

# GEORGIA

## State SSA Director

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## Structure and Function

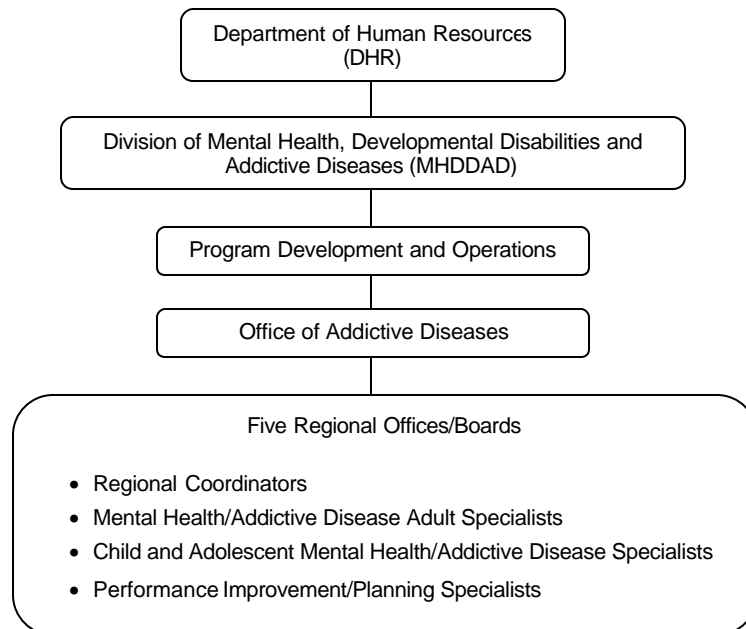


The Georgia Department of Human Resources' (DHR)'s Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD), is the Single State Agency (SSA) responsible for mental health, alcohol and drug abuse, and development disabilities services. In addition to substance abuse treatment, 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.

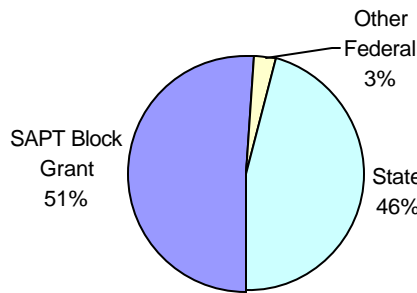
### Single State Agency Structure



## Single State Agency Funding Overview

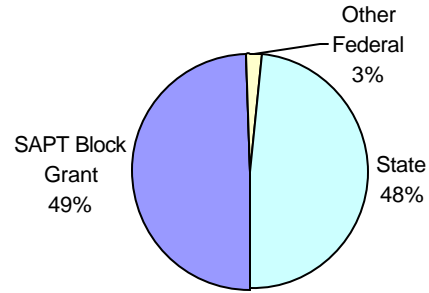
Georgia's overall SSA funding totaled nearly \$96.3 million in FY 2003, an increase from \$80.6 million in FY 2000. In FY 2003, the Block Grant accounted for approximately half of total SSA funds as did the State. These proportions have remained relatively stable since FY 2000.

**FY 2000 Expenditures by Funding Source**

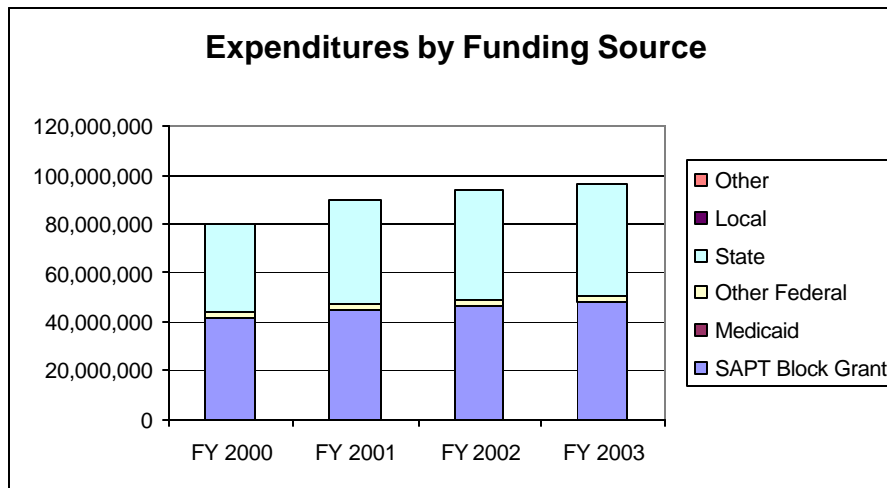


**N=\$80,574,476**

**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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>80,574,476</b>	<b>100</b>	<b>90,263,530</b>	<b>100</b>	<b>93,923,622</b>	<b>100</b>	<b>96,249,490</b>	<b>100</b>

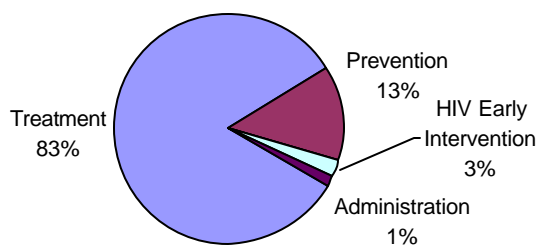
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\*Totals may not equal 100 percent due to rounding.

## Activities and Expenditures From All Funding Sources

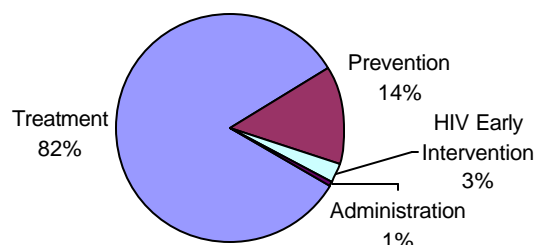
Of the nearly \$96.3 million expended in FY 2003, most of the funding (83 percent) went toward treatment and rehabilitation activities, followed by prevention services (14 percent) and HIV early intervention services (3 percent). The distribution of funds has remained quite stable from FYs 2000 through 2003.

**FY 2000 Expenditures by Activity**

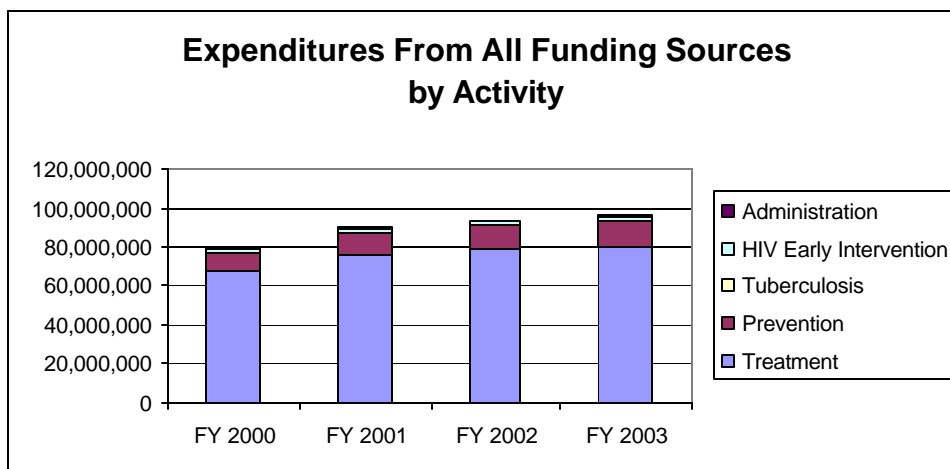


**N=\$80,574,476**

**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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>80,574,476</b>	<b>100</b>	<b>90,263,530</b>	<b>100</b>	<b>93,923,622</b>	<b>100</b>	<b>96,249,490</b>	<b>100</b>

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.

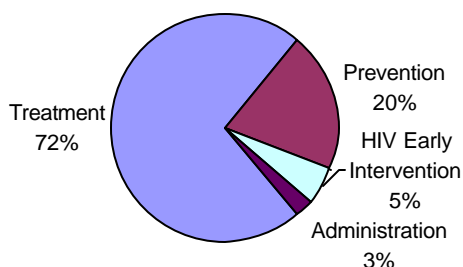
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## Expenditures of Block Grant and State Funds

### Expenditures of Block Grant Funds

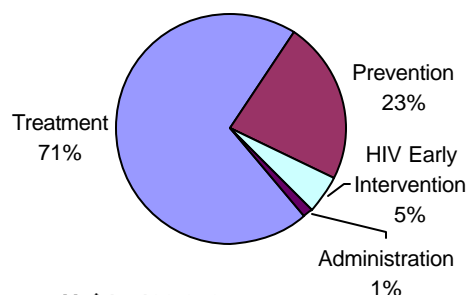
Between FYs 2000 and 2003 Block Grant funding in Georgia increased from \$41.4 to \$47.5 million. During that time, over 70 percent of Block Grant funds were spent on treatment and rehabilitation activities and 20 to 23 percent were spent on prevention activities.

FY 2000 Block Grant Expenditures by Activity

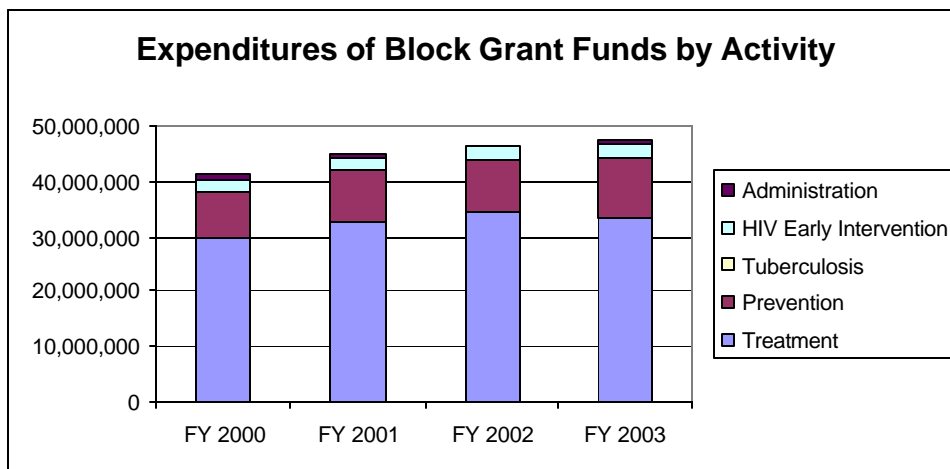


N=\$41,396,779

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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>41,396,779</b>	<b>100</b>	<b>44,792,764</b>	<b>100</b>	<b>46,420,319</b>	<b>100</b>	<b>47,462,679</b>	<b>100</b>

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.

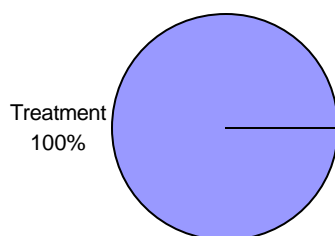
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

\*Totals may not equal 100 percent due to rounding.

## Expenditures of State Funds

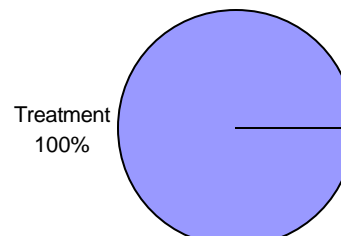
The State contributed \$46.4 million toward SSA activities in FY 2003—up from \$37 million in FY 2000. All of the funds provided by the State have consistently been directed toward treatment services only.

**FY 2000 State Expenditures by Activity**

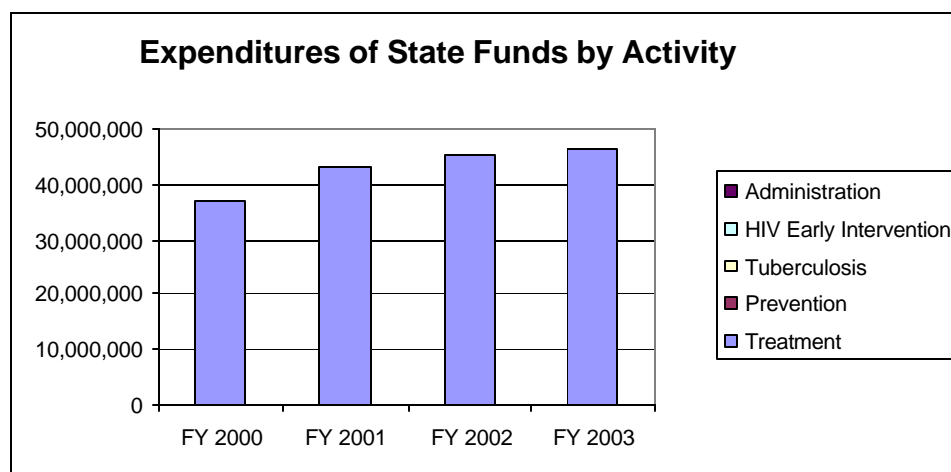


**N=\$37,001,60**

**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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>37,001,606</b>	<b>100</b>	<b>43,274,920</b>	<b>100</b>	<b>45,364,935</b>	<b>100</b>	<b>46,378,871</b>	<b>100</b>

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

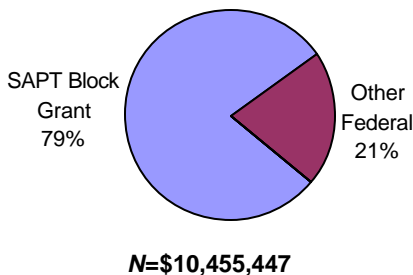
MHDDAD contracts for prevention services that are specifically designed to reduce the risks associated with substance use and abuse. A major goal is to implement science-based prevention throughout the State. Currently, six statewide prevention programs are funded out of the State office with SAPT Block 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

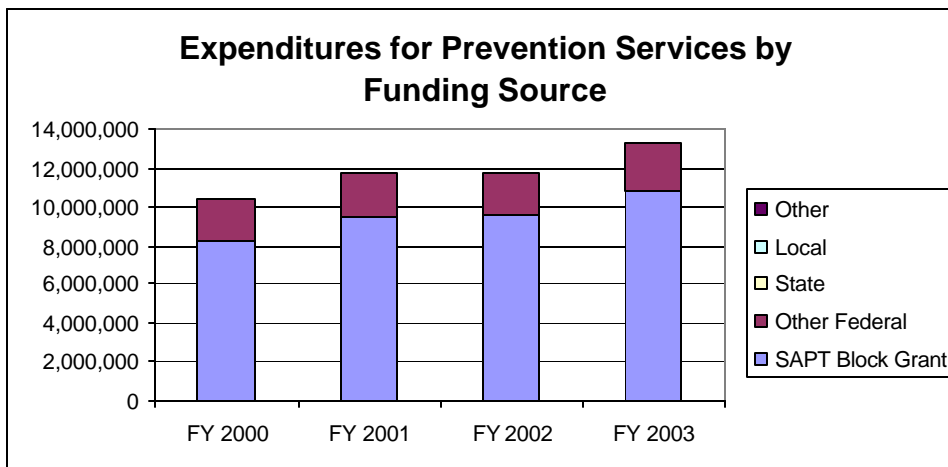
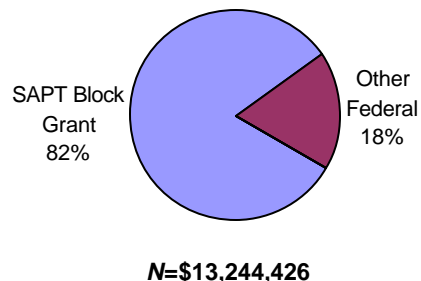
Expenditures on prevention services increased steadily over time, from \$10.5 million in FY 2000 to \$13.2 million in FY 2003. Most of these funds were provided from the Block Grant (constituting 79 to 82 percent of total funding), followed by other Federal sources (ranging from 18 to 21 percent of the 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**



**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	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
<b>Total*</b>	<b>10,455,447</b>	<b>100</b>	<b>11,748,264</b>	<b>100</b>	<b>11,754,382</b>	<b>100</b>	<b>13,244,426</b>	<b>100</b>

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

\*Totals may not equal 100 percent due to rounding.

**Core Strategies**

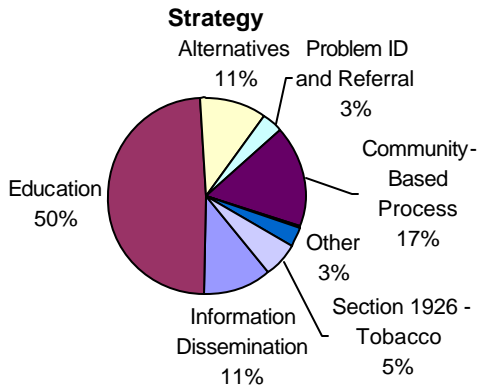
Examples of core prevention strategies supported by Block Grant funds include:

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

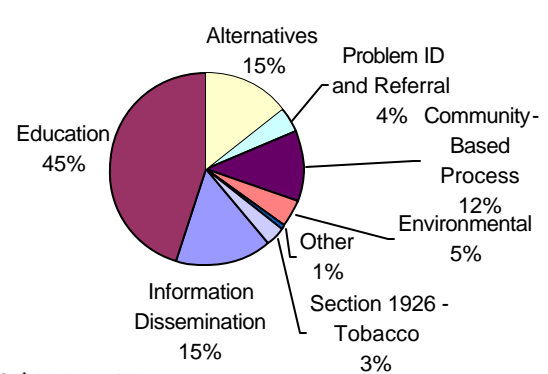
Block Grant funding for core prevention strategies in Georgia increased from \$8.3 to \$10.8 million between FYs 2000 and 2003. During this time, the majority of funds were directed at education activities (ranging from 45 to 50 percent of total funding). In FY 2003, other strategies receiving funds included information dissemination (15 percent), alternatives (15 percent), and community-based processes (12 percent).

**FY 2000 Block Grant Expenditures by Core Strategy**

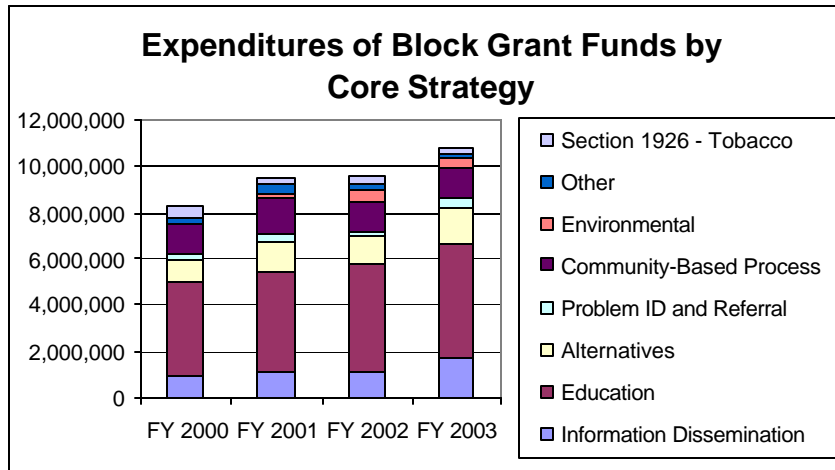


**N=\$8,279,356**

**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
<b>Total*</b>	<b>8,279,356</b>	<b>100</b>	<b>9,552,418</b>	<b>100</b>	<b>9,616,014</b>	<b>100</b>	<b>10,836,486</b>	<b>100</b>

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

\*Totals may not equal 100 percent due to rounding.



## Treatment and Rehabilitation Services

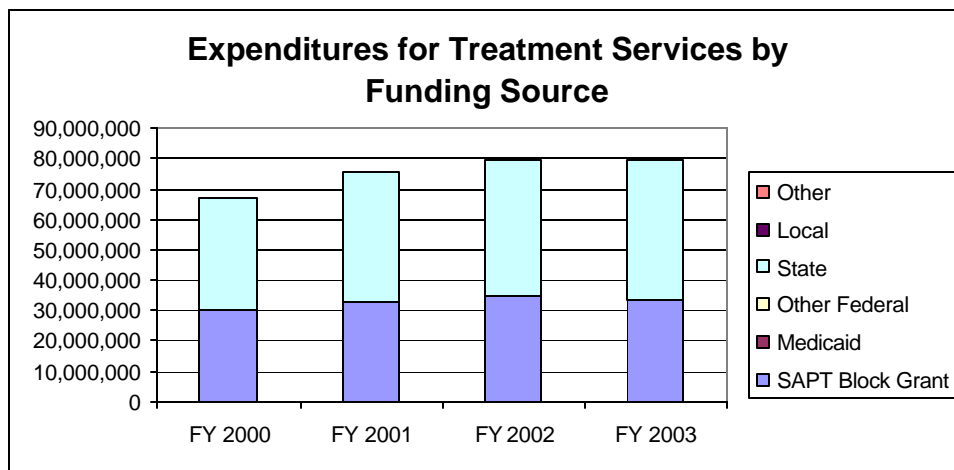
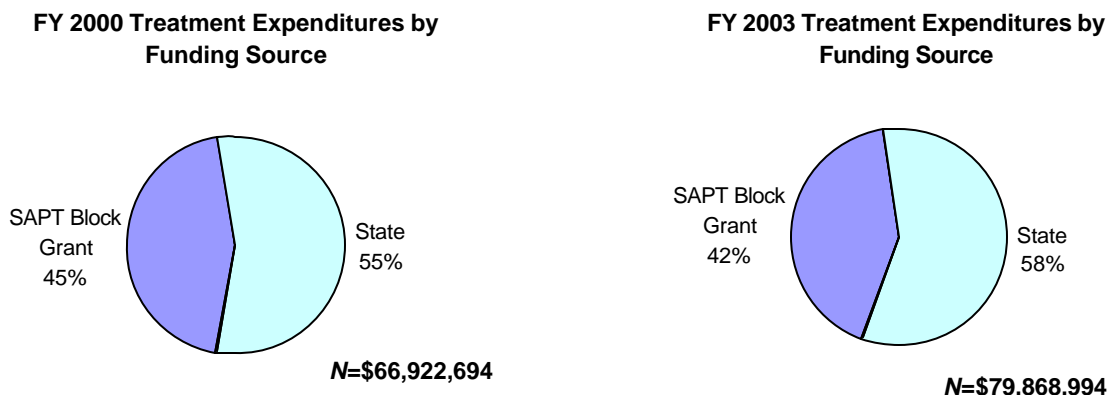
Georgia provides a continuum of substance abuse treatment services as identified through the planning efforts of its seven regions and through statewide needs assessment activities. Senior regional coordinators are responsible for both State hospital and community services and for integrating the two 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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>66,922,694</b>	<b>100</b>	<b>75,838,836</b>	<b>100</b>	<b>79,733,602</b>	<b>100</b>	<b>79,868,994</b>	<b>100</b>

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
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	172	145	32
Free-standing residential	4,643	5,902	1,846
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	12	30	0
Short-term residential	563	1,276	260
Long-term residential	398	1,315	325
<b>Ambulatory (Outpatient)</b>			
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
<b>Total</b>	<b>46,938</b>	<b>83,384</b>	<b>6,355</b>

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
<b>Total</b>	<b>32,210</b>	<b>0.0</b>

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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>N/R</b>	<b>0</b>	<b>N/R</b>	<b>0</b>	<b>N/R</b>	<b>0</b>	<b>N/R</b>	<b>0</b>

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
<b>Total</b>	<b>17</b>	<b>2,620,732</b>

SOURCE: [www.samhsa.gov](http://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
<b>Total</b>	<b>6</b>	<b>2,865,750</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)