

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

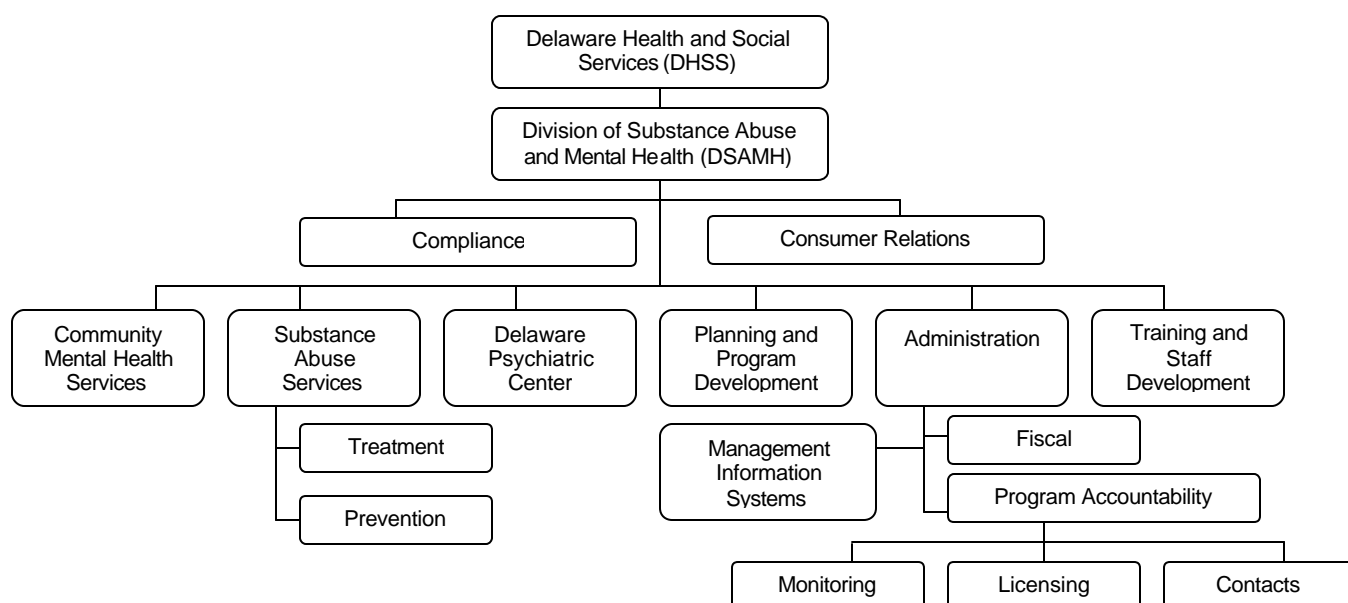
Structure and Function



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.

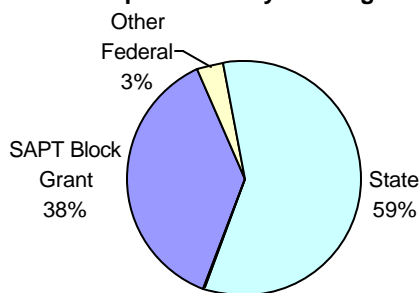
Single State Agency Structure



Single State Agency Funding Overview

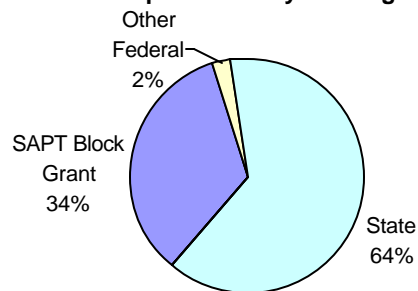
Total SSA funding in Delaware increased between FYs 2000 and 2003—from \$14.5 to \$19.2 million. Funding from the Block Grant and other Federal sources was relatively stable over time, while State expenditures increased substantially in FYs 2002 and 2003. The State provided most (64 percent) of the total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

FY 2000 Expenditures by Funding Source

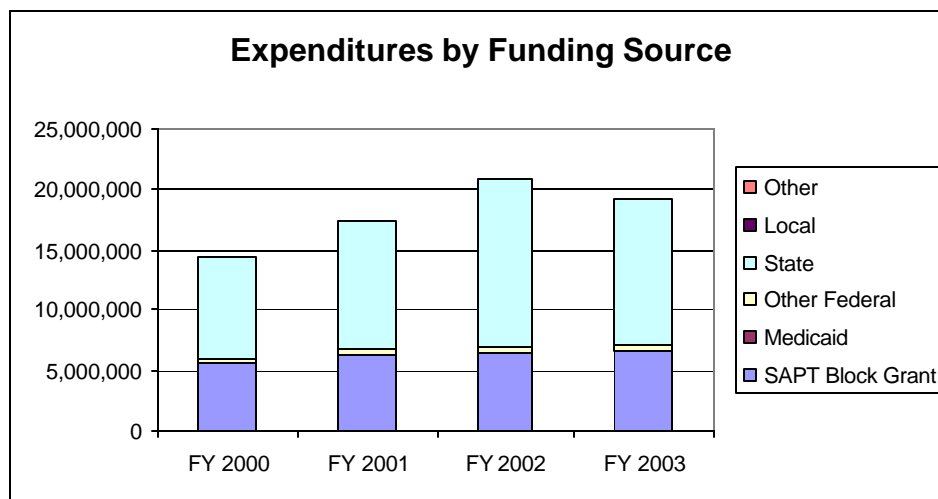


N=\$14,493,707

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	%	\$ Spent	%	\$ Spent	%	\$ 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

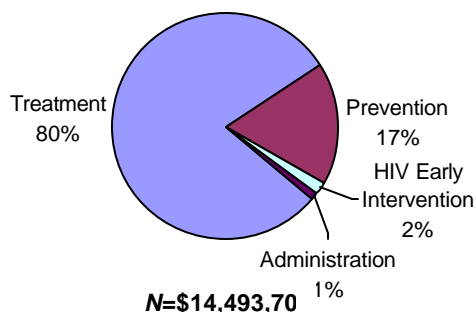
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

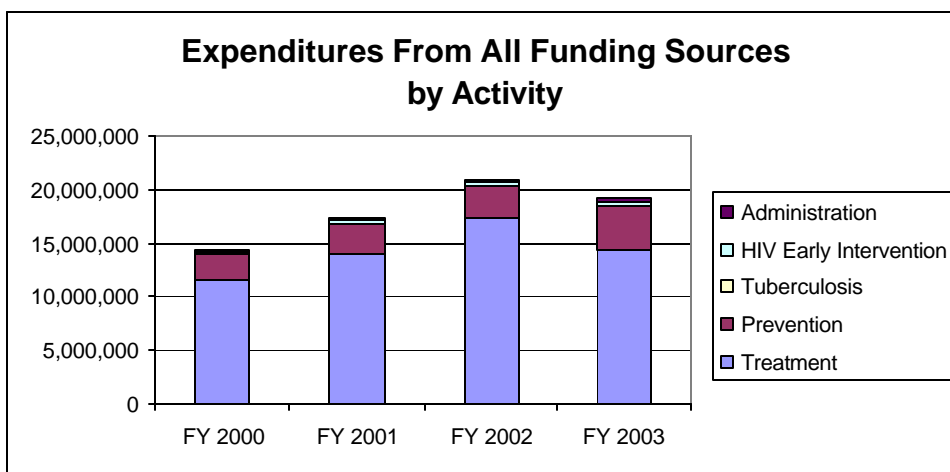
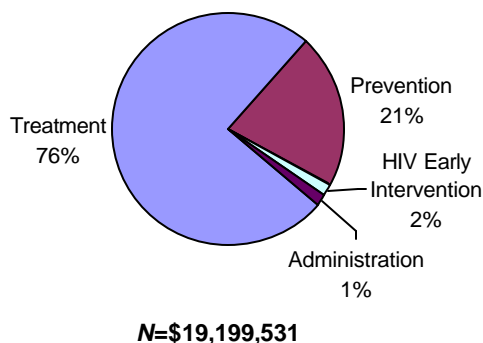
Activities and Expenditures From All Funding Sources

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	%	\$ Spent	%	\$ Spent	%	\$ 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.

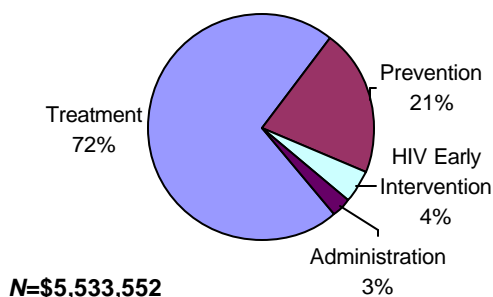
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

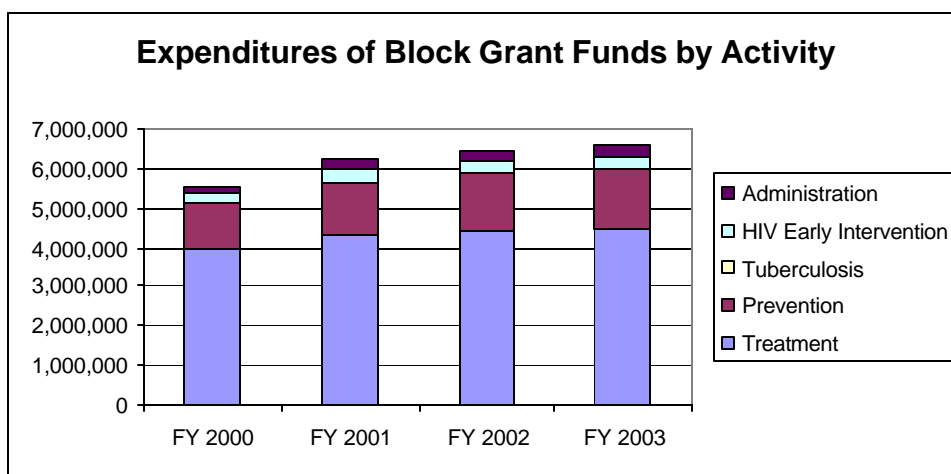
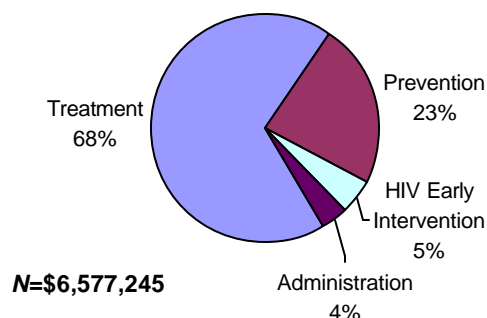
Expenditures of Block Grant Funds

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	%	\$ Spent	%	\$ Spent	%	\$ 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.

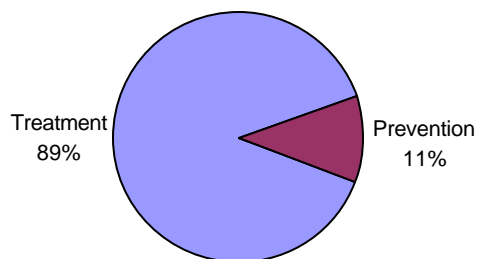
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

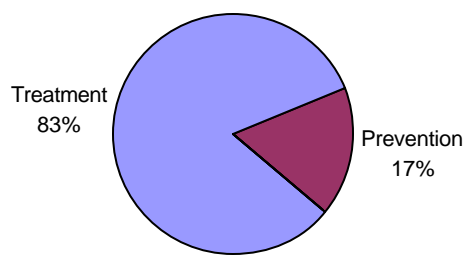
State expenditures increased substantially from \$8.5 million in FY 2000 to \$14.0 million in FY 2002, and then decreased to \$12.2 million in FY 2003. The fluctuations were most notable in the State's expenditures on treatment services, which went from \$7.6 million (in FY 2000) to \$12.9 million (in 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

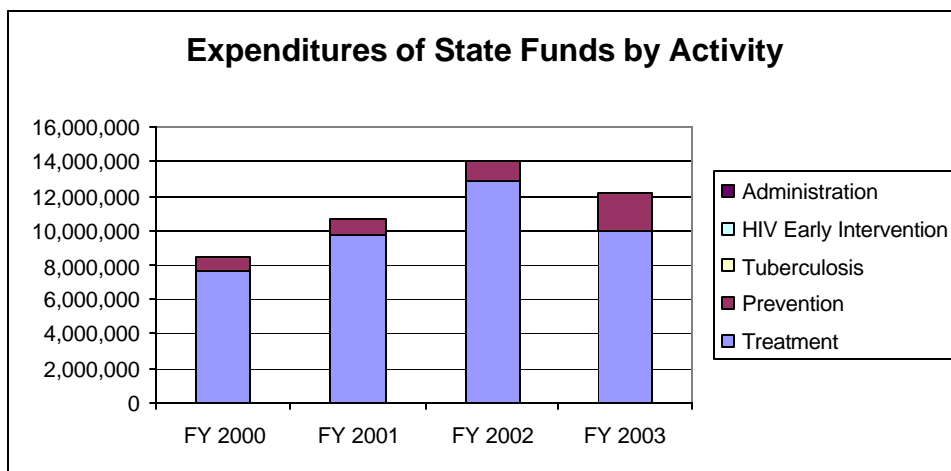


N=\$8,514,030

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.

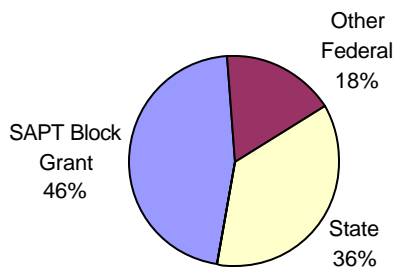
The DCMHS, a division of DSCYF, provides voluntary mental health and substance abuse treatment services to children up to age 18 who have mental health or substance abuse problems and their families. Office of Prevention and Early Intervention (OPEI), located within DSCYF, works with children, youth, 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.

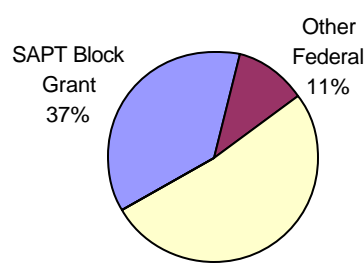
Block Grant expenditures on prevention activities increased steadily in Delaware, from \$1.49 per capita in FY 2000 to \$1.85 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

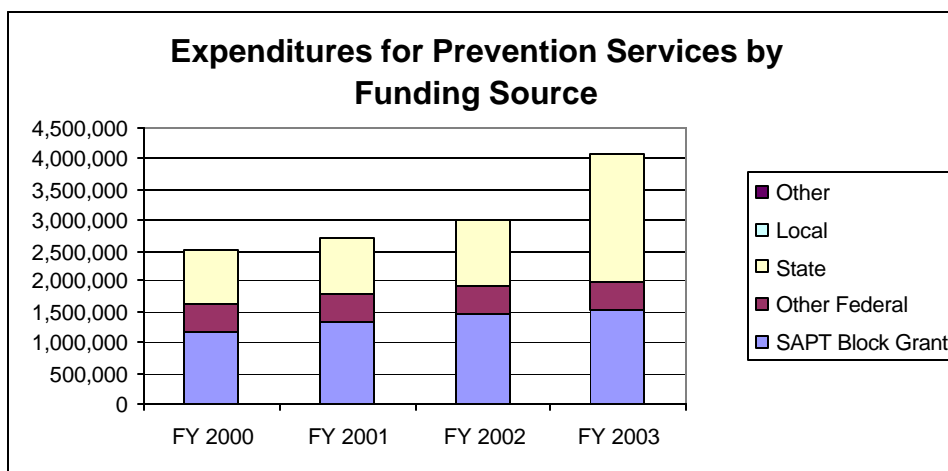


N=\$2,533,978

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	%	\$ Spent	%	\$ Spent	%	\$ 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

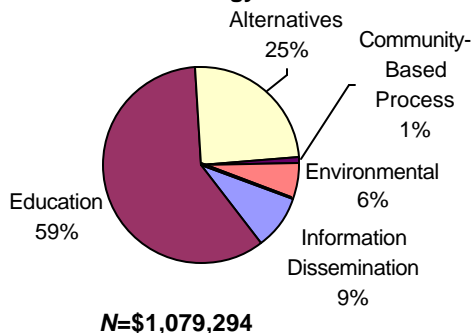
Examples of core prevention strategies supported by Block Grant funds include:

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.

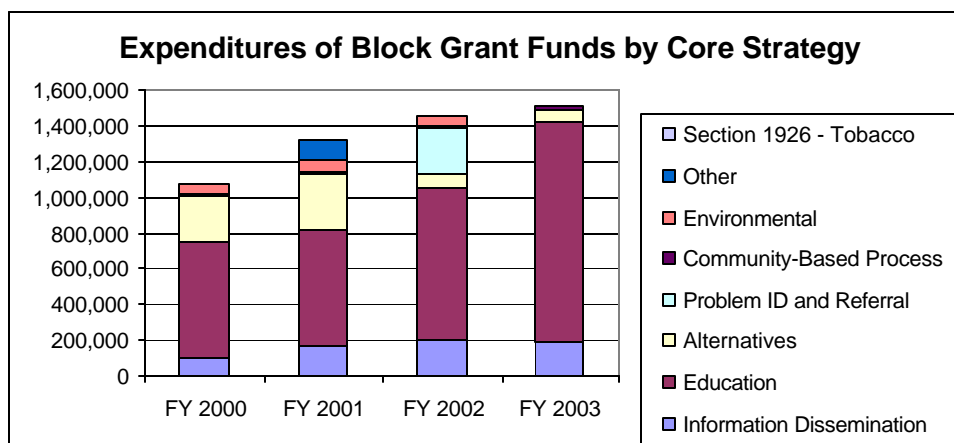
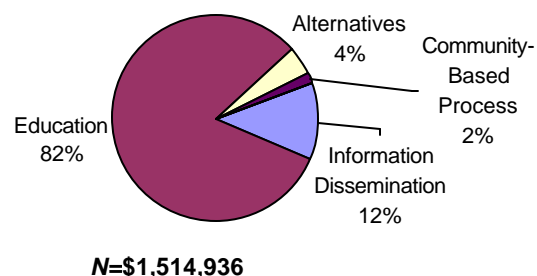
Expenditures of Block Grant Funds for Core Strategies

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	%	\$ Spent	%	\$ Spent	%	\$ 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.

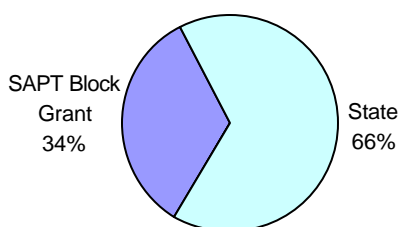
In order to improve treatment performance and outcomes, Delaware has established a performance-based contracting system with outpatient providers. The system uses contracts and payments to programs to reward performance on the basis of increase admission and client engagement (engagement/utilization),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

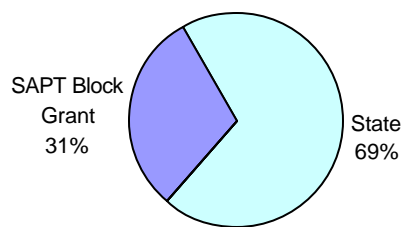
Block Grant funding for treatment and rehabilitation in Delaware increased from \$5.04 per capita in FY 2000 to \$5.46 per capita in FY 2003.

FY 2000 Treatment Expenditures by Funding Source

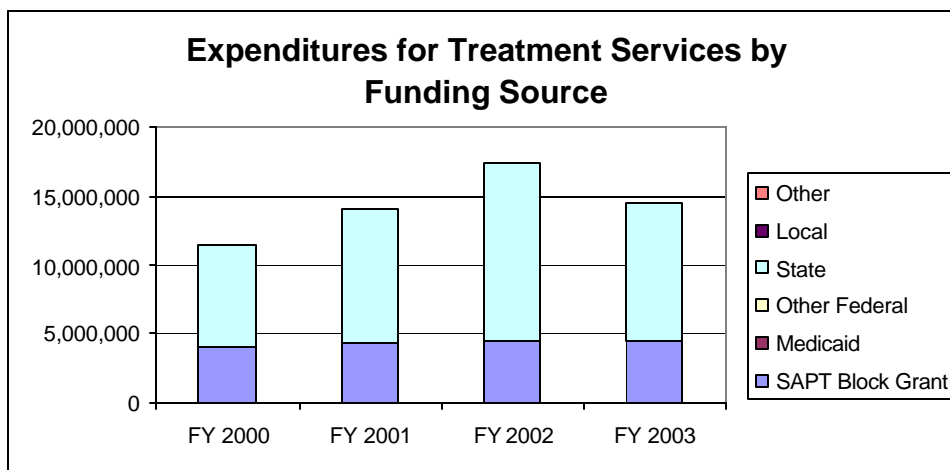


N=\$11,558,65

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	%	\$ Spent	%	\$ Spent	%	\$ 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

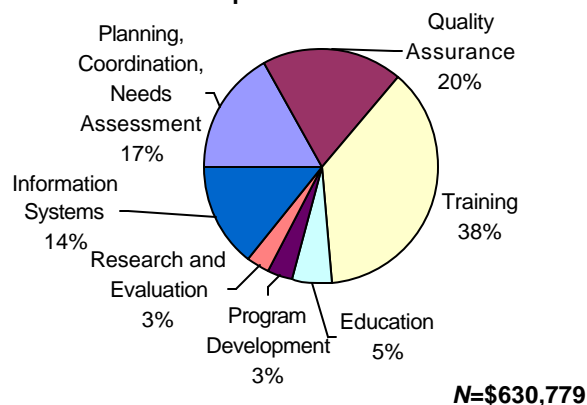
Training and assistance activities for alcohol and other drug abuse prevention and treatment services are provided through DHSS/DSAMH, DSCYF/DCMHS, and DSCYF/OPEI.

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.

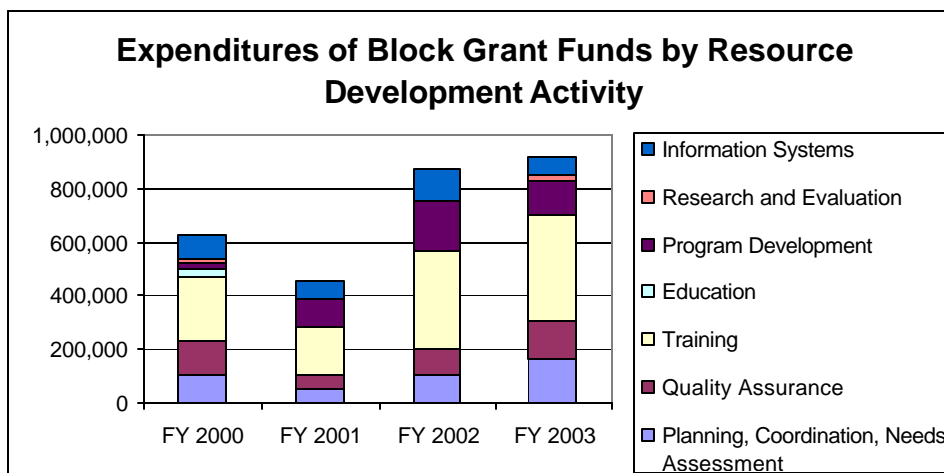
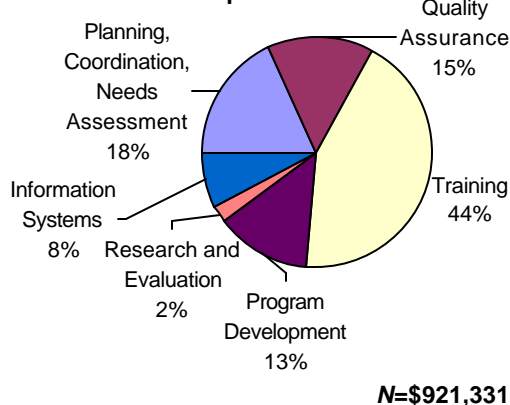
Expenditures of Block Grant Funds for Resource Development Activities

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	%	\$ Spent	%	\$ Spent	%	\$ 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