

# ALABAMA

## State SSA Director

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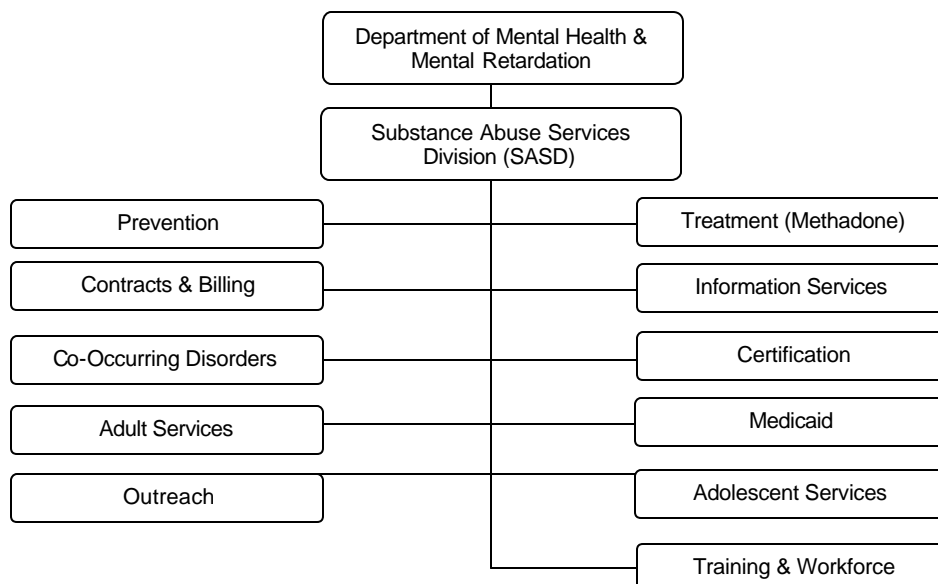
## Structure and Function



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

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

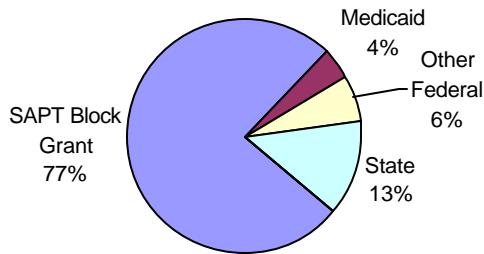
### Single State Agency Structure



## Single State Agency Funding Overview

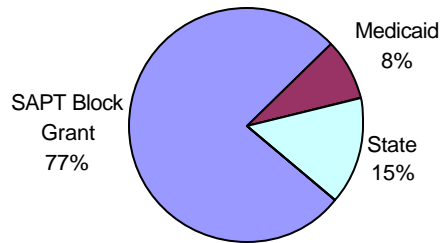
Single State Agency (SSA) funding increased steadily in Alabama from FYs 2000 to 2003. In FY 2003, SSA funds totaled \$31.2 million—up from \$29.2 million in FY 2000. During this time, the distribution of funds changed somewhat. Although funding from the Block Grant remained relatively stable, funding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

**FY 2000 Expenditures by Funding Source**

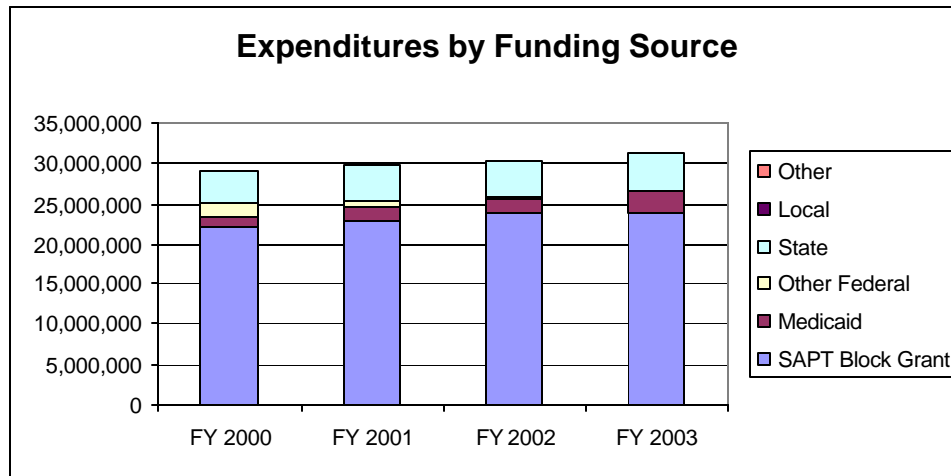


**N=\$29,158,534**

**FY 2003 Expenditures by Funding Source**



**N=\$31,244,502**



**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	22,197,312	76	22,994,659	77	23,828,000	79	23,970,196	77
Medicaid	1,225,143	4	1,596,592	5	1,731,560	6	2,548,051	8
Other Federal	1,826,578	6	821,241	3	265,334	1	0	0
State	3,909,501	13	4,425,304	15	4,478,312	15	4,726,255	15
Local	0	0	0	0	0	0	0	0
Other	0	0	77,566	0	0	0	0	0
<b>Total*</b>	<b>29,158,534</b>	<b>100</b>	<b>29,915,362</b>	<b>100</b>	<b>30,303,206</b>	<b>100</b>	<b>31,244,502</b>	<b>100</b>

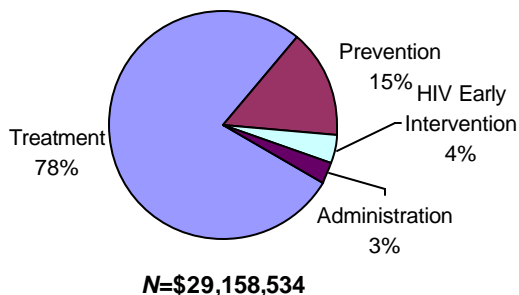
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

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

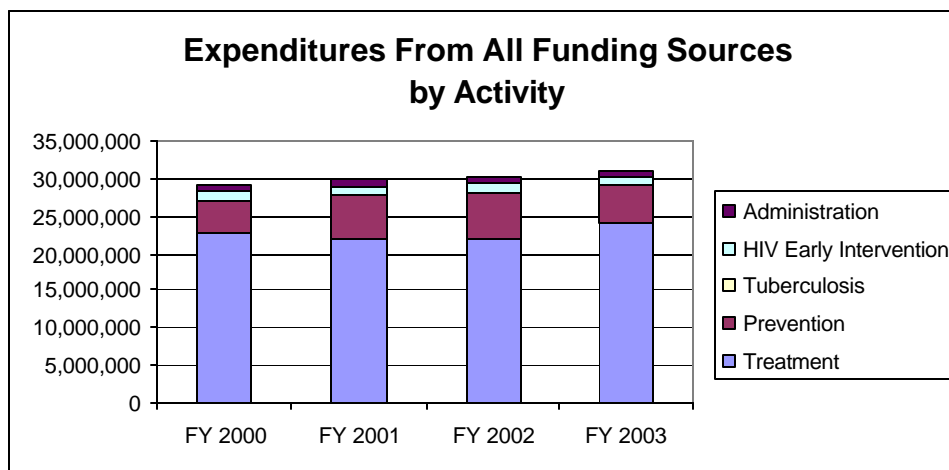
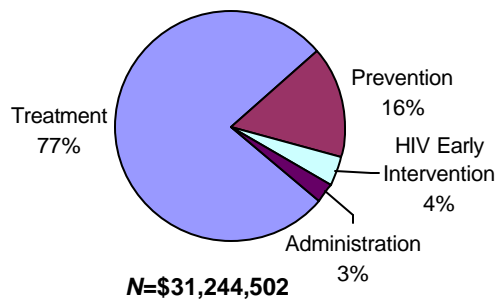
### Activities and Expenditures From All Funding Sources

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

**FY 2000 Expenditures by Activity**



**FY 2003 Expenditures by Activity**



#### Single State Agency Expenditures From All Funding Sources by Activity

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

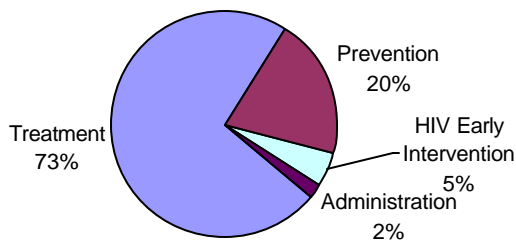
\*Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

### Expenditures of Block Grant Funds

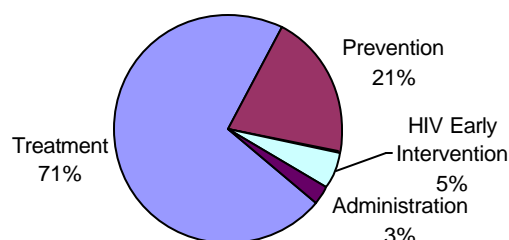
Of the \$24 million in Block Grant expenditures in FY 2003 in Alabama, 71 percent went toward treatment services, 21 percent toward prevention services, and the rest toward HIV early intervention (5 percent) and administration costs (3 percent). This distribution has remained relatively stable since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

FY 2000 Block Grant Expenditures by Activity

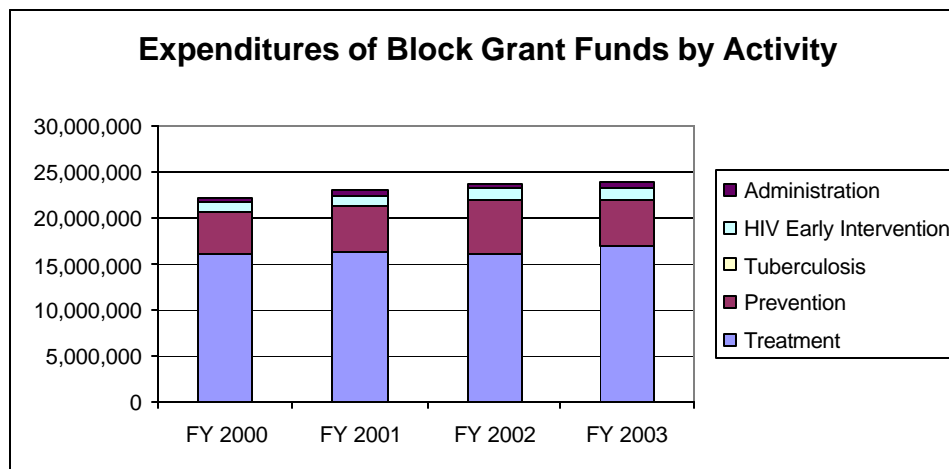


N=\$22,197,312

FY 2003 Block Grant Expenditures by Activity



N=\$23,970,196



### Single State Agency Expenditures of Block Grant Funds by Activity

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

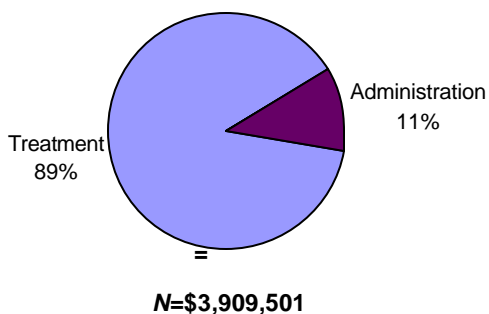
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

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

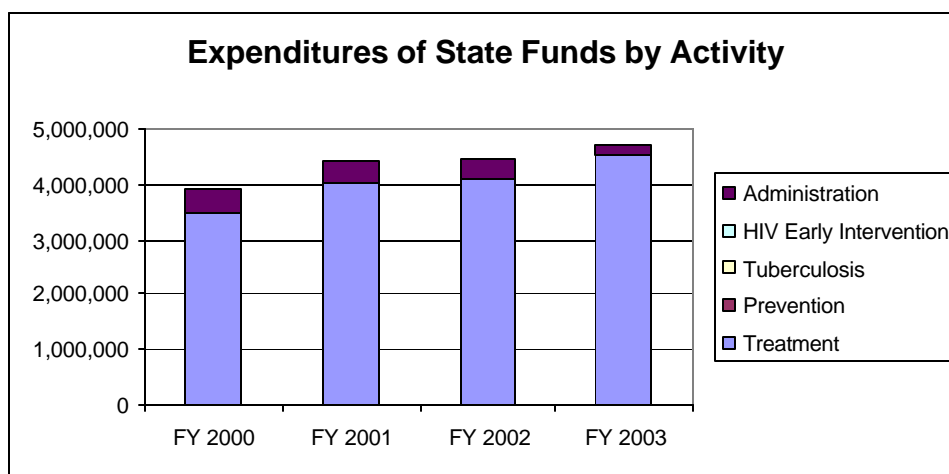
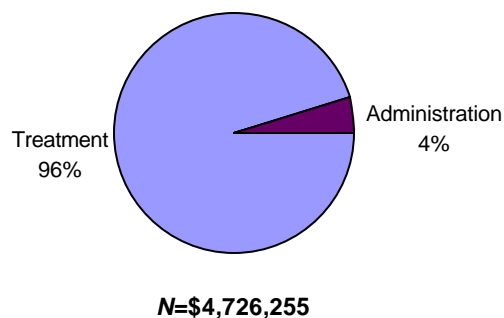
### Expenditures of State Funds

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

**FY 2000 State Expenditures by Activity**



**FY 2003 State Expenditures by Activity**



### Single State Agency Expenditures of State Funds by Activity

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

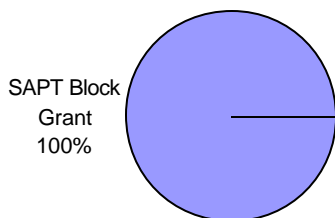
The goal of Alabama’s prevention system is to develop, implement, maintain, and evaluate programs that address ATOD issues. The objectives for reaching this goal include (1) a statewide informational network of regional clearinghouses that support various prevention programs and activities with information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

### Prevention Funding and Expenditures

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

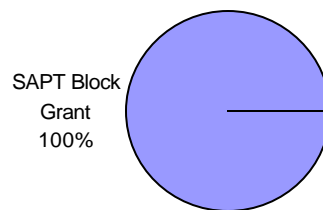
Block Grant funds for prevention services rose between FYs 2000 and 2002 from \$1.00 per capita to \$1.33 per capita. In FY 2003, Block Grant funds for prevention returned closer to the earlier level at \$1.10 per capita.

**FY 2000 Prevention Expenditures by Funding Source**

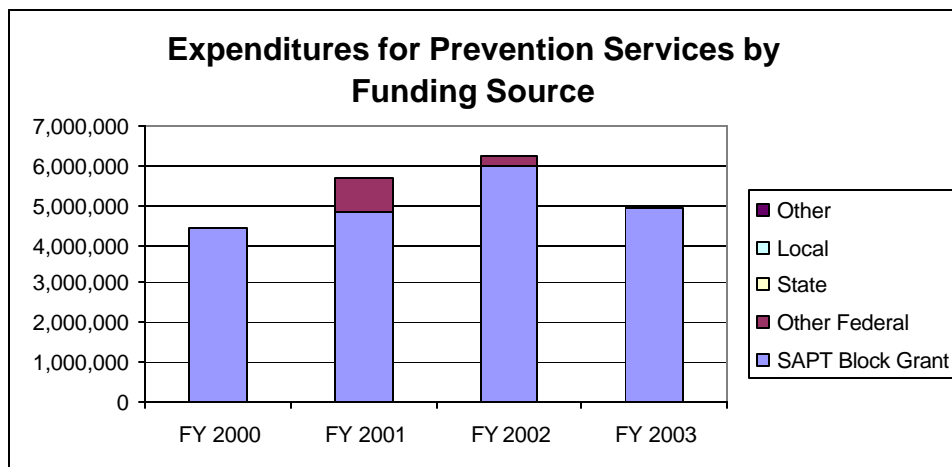


**N=\$4,439,462**

**FY 2003 Prevention Expenditures by Funding Source**



**N=\$4,930,210**



**Single State Agency Expenditures for Prevention Services From All Funding Sources**

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

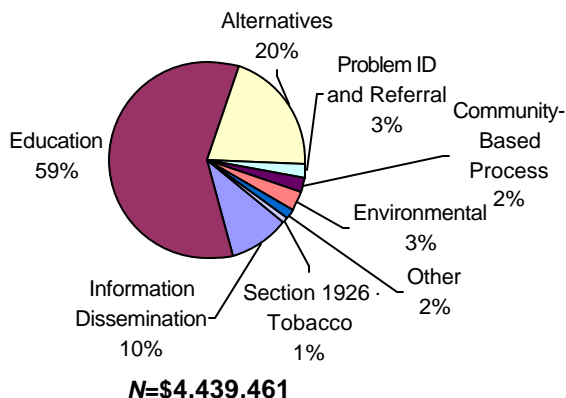
Examples of core prevention strategies supported by Block Grant funds include:

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

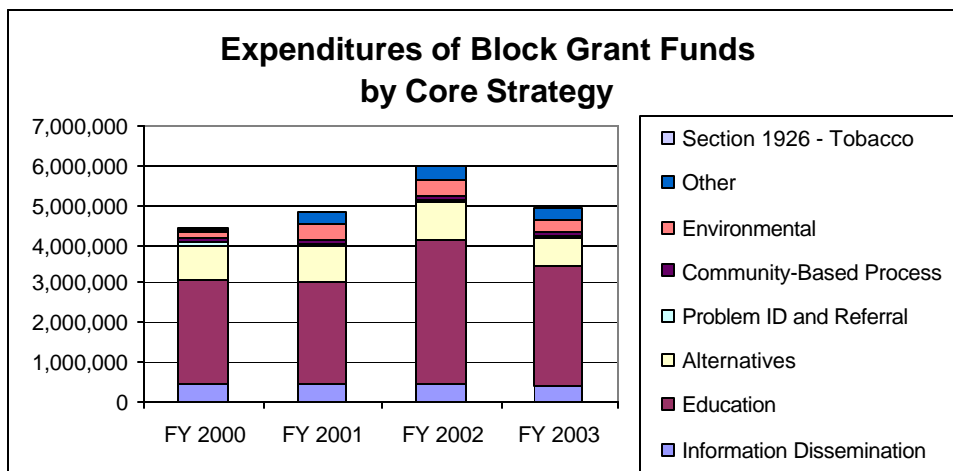
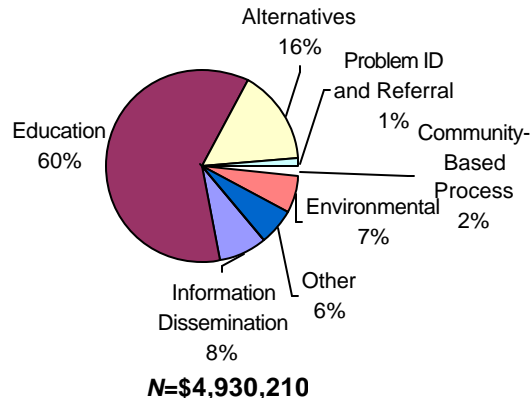
### Expenditures of Block Grant Funds for Core Strategies

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

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



**FY 2003 Block Grant Expenditures by Core Strategy**



### Single State Agency Expenditures of Block Grant Funds by Core Strategy

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

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

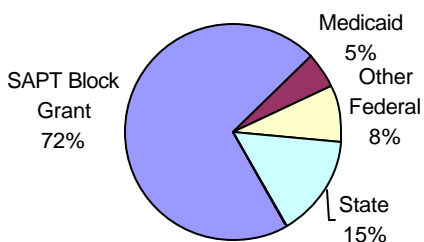
SASD provides residential rehabilitation, residential detoxification, residential treatment for pregnant and postpartum women, residential rehabilitation for pregnant women, inpatient detoxification, outpatient detoxification, intensive outpatient (IOP) program services, IOP/outpatient services, specialized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

### Treatment Funding and Expenditures

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

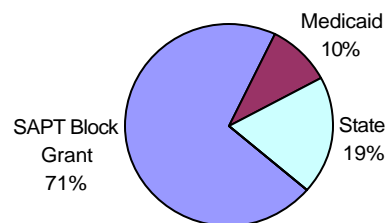
Between FYs 2000 and 2003 Block Grant funds for treatment services rose from \$3.64 per capita to \$3.81 per capita.

**FY 2000 Treatment Expenditures by Funding Source**

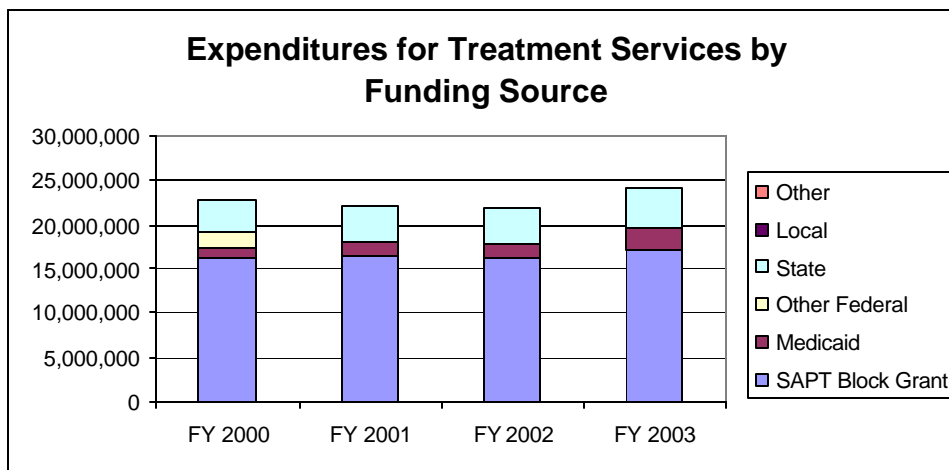


**N=\$22,730,254**

**FY 2003 Treatment Expenditures by Funding Source**



**N=\$24,129,432**



**Single State Agency Expenditures for Treatment Services From All Funding Sources**

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

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

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

**Admissions**

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

**Number of Persons Admitted by Type of Treatment Care**

Type of Care	Total Number Admissions by Primary Diagnosis (N=20,445)		
	Alcohol Problems	Drug Problems	None Indicated
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	0	0	0
Free-standing residential	402	617	1
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,121	2,184	66
Long-term residential	560	931	7
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	8	233	3
Outpatient (non-methadone)	0	0	0
Intensive outpatient	4,928	8,774	610
Detoxification (outpatient)	0	0	0
<b>Total</b>	<b>7,019</b>	<b>12,739</b>	<b>687</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 19,000 admissions (where at least one substance was known), of which nearly 4,000 were for alcohol only. Calculations (with imputation) from TEDS data show that 11.5 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

**Percent of Admissions with a Psychiatric Problem by Primary Diagnosis**

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	3,815	11.3
Alcohol in combination with other drugs	15,681	11.6
<b>Total</b>	<b>19,496</b>	<b>11.5</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, 215,000 persons aged 12 and older (5.8 percent of Alabama's population) needed, but did not receive, treatment for alcohol use and 82,000 persons (2.2 percent) needed, but did not receive treatment, for illicit drug use in Alabama.

**Treatment Gap by Age Group**

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

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

## Resource Development Activities

### Planning and Needs Assessment

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

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

### Evaluation

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

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

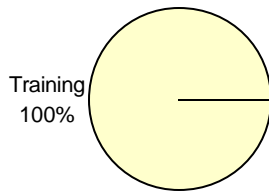
### Training and Assistance

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

### Expenditures of Block Grant Funds for Resource Development Activities

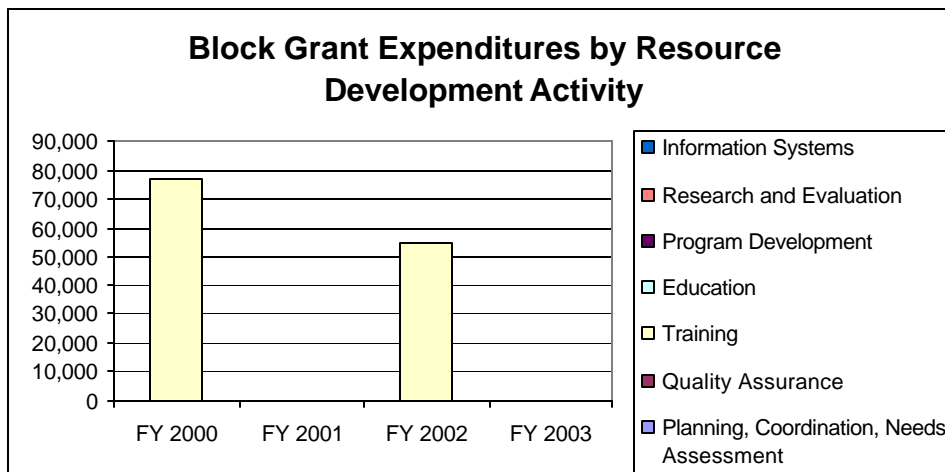
Block Grant expenditures on resource development activities were not consistent in Alabama. In FYs 2000 and 2002, Alabama spent 100 percent of resource development funds on training activities (nearly \$77,000 in FY 2000 and over \$55,000 in FY 2002). Alabama did not spend any funds on resource development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

#### FY 2000 Block Grant Expenditures on Resource Development Activities



N=\$76,823

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



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

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	N/R**	-	0	0	N/R	-
Quality Assurance	0	0	N/R	-	0	0	N/R	-
Training (post-employment)	76,823	100	N/R	-	55,149	100	N/R	-
Education (pre-employment)	0	0	N/R	-	0	0	N/R	-
Program Development	0	0	N/R	-	0	0	N/R	-
Research and Evaluation	0	0	N/R	-	0	0	N/R	-
Information Systems	0	0	N/R	-	0	0	N/R	-
<b>Total*</b>	<b>76,823</b>	<b>100</b>	<b>N/R</b>	<b>-</b>	<b>55,149</b>	<b>100</b>	<b>N/R</b>	<b>-</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 \$4.6 million in 15 discretionary grants for prevention services to entities in Alabama during FY 2004. Most (12 of the 15) were for drug-free communities.

#### Center for Substance Abuse Prevention Discretionary Awards for FY 2004

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

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

### Center for Substance Abuse Treatment

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

#### Center for Substance Abuse Treatment Discretionary Awards for FY 2004

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

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