Alcohol and Drug Abuse. Prevention providers attended the National Prevention Network's Annual Research Conference and the CADCA Conference.

Expenditures of Block Grant Funds for Resource Development Activities

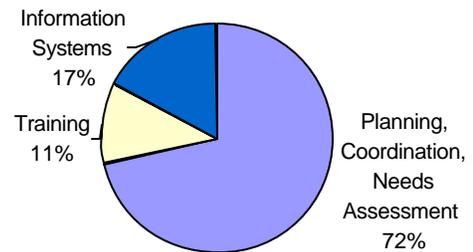
Block Grant funding for resource development activities in Wyoming increased dramatically between FYs 2000 and 2003 (from about \$21,000 to about \$531,000) with all of the FY 2000 funds going toward training activities. While training dollars more than doubled by FY 2003, they accounted for only 11 percent of FY 2003 resource development expenditures, reflecting an influx of new funding in FY 2003 for planning, coordination, and needs assessment activities (72 percent of expenditures) and information systems activities (17 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities

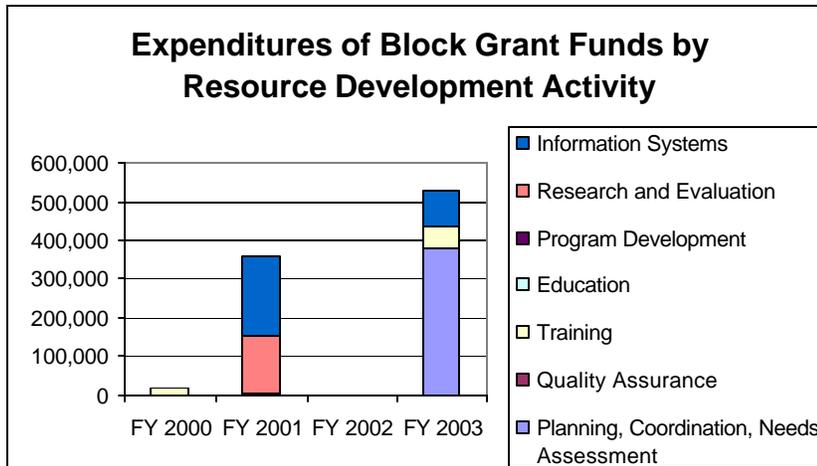


N=\$21,210

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$531,326



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	0	0	N/R**	-	379,384	72
Quality Assurance	0	0	0	0	N/R	-	0	0
Training	21,210	100	0	0	N/R	-	59,890	11
Education	0	0	5,000	1	N/R	-	0	0
Program Development	0	0	0	0	N/R	-	0	0
Research and Evaluation	0	0	146,048	41	N/R	-	0	0
Information Systems	0	0	202,971	57	N/R	-	92,052	17
Total*	21,210	100	354,019	100	N/R	-	531,326	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

** N/R = Not reported

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded nearly \$2.7 million in five discretionary grants to Wyoming entities during FY 2004. Most of the funding (over \$2.3 million) was awarded as a Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	4	347,251
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	5	2,698,216

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$1.5 million in three discretionary grants to Wyoming. The largest single award, for nearly \$1 million, is to improve Access to Recovery (ATR).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
Access to Recovery	1	978,681
Targeted Capacity - HIV/AIDS	1	489,402
Total	3	1,568,083

SOURCE: www.samhsa.gov

Appendix A:

Block Grant Expenditures per Capita on Prevention Activities, FYs 2000–2003

State	Prevention Expenditures per Capita			
	FY 2000	FY 2001	FY 2002	FY 2003
<i>United States</i>	1.15	1.23	1.24	1.28
Alabama	1.00	1.09	1.33	1.10
Alaska	1.18	1.22	1.26	1.39
Arizona	1.05	1.10	1.04	1.10
Arkansas	0.84	0.83	0.91	0.88
California	1.54	1.42	1.52	1.61
Colorado	0.97	1.07	1.04	1.08
Connecticut	1.16	1.26	1.38	1.32
Delaware	1.49	1.67	1.81	1.85
District of Columbia	1.74	1.94	2.00	2.39
Florida	1.01	1.28	1.08	1.45
Georgia	1.01	1.14	1.12	1.24
Hawaii	1.41	1.68	1.64	1.67
Idaho	0.92	1.00	1.47	1.53
Illinois	0.98	1.05	1.09	1.09
Indiana	1.16	1.15	1.18	1.16
Iowa	0.90	0.91	0.92	0.93
Kansas	0.89	0.93	0.91	1.05
Kentucky	1.17	1.23	1.41	1.35
Louisiana	1.11	1.13	1.15	1.16
Maine	1.05	0.99	1.07	1.04
Maryland	1.35	1.35	1.40	1.17
Massachusetts	1.04	1.07	1.06	1.22
Michigan	1.20	1.24	1.33	1.31
Minnesota	1.06	1.07	0.89	0.91
Mississippi	0.93	0.95	0.98	0.98
Missouri	0.86	0.89	0.92	0.92
Montana	1.24	1.38	1.46	1.43
Nebraska	1.31	1.39	1.38	1.23
Nevada	1.08	1.08	1.04	1.15
New Hampshire	0.97	0.99	1.02	1.05
New Jersey	1.09	1.15	1.16	1.24
New Mexico	1.13	1.07	1.17	1.25
New York	1.34	1.29	1.22	1.24
North Carolina	0.85	1.07	0.88	0.94
North Dakota	1.21	1.32	1.73	1.60
Ohio	1.15	1.17	1.25	1.42
Oklahoma	0.96	1.00	1.02	1.02
Oregon	0.89	0.89	0.90	0.90

State	Prevention Expenditures per Capita			
	FY 2000	FY 2001	FY 2002	FY 2003
Pennsylvania	0.96	1.02	1.00	1.02
Rhode Island	1.19	1.27	1.47	1.61
South Carolina	1.04	0.98	1.01	1.00
South Dakota	0.94	1.05	1.16	1.21
Tennessee	1.06	1.15	1.18	1.19
Texas	1.27	1.92	1.90	1.62
Utah	1.36	1.63	1.41	1.55
Vermont	1.24	1.38	1.52	1.59
Virginia	1.12	1.14	1.17	1.15
Washington	1.25	1.31	1.31	1.49
West Virginia	0.97	0.99	0.98	0.99
Wisconsin	0.91	0.92	0.97	1.15
Wyoming	1.04	1.22	1.22	1.27

Appendix B

CSAP Core Strategies for Prevention Highlights from States and the District of Columbia

SAMHSA requires States to submit information about their activities related to CSAP's six core prevention strategies in their Block Grant application which include information dissemination, education, alternatives, problem identification and referral, community-based processes, and environmental. SAMHSA also requests that States document their reported and intended expenditures in the same six areas in the SAPT Block Grant application¹. A description of the strategies and highlights from State findings is provided below.

Information Dissemination

- The **District of Columbia** distributes information on alcohol, tobacco, and drugs to the public in various forums including more than 350 annual public health and community awareness events. Spanish- and Asian-language materials are distributed to address the language issues in the multicultural communities.
- **Idaho's** SSA funds the printing of a parenting skills book (English and Spanish), which is used in substance abuse treatment programs serving women of childbearing age, child protection offices, and schools. It also partners with Boise State University to maintain the Idaho Regional Alcohol and Drug Awareness Resources (RADAR) Network Center, which maintains 27 associate centers.
- The **Illinois** SSA produces radio and television public service announcements and participates in local health fairs. Its 18 regional substate offices (called InTouch) develop and distribute local resource directories, host cable television shows, and house lending libraries. Division of Alcohol and Substance Abuse (DASA) makes available brochures on alcohol and substance abuse on its Web site in English and Spanish.
- **North Dakota's** Prevention Resource Center lends videos, books, curricula, and other materials to schools, law enforcement agencies, faith-based organizations, social service agencies, and others.
- **West Virginia's** SSA has a prevention Web site with an online magazine that features prevention and related issues and clearinghouse information dissemination.

Education

- **Alabama** funds support interactive classroom education, specific programs for high-risk youth in alternative educational centers, family strengthening and parenting programs, and programs for pregnant women and teens.
- **Colorado** provides a 12-week Multi-Ethnic Parenting Curriculum to high-risk parents and provides educational services for youth groups and small group sessions.

¹ DHHS Block Grant 45 CFR Section 96.124 (2005).

- **Ohio's** Head Start staff and administrators are trained about ways to integrate ATOD prevention information into the Head Start curriculum. Ohio's funds also support the Local Teen Institute, which provides programs for middle and high school youth, and an educational program providing senior citizens with information about prevention of medication misuse.
- **Oklahoma's** funds support the delivery of A Pregnant Pause education program on fetal alcohol spectrum and the delivery of the youth leadership camp Project Under 21 program focused on underage alcohol use. Funds also support training for teachers, counselors, volunteers, and others to foster sustainability of prevention efforts.
- **Utah** sponsors Prevention Dimensions, a K-12 school-based prevention education curriculum.

Alternatives

- **Indiana** funds the statewide Afternoons R.O.C.K., an afterschool program for youth ages 10 to 14, which builds resiliency and resistance skills and encourages community service.
- **Louisiana** funds activities such as wilderness treks, rope courses for teambuilding, drug-free dances, summer camps, and basketball tournaments.
- **Massachusetts** supports creative writing contests, photography workshops, theater productions, community service, and adventure and team-building activities.
- Strategies in **Mississippi** include youth leadership conferences, scholarships to disadvantaged youth, creative arts workshops for youth, community and youth volunteers, and day camps for girls and boys.
- **Rhode Island's** funds support training for peer leaders to promote prevention in their communities, afterschool programs, weekly educational groups, career and college guidance programs, and cultural activities.

Problem identification and referral

- **Delaware's** funds support efforts in schools to identify children with problems and provide them with services and linkages to community resources by assisting in data collection and outcome measurement.
- **Hawaii's** activities include a program that uses pharmacists to conduct individual assessments and utilization reviews of prescription and over-the-counter medications used by the elderly as well as to provide followup and referral services.
- **Missouri's** funds support screenings and services for children of people who abuse substances, youth substance abuse identification and services, and hearing-impaired services and referrals.
- **Nebraska's** School Community Intervention Programs create knowledgeable, interdisciplinary school-based teams that can effectively identify students at risk of developing substance use problems and design and implement early interventions.
- **Utah's** strategies include referral and assessment for DUI offenders and youth with first-time ATOD use offenses.

Community-based processes

- **Michigan's** funding supports community assessment of risk and protective factors, systematic/multifaceted planning, technical assistance, volunteer trainings, community team-building, resource identification, program development, environmental strategy training, and a migrant program.
- **Nebraska's** Regional Prevention Centers assist local community coalitions with broad-based memberships (including public and behavioral health, education, law enforcement, and public safety) in identifying priority local substance abuse prevention needs and selecting and implementing locally and culturally appropriate substance abuse prevention strategies.
- **Pennsylvania's** Bureau of Drug and Alcohol Programs (BDAP) works with community-based organizations to develop community assessments, strategic plans, community mobilization, collaboratives, and program evaluations; BDAP also provides in-service training of school teachers on substance abuse prevention.
- **Rhode Island's** SSA coordinates a statewide network of legislatively mandated community-based task forces primarily responsible for developing comprehensive prevention plans based on community needs assessments.
- **West Virginia's** funds provide training and technical assistance to communities to help them identify high-risk target groups, identify and secure resources for prevention of youth ATOD use, and implement community ATOD use prevention activities.

Environmental

- **Arizona** supported Tucson youth who participated in a prevention program and drafted anti-bullying legislation ultimately passed by the State legislature.
- **Florida's** Think About It campaign (a statewide radio and billboard initiative) targets youth and parents and reached 68 percent of Florida's population. Funds also support the promotion of drug use policy reviews in schools and communities.
- **Iowa** established and changed written community standards and codes and participated in Tobacco Free Iowa, a strategy to secure tobacco settlement dollars for substance abuse prevention.
- The **Kansas** statute on endangering a child through the sale, distribution, or manufacture of methamphetamine was changed from a misdemeanor to a felony; tobacco retailer licenses were made part of the public record; and the number of smoke-free establishments was increased.
- **Maryland** provides technical assistance to community groups and organizations on how to develop appropriate legislative and media resources.
- **New Jersey** awarded subgrants to 12 colleges to implement a social norms campaign.
- **New Mexico's** SSA introduced a 10-percent local options gross receipts tax on alcohol and developed and implemented the Mescalero Apache Tribal resolution prohibiting sales of tobacco to minors on the reservation.
- Strategies in **Texas** include drug-free school zones, alcohol and tobacco education for retailers, and education of policymakers on gaps in services.

Other

- The **Idaho** SSA implemented the Substance Prevention Program Standards that establish minimum requirements for staff qualifications, participant safety, program selection, and documentation.
- **Minnesota's** funds provide support for cultural activities including the participation of elders and the transmission of tribal history, values, and beliefs for Native American prevention programs, as well as other culturally based activities for African American, Hispanic/Latino, and Asian populations.
- Strategies in **South Carolina** include a statewide, Internet-based prevention reporting system that has identified underserved populations, including those with limited English proficiency or with dual diagnoses.

Appendix C:

Block Grant Expenditures per Capita on Treatment Activities, FYs 2000–2003

State	Expenditures per Capita			
	FY 2000	FY 2001	FY 2002	FY 2003
<i>United States</i>	3.82	3.85	3.96	3.97
Alabama	3.64	3.69	3.59	3.81
Alaska	4.03	4.58	3.81	5.26
Arizona	3.79	3.72	3.83	4.01
Arkansas	3.20	3.40	3.42	3.37
California	4.60	4.94	5.18	4.97
Colorado	3.60	3.70	3.85	4.02
Connecticut	3.41	3.33	3.23	3.28
Delaware	5.04	5.45	5.51	5.46
District of Columbia	6.28	6.41	8.06	7.89
Florida	3.56	3.70	3.92	3.73
Georgia	3.64	3.87	4.00	3.83
Hawaii	3.65	3.59	3.69	3.48
Idaho	3.44	3.58	3.41	3.28
Illinois	3.42	3.63	3.75	3.75
Indiana	3.88	3.91	3.92	3.97
Iowa	3.16	3.20	3.23	3.24
Kansas	3.12	3.24	3.43	3.29
Kentucky	3.53	3.64	3.63	3.69
Louisiana	3.89	3.94	4.04	4.05
Maine	3.44	3.62	3.66	3.72
Maryland	3.74	3.97	4.01	4.08
Massachusetts	3.75	3.78	3.78	3.69
Michigan	4.19	4.20	4.15	4.17
Minnesota	3.03	3.02	3.25	3.23
Mississippi	3.25	3.33	3.44	3.44
Missouri	2.84	3.34	3.47	3.47
Montana	4.64	5.37	5.29	5.35
Nebraska	2.83	2.86	2.96	3.19
Nevada	3.21	3.53	3.64	4.01
New Hampshire	3.59	3.73	3.80	3.80
New Jersey	3.81	3.80	3.85	3.78
New Mexico	3.17	3.34	3.02	3.13
New York	3.65	3.83	4.05	4.34
North Carolina	2.75	2.55	2.79	2.97
North Dakota	4.45	3.67	2.47	6.27

State	Expenditures per Capita			
	FY 2000	FY 2001	FY 2002	FY 2003
Ohio	4.29	4.33	4.30	4.15
Oklahoma	3.60	3.73	3.81	3.81
Oregon	3.34	3.34	3.37	3.39
Pennsylvania	3.35	3.31	3.38	3.34
Rhode Island	2.87	4.42	4.45	4.41
South Carolina	3.35	3.61	3.74	3.72
South Dakota	3.49	3.92	4.33	4.51
Tennessee	3.11	3.29	3.39	3.33
Texas	4.43	3.52	3.74	3.95
Utah	4.92	5.04	5.40	5.33
Vermont	4.64	5.18	5.71	5.97
Virginia	3.98	4.11	4.08	4.04
Washington	3.86	4.04	4.18	4.01
West Virginia	8.77	3.62	3.59	3.57
Wisconsin	3.64	3.66	3.54	3.56
Wyoming	3.73	4.30	4.54	4.73

Appendix D:

Methodology

Introduction

This 2006 *Inventory of State Substance Abuse Prevention and Treatment Activities and Expenditures* was developed to highlight State activities and trends in expenditures for substance abuse prevention and treatment services. The first step in creating the inventory was to scan available data sources to determine what existing data and information would be of interest and could be incorporated into the inventory. Researchers wanted to use secondary data sources whenever possible for two reasons: most of the needed documentation already existed; and to reduce the States' burden for providing information.

Once the data sources were agreed upon, researchers secured approval from SAMHSA for use of the Substance Abuse Prevention and Treatment Block Grant information. An initial data template and draft State profile was developed and presented to ONDCP and NASADAD for their feedback and suggestions. NASADAD representatives shared their experience with developing the 1999 *Inventory of State Prevention Activities Funded Under the 20 Percent Prevention Set-Aside of the Substance Abuse Prevention and Treatment Block Grant*. Researchers also worked with NASADAD to determine with which States to the pilot State profile review process.

After piloting the review process and the draft profiles with nine States, the remaining profiles were developed, FedExed to States for their review, and finalized, incorporating State feedback. Findings from all the States were aggregated into the Aggregate Findings section of the Inventory. Finally, the Inventory, in its entirety, was reviewed by ONDCP and SAMHSA prior to publication.

Data Sources

At the project outset, many potentially relevant data sources were reviewed for possible inclusion in the Inventory. These sources included information on State substance abuse prevention and treatment systems, funding streams, services, activities, and recipients. After careful examination and consideration of the data sources, the following were selected:

- Substance Abuse Prevention and Treatment Block Grant (FYs 2003–2006)
- State and SSA Web sites
- Treatment Episode Data Set (2002)
- National Survey on Drug Use and Health (NSDUH) (2002)
- U.S. Census Estimates (2003)
- Substance Abuse and Mental Health Services Administration (SAMHSA) Web site
- State-submitted information

Detailed information of the data sources and how they were used in the Inventory follows.

Substance Abuse Prevention and Treatment Block Grant: The Substance Abuse Prevention and Treatment (SAPT) Block Grant program distributes funds to 60 eligible States, territories, the District of Columbia, and the Red Lake Nation through a formula, based upon specified economic and demographic factors. The Block Grant program's overall goal is to support and expand substance abuse prevention and treatment services, while providing maximum flexibility to the States. By statute, States and territories may expend Block Grant funds only for the purpose of planning, carrying out, and evaluating activities related to these services².

² http://www.samhsa.gov/budget/B2005/spending/cj_48.aspx

State applicants completed numerous narrative sections and forms to describe how they intend to expend the grant, their needs assessment and planning processes, client information, policies and procedures, and other areas of relevance. Applicants also addressed activities to meet current legal requirements including provisions and funding set-asides. Examples include a 20-percent set-aside for prevention activities and an up-to-5-percent set-aside for HIV early intervention activities for States whose HIV/AIDS case rates exceed 10 per 100,000.

This Inventory uses State SAPT Block Grant applications from FYs 2003 through 2006. For FYs 2005 and 2006 applications, up-to-date information was available from the online Block Grant Application System (BGAS). Earlier applications were available in hard copy only.

Narrative Sections

Narrative sections from States' Block Grant applications were used to describe overall State systems, prevention and treatment services, and resource development activities including planning and needs assessment, evaluation activities, and training and assistance for their State's workforce. The primary Block Grant narrative sections used for the Inventory include the following:

- Goal 1 – Continuum of Substance Abuse Treatment Services
- Goal 2 – 20-percent Set-Aside for Primary Prevention
- Goal 11 – Continuing Education
- Goal 12 – Coordinate Services
- Goal 13 – Assessment of Need
- 1. Planning
- BG Attachment D – Program Compliance Monitoring

Forms

Forms with quantitative information were used to describe SSA expenditures from the Block Grant and other sources, the amount of expenditures by activity, and the number of clients by type of treatment modality. These forms do not include funding from private third-party payers such as commercial health insurers. The primary Block Grant forms used for the Inventory include the following:

- Form 4 – Substance Abuse State Agency Spending Report
- Form 4a – Primary Prevention Expenditures Checklist
- Form 4b – Resource Development Activities Checklist
- Form 7a – Treatment Utilization Matrix

State and SSA Web Sites: Both State and SSA Web sites provided substantial State-specific information about the organization and structure of the substance abuse prevention and treatment delivery systems in the States. Information from these Web sites, and from SSA Web sites in particular, contributed greatly to the narrative sections of the State profiles.

Treatment Episode Data Set: The Treatment Episode Data Set (TEDS) is an administrative data system providing descriptive information about the national flow of admissions to providers of substance abuse treatment. The TEDS series was designed to provide annual data on the number and characteristics of persons admitted to public and private substance abuse treatment programs receiving public funding. The unit of analysis is treatment admissions. TEDS provides information on a variety of service setting and client characteristics, including number of prior treatments, substance(s) abused, frequency of use, employment status, and presence of psychiatric problems. TEDS also provides information on client demographics such as age, race, gender, income, marital status, and education.

For this Inventory, TEDS information, housed at the Substance Abuse and Mental Health Data Archive (SAMHDA), was used specifically to determine the prevalence of co-occurring disorders for abusers of alcohol or alcohol in combination with other drugs. A variety of data, including

“admissions where at least one substance is known” and “percent with psychiatric problem(s)” were downloaded from the SAMHDA Web site and analyzed. While all 50 States and the District of Columbia submitted data in 2002, only 37 States included information regarding whether clients admitted for substance abuse treatment also had a presenting psychiatric problem. Estimated rates were calculated (with imputations) for persons admitted with co-occurring psychiatric problems and substance abuse issues for all States.

National Survey on Drug Use and Health: The National Survey on Drug Use and Health (NSDUH) (formerly called the National Household Survey on Drug Abuse) reports on the prevalence, patterns, and consequences of drug and alcohol use and abuse in the general U.S. civilian non-institutionalized population age 12 and older. Data are collected on the use of illicit drugs, the nonmedical use of licit drugs, and use of alcohol and tobacco products. The survey is conducted annually and produces drug and alcohol use incidence and prevalence estimates at the State level.

This Inventory includes 2002 NSDUH findings on the treatment gap in each State. Specifically, information was used on the percentage of persons needing, but not receiving, treatment for alcohol use, and the percentage of persons needing, but not receiving, treatment for illicit drug use.

U.S. Census Estimates: U.S. Census estimates were utilized to calculate SAPT Block Grant Expenditures per capita for both prevention and treatment. Population estimates for 2000 through 2003 were downloaded from the US Census Web site and imported into Excel for analysis³.

SAMSHA Web site: The SAMHSA Web site provided background and award information for Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) discretionary grant amounts, descriptions, and aims. It also provided background information on SAPT Block Grant requirements and on SAMHSA’s and the Nation’s approach to substance abuse prevention and treatment services.

State-submitted Information: For some State profiles, States were asked for specific information not available from the above-mentioned data sources. Examples include current organization charts, information on SSA reorganizations, information on resource development activities, and any changes in prevention or treatment services delivery.

Methods

After determining which data sources would provide the most useful and up-to-date information, a data collection template was developed to include both descriptive narrative and quantitative information, such as expenditure data. The following key areas were identified and incorporated into the template:

- SSA structure, including its placement within the State system and the services delivery system. This section includes an organization chart.
- Expenditure information, including:
 - total SSA expenditures by funding source
 - total SSA expenditures by activity
 - total SSA expenditures on prevention activities by funding source
 - total SSA expenditures on treatment activities by funding source
 - SAPT Block Grant expenditures by activity
 - SAPT Block Grant expenditures on CSAP core prevention strategies

³ <http://www.census.gov/popest/states/tables/NST-EST2003-01.csv>

- SAPT Block Grant expenditures on system resource development activities
 - SAPT Block Grant expenditures per capita on prevention and treatment
 - State expenditures by activity
- Descriptive information about States' prevention and treatment systems
 - Descriptive information about State's efforts to plan and conduct needs assessments, evaluate strategies, and train and provide assistance to strengthen their prevention and treatment workforce
 - Descriptive information about the number of treatment clients served by modality, treatment gap, and rates of co-occurring disorder among treatment clients
 - CSAP and CSAT discretionary grant awards

After the template was developed, information was extracted from the previously mentioned data sources to complete the template for each State. Qualitative and narrative information was taken largely from the SAPT Block Grant applications and the SSA Web sites. Most of the quantitative information was downloaded and printed off of the BGAS Web site and then hand-entered into a database for analysis. An Excel template was developed for State-specific expenditure information, and the data were run for each State. Qualitative and quantitative information were integrated into a Word document for each State profile.

After draft profiles were developed, the profiles and the profile review process were piloted with nine States. Data collection and reporting were adjusted slightly based on pilot findings. As draft profiles were finalized, they were express-mailed to each SSA. Any State-specific questions were highlighted. After States reviewed the profiles and provided feedback and suggestions, the profiles were revised and reviewed internally for final approval.

After the majority of States reviewed the profiles and provided feedback, the multiple data sources were analyzed and synthesized to develop the Aggregate Findings section. The quantitative information for the Aggregate Findings was analyzed in Excel and SPSS.

Limitations

During the course of this project, several State Governments, and specifically the SSAs, had been recently reorganized, were in the process of reorganizing, or were planning to reorganize. Every effort was made to present most recent information. However, due to the changing nature of the SSAs and State Governments, readers should realize that the narrative information and the organization charts reflect the current configuration of the SSA and service delivery at the time of publication.

While the data sources used allowed ONDCP to present fairly consistent data for all of the States, they do have some inherent limitations.

Expenditure Information: Most expenditure information was taken from the State SAPT Block Grant applications. Thus, consistent data were available for all States by Federal fiscal year. However, the Federal fiscal year does not usually correspond with the State fiscal year or their reporting year. States were required to report Block Grant expenditures aligned with the Federal fiscal year, but were allowed to report the remaining expenditure information from the other funding streams as they correspond to a State fiscal year. Therefore, the Form 4 from any given application reports total expenditures for a particular SAPT Block Grant award for the Federal fiscal year, and it reports expenditures for a single State fiscal year for all other funding category columns. Since State fiscal years vary across States, actual expenditure reporting periods, while similar, may not be identical.

Additionally, while most States take care to indicate on Form 4 expenditures from all funding streams, some States may not indicate all expenditure information, especially for sources other than the Block Grant. If States left out expenditure information from Form 4, and did also not submit this information during the profile review, then this information was not included in the Inventory.

Finally, Block Grant expenditure information was taken from the BGAS system for FYs 2005 and 2006 (and hard copies for FYs 2003 and 2004). At the time of publication of the Inventory 3 States did not have SAMHSA Block Grant approval for their FY 2006 application (Alaska, Massachusetts, and Pennsylvania). Since all SSAs reviewed the State profiles for their State, which included expenditure information, these numbers are thought to be accurate. However, it is possible that the expenditures may change, especially for the 35 States awaiting SAMHSA approval of their Block Grant application.

The discretionary grant award information was taken from the SAMHSA Web site. The site had two pages of discretionary award information by State: one was a summary page, and the other provided details. For several States, the information on these two pages was inconsistent, and the discrepancies could not be explained. In these cases, the page that presented the details was used so that a fuller picture could be presented, including the name of award, number of awards, and the total dollar amounts.

Client Treatment Information: Client treatment information was taken from three data sources: The SAPT Block Grant application, TEDS, and NSDUH. The SAPT Block Grant application asks States to report the number of client admissions by primary diagnosis and type of care (Form 7a). On this form, States are asked to report the number of clients admitted and served using SAPT Block Grant funds. However, States' monies are generally blended with funds from other sources, making it difficult to get an accurate client count by funding source. Therefore, the number indicated gives a good idea, but not necessarily an exact count, of the number treated with Block Grant expenditures.

TEDS data used to determine the rates of co-occurring disorder among the treatment clients have some inherent limitations⁴. Several specific limitations might influence Inventory findings:

- Only 37 States reported information on whether their treatment clients had a presenting psychiatric problem. Since not all States reported on this issue, precise State estimates were unavailable on the rate of co-occurring disorders. However, through calculating (with imputation), fairly accurate estimations were developed of co-occurring disorders for all States.
- TEDS consists of treatment admissions, and therefore may include multiple admissions for the same client. Thus, any statistics derived from the data will represent admissions, not clients.
- The number and client mix of TEDS records depends, to some extent, on external factors, including the availability of public funds. In States with higher funding levels, a larger percentage of the substance-abusing population may be admitted to treatment, including the less severely impaired and the less economically disadvantaged.
- About half the States report data on all clients in facilities required to report to the State. However, some States report only those clients whose treatment is paid for with State/public funds.
- States may include or exclude reporting by certain sectors of the treatment population, and these sectors may change over time. For example, treatment programs based in the criminal justice system may or may not be administered through the State SSA.

⁴ For a complete discussion of limitations associated with TEDS data, see http://www.nationaloutcomemeasures.samhsa.gov/new_reserve/substance_info.asp

Detoxification facilities, which can generate large numbers of admissions, are not uniformly considered treatment facilities and are not uniformly reported by all States.

- Public funding constraints may direct States to selectively target special populations -- for example, pregnant women, adolescents, or the dually diagnosed. The representations of these populations in the data may vary accordingly.

Because of these limitations, TEDS researchers indicate that State-to-State comparisons must be made with extreme caution.

Interpreting these tables and comparing across States should be done cautiously and should take into account the many sources of variation detailed above.

NSDUH data were used to determine the treatment gap for alcohol and other drugs for each State. This data source also has inherent limitations, including the following⁵:

- The data are self-reports of drug use, and their value depends on respondents' truthfulness and memory. Therefore, some underreporting and overreporting may have taken place.
- Because the survey's target population is defined as the noninstitutionalized civilian population of the United States, it excludes a small proportion (slightly less than 2 percent) of the population. The subpopulations excluded are members of the active-duty military and persons in institutional group quarters (such as hospitals, prisons, nursing homes, and treatment centers). If these groups' drug use differs from that of the noninstitutionalized civilian population, NSDUH may provide slightly inaccurate estimates of drug use in the total population.
- The estimates for treatment gap include the entire State population. While this calculation allows for comparisons across States, it may not give a true picture of the treatment gap among the target populations of single State agencies, which generally include the uninsured, indigent, and others with minimal means to pay for substance abuse treatment services.

⁵ For a complete discussion of limitations associated with NSDUH data, see http://www.nationaloutcomeasures.samhsa.gov/new_reserve/substance_info.asp

Appendix E:

Rates of Psychological Problems in Combination with Alcohol and Other Drug Use of Treatment Clients, by State (TEDS 2002)

State	Alcohol Only			Any Other Drugs			Total		
	Rate (%)	N	Std. Deviation	Rate (%)	N	Std. Deviation	Rate (%)	N	Std. Deviation
Alabama	11.3	3,815	0.2553	11.6	15,681	0.2653	11.5	19,496	0.2634
Alaska	19.8	2,705	0.3215	26.1	2,307	0.3812	22.7	5,012	0.3516
Arizona	15.8	710	0.0601	18.8	1,801	0.0602	18.0	2,511	0.0617
Arkansas	20.7	2,912	0.0758	23.3	10,884	0.0748	22.7	13,796	0.0757
California	6.4	20,735	0.2449	4.5	191,102	0.2068	4.7	211,837	0.2109
Colorado	7.3	48,639	0.2510	23.9	18,911	0.4218	11.9	67,550	0.3174
Connecticut	18.9	8,206	0.0751	19.1	35,803	0.0749	19.0	44,009	0.0749
Delaware	3.7	1,080	0.1788	3.6	5,719	0.1765	3.6	6,799	0.1769
District of Columbia	5.5	640	0.2276	5.8	5,019	0.2338	5.8	5,659	0.2331
Florida	20.1	19,697	0.3412	26.2	54,349	0.3994	24.6	74,046	0.3857
Georgia	0.0	9,031	0.0020	0.0	23,179	0.0034	0.0	32,210	0.0031
Hawaii	34.7	937	0.4341	25.8	5,484	0.3775	27.1	6,421	0.3875
Idaho	23.0	1,077	0.4212	28.7	3,863	0.4523	27.4	4,940	0.4463
Illinois	17.3	15,750	0.0721	18.1	61,743	0.0732	17.9	77,493	0.0731
Indiana	17.7	8,025	0.0681	19.6	21,378	0.0681	19.1	29,403	0.0686
Iowa	27.8	7,971	0.4479	35.3	19,090	0.4775	33.1	27,061	0.4702
Kansas	22.2	2,726	0.4151	23.1	11,716	0.4212	22.9	14,442	0.4201
Kentucky	36.9	5,624	0.4824	38.1	12,858	0.4855	37.7	18,482	0.4846
Louisiana	0.2	4,402	0.0435	0.3	24,102	0.0496	0.3	28,504	0.0488
Maine	24.9	4,635	0.4325	35.3	7,236	0.4774	31.2	11,871	0.4632
Maryland	19.3	14,455	0.3828	24.7	56,194	0.4142	23.6	70,649	0.4086
Massachusetts	32.0	12,115	0.4665	32.0	55,402	0.4663	32.0	67,517	0.4664
Michigan	10.3	18,651	0.3038	12.4	45,706	0.3288	11.8	64,357	0.3219
Minnesota	19.6	13,651	0.0757	21.7	24,414	0.0747	20.9	38,065	0.0757
Mississippi	31.5	2,656	0.4566	28.4	8,237	0.4412	29.2	10,893	0.4452
Missouri	16.3	9,845	0.3694	20.7	31,396	0.4048	19.6	41,241	0.3971
Montana	17.3	2,112	0.0642	20.3	4,584	0.0657	19.4	6,696	0.0667
Nebraska	17.6	3,206	0.0702	21.1	4,806	0.0749	19.7	8,012	0.0750
Nevada	5.4	2,817	0.2246	10.5	7,687	0.3066	9.1	10,504	0.2878
New Hampshire	10.5	1,616	0.2555	11.5	3,126	0.2532	11.2	4,742	0.2540
New Jersey	6.6	8,626	0.2490	6.0	45,889	0.2370	6.1	54,515	0.2389
New Mexico	16.1	805	0.3659	20.3	1,027	0.3999	18.5	1,832	0.3858
New York	23.8	62,058	0.3455	25.7	242,929	0.3796	25.3	304,987	0.3730
North Carolina	59.7	9,959	0.4905	54.2	20,086	0.4980	56.0	30,045	0.4962
North Dakota	31.2	959	0.4632	37.8	2,288	0.4848	35.9	3,247	0.4794
Ohio	23.0	13,836	0.4208	28.6	41,470	0.4514	27.2	55,306	0.4446

State	Alcohol Only			Any Other Drugs			Total		
	Rate (%)	N	Std. Deviation	Rate (%)	N	Std. Deviation	Rate (%)	N	Std. Deviation
Oklahoma	41.7	4,020	0.4927	39.7	12,901	0.4890	40.1	16,921	0.4899
Oregon	19.1	16,402	0.0725	22.6	33,981	0.0742	21.5	50,383	0.0755
Pennsylvania	18.1	13,923	0.0671	19.5	44,334	0.0702	19.2	58,257	0.0698
Rhode Island	25.4	2,640	0.4352	25.4	10,642	0.4351	25.4	13,282	0.4351
South Carolina	4.5	11,381	0.2061	10.2	14,280	0.3027	7.7	25,661	0.2658
South Dakota	18.9	2,933	0.0675	21.6	4,050	0.0651	20.5	6,983	0.0674
Tennessee	5.1	1,671	0.2198	6.6	5,514	0.2477	6.2	7,185	0.2416
Texas	19.7	5,092	0.0819	19.9	29,698	0.0824	19.9	34,790	0.0823
Utah	29.0	2,173	0.4278	31.7	8,994	0.4332	31.2	11,167	0.4323
Vermont	18.2	1,629	0.0659	21.3	3,100	0.0617	20.2	4,729	0.0648
Virginia	18.2	4,446	0.2526	18.4	17,825	0.2593	18.4	22,271	0.2580
Washington	15.5	7,067	0.3386	24.3	34,862	0.4133	22.8	41,929	0.4030
West Virginia	68.1	1,036	0.4665	63.5	1,521	0.4817	65.3	2,557	0.4760
Wisconsin	19.2	10,437	0.0732	20.6	8,615	0.0716	19.9	19,052	0.0728
Wyoming	17.8	2,107	0.0664	20.5	3,033	0.0648	19.4	5,140	0.0667
Total	18.1	428,842	0.3135	19.7	1,342,729	0.3353	19.3	1,771,571	0.3302

Appendix F:

**Needing But Not Receiving Treatment for Alcohol Use in Past Year, by Age Group and State: Percentages, Annual Averages
Based on 2002 and 2003, NSDUH**

State	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Total	7.19		5.59		16.89		5.73	
Alabama	5.81	(4.80 – 7.01)	4.65	(3.51 – 6.13)	13.20	(11.00 – 15.77)	4.65	(3.54 – 6.09)
Alaska	7.76	(6.45 – 9.32)	5.37	(4.15 – 6.93)	18.23	(15.61 – 21.18)	6.44	(4.91 – 8.40)
Arizona	9.02	(7.58 – 10.71)	7.16	(5.52 – 9.24)	18.75	(15.94 – 21.92)	7.54	(5.88 – 9.63)
Arkansas	7.33	(6.14 – 8.73)	6.08	(4.72 – 7.80)	17.14	(14.49 – 20.17)	5.76	(4.47 – 7.41)
California	6.95	(6.27 – 7.71)	5.05	(4.28 – 5.95)	14.54	(13.08 – 16.13)	5.84	(5.03 – 6.77)
Colorado	8.55	(7.26 – 10.03)	6.24	(4.88 – 7.95)	20.00	(17.08 – 23.27)	6.87	(5.42 – 8.66)
Connecticut	6.44	(5.33 – 7.77)	5.24	(4.00 – 6.85)	18.16	(15.53 – 21.13)	4.90	(3.68 – 6.50)
Delaware	7.09	(5.97 – 8.41)	5.50	(4.26 – 7.07)	17.19	(14.70 – 20.00)	5.56	(4.32 – 7.13)
District of Columbia	8.88	(7.37 – 10.66)	2.48	(1.69 – 3.64)	16.09	(13.40 – 19.20)	8.03	(6.28 – 10.20)
Florida	6.47	(5.79 – 7.22)	4.93	(4.20 – 5.79)	16.46	(14.92 – 18.13)	5.22	(4.45 – 6.12)
Georgia	7.07	(5.91 – 8.45)	4.68	(3.54 – 6.17)	14.94	(12.45 – 17.82)	5.99	(4.66 – 7.66)
Hawaii	7.31	(6.08 – 8.78)	6.19	(4.67 – 8.16)	17.85	(14.97 – 21.14)	5.79	(4.41 – 7.56)
Idaho	8.18	(6.96 – 9.60)	7.69	(6.07 – 9.69)	18.00	(15.36 – 20.98)	6.23	(4.85 – 7.97)
Illinois	8.31	(7.54 – 9.15)	5.84	(5.04 – 6.76)	18.98	(17.38 – 20.68)	6.77	(5.86 – 7.81)
Indiana	7.15	(6.02 – 8.47)	5.51	(4.26 – 7.10)	18.15	(15.46 – 21.21)	5.36	(4.14 – 6.91)
Iowa	7.64	(6.47 – 9.01)	7.01	(5.55 – 8.82)	18.20	(15.45 – 21.32)	5.72	(4.45 – 7.32)
Kansas	6.85	(5.75 – 8.15)	4.98	(3.71 – 6.67)	17.70	(15.06 – 20.69)	5.02	(3.80 – 6.60)
Kentucky	5.90	(4.82 – 7.20)	5.21	(4.01 – 6.76)	14.15	(11.81 – 16.86)	4.55	(3.39 – 6.07)
Louisiana	7.34	(6.20 – 8.66)	5.09	(3.94 – 6.55)	16.67	(14.15 – 19.53)	5.81	(4.51 – 7.45)
Maine	6.59	(5.46 – 7.94)	5.43	(4.23 – 6.95)	17.24	(14.62 – 20.22)	5.15	(3.92 – 6.73)
Maryland	7.09	(5.91 – 8.49)	5.19	(3.99 – 6.71)	15.17	(12.60 – 18.16)	6.08	(4.73 – 7.78)

Needing But Not Receiving Treatment for Alcohol Use in Past Year, by Age Group and State: Percentages, Annual Averages Based on 2002 and 2003, NSDUH

State	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Massachusetts	7.86	(6.58 – 9.37)	7.15	(5.62 – 9.07)	18.08	(15.29 – 21.26)	6.31	(4.89 – 8.12)
Michigan	8.05	(7.26 – 8.91)	6.22	(5.39 – 7.16)	17.31	(15.86 – 18.86)	6.70	(5.76 – 7.78)
Minnesota	8.14	(6.91 – 9.58)	6.55	(5.14 – 8.31)	19.75	(16.92 – 22.93)	6.26	(4.91 – 7.95)
Mississippi	6.17	(5.08 – 7.47)	3.47	(2.58 – 4.66)	13.69	(11.35 – 16.42)	5.06	(3.83 – 6.65)
Missouri	7.63	(6.48 – 8.97)	6.09	(4.80 – 7.69)	19.32	(16.61 – 22.36)	5.78	(4.51 – 7.38)
Montana	9.99	(8.43 – 11.80)	10.37	(8.31 – 12.87)	22.55	(19.64 – 25.74)	7.69	(5.91 – 9.95)
Nebraska	9.51	(8.14 – 11.09)	8.42	(6.70 – 10.55)	23.20	(20.14 – 26.57)	7.03	(5.49 – 8.96)
Nevada	7.83	(6.49 – 9.40)	6.80	(5.35 – 8.61)	15.54	(13.02 – 18.44)	6.75	(5.24 – 8.66)
New Hampshire	8.64	(7.28 – 10.22)	7.33	(5.77 – 9.28)	22.30	(19.37 – 25.53)	6.69	(5.17 – 8.62)
New Jersey	5.81	(4.77 – 7.06)	4.97	(3.75 – 6.56)	15.91	(13.26 – 18.96)	4.48	(3.35 – 5.96)
New Mexico	9.40	(7.87 – 11.20)	7.46	(5.73 – 9.66)	21.52	(18.32 – 25.11)	7.45	(5.68 – 9.71)
New York	6.77	(6.02 – 7.62)	5.36	(4.56 – 6.29)	15.53	(14.06 – 17.11)	5.50	(4.62 – 6.54)
North Carolina	6.31	(5.22 – 7.60)	5.34	(4.07 – 6.96)	16.04	(13.45 – 19.02)	4.80	(3.61 – 6.36)
North Dakota	9.91	(8.51 – 11.51)	9.46	(7.47 – 11.91)	25.71	(22.41 – 29.31)	6.66	(5.11 – 8.64)
Ohio	7.47	(6.73 – 8.28)	5.59	(4.83 – 6.47)	17.69	(16.21 – 19.27)	5.97	(5.10 – 6.97)
Oklahoma	6.61	(5.50 – 7.93)	5.41	(4.16 – 7.00)	16.77	(14.02 – 19.94)	4.83	(3.64 – 6.38)
Oregon	6.93	(5.82 – 8.23)	5.78	(4.53 – 7.35)	16.86	(14.35 – 19.71)	5.40	(4.19 – 6.93)
Pennsylvania	6.54	(5.87 – 7.28)	5.20	(4.46 – 6.07)	17.60	(16.10 – 19.20)	4.93	(4.15 – 5.85)
Rhode Island	9.01	(7.57 – 10.69)	6.28	(4.82 – 8.16)	23.85	(20.54 – 27.51)	6.65	(5.04 – 8.72)
South Carolina	7.38	(6.15 – 8.83)	4.50	(3.39 – 5.96)	18.58	(15.78 – 21.75)	5.78	(4.41 – 7.54)
South Dakota	9.59	(8.24 – 11.13)	8.55	(6.75 – 10.77)	24.04	(20.93 – 27.45)	6.92	(5.41 – 8.82)

Needing But Not Receiving Treatment for Alcohol Use in Past Year, by Age Group and State: Percentages, Annual Averages Based on 2002 and 2003, NSDUH

State	Total		AGE GROUP (Years)					
	Estimate	95% Prediction Interval	12-17		18-25		26 or Older	
			Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Tennessee	5.70	(4.67 – 6.95)	4.62	(3.49 – 6.08)	14.41	(11.76 – 17.54)	4.38	(3.28 – 5.82)
Texas	7.43	(6.75 – 8.17)	5.65	(4.81 – 6.63)	16.62	(15.19 – 18.15)	5.91	(5.10 – 6.84)
Utah	6.33	(5.22 – 7.65)	4.71	(3.49 – 6.32)	12.89	(10.49 – 15.75)	4.71	(3.47 – 6.37)
Vermont	7.30	(6.15 – 8.64)	6.43	(5.05 – 8.15)	18.33	(15.59 – 21.43)	5.51	(4.26 – 7.10)
Virginia	7.08	(5.94 – 8.43)	6.01	(4.62 – 7.78)	17.15	(14.61 – 20.01)	5.59	(4.31 – 7.23)
Washington	7.00	(5.85 – 8.34)	5.70	(4.43 – 7.31)	17.79	(15.15 – 20.78)	5.33	(4.08 – 6.94)
West Virginia	6.17	(5.13 – 7.40)	6.31	(4.94 – 8.04)	15.53	(13.05 – 18.38)	4.64	(3.52 – 6.08)
Wisconsin	8.92	(7.60 – 10.44)	7.00	(5.42 – 8.98)	22.25	(19.34 – 25.46)	6.80	(5.34 – 8.62)
Wyoming	8.71	(7.43 – 10.19)	7.13	(5.62 – 9.00)	23.02	(19.97 – 26.37)	6.22	(4.82 – 7.99)

NOTE: Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but not receiving treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).
 NOTE: Estimates are based on a survey-weighted hierarchical Bayes estimation approach, and the 95 percent prediction (credible) intervals are generated by Markov Chain Monte Carlo techniques.
 Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Appendix G:

Needing But Not Receiving Treatment for Illicit Drug Use in Past Year, by Age Group and State: Percentages, Annual Averages Based on 2002 and 2003, NSDUH

State	Total		AGE GROUP (Years)					
			12–17		18–25		26 or Older	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Total	2.66		5.00		7.45		1.50	
Alabama	2.22	(1.80 – 2.73)	4.25	(3.18 – 5.66)	5.94	(4.59 – 7.67)	1.28	(0.89 – 1.84)
Alaska	3.13	(2.53 – 3.85)	5.55	(4.26 – 7.21)	8.08	(6.38 – 10.19)	1.83	(1.22 – 2.74)
Arizona	3.21	(2.59 – 3.96)	6.65	(5.04 – 8.72)	7.80	(6.12 – 9.90)	1.88	(1.28 – 2.74)
Arkansas	2.67	(2.17 – 3.28)	4.78	(3.67 – 6.20)	7.51	(5.84 – 9.61)	1.52	(1.06 – 2.19)
California	2.81	(2.46 – 3.20)	4.57	(3.84 – 5.44)	7.33	(6.28 – 8.54)	1.72	(1.35 – 2.19)
Colorado	3.04	(2.51 – 3.69)	4.72	(3.58 – 6.22)	9.68	(7.72 – 12.09)	1.66	(1.15 – 2.38)
Connecticut	2.81	(2.24 – 3.52)	5.05	(3.82 – 6.64)	8.19	(6.38 – 10.46)	1.73	(1.17 – 2.56)
Delaware	2.60	(2.11 – 3.21)	4.50	(3.42 – 5.91)	6.70	(5.14 – 8.70)	1.65	(1.16 – 2.34)
District of Columbia	3.02	(2.33 – 3.90)	3.80	(2.74 – 5.25)	8.13	(6.23 – 10.55)	1.94	(1.26 – 2.99)
Florida	2.83	(2.47 – 3.24)	5.20	(4.44 – 6.09)	7.76	(6.75 – 8.90)	1.83	(1.45 – 2.32)
Georgia	2.55	(2.07 – 3.14)	4.79	(3.65 – 6.27)	5.92	(4.52 – 7.72)	1.62	(1.13 – 2.30)
Hawaii	2.63	(2.06 – 3.34)	5.47	(4.10 – 7.27)	7.73	(5.91 – 10.05)	1.43	(0.89 – 2.29)
Idaho	2.75	(2.28 – 3.32)	5.82	(4.49 – 7.50)	7.21	(5.69 – 9.10)	1.34	(0.91 – 1.97)
Illinois	2.48	(2.19 – 2.81)	5.01	(4.28 – 5.86)	6.96	(6.04 – 8.02)	1.34	(1.04 – 1.72)
Indiana	2.52	(2.05 – 3.10)	4.14	(3.06 – 5.56)	6.96	(5.42 – 8.91)	1.47	(1.03 – 2.11)
Iowa	2.36	(1.89 – 2.96)	4.18	(3.08 – 5.64)	6.00	(4.56 – 7.85)	1.43	(0.96 – 2.12)
Kansas	2.20	(1.77 – 2.72)	3.88	(2.85 – 5.26)	6.29	(4.84 – 8.12)	1.16	(0.78 – 1.72)
Kentucky	2.56	(2.09 – 3.14)	5.02	(3.84 – 6.52)	6.98	(5.43 – 8.94)	1.49	(1.04 – 2.13)
Louisiana	2.89	(2.32 – 3.58)	4.25	(3.16 – 5.71)	6.77	(5.30 – 8.60)	1.90	(1.32 – 2.73)
Maine	2.84	(2.32 – 3.47)	5.35	(4.11 – 6.95)	8.95	(7.17 – 11.11)	1.61	(1.11 – 2.34)
Maryland	2.68	(2.20 – 3.27)	4.96	(3.78 – 6.48)	8.62	(6.80 – 10.86)	1.43	(0.99 – 2.07)

Needing But Not Receiving Treatment for Illicit Drug Use in Past Year, by Age Group and State: Percentages, Annual Averages Based on 2002 and 2003, NSDUH

State	AGE GROUP (Years)							
	Total		12–17		18–25		26 or Older	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Massachusetts	3.12	(2.57 – 3.80)	6.08	(4.67 – 7.89)	10.41	(8.23 – 13.09)	1.60	(1.11 – 2.31)
Michigan	2.60	(2.29 – 2.94)	5.88	(5.05 – 6.83)	7.19	(6.28 – 8.23)	1.33	(1.02 – 1.73)
Minnesota	2.57	(2.10 – 3.14)	5.46	(4.17 – 7.11)	6.97	(5.40 – 8.95)	1.36	(0.93 – 1.99)
Mississippi	2.52	(2.03 – 3.12)	3.92	(2.89 – 5.29)	6.26	(4.80 – 8.13)	1.55	(1.07 – 2.24)
Missouri	2.78	(2.29 – 3.38)	4.66	(3.58 – 6.04)	8.01	(6.36 – 10.04)	1.60	(1.13 – 2.26)
Montana	2.90	(2.39 – 3.52)	6.42	(4.95 – 8.29)	8.02	(6.34 – 10.10)	1.49	(1.02 – 2.17)
Nebraska	2.64	(2.15 – 3.24)	5.36	(4.04 – 7.08)	6.25	(4.79 – 8.11)	1.55	(1.07 – 2.23)
Nevada	2.69	(2.19 – 3.31)	5.40	(4.09 – 7.10)	7.75	(6.06 – 9.86)	1.54	(1.06 – 2.21)
New Hampshire	3.01	(2.48 – 3.65)	6.54	(5.08 – 8.38)	10.57	(8.48 – 13.09)	1.35	(0.89 – 2.03)
New Jersey	2.27	(1.84 – 2.80)	4.64	(3.55 – 6.04)	7.07	(5.46 – 9.11)	1.28	(0.88 – 1.85)
New Mexico	3.50	(2.81 – 4.36)	5.64	(4.13 – 7.67)	10.19	(7.92 – 13.01)	1.92	(1.27 – 2.90)
New York	2.74	(2.40 – 3.11)	4.98	(4.24 – 5.84)	8.38	(7.34 – 9.56)	1.52	(1.17 – 1.96)
North Carolina	2.62	(2.11 – 3.25)	5.21	(3.94 – 6.85)	6.65	(5.12 – 8.59)	1.60	(1.11 – 2.31)
North Dakota	2.59	(2.12 – 3.17)	5.37	(4.10 – 7.00)	6.90	(5.37 – 8.82)	1.31	(0.88 – 1.93)
Ohio	2.61	(2.32 – 2.94)	5.24	(4.49 – 6.11)	7.76	(6.80 – 8.85)	1.36	(1.06 – 1.75)
Oklahoma	2.74	(2.23 – 3.36)	4.91	(3.75 – 6.42)	7.25	(5.61 – 9.32)	1.56	(1.06 – 2.28)
Oregon	2.88	(2.36 – 3.51)	5.07	(3.90 – 6.56)	9.17	(7.35 – 11.38)	1.53	(1.06 – 2.21)
Pennsylvania	2.24	(1.96 – 2.55)	4.80	(4.08 – 5.64)	7.21	(6.24 – 8.32)	1.11	(0.83 – 1.47)
Rhode Island	3.18	(2.60 – 3.88)	5.54	(4.13 – 7.40)	11.23	(8.98 – 13.97)	1.42	(0.93 – 2.14)
South Carolina	2.43	(1.97 – 2.99)	4.32	(3.21 – 5.79)	7.31	(5.66 – 9.40)	1.31	(0.90 – 1.90)
South Dakota	2.37	(1.93 – 2.91)	5.08	(3.82 – 6.73)	6.20	(4.80 – 7.98)	1.21	(0.80 – 1.81)
Tennessee	2.54	(2.03 – 3.17)	4.43	(3.30 – 5.91)	6.71	(5.03 – 8.89)	1.59	(1.10 – 2.31)
Texas	2.47	(2.17 – 2.80)	4.91	(4.16 – 5.78)	6.39	(5.50 – 7.42)	1.31	(1.00 – 1.72)
Utah	2.69	(2.16 – 3.33)	4.22	(3.08 – 5.75)	5.42	(4.12 – 7.09)	1.59	(1.08 – 2.36)
Vermont	3.39	(2.83 – 4.07)	7.19	(5.63 – 9.13)	11.52	(9.38 – 14.07)	1.49	(0.99 – 2.23)
Virginia	2.69	(2.19 – 3.30)	5.51	(4.17 – 7.24)	7.95	(6.28 – 10.01)	1.46	(0.99 – 2.14)

Needing But Not Receiving Treatment for Illicit Drug Use in Past Year, by Age Group and State: Percentages, Annual Averages Based on 2002 and 2003, NSDUH

State	Total		AGE GROUP (Years)					
	Estimate	95% Prediction Interval	12–17		18–25		26 or Older	
			Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Washington	3.08	(2.56 – 3.71)	5.76	(4.43 – 7.47)	10.00	(8.01 – 12.42)	1.53	(1.06 – 2.19)
West Virginia	2.46	(2.04 – 2.97)	5.29	(4.06 – 6.86)	8.37	(6.64 – 10.49)	1.18	(0.82 – 1.69)
Wisconsin	2.28	(1.89 – 2.75)	5.67	(4.28 – 7.48)	6.84	(5.32 – 8.74)	0.99	(0.68 – 1.44)
Wyoming	2.46	(1.98 – 3.06)	4.23	(3.17 – 5.62)	7.82	(6.04 – 10.06)	1.19	(0.78 – 1.81)

NOTE: Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

NOTE: Estimates are based on a survey-weighted hierarchical Bayes estimation approach, and the 95 percent prediction (credible) intervals are generated by Markov Chain Monte Carlo techniques.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.
<http://www.oas.samhsa.gov/2k3State/EstimatesTables.htm#tab19>

Appendix H:

Resource Development Activities for Prevention and Treatment Highlights from States and the District of Columbia

Planning and Needs Assessment

Conducting Needs Assessments

Examples of States' activities related to ATOD prevention and treatment needs assessment include the following:

- Using the **Illinois** Household Study, the Department of Human Services Automated Reporting and Training System (DARTS, the State's primary client data system), and other sources, DHS evaluates regional trends, census data, economic data, admissions, and other information to assess treatment needs and to plan and budget treatment services. Each year, the State also compiles a comprehensive data book evaluating alcohol and drug trends and variables affecting usage and treatment needs and outcomes. DASA recently completed a 3-year Treatment Needs Assessment Project. One project component was a Social Indicator Study, through which all needs assessment data dating from 1996 were converted into a client-centered database.
- **Indiana** uses PREV-STAT™, a tool developed and maintained at Indiana University-Bloomington, to assess prevention needs throughout the State. Using social, demographic, and geographic data, PREV-STAT™ creates a statistical picture that can be as broad as the entire State or as specific as a particular neighborhood. Indiana's use of this tool allows for precision planning of prevention programs by matching population needs with appropriate prevention services, promoting more effective allocation of limited resources.
- Round II of **Maine's** State Treatment Needs Assessment Project and the final Integration Study have provided very useful data and reports. In particular, a series of maps representing Maine's treatment system, overlaid with the need by ASAM level, has proved to be particularly effective and useful.
- **Massachusetts** obtains needs assessment data from a variety of sources. These studies include the MassCaLL team, which looks at social indicator measures of substance abuse; the Criminal Justice Needs Assessment study; the Treatment Needs Among the Elderly in Primary Care Settings; the Substance Abuse Surveillance Network Study; the Treatment Needs Among IDUs Study; Triennial School Survey; the Youth Health Survey; and BRFSS Telephone Survey.
- **Tennessee** is engaged in "community diagnosis," a planning process across Tennessee's 95 counties. Through this process, community-based agencies assess local healthcare needs, including substance abuse prevention and treatment needs, as well as the social, economic, and political realities affecting the local delivery of services.

In addition, the Tennessee SSA contracted with the Department of Health to develop the Tennessee Social Indicator Study, which is an ongoing effort to collect and analyze county-level risk and protective factors for adolescent substance abuse. From these data, the SSA is able to identify county- and regional-level risk factors and incorporate them into needs assessment and prevention planning. Tennessee also completed the Tennessee Prevention Needs Assessment in FY 2003.

- **Utah** conducted a Prison Inmate study, as well as the Arrestee Drug Abuse Monitoring study as part of its comprehensive needs assessment.

Developing ATOD Prevention and Treatment Plans

Examples of States with a legislative mandate for planning include the following:

- The **Connecticut** Alcohol and Drug Policy Council, a legislatively mandated public/private stakeholder body, developed the Statewide Interagency Substance Abuse Plan (SISAP) to guide Connecticut's prevention and treatment service delivery system. The SISAP identifies strategies for developing and implementing a comprehensive, statewide multiagency blueprint for substance abuse prevention, treatment, and enforcement.
- The **Florida** Legislature recently created the Florida Substance Abuse and Mental Health Corporation, Inc., a nonprofit entity comprising professionals and consumers appointed by the Governor, Senate, and House of Representatives. The State planning process will integrally involve the corporation in identifying service needs, framing strategic directions, and developing recommendations to the legislature regarding staffing and funding resource needs.

Examples of States that have planning processes developed by the Governor's office or with active involvement of that office include the following:

- The **Maryland** Governor's Cabinet Council on Crime Control and Juvenile Justice prepares an annual crime control and prevention plan. The council's framework is an extensive committee and task force structure with membership that ensures the input and involvement of citizens, providers, human service professionals, business leaders, local government representatives, and legislators.
- The **Ohio** SSA prepared a comprehensive 5-year statewide alcohol and drug addiction services plan that provides the State and its system of boards and local providers with strategic direction. A wide variety of constituents representing multiple service systems (e.g., education, health, child welfare, housing) as well as departments and agencies assisted in developing the plan. The Governor's Advisory Council on Alcohol and Drug Addiction Services, comprising State departments, local boards, providers, families, and the judiciary, reviewed and approved the plan.
- In **Oregon**, under the guidance of the Governor's Council on Alcohol and Drug Abuse Programs, the SSA initiates and facilitates State- and local-level planning for substance abuse prevention and treatment services. Planning begins with county profiles that identify specific needs for alcohol and drug prevention and treatment services and describes prevention and treatment strategies. The planning process involves meetings with various State agencies, local committees, councils, contractors, and advocates. Participants in the meetings develop strategies, set priorities, and establish criteria for delivering services.

Many States require substate entities to develop plans, generally at a regional or local level. States with a formal regional planning system include the following:

- In **Georgia**, regional boards are responsible for assessing local needs, planning services, and providing a consumer and family voice in decisions about priorities. Regional coordinators and boards work together to develop a formal plan that conveys the region's needs and expectations for improving services. These plans are completed in time to influence State-level budget priorities and other planning efforts and provide a foundation for development of an overall State plan for service that synthesizes and integrates the plans of all regional offices.
- The **Idaho** SSA contracts with consultants and the University of Idaho to collect and analyze needs assessment data for the seven regions. Regional committees meet regularly to review

the needs assessment results along with data from other State agencies and conduct local planning relevant to local needs.

- **Oklahoma** is divided into eight substate planning regions. Regional advisory boards are encouraged to merge with community coalitions to involve local persons in departmental planning. Coalitions develop needs assessments in their communities to identify resources and gaps in services. They prioritize the needs and develop plans on how best to fill those gaps.

Some States have special planning processes established to address particular emerging needs or issues. Examples of such processes include the following:

- **Montana's** Governor's Drug Policy Task Force, a 22-member group of legislators, providers, community advocates, law enforcement, and other community members, was convened in 2002 and ended its work with a comprehensive report and related recommendations to the Governor and attorney general. The Governor reconvened the task force in June 2004 to address the methamphetamine issue Montana faces.
- **Wyoming** developed a DUI strategic plan to address priorities for building statewide DUI infrastructure following the passage of the first DUI felony law in Wyoming, requiring third-time DUI offenders to receive substance abuse assessment.

Evaluation Activities

Evaluating Outcomes

States evaluate treatment and rehabilitation programs to determine which types of treatment are effective for various populations with various addictions. Examples of States' treatment evaluation activities include the following:

- **Arizona** took part in the national Treatment Outcomes and Performance Pilot Study (TOPPS I), completed in 1999, and has been selected to participate in the TOPPS II study. This prospective study tracks outcomes among adults participating in substance abuse treatment. The SSA also recently conducted an evaluation on the effects of a Social Model Detoxification in two successful pilot programs funded by the State tobacco tax. Findings from these initiatives will be incorporated into future evaluations of Arizona services.
- **Kentucky's** SSA contracts to conduct a substance abuse treatment outcome study on an annual basis. Baseline data are collected by clinicians during intake, and clients who consent to followup interviews are contacted 12 months after treatment to assess change after treatment. Followup findings are published yearly using a sample of about 20 percent of consenting clients who are selected randomly within a sample frame stratified by region of the State. The State uses these data to evaluate the overall outcomes of treatment and to estimate cost offsets from treatment. These data are reported to the Governor and State legislature annually.
- In **Tennessee**, the Institute for Substance Abuse Treatment Evaluation (I-SATE) conducts outcome evaluation research to determine the efficacy of alcohol and drug treatment outcomes throughout Tennessee. A partnership between the SSA and the University of Memphis, I-SATE produces reports allowing practitioners and policymakers to evaluate treatment protocols and funding streams. The SSA also supports confidential databases that allow local treatment service providers to enter client treatment and outcome data for evaluation purposes.

Evaluating outcomes for prevention strategies and programs is challenging, and many States are in the early stages of monitoring such outcomes. Examples of State systems that monitor outcomes include the following:

- **Illinois** partners with the Center for Prevention Research and Development (CPRD) at the University of Illinois to evaluate the statewide substance abuse prevention system. Through a CSAP grant, CPRD is helping the SSA integrate a data-driven planning, implementation, and evaluation process into prevention initiatives. A Web-based management information system called OnTrack provides real-time reports on services delivered to local prevention managers as well as policymakers.
- **Indiana** requires all local prevention providers to measure participant-centered outcomes through pretest and posttest instruments and surveys.
- **South Carolina** monitors outcome measures for prevention services and is developing a statewide prevention outcome evaluation system, based on core measures from the *Governor's Comprehensive Strategy for Youth Substance Abuse Prevention*.
- The **Tennessee** Alcohol and Drug Prevention Outcome Longitudinal Evaluation (TADPOLE) is an evaluation system that measures the outcomes of State-funded alcohol and drug prevention programs for youth and adolescents between ages 8 and 19. TADPOLE uses two self-report survey instruments: (1) the Student Attitudinal Inventory for youth and adolescents in grades 6 to 12 and (2) the Children's Self-Concept Attitudinal Inventory for youth and adolescents in grades 3 to 6.

Computerized Management Information Systems

Examples of administrative databases, including Web-enabled databases, include the following:

- **Kentucky's** Regional Prevention Centers report their activities and outcomes into the SSA's Web-based data system. Staff then monitor the database entries and provide a monthly report to each center. Annually, Substance Abuse Prevention Program staff review the data and calculate performance measures regarding delivery of priority services and achievement of outcomes.
- The data in **Maryland's** Outlook and Outcomes reflect the status of substance abuse treatment, intervention, and prevention programs in Maryland; the services they deliver; and the populations they serve. Data collected through the tracking of patients who have entered the treatment system provide a rich repository of information on activity and treatment outcomes in the statewide treatment network. The identification of these trends and patterns leads to long-term planning to meet the population needs and to outcome measures that ensure high-quality treatment and fiscal accountability.
- **Minnesota** is a Federal pilot State for the Minimum Data Set Version 3—a Web-based data collection and report system that enables providers, substate entities, and State agencies to uniformly collect and analyze prevention services data.
- In **Oklahoma**, information on treatment clients and client services is maintained in the Integrated Client Information System (ICIS) database. Services are linked to client characteristics, and clients are tracked across agencies and over time. ICIS data provide facilities and program staff with up-to-date performance indicator information.
- **Pennsylvania** counties use the Performance Based Prevention System (PBPS) to track the provision of prevention services and connect them with identified goals and actual outcomes. PBPS has become a main tool in the SSA's efforts to provide performance-based substance abuse services. In addition, the SSA relies on the Client Information System, a statewide computer application that uses the Federal Minimum Data Sets, as part of the evaluation process.
- The **Texas** Behavioral Health Integrated Provider System (BHIPS) is a Web-based computer system for SSA-funded providers that support a case management service delivery system. The SSA developed this system that captures demographic, service, and clinical data about substance abuse treatment patients, tracking their utilization of services and progress as well

as providing information for State and Federal reporting requirements. In addition, it allows the sharing of valuable client data between providers and networks across the State. Prevention providers also use BHIPS to report the numbers of persons reached in their prevention strategies, the strategies used, and the number of students who completed the program successfully.

Other Methods for Monitoring Strategies and Programs

In addition to using administrative databases to monitor programs, States employ other strategies to determine whether their providers are delivering high-quality services. These mechanisms include contract and fiscal monitoring, regular onsite visits, review of treatment case record, certification and inspection, independent peer review, and compliance reviews. Examples of specific monitoring and evaluation activities undertaken by States include the following:

- **Alaska's** Safety and Quality Assurance Program provides clinical chart reviews to agencies and evaluates recipient records for standard adherence, service quality, and professional clinical practices.
- The **Hawaii** SSA conducts onsite program and fiscal monitoring annually of both treatment and prevention programs to ensure contract compliance and appropriate provision of services. The SSA's monitoring protocols include detailed sections on the administrative policies and procedures, service and client records, and other documentation that programs must maintain.
- **Nevada** employs several mechanisms to ensure that funded programs comply with the conditions of their award and negotiated scope of work. Each funded program must be certified by the State before receiving funding and must sign subgrant award documents specifying the type of services to be provided and specific requirements of the program. Program compliance monitoring takes place annually and focuses on administrative, programmatic, and fiscal activities to ensure that programs are meeting both State and Federal requirements.
- **New Jersey** supports a peer review process that uses credentialed professionals from the Addiction Treatment Providers of New Jersey organization to ensure the quality of care that is delivered to substance abuse patients and to improve the system of care. The peer review process includes a review of client record data to assess the process of screening, assessment, and treatment planning and allows the State to identify trends and issues related to quality, effectiveness, and appropriateness of treatment services. In addition, the staff's treatment knowledge, skill levels, and attitude are analyzed by a survey questionnaire.
- **Pennsylvania** program monitoring staff conduct week-long quality assurance assessments of each SCA every 18 months, as well as review each SCA's required documentation to ensure that SCA services are meeting client needs as well as BDAP requirements.
- The **Texas** SSA uses a performance-based risk assessment process to identify contractors at high risk of delivering poor-quality services and implements appropriate interventions to increase compliance and service quality.

Training and Technical Assistance Activities

Examples of State collaboration with regional CAPTs and ATTCs include the following:

- The **Idaho** Educators of Addiction Studies (IDEAS!) provides distance-learning opportunities in partnership with the Northwest Frontier ATTC and maintains a Web site.
- **Vermont's** SSA coordinates with the Northeast Center for the Application of Prevention Technology and the Vermont Consortium of Addiction Training to maximize training for prevention professionals on evidence-based prevention practices.

Examples of annual conference or institutes supported by State agencies include the following:

- The Substance Abuse Directors Association of **Alaska** facilitates a 3-day Annual School on Addictions to provide training to addiction professionals, mental health counselors, social workers, rehabilitation counselors, treatment and prevention program directors, community leaders, students, and others.
- **Arizona's** SSA co-sponsors the Annual Summer School on Substance Abuse, which provides training on family-centered addictions treatment, adolescent substance abuse treatment, co-occurring disorders, drug courts, cultural competence, and other best-practice approaches.
- The **South Carolina** SSA recently facilitated the 30th South Carolina School of Alcohol and Other Drug Studies.
- **Tennessee's** SSA sponsors the statewide annual Tennessee Advanced School on Addictions, during which national experts provide training on the current trends in prevention, intervention, and treatment.
- The **Texas** annual institutes include tracks on successful engagement and retention strategies, cultural competence in healthcare settings, counseling essentials, administration, and drug courts.

In addition to annual conferences and institutes, States support regular training sessions and workshops in a variety of prevention- and treatment-related areas, including the following:

- **Alabama** trains its workforce on co-occurring disorders, infectious diseases, crisis intervention, case management, and community program standards, among other areas.
- The SSA of the **District of Columbia** provides training on confidentiality, case management skills, anger management, relapse trauma, patient rights, universal precautions, best practices, and co-occurring disorders. Specifically, Addiction Prevention and Recovery Administration (APRA) provides conferences and workshops for youth workers. In addition, APRA supports the training of drug counselors in preparation for Certified Addiction Counselor certification and provides training to the faith-based community.
- **Georgia** offers a range of training activities and educational services. The Prevention Credentialing Consortium Georgia, Inc., delivers prevention certification training to ensure standards of excellence in the field.
- In **Kentucky**, many training sessions are provided by the Prevention Academy and the Kentucky School of Alcohol and Other Drug Studies. Prevention Academy targets Regional Prevention Center staff, early intervention specialists, and others with 2 weeks of intensive training in basic prevention concepts. The Kentucky School offers a 1-week event each summer with workshops on prevention and treatment topics.
- **Wyoming** prevention providers are trained in the application of the risk and protective factors model of prevention, which includes training in community readiness, needs assessment, prioritizing goals, conducting resource assessments, and applying evidence-based practices followed by evaluation of prevention programs.

States strengthen the prevention and treatment workforces through other methods, in addition to the above. Examples of other strategies include maintaining a library, working with the college and university system to develop the workforce, and using designated RADAR Network Centers to disseminate information and provide assistance. Examples of these strategies include the following:

- Through the IDEAS! workgroup, **Idaho** is developing a minor degree curriculum for university students—and professionals—wishing to focus on substance abuse prevention. Significantly, the SSA recently implemented the Substance Abuse Prevention Program Standards, which

establish minimum requirements for staff qualifications, participant safety, program selection, and documentation.

- The **Indiana** Prevention Resource Center (IPRC) at Indiana University is a statewide clearinghouse for prevention technical assistance and information about alcohol, tobacco, and drugs for Indiana. It is Indiana's officially designated RADAR Center, and it maintains an online reference library and a lending library and provides technical assistance to communities on many topics, such as grant writing, program evaluation, and public health. Through the "Prevention Newslines," IPRC delivers information on the latest trends and issues related to substance abuse prevention.
- Recognizing a growing need, the **South Carolina** SSA sponsored a technical assistance conference for faith- and community-based organizations in 2004.
- Recognizing the unique treatment needs of individuals dealing with co-occurring substance/alcohol use and mental disorders, **Tennessee** developed the Co-Occurring Disorders Project. Through the project, the SSA trains program administrators, counselors, and healthcare providers about the unique needs of these clients.
- **Vermont's** SSA participates in the Substance Abuse Workforce Development Committee, which comprises professionals from higher education, prevention, treatment, and recovery organizations, in addition to State government representatives. Its mission is to improve Vermont's workforce capacity through recruitment, retention, education, training, and development in the areas of substance abuse prevention, intervention, treatment, continuing care/recovery, and enforcement. Accomplishments of this group include compiling data from Vermont and New Hampshire colleges on substance abuse- and prevention-related courses at the bachelor's and master's levels to promote careers in substance abuse, facilitate the certification process, and create a consortium of colleges to enhance and develop substance abuse courses that comply with certification requirements.

Appendix I

Abbreviations*

ATOD	Alcohol, Tobacco, and other Drug
ATR	Access to Recovery
ATTC	Addiction Technology Transfer Center
CAPT	Center for the Application of Prevention Technology
CMHS	Center for Mental Health Services
COSIG	State Incentive Grant/Treatment of Persons With Co-Occurring Substance-Related and Mental Disorders
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
FY	Fiscal year
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NSDUH	National Survey of Drug Use and Health
ONDCP	Office of National Drug Control Policy
PPG	Performance Partnership Grant
PRNS	Programs of Regional and National Significance
RADAR	Regional Alcohol and Drug Awareness Resources Network
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SBIRT	Screening, Brief Intervention, Referral, and Treatment
SPF SIG	Strategic Prevention Framework State Incentive Grant
SPF	Strategic Prevention Framework
SSA	Single State Agency
TCE	Targeted Capacity Expansion
TEDS	Treatment Episode Data Set

*Covers only abbreviations found in the Executive Summary, Introduction, Aggregate Findings, and Appendices. Does not include abbreviations found in State profile.