MINNESOTA

State SSA Director

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Structure and Function

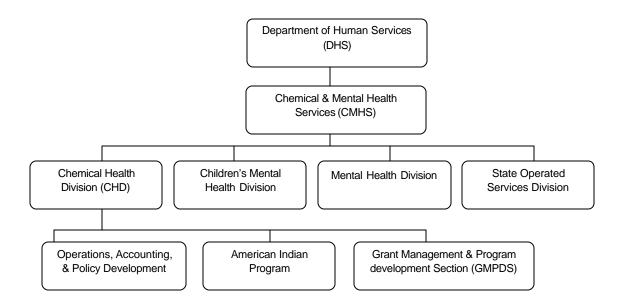


The Minnesota Chemical Health Division (CHD) is a division within the Department of Human Services (DHS), Chemical and Mental Health Services (CMHS), as of October 2004. CHD has 23.5 FTE and three operating units: Operations, Grants Management and Program Development Section (GMPDS), and American Indian 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.

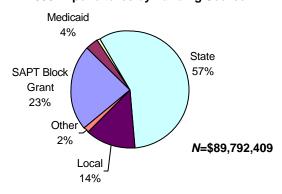
Single State Agency Structure



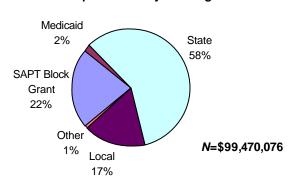
Single State Agency Funding Overview

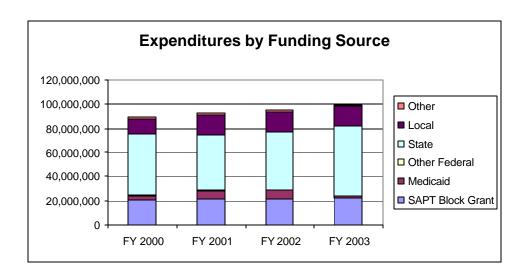
Minnesota's SSA funding totaled \$99.5 million in FY 2003—an increase of almost \$10 million since FY 2000. The State carried the majority (58 percent) of FY 2003 expenditures, Block Grant funding accounted for 22 percent, and local resources accounted for 17 percent. These proportions are similar to 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 200	FY 2001		FY 2002		3
T diffalling Godings	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ 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.

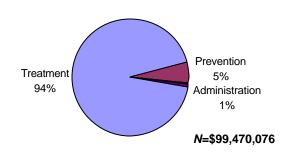
FY 2000 Expenditures by Activity

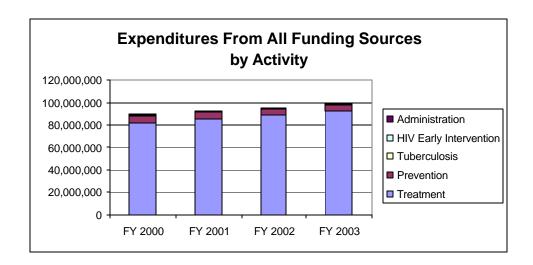
Treatment 92%

Prevention 7%
Administration 1%

N=\$89,792,409

FY 2003 Expenditures by Activity





Single State Agency Expenditures From All Funding Sources by Activity

Olligic Otate Agen		ingle State Agency Expenditures From All Funding Sources by Activity									
Activity	FY 2000)	FY 200	FY 2001		2	FY 2003				
Activity	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ 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.

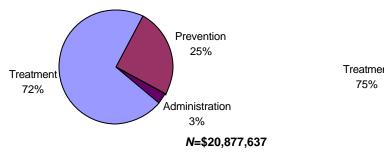
Expenditures of Block Grant and State Funds

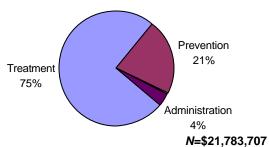
Expenditures of Block Grant Funds

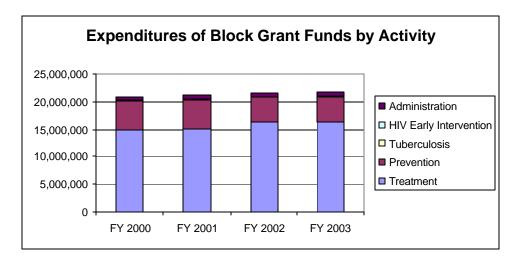
In FY 2003, Minnesota spent approximately \$21.8 million in SAPT Block Grant funds, a relatively stable amount since FY 2000. Two-thirds of the total went toward treatment services in FY 2003 (up from 72 percent in FY 2000), and 21 percent went toward prevention strategies (down from 25 percent in FY 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 200	1	FY 2002	2	FY 2003	
Activity	\$ 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.

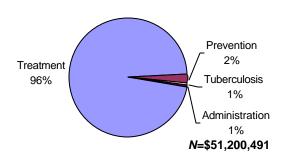
^{*} Totals may not equal 100 percent due to rounding.

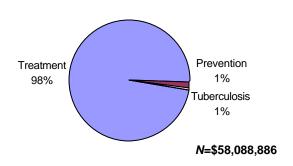
Expenditures of State Funds

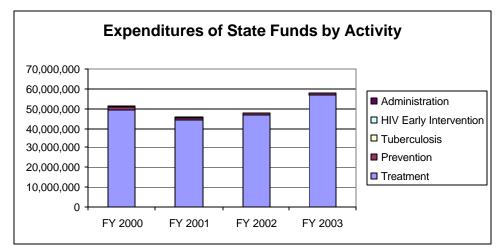
State expenditures on alcohol and drug abuse services increased between FYs 2000 and 2003 (from \$51.2 to \$58.1 million). Nearly all (96 to 98 percent) State expenditures were spent on treatment during this time period, and only 1 to 2 percent went toward prevention services.

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 200	FY 2001		FY 2002		FY 2003	
Activity	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ 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

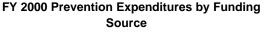
The Minnesota ATOD Prevention Coordinating Council (MAPCC) enhances collaboration and partnership in the area of prevention. Prevention programs use either Center for Substance Abuse Prevention (CSAP) evidence-based model programs or the evidence-based alcohol, tobacco, and other drug (ATOD) prevention 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.

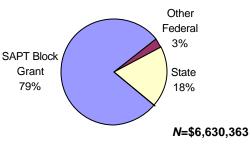
Minnesota has six resource centers that offer prevention services statewide. The services offered range from prevention materials and resources to guidance on access to treatment, with a few resource centers focused on specific communities of people.

Prevention Funding and Expenditures

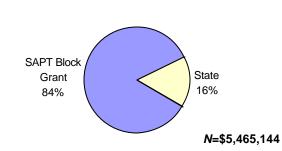
Minnesota's ATOD prevention expenditures declined from \$6.6 to \$5.5 million between FYs 2000 and 2003. Funding from all three primary sources declined in dollar value during this time period, while the distribution of funds remained fairly stable. The Block Grant's proportion of prevention funds increased 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.

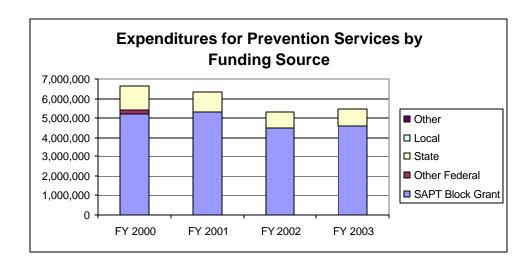
Block Grant funds for prevention services in Minnesota declined steadily between FYs 2000 and 2002 (from \$1.06 to \$0.89 per capita). In FY 2003, that amount totaled \$0.91 per capita.





FY 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:

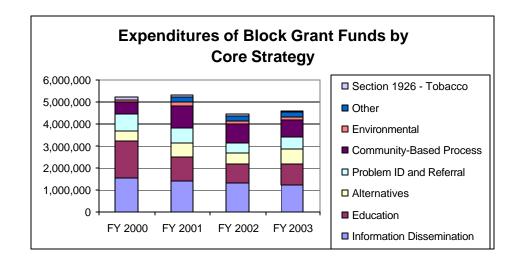
Core Strategy	Examples of Activities
Information Dissemination	The six clearinghouses/resource centers develop resource directories, media campaigns, print materials, public service announcements, health fairs, speakers bureaus, video presentations, and a network of prevention resources for communities.
Education	Activities include s chool 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.

N=\$4,610,981

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 FY 2003 Block Grant Expenditures by Core Strategy Strategy Alternatives Alternatives Education 10% Problem ID 15% 21% Education Problem ID and Referral 33% and Referral 14% Community-Based Information Community-Process Dissemination Based 10% 26% **Process** Environmental 17% Information Section 1926 2% Section 1926 -Environmental Dissemination Tobacco Other Tobacco 3% 29% 2% 5% 1%



N=\$5,220,033

Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
Ollalegy	\$ 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.

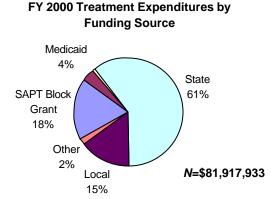
Treatment services are provided through the CCDTF in which counties and tribal governments have responsibility for assessing and placing people in treatment to the more than 400 treatment providers in the State.

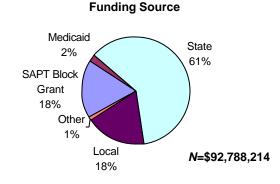
New licensing standards in 2004 allow for more flexible and individualized care with more capability for programs to address mental health issues during substance abuse treatment. Funds will be used to provide training in the various areas that will be part of the new treatment format, including mental health training.

Treatment Funding and Expenditures

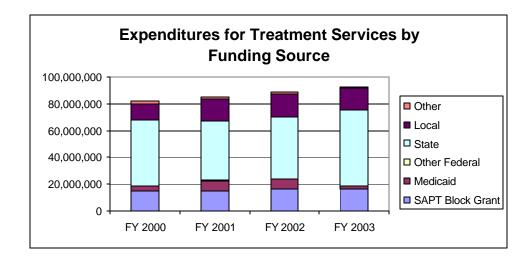
Expenditures on treatment services (CCDTF only, which account for 45 percent of all treatment admissions in the State) in Minnesota increased steadily between FYs 2000 and 2003 (from \$81.9 to \$92.8 million). During that time period, the State contributed the majority (at 61 percent) of treatment funding, 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.





FY 2003 Treatment Expenditures by



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000)	FY 200	FY 2001		2	FY 2003	
i unumg oource	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ 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

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.

^{*} Totals may not equal 100 percent due to rounding.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number	Admissions by Prim (<i>N</i> =20,159)	ary Diagnosis						
Type of oare	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

	2002	
Admissions	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

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

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

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.

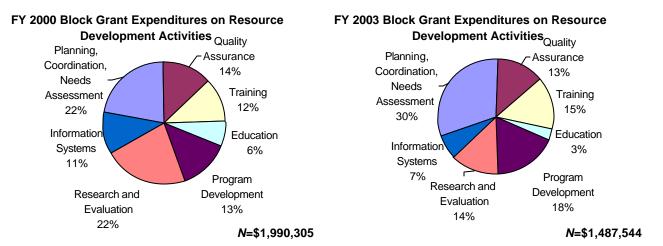
Training and Assistance

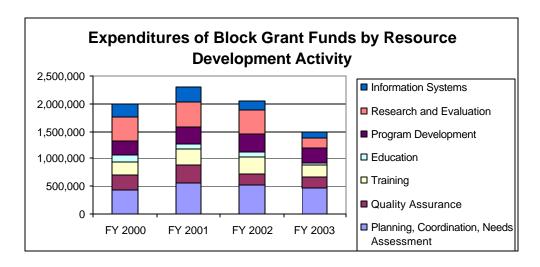
Projects are funded to provide specific training to professionals providing prevention and treatment services to women, and an additional project provides training on the special treatment and recovery issues for American Indian women. Funds are also used to provide services to American Indian chemically 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.





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

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
Activity	\$ 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