

# TENNESSEE

## State SSA Director

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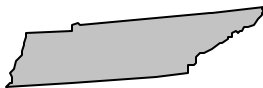
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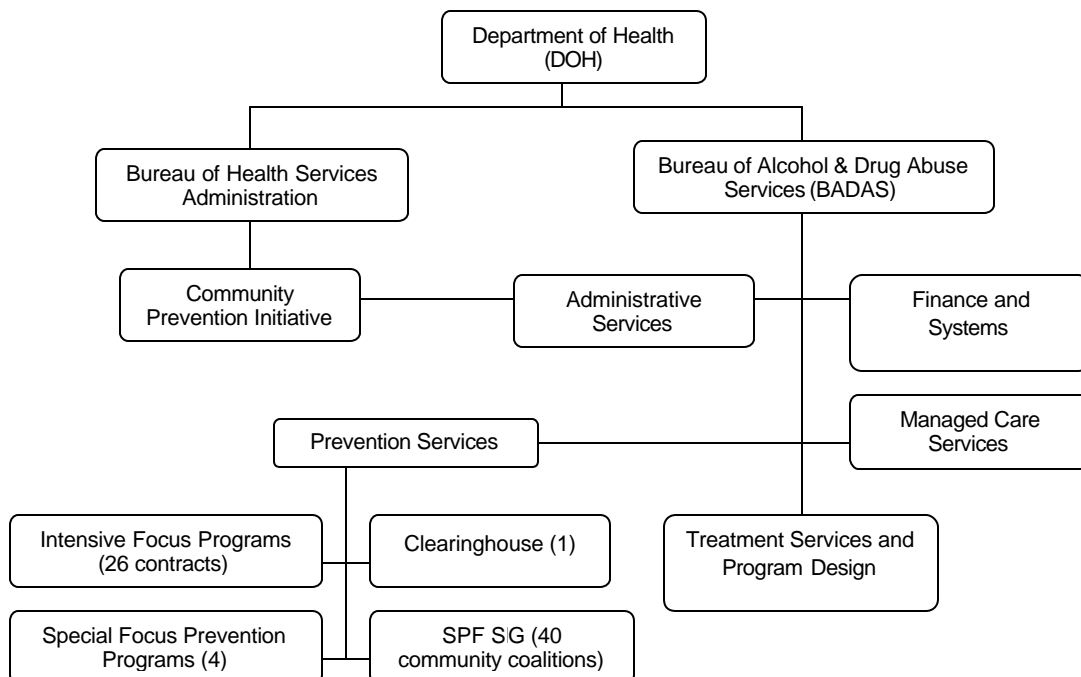
**Web site:** [www.state.tn.us/health/A&D/index.htm](http://www.state.tn.us/health/A&D/index.htm)

## 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.

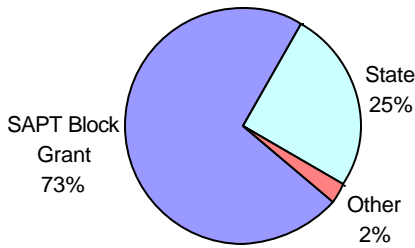
### Single State Agency Structure



## Single State Agency Funding Overview

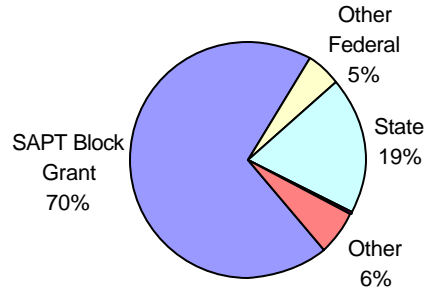
Total SSA funding for alcohol and drug abuse services in Tennessee increased between FYs 2000 and 2003 (from \$36 to \$42 million), driven largely by increases in Block Grant funding and other funding sources. The largest source of funding during this time period was the Block Grant, constituting 69 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**

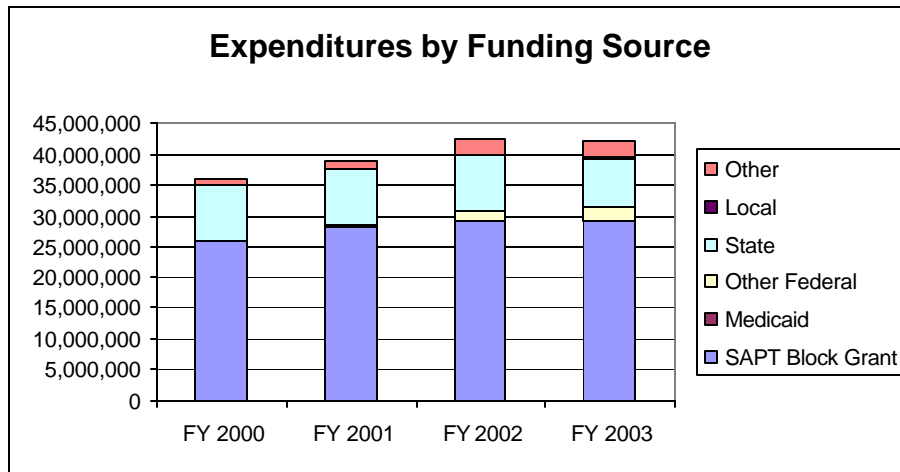


**N=\$36,018,717**

**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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>36,018,717</b>	<b>100</b>	<b>38,791,229</b>	<b>100</b>	<b>42,427,284</b>	<b>100</b>	<b>41,973,689</b>	<b>100</b>

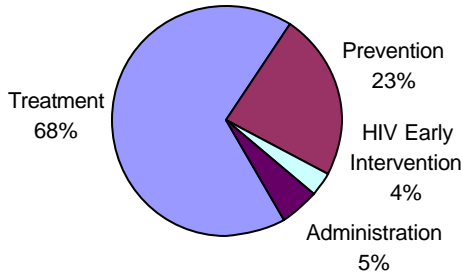
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

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

### Activities and Expenditures From All Funding Sources

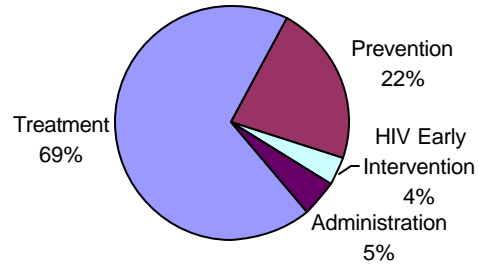
The distribution of total SSA funding remained relatively stable between FYs 2000 and 2003. Treatment services received the majority of funds (ranging from 67 to 69 percent of the total), followed by prevention (at 22 to 25 percent), administration costs (at 5 percent), and HIV early intervention (at 3 or 4 percent).

**FY 2000 Expenditures by Activity**

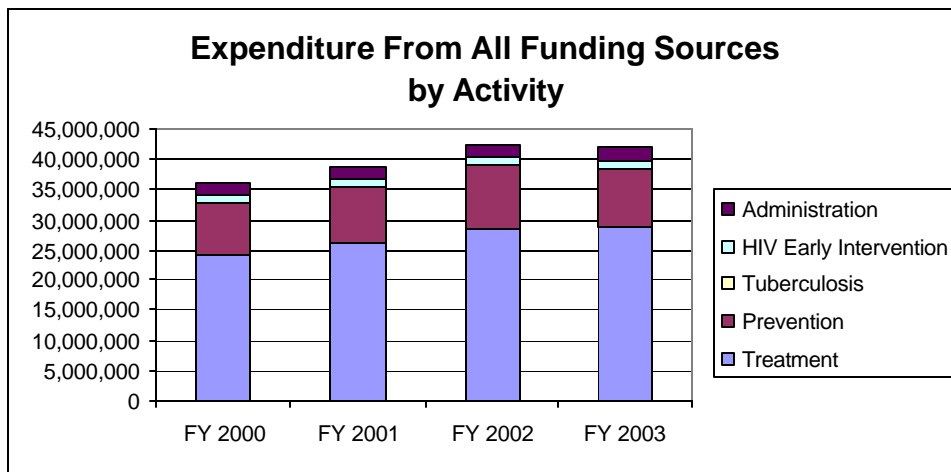


**N=\$36,018,717**

**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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>36,018,717</b>	<b>100</b>	<b>38,791,229</b>	<b>100</b>	<b>42,427,284</b>	<b>100</b>	<b>41,973,689</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.

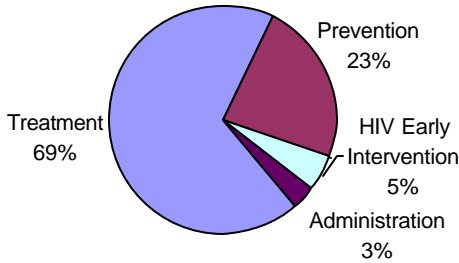
\* Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

### Expenditures of Block Grant Funds

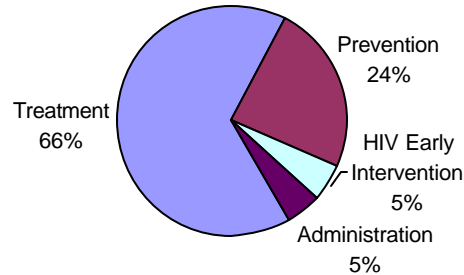
Between FYs 2000 and 2003, Block Grant expenditures increased from \$26 to \$29.4 million in Tennessee. The distribution of funds during this time, however, remained quite stable. The largest recipient of funds was treatment services (at 66 percent in FY 2003), followed by prevention activities (at 24 percent), and HIV early intervention and administration costs (at 5 percent each).

**FY 2000 Block Grant Expenditures by Activity**

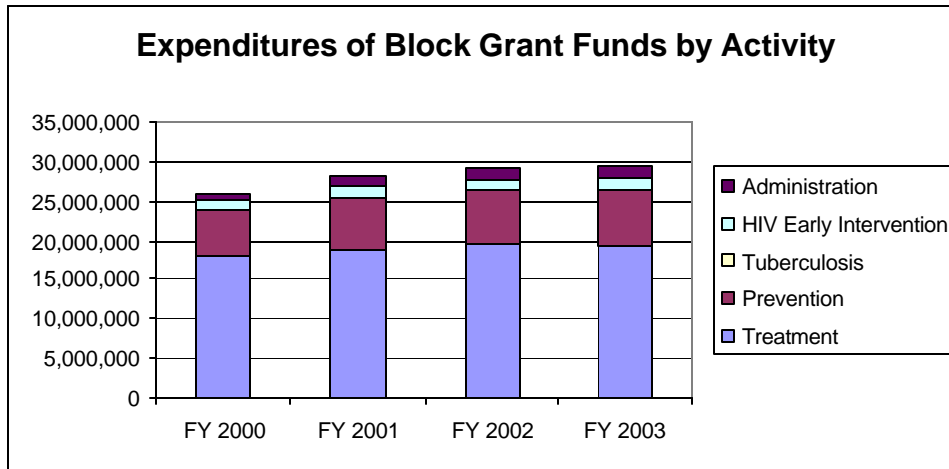


N=\$25,999,363

**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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>25,999,363</b>	<b>100</b>	<b>28,299,310</b>	<b>100</b>	<b>29,240,906</b>	<b>100</b>	<b>29,391,224</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.

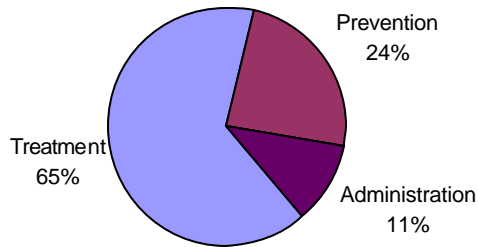
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

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

## Expenditures of State Funds

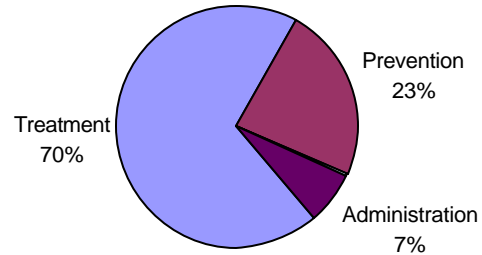
State expenditures declined between FYs 2000 and 2003 (from \$9 to \$8 million) and the distribution of funds shifted slightly. Most of the State funds went toward treatment services (at 65 percent in FY 2000 and 70 percent in FY 2003), followed by prevention (23 percent in FY 2003), and administration costs (7 percent in FY 2003).

**FY 2000 State Expenditures by Activity**

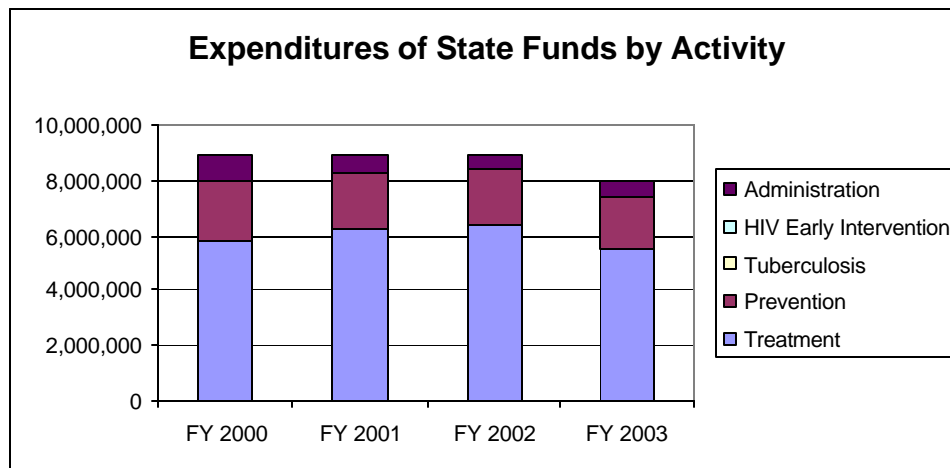


**N=\$8,953,030**

**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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>8,953,030</b>	<b>100</b>	<b>8,952,885</b>	<b>100</b>	<b>8,952,813</b>	<b>100</b>	<b>7,966,574</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

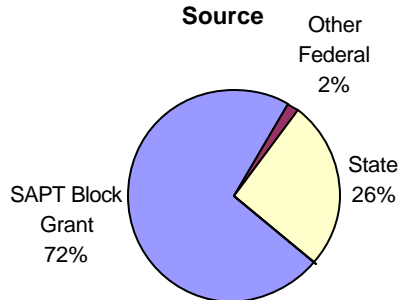
BADAS' Prevention Services Division provides technical assistance, training, and support to local and statewide alcohol, tobacco, and drug (ATOD) prevention programs. BADAS takes both a theory-based and an evidence-based approach to substance abuse prevention. Services reflect current best practices 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).

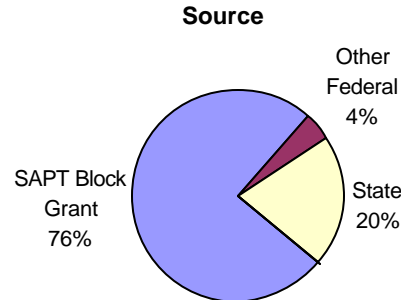
Block Grant expenditures for prevention activities increased from \$1.06 per capita in FY 2000 to \$1.19 per capita in FY 2003.

**FY 2000 Prevention Expenditures by Funding Source**

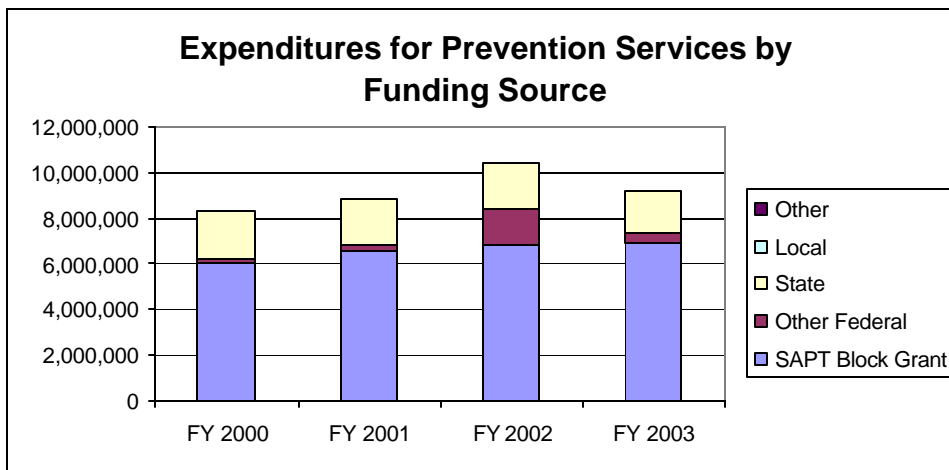


**N=\$8,322,765**

**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
<b>Total*</b>	<b>8,322,765</b>	<b>100</b>	<b>8,888,862</b>	<b>100</b>	<b>10,428,097</b>	<b>100</b>	<b>9,228,890</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**

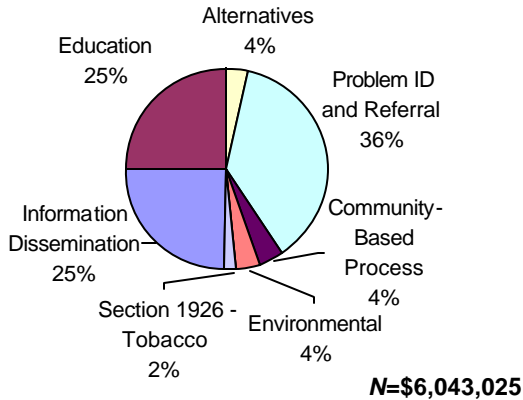
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	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.

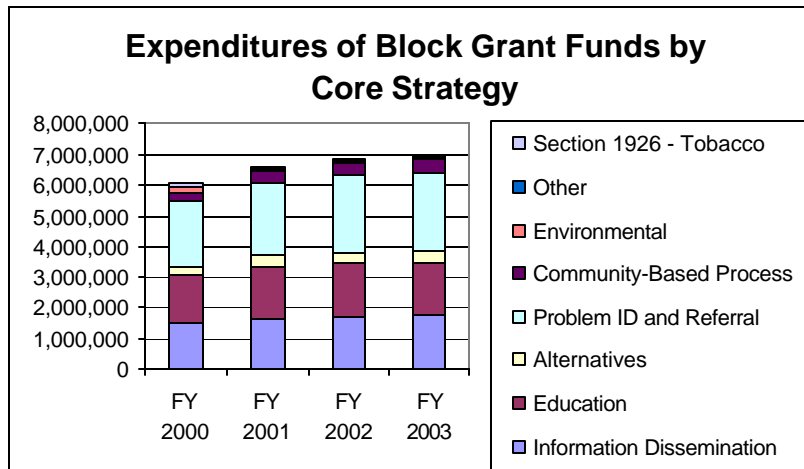
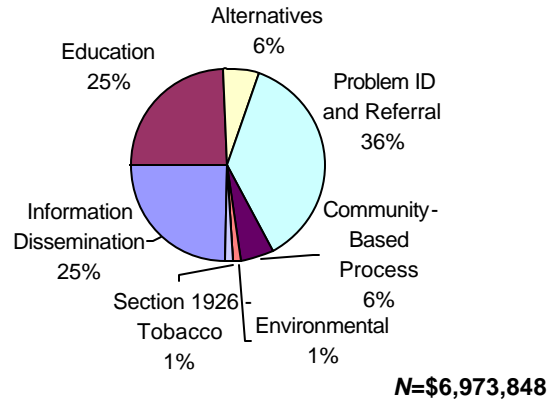
### Expenditures of Block Grant Funds for Core Strategies

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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>6,043,025</b>	<b>100</b>	<b>6,603,984</b>	<b>100</b>	<b>6,855,010</b>	<b>100</b>	<b>6,973,848</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

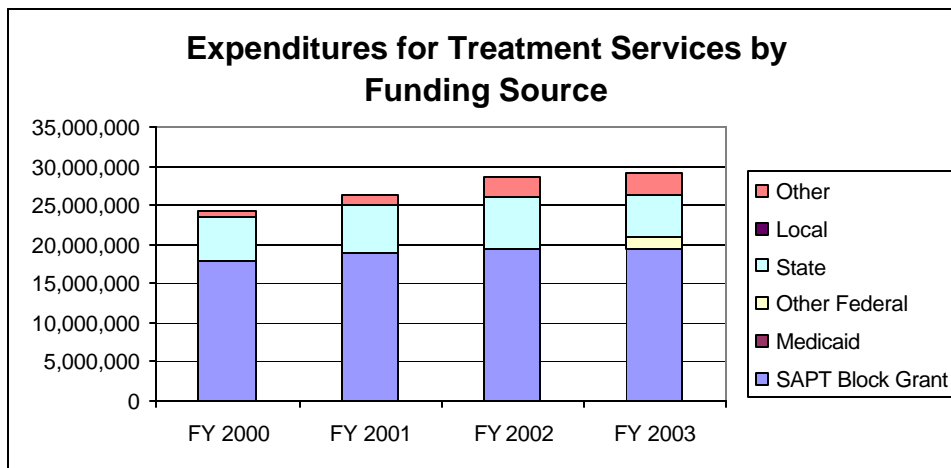
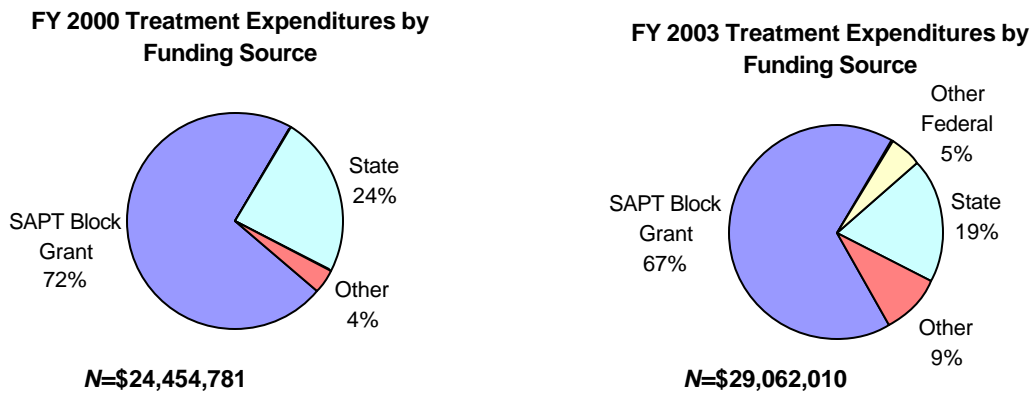
BADAS is responsible for planning, developing, administering, and evaluating the statewide substance abuse treatment system. Toward that end, BADAS provides a continuum of care that includes outreach, early identification and intervention, assessment, placement, and movement within appropriate levels 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	%	\$ Spent	%	\$ Spent	%	\$ 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
<b>Total*</b>	<b>24,454,781</b>	<b>100</b>	<b>26,424,836</b>	<b>100</b>	<b>28,630,790</b>	<b>100</b>	<b>29,062,010</b>	<b>100</b>

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
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	183	115	0
Free-standing residential	1,101	1,261	0
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	59	470	0
Short-term residential	1,355	2,405	0
Long-term residential	435	1,137	0
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	837	651	0
Intensive outpatient	1,819	3,250	0
Detoxification (outpatient)	0	0	0
<b>Total</b>	<b>5,789</b>	<b>9,289</b>	<b>0</b>

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
<b>Total</b>	<b>7,185</b>	<b>6.2</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, 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.

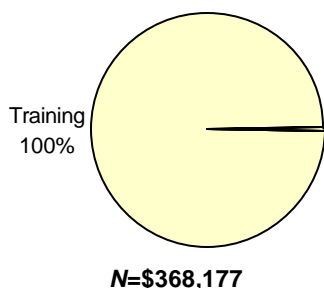
BADAS also sponsors the statewide annual Tennessee Advanced School on Addictions, during which national experts provide training on the most current trends in prevention, intervention, and treatment. The event draws approximately 350 participants each year.

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.

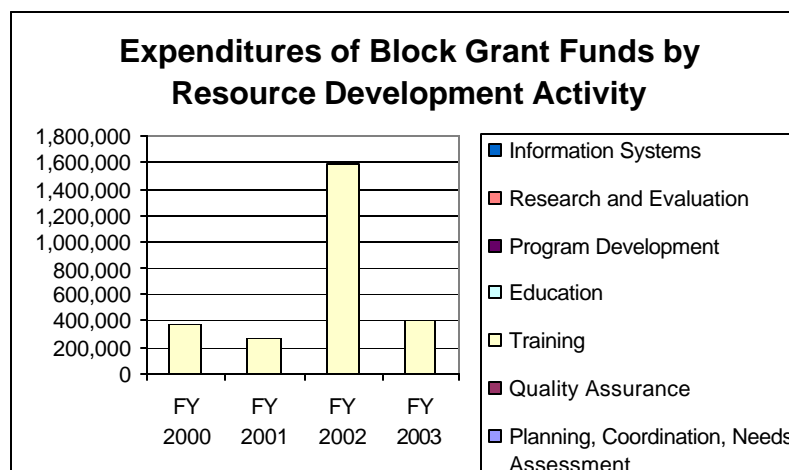
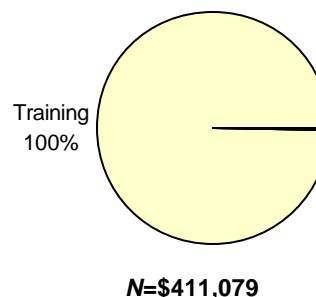
## Expenditures of Block Grant Funds for Resource Development Activities

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
<b>Total*</b>	<b>368,177</b>	<b>100</b>	<b>272,451</b>	<b>100</b>	<b>1,586,872</b>	<b>100</b>	<b>411,079</b>	<b>100</b>

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
<b>Total</b>	<b>13</b>	<b>3,649,915</b>

SOURCE: [www.samhsa.gov](http://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
<b>Total</b>	<b>12</b>	<b>10,362,344</b>

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