

Executive Summary

This document describes how States spend the funds allocated to them by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Block Grant Program for substance abuse prevention and treatment services and how States allocate their own funding for these services. Policy officials can use the information in this document to assist in the review of the effectiveness of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Reviewing expenditures data can contribute to the development of policy formulation for future expenditures.

While recognizing the significant time lag associated with some of the data in this document—the actual expenditures that States report in their Block Grant application cover a period of time that occurred 3 years prior to the submission year—there remains utility in analyzing this information. It provides a wealth of details on how the States implement and fund prevention and treatment programs. For example, substance abuse prevention efforts vary widely by State. Medicaid funding is being used for treatment services by 27 States. Some States are not contributing their own funds to prevention efforts.

One policy issue of concern is how best to get States to spend formula grant money effectively and to replicate their own best efforts. In addition, policymakers are interested in information from the States that conduct evaluations and analyze outcomes. Policy officials are concerned with identifying and promoting effective programs. For example, SAMHSA's National Outcomes Measures (NOMS) initiative is beginning to provide outcome data on prevention and treatment programs funded by the Block Grant.

It is hoped that policy officials at the State and Federal level will find this document useful as they examine and review programs and make future funding decisions.

Overview

This 2006 *Inventory of State Substance Abuse Prevention and Treatment Activities and Expenditures* provides a succinct, State-by-State overview of SAPT Block Grant and other funding and activities. It updates and expands ONDCP's initial 1999 *Inventory of State Prevention Activities Funded Under the 20 Percent Block Grant Prevention Set-Aside* prepared by the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Specifically, it contains State profiles and aggregate findings that highlight expenditure distributions for substance abuse prevention and treatment activities from the Substance Abuse Prevention and Treatment (SAPT) Block Grant and other funding sources for the 50 States and the District of Columbia¹. The State profiles and Aggregate Findings also describe States' prevention and treatment services and delivery systems; treatment clients with regard to modality, treatment gap, and rate of co-occurring disorder; and States' resource development activities, such as needs assessment and planning, evaluation, and training and assistance. The Inventory captures activities funded wholly or partially by the Block Grant and, in some cases, other funding sources. Expenditure information is taken from the SAPT Block Grant applications for State fiscal year (FY) 2003 through FY 2006. Narrative information about the Single State Agency (SSA) structure, services, and activities reflects the most recent information available, unless otherwise indicated.

NASADAD contributed to this Inventory by providing feedback and suggestions regarding which data and information to include in the State profiles, how to approach States for feedback and review of profiles, and selecting initial States with which to pilot the review process and the profiles. The Substance Abuse Mental Health Services Administration (SAMHSA) contributed to the Inventory by

¹ The Inventory does not include expenditure or financial information from private third-party payers such as commercial health insurers.

providing access to needed data, and in particular, the State SAPT Block Grant applications, and by reviewing a final draft of this Inventory.

Single State Agency Structure and Function

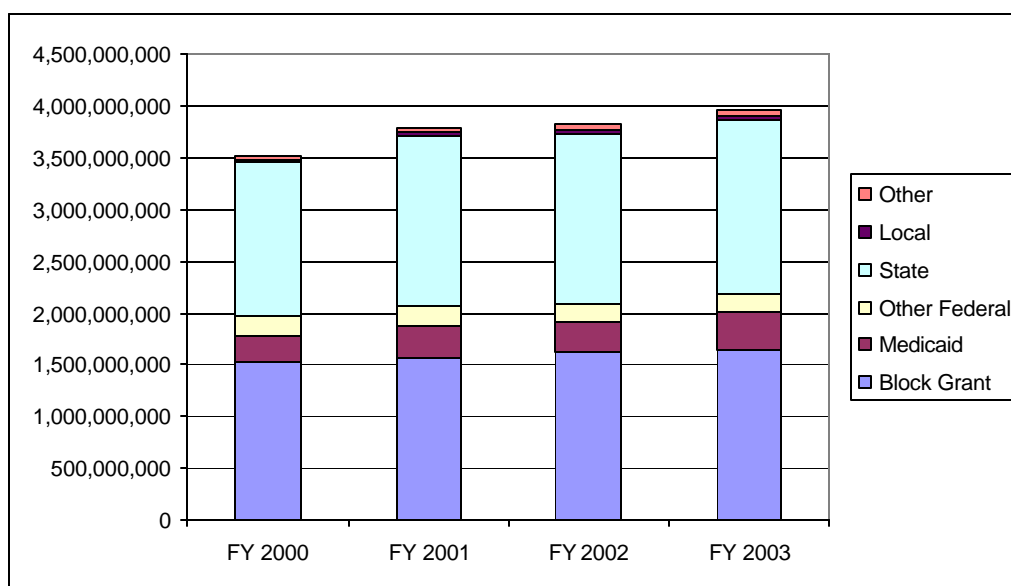
Most SSAs are located in departments of health or human services, but some are located in departments of mental health or are independent State agencies. SSAs continue to contract with substate entities, such as community substance abuse/mental health centers, county governments, regional State authorities, private nonprofit or for-profit organizations, and tribal entities, to provide services at regional, county, and local levels. By working with these localized entities, SSAs are able to facilitate the development of prevention and treatment programs that are designed to address specific regional and local concerns and issues.

Single State Agency Funding Overview

SSAs receive funds for substance abuse prevention and treatment from a variety of sources including the Substance Abuse Mental Health Services Administration (SAMHSA) SAPT Block Grant, other SAMHSA funds, other Federal funds, State funds, Medicaid, and local funds. In addition to dispersing Block Grant funds to States and territories, SAMHSA supports substance abuse prevention and treatment efforts through a broad range of competitive discretionary grants awards. Several of the grants awarded through the Center for Substance Abuse Prevention (CSAP) or the Center for Substance Abuse Treatment (CSAT) support the National Drug Control Strategy and are designated Programs of Regional and National Significance (PRNS). These programs include the Strategic Prevention Framework State Incentive Grant (SPF SIG), Access to Recovery (ATR), and State Brief Intervention, Referral, and Treatment (SBIRT), and are highlighted in the Aggregate Findings section of this Inventory.

Nationally, SSA expenditures increased 13 percent between FYs 2000 and 2003 from \$3.5 to \$4.0 billion (figure 1). The proportions of SSA expenditures from differing funding sources remained stable during this time. Expenditures from Block Grant and from State funds were roughly equal with the Block Grant contributing between 41 and 43 percent of total expenditures and State funds consistently contributing 42 to 44 percent of expenditures.

Figure 1. Sum of Funding Sources (in billions of dollars) for All States and the District of Columbia, FYs 2000–2003 (n=51)



While the cumulative snapshot of States show a roughly even split between expenditures of Block Grant and State funds, individual States varied greatly in the proportion of expenditures by funding source (table 1). For example, in FY 2003, 19 States reported that most (50 percent or more) of their total expenditures derived from the SAPT Block Grant, and 13 States reported that most (50 percent or more) derived from State funds:

- States indicating that the majority of their expenditures came from Block Grant funds included Wisconsin (for which Block Grant funds accounted for 87 percent of total expenditures), Texas (86 percent), Alabama (77 percent), and Mississippi (75 percent). States using the smallest proportions of Block Grant funds, when compared with other States, included Wyoming and Alaska (at 13 percent each) and the District of Columbia (18 percent).
- States indicating that the majority of their expenditures derived from State funds included New York, the District of Columbia, and Alaska (for which State funds accounted for 69 percent of total expenditures), and Connecticut (65 percent). States spending the smallest proportions of State funds, when compared with other States, included Texas (12 percent), Wisconsin (13 percent), and Alabama (15 percent).
- One-half of the States reported spending Medicaid funds in their Block Grant application, and half did not. For those that did not report Medicaid expenditures, it is possible that their Medicaid funds flowed through a different State agency, other than the SSA. For the 25 States reporting Medicaid expenditures along with their Block Grant and other funds, the States spending the highest proportions of Medicaid funds, when compared with other States, included Vermont (for which Medicaid accounted for 41 percent of total expenditures), Oregon (37 percent), Arizona (36 percent), and Kansas (32 percent). Those reporting the smallest proportions included Oklahoma (less than 1 percent) and Alaska, Colorado, and Maryland (at 1 percent each).

Table 1. Single State Agency Expenditures From All Funding Sources, FY 2003

State	Block Grant		Medicaid		State		All Other*		Total
	\$	%	\$	%	\$	%	\$	%	\$
Alabama	23,970,196	77	2,548,051	8	4,726,255	15	0	0	31,244,502
Alaska	4,492,456	13	181,547	1	23,476,081	69	5,816,294	17	33,966,378
Arizona	30,548,743	39	28,092,326	36	14,750,878	19	5,473,374	7	78,865,321
Arkansas	12,169,977	63	0	0	5,561,349	29	1,538,451	8	19,269,777
California	250,772,440	44	115,743,764	21	191,858,917	34	5,419,284	1	563,794,405
Colorado	23,366,008	66	341,854	1	11,039,209	31	565,836	2	35,312,907
Connecticut	16,879,723	21	0	0	52,773,004	65	12,074,646	15	81,727,373
Delaware	6,577,245	34	0	0	12,163,775	63	458,511	2	19,199,531
Dist. of Columbia	6,266,666	18	0	0	24,177,215	69	4,446,944	13	34,890,825
Florida	95,064,189	50	7,490,671	4	68,182,836	36	19,826,826	10	190,564,522
Georgia	47,462,679	49	0	0	46,378,871	48	2,407,940	3	96,249,490
Hawaii	7,083,900	39	0	0	9,045,643	49	2,252,096	12	18,381,639
Idaho	6,787,163	62	0	0	3,819,401	35	379,476	3	10,986,040
Illinois	67,994,327	28	45,445,971	19	121,083,194	50	6,914,612	3	241,438,104
Indiana	33,446,723	73	0	0	10,594,118	23	1,682,810	4	45,723,651
Iowa	12,915,707	28	12,459,958	27	15,552,074	34	4,783,870	10	45,711,609
Kansas	12,343,401	39	10,265,226	32	7,742,315	24	1,417,371	4	31,768,313
Kentucky	20,752,134	57	0	0	13,991,159	38	1,717,358	5	36,460,651
Louisiana	25,959,665	45	0	0	22,605,911	39	9,176,686	16	57,742,262
Maine	6,462,370	21	7,535,560	24	10,857,890	35	5,959,290	19	30,815,110
Maryland	32,114,739	29	1,509,383	1	65,241,515	59	12,206,447	11	111,072,084
Massachusetts	34,174,108	41	0	0	45,637,409	55	3,047,432	4	82,858,949
Michigan	58,143,061	51	28,144,755	25	21,923,111	19	5,131,953	5	113,342,880
Minnesota	21,783,707	22	2,014,998	2	58,088,886	58	17,582,485	18	99,470,076
Mississippi	14,139,924	75	0	0	4,184,548	22	499,409	3	18,823,881
Missouri	26,268,669	33	22,346,941	28	28,046,792	35	3,815,059	5	80,477,461
Montana	6,577,245	48	1,200,971	9	3,830,948	28	1,962,639	14	13,571,803
Nebraska	7,926,182	38	2,109,870	10	10,314,101	49	779,312	4	21,129,465
Nevada	12,860,149	68	0	0	3,651,093	19	2,424,466	13	18,935,708
New Hampshire	6,577,245	50	0	0	6,038,503	46	440,972	3	13,056,720
New Jersey	47,139,236	44	0	0	56,553,000	53	2,602,085	2	106,294,321
New Mexico	8,614,912	25	0	0	22,243,367	63	4,226,704	12	35,084,983
New York	115,999,936	25	0	0	318,739,459	69	29,545,085	6	464,284,480
North Carolina	38,135,024	41	0	0	50,884,907	55	4,126,931	4	93,146,862
North Dakota	4,984,093	30	3,133,330	19	6,721,455	40	1,931,534	12	16,770,412
Ohio	66,942,269	40	34,174,236	20	58,286,164	35	7,355,204	4	166,757,873
Oklahoma	17,788,840	40	189,727	0	22,564,922	51	3,402,519	8	43,946,008
Oregon	16,098,172	35	17,236,406	37	11,360,557	24	1,676,494	4	46,371,629
Pennsylvania	59,336,807	52	0	0	41,976,000	37	12,759,980	11	114,072,787
Rhode Island	6,577,245	24	5,099,558	18	12,451,874	45	3,636,268	13	27,764,945
South Carolina	20,661,633	57	875,635	2	7,128,044	20	7,337,061	20	36,002,373
South Dakota	4,608,895	48	0	0	3,302,009	35	1,645,246	17	9,556,150
Tennessee	29,391,224	70	0	0	7,966,574	19	4,615,891	11	41,973,689
Texas	133,322,329	86	0	0	18,467,532	12	3,358,783	2	155,148,644
Utah	16,914,130	53	0	0	11,488,452	36	3,320,604	10	31,723,186
Vermont	4,927,888	27	7,368,676	41	5,259,682	29	440,872	2	17,997,118
Virginia	42,526,592	52	0	0	39,859,035	48	0	0	82,385,627
Washington	35,125,673	30	31,346,544	27	48,253,834	41	2,437,558	2	117,163,609
West Virginia	8,564,801	53	0	0	7,577,063	47	0	0	16,141,864
Wisconsin	25,877,350	87	0	0	3,897,323	13	0	0	29,774,673
Wyoming	3,193,795	13	678,589	3	6,770,302	28	13,595,841	56	24,238,527

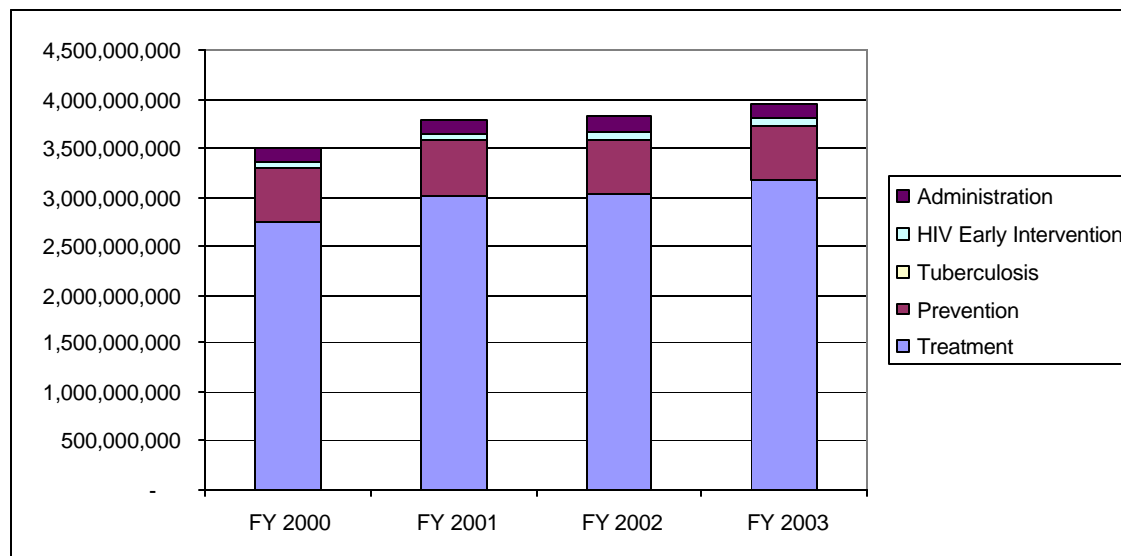
SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*Other funding sources include other Federal, local, and other sources such as private foundations and the tobacco Master Settlement Agreement.

Expenditures and Activities from All Funding Sources

Nationally, the majority of SSA expenditures went toward treatment and rehabilitation services, accounting for 79 to 80 percent of total expenditures between FYs 2000 and 2003 (figure 2). Prevention services consistently accounted for 14 to 15 percent of expenditures during this time period, and administrative costs and HIV early intervention received 4 percent and 2 percent, respectively.

Figure 2. National Expenditures From All Funding Sources by Activity, FYs 2000–2003 (n=51)



All States, with the exception of Alaska, spent most of their funding on treatment and rehabilitation services in FY 2003² (range 39 to 93 percent)(table 2). While all States met the 20 percent set-aside requirement by spending 20 percent or more of Block Grant funds for primary prevention activities³, prevention expenditures from *all funding sources* (including State, other Federal, and other sources) comprised a substantially smaller proportion. In fact, most States spent less than 20 percent of their funds from all sources on prevention services (range 5 to 29 percent) and less than 10 percent on other services or activities (range 0 to 33 percent). Specifically:

- States spending the highest proportions of funds *from all sources* on prevention services, when compared with other States, included Wyoming (29 percent), Alaska (28 percent), and Maine and Rhode Island (at 27 percent each). States spending the lowest proportions of funds from all sources on prevention services included Minnesota (5 percent), Maryland (7 percent), and Arizona (8 percent).
- States spending the highest proportion of funds from all sources on treatment and rehabilitation services included Minnesota (93 percent), Arizona (89 percent), North Dakota (88 percent), and Vermont (88 percent). States spending the lowest proportion on treatment services included Alaska (33 percent), Wyoming (63 percent), and New Mexico (63 percent).

² On the FY 2006 SAPT Block Grant application, Form 4, Alaska indicated spending 39 percent of funds on treatment services, 33 percent on administrative activities, and 28 percent on prevention services in FY 2003.

³ DHHS Block Grant 45 CFR Section 96.124 (2005)

Table 2. Single State Agency Expenditures From All Funding Sources by Activity, FY 2003

State	Treatment and Rehabilitation		Prevention		Other*		Total
	\$	%	\$	%	\$	%	\$
Alabama	24,129,432	77	4,930,210	16	2,094,860	7	31,154,502
Alaska	13,157,654	39	9,510,064	28	11,298,660	33	33,966,378
Arizona	70,096,302	89	6,261,531	8	2,507,488	3	78,865,321
Arkansas	15,280,827	79	2,406,920	12	1,582,030	8	19,269,777
California	481,632,747	85	61,791,700	11	20,369,958	4	563,794,405
Colorado	28,963,031	82	6,181,247	18	168,629	0	35,312,907
Connecticut	65,261,577	80	15,154,964	19	1,310,832	2	81,727,373
Delaware	14,530,937	76	4,075,557	21	593,037	3	19,199,531
District of Columbia	28,268,893	81	4,681,009	13	1,940,923	6	34,890,825
Florida	153,859,450	81	27,493,129	14	9,211,943	5	190,564,522
Georgia	79,868,994	83	13,244,426	14	3,136,070	3	96,249,490
Hawaii	12,301,075	67	4,117,265	22	1,963,299	11	18,381,639
Idaho	8,357,348	76	2,413,305	22	215,387	2	10,986,040
Illinois	208,006,565	86	21,734,501	9	11,697,038	5	241,438,104
Indiana	34,210,952	75	8,667,531	19	2,845,168	6	45,723,651
Iowa	37,161,700	81	6,948,442	15	1,601,487	4	45,711,629
Kansas	27,020,852	85	3,732,685	12	1,014,776	3	31,768,313
Kentucky	26,168,067	72	8,967,526	25	1,325,058	4	36,460,651
Louisiana	49,954,362	87	5,191,933	9	2,595,967	4	57,742,262
Maine	20,344,891	66	8,323,201	27	2,147,018	7	30,815,110
Maryland	96,230,477	87	7,885,787	7	6,955,820	6	111,072,084
Massachusetts	72,270,519	87	7,825,701	9	2,762,729	3	82,858,949
Michigan	85,880,552	76	17,953,763	16	9,508,565	8	113,342,880
Minnesota	92,788,214	93	5,465,144	5	1,216,718	1	99,470,076
Mississippi	14,359,497	76	2,827,985	15	1,636,399	9	18,823,881
Missouri	67,434,569	84	8,311,621	10	4,731,271	6	80,477,461
Montana	10,913,500	80	1,980,822	15	677,481	5	13,571,803
Nebraska	18,050,881	85	2,576,895	12	501,689	2	21,129,465
Nevada	12,730,406	67	4,918,396	26	1,286,906	7	18,935,708
New Hampshire	9,145,582	70	2,729,283	21	1,181,855	9	13,056,720
New Jersey	90,709,111	85	11,332,318	11	4,253,165	4	106,294,594
New Mexico	22,203,382	63	7,588,143	22	5,293,458	15	35,084,983
New York	357,775,191	77	74,922,798	16	31,586,491	7	464,284,480
North Carolina	75,522,116	81	9,947,685	11	7,731,061	8	93,200,862
North Dakota	14,874,104	88	2,044,914	12	31,394	0	16,950,412
Ohio	130,209,265	78	24,806,999	15	11,741,609	7	166,757,873
Oklahoma	35,627,533	81	5,510,949	13	2,807,526	6	43,946,008
Oregon	40,399,863	87	5,166,858	11	804,908	2	46,371,629
Pennsylvania	73,283,402	64	21,223,136	19	19,566,249	17	114,072,787
Rhode Island	18,261,896	66	7,403,938	27	2,099,111	8	27,764,945
South Carolina	26,948,891	75	7,953,854	22	1,099,628	3	36,002,373
South Dakota	7,554,638	79	1,495,705	16	505,807	5	9,556,150
Tennessee	29,062,010	69	9,228,890	22	3,682,789	9	41,973,689
Texas	105,369,967	68	38,564,386	25	11,214,291	7	155,148,644
Utah	22,749,973	72	7,955,561	25	1,017,652	3	31,723,186
Vermont	15,830,540	88	1,727,071	10	439,507	2	17,997,118
Virginia	69,711,951	85	8,511,634	10	4,162,042	5	82,385,627
Washington	102,176,682	87	10,095,235	9	4,891,692	4	117,163,609
West Virginia	14,000,418	87	1,784,561	11	358,885	2	16,143,864
Wisconsin	22,430,769	75	7,244,160	24	99,744	0	29,774,673
Wyoming	15,351,449	63	6,976,763	29	1,910,315	8	24,238,527

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*Other activities include HIV early intervention, TB services, and administrative costs.

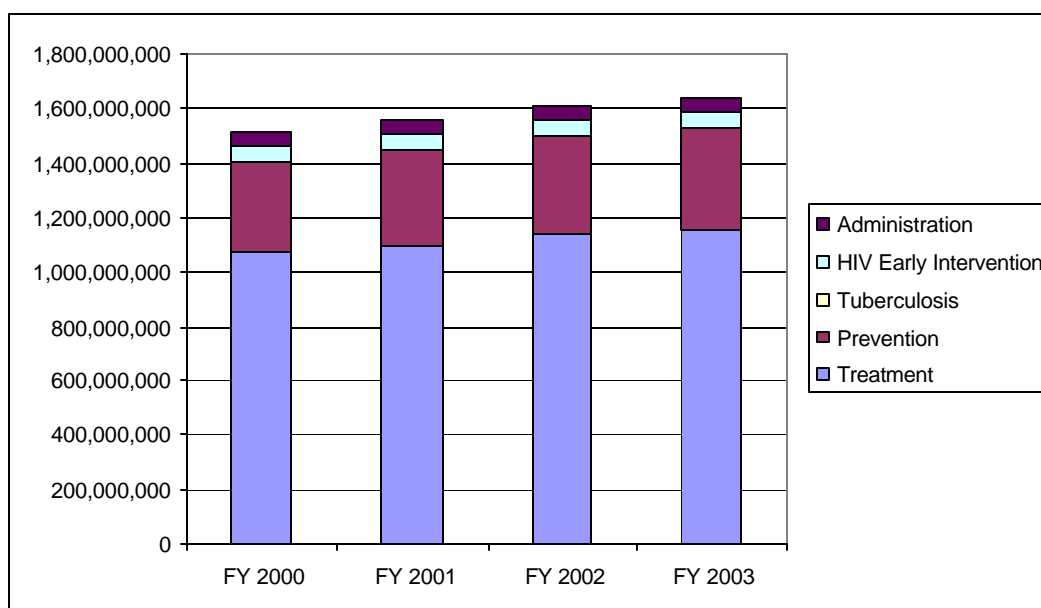
Expenditures of Block Grant and State Funds

Nationally, States spent a greater proportion of State funds on treatment services (88 percent) than they did Block Grant funds (70 percent). Conversely, States spent more Block Grant funds on prevention services (23 percent) than they did State funds (6 percent).

Expenditures of Block Grant Funds

Nationally, the majority of Block Grant expenditures went toward treatment and rehabilitation services, accounting for 70 to 71 percent of total Block Grant expenditures from FYs 2000 to 2003 (figure 3). Block Grant expenditures for treatment services increased steadily during this time from \$1.1 billion nationwide in FY 2000 to \$1.2 billion in FY 2003. Expenditures on prevention services accounted for 21 to 23 percent of Block Grant expenditures and increased from \$324 million in FY 2000 to \$372 million in FY 2003. On average, States spent between 3 and 4 percent of expenditures each on HIV early intervention services and administrative costs.

Figure 3. National Expenditures of Block Grant Funds by Activity, FYs 2000–2003 (n=51)



Examination of individual State expenditures is similar to the national average. SSAs spent an average of 70 percent of Block Grant funds on treatment and rehabilitation services (range 61 to 80 percent), 23 percent on prevention services (range 20 to 31 percent), 7 percent on other services and activities (range 0 to 14 percent) in FY 2003 (table 3). Specific findings include the following:

- All States met the SAPT Block Grant 20-percent set-aside requirement: all States spent 20 percent or more on primary prevention services.
- Thirty-three States exceeded the 20-percent set-aside requirement for 2003 expenditures. States spending a greater proportion of Block Grant funds on prevention services included Idaho (31 percent), Hawaii (29 percent), and Kentucky, Nebraska, Connecticut, New Mexico, and Texas (27 percent each).
- Eighteen States met the 20 percent set-aside requirement, but did not exceed it.

Table 3. Single State Agency Expenditures of Block Grant Funds by Activity, FY 2003

State	Treatment		Prevention		HIV Early Intervention*		Other**		BG Total
	\$	%	\$	%			\$	%	\$
Alabama	17,152,741	72	4,930,210	21	1,249,858	5	637,387	3	23,970,196
Alaska	3,408,015	76	899,135	20	0	0	185,306	4	4,492,456
Arizona	22,343,290	73	6,115,130	20	1,527,437	5	562,886	2	30,548,743
Arkansas	9,192,448	76	2,406,920	20	0	0	570,609	5	12,169,977
California	176,162,084	70	57,199,375	23	12,187,398	5	5,223,583	2	250,772,440
Colorado	18,280,906	78	4,916,473	21	0	0	168,629	1	23,366,008
Connecticut	11,418,255	68	4,617,482	27	843,986	5	0	0	16,879,723
Delaware	4,469,272	68	1,514,936	23	328,862	5	264,175	4	6,577,245
Dist. of Columbia	4,398,806	70	1,330,593	21	120,016	2	417,251	7	6,266,666
Florida	63,319,338	67	24,719,689	26	4,753,209	5	2,271,953	2	95,064,189
Georgia	33,490,123	71	10,836,486	23	2,484,821	5	651,249	1	47,462,679
Hawaii	4,341,242	61	2,080,096	29	360,071	5	302,491	4	7,083,900
Idaho	4,484,320	66	2,087,456	31	0	0	215,387	3	6,787,163
Illinois	47,434,191	70	13,768,851	20	3,399,717	5	3,391,568	5	67,994,327
Indiana	24,620,121	74	7,185,330	21	0	0	1,641,272	5	33,446,723
Iowa	9,543,565	74	2,726,377	21	0	0	645,785	5	12,915,707
Kansas	8,973,931	73	2,852,110	23	0	0	517,360	4	12,343,401
Kentucky	15,197,700	73	5,550,682	27	0	0	3,752	0	20,752,134
Louisiana	18,171,765	70	5,191,933	20	1,297,984	5	1,297,983	5	25,959,665
Maine	4,870,969	75	1,363,847	21	0	0	227,554	4	6,462,370
Maryland	22,480,317	70	6,422,948	20	1,605,737	5	1,605,737	5	32,114,739
Massachusetts	23,660,678	69	7,825,701	23	1,490,933	4	1,196,796	4	34,174,108
Michigan	42,021,077	72	13,249,022	23	0	0	2,872,962	5	58,143,061
Minnesota	16,324,664	75	4,610,981	21	0	0	848,062	4	21,783,707
Mississippi	9,897,947	70	2,827,985	20	706,996	5	706,996	5	14,139,924
Missouri	19,841,893	76	5,253,735	20	0	0	1,173,041	4	26,268,669
Montana	4,913,384	75	1,316,159	20	0	0	347,702	5	6,577,245
Nebraska	5,545,248	70	2,134,625	27	0	0	246,309	3	7,926,182
Nevada	8,999,740	70	2,573,503	20	643,008	5	643,898	5	12,860,149
New Hampshire	4,895,715	74	1,352,668	21	0	0	328,862	5	6,577,245
New Jersey	32,660,983	69	10,679,913	23	2,356,962	5	1,441,378	3	47,139,236
New Mexico	5,882,851	68	2,343,564	27	0	0	388,497	5	8,614,912
New York	83,470,927	72	23,845,680	21	5,800,010	5	2,883,319	2	115,999,936
North Carolina	25,017,161	66	7,954,361	21	1,960,751	5	3,256,751	9	38,135,024
North Dakota	3,970,641	80	1,013,452	20	0	0	0	0	4,984,093
Ohio	47,461,285	71	16,270,812	24	0	0	3,210,172	5	66,942,269
Oklahoma	13,341,630	75	3,557,768	20	0	0	889,442	5	17,788,840
Oregon	12,073,630	75	3,219,634	20	0	0	804,908	5	16,098,172
Pennsylvania	41,341,898	70	12,627,524	21	3,178,073	5	2,189,312	4	59,336,807
Rhode Island	4,738,905	72	1,727,982	26	0	0	110,358	2	6,577,245
South Carolina	15,429,544	75	4,136,827	20	1,033,082	5	62,180	0	20,661,633
South Dakota	3,450,509	75	927,941	20	0	0	230,445	5	4,608,895
Tennessee	19,452,248	66	6,973,848	24	1,514,511	5	1,450,617	5	29,391,224
Texas	87,289,044	65	35,844,543	27	6,666,557	5	3,522,185	3	133,322,329
Utah	12,690,265	75	3,693,865	22	0	0	530,000	3	16,914,130
Vermont	3,695,916	75	985,578	20	0	0	246,394	5	4,927,888
Virginia	29,852,916	70	8,511,634	20	2,126,330	5	2,035,712	5	42,526,592
Washington	24,587,971	70	9,118,562	26	0	0	1,419,140	4	35,125,673
West Virginia	6,468,098	76	1,784,561	21	0	0	312,142	4	8,564,801
Wisconsin	19,496,217	75	6,281,389	24	0	0	99,744	0	25,877,350
Wyoming	2,376,379	74	637,139	20	0	0	180,277	6	3,193,795

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

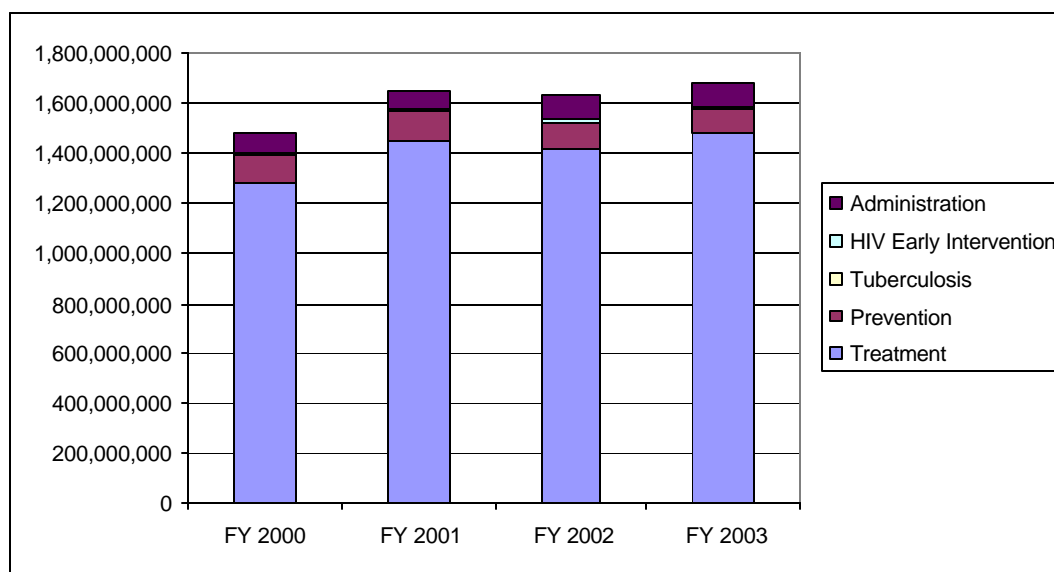
*States with a specified HIV/AIDS case rate of 10 or more per 100,000 must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

**Other activities include HIV early intervention, TB services, and administrative costs.

Expenditures of State Funds

Nationally, SSA expenditures of State funds increased from \$1.5 billion in FY 2000 to \$1.7 billion in FY 2003 (figure 4). The largest proportion of expenditures consistently went toward treatment and rehabilitation activities, accounting for 86 to 88 percent of State funding, and increasing from \$1.3 billion in FY 2000 to \$1.4 billion in FY 2003. Expenditures on prevention services consistently accounted for 6 to 8 percent of total State funding during this time period, and administrative costs accounted for 5 to 6 percent of total State expenditures.

Figure 4. National Expenditures of State Funds by Activity, FYs 2000–2003 (n=51)



Examination of individual State data shows greater variation in the distribution of expenditures from State sources than from the Block Grant. In FY 2003, SSAs spent an average of 88 percent of State funds on treatment and rehabilitation services (range 37 to 100 percent), 6 percent on prevention services (range 0 to 25 percent), and 6 percent on other services including administrative costs, HIV early intervention, and tuberculosis services (table 4). Specific findings include:

- Only three SSAs spent 20 percent or more of State funds on prevention services (table 4). These States included Wisconsin (25 percent), Tennessee (23 percent), and Rhode Island (20 percent).
- Seventeen SSAs spent 0 percent of State funds on prevention services (including three SSAs that expended so little, it accounted for 0 percent). States spending 0 percent of State funds on prevention services are indicated in bold on table 4.

Table 4. Single State Agency Expenditures of State Funds by Activity, FY 2003*

State	Treatment		Prevention		Other**		Total
	\$	%	\$	%	\$	%	\$
Alabama	4,518,640	96	0	0	207,615	4	4,726,255
Alaska	8,691,771	37	3,670,956	16	11,113,354	47	23,476,081
Arizona	14,604,477	99	146,401	1	0	0	14,750,878
Arkansas	4,641,505	83	0	0	919,844	17	5,561,349
California	189,402,376	99	274,836	0	2,181,705	1	191,858,917
Colorado	10,340,271	94	698,938	6	0	0	11,039,209
Connecticut	49,250,158	93	3,056,000	6	466,846	1	52,773,004
Delaware	10,061,665	83	2,102,110	17	0	0	12,163,775
District of Columbia	21,262,226	88	1,607,513	7	1,307,476	5	24,177,215
Florida	64,407,293	94	1,588,762	2	2,186,781	3	68,182,836
Georgia	46,378,871	100	0	0	0	0	46,378,871
Hawaii	7,959,833	88	25,000	0	1,060,810	12	9,045,643
Idaho	3,819,401	100	0	0	0	0	3,819,401
Illinois	110,833,082	92	6,234,718	5	4,015,394	3	121,083,194
Indiana	9,590,831	91	35,838	0	967,449	9	10,594,118
Iowa	14,173,390	91	945,924	6	432,760	3	15,552,074
Kansas	6,408,370	83	864,529	11	469,416	6	7,742,315
Kentucky	10,892,858	78	1,776,995	13	1,321,306	9	13,991,159
Louisiana	22,605,911	100	0	0	0	0	22,605,911
Maine	7,756,371	71	1,183,963	11	1,917,556	18	10,857,890
Maryland	60,455,542	93	1,462,839	2	3,323,134	5	65,241,515
Massachusetts	45,562,409	100	0	0	75,000	0	45,637,409
Michigan	11,334,531	52	4,115,363	19	6,473,217	30	21,923,111
Minnesota	56,866,067	98	854,163	1	368,656	1	58,088,886
Mississippi	4,088,372	98	0	0	96,176	2	4,184,548
Missouri	24,292,141	87	773,017	3	2,981,634	11	28,046,792
Montana	3,541,745	92	0	0	289,203	8	3,830,948
Nebraska	9,969,310	97	89,411	1	255,380	2	10,314,101
Nevada	3,609,093	99	42,000	1	0	0	3,651,093
New Hampshire	4,186,535	69	998,975	17	852,993	14	6,038,503
New Jersey	55,445,770	98	652,405	1	454,825	1	56,553,000
New Mexico	14,074,316	63	3,677,961	17	4,491,090	20	22,243,367
New York	253,564,695	80	42,507,362	13	22,667,402	7	318,739,459
North Carolina	48,371,348	95	0	0	2,513,559	5	50,884,907
North Dakota	6,690,061	100	0	0	31,394	0	6,721,455
Ohio	47,325,308	81	3,263,239	6	7,697,617	13	58,286,164
Oklahoma	19,786,536	88	860,302	4	1,918,084	9	22,564,922
Oregon	10,375,167	91	985,390	9	0	0	11,360,557
Pennsylvania	26,653,952	63	5,057,069	12	10,264,979	24	41,976,000
Rhode Island	8,400,066	67	2,473,724	20	1,578,084	13	12,451,874
South Carolina	7,123,678	100	0	0	4,366	0	7,128,044
South Dakota	3,056,701	93	0	0	245,308	7	3,302,009
Tennessee	5,536,445	69	1,843,963	23	586,166	7	7,966,574
Texas	16,934,997	92	673,295	4	859,240	5	18,467,532
Utah	10,059,708	88	941,092	8	487,652	4	11,488,452
Vermont	4,332,636	82	741,493	14	185,553	4	5,259,682
Virginia	39,859,035	100	0	0	0	0	39,859,035
Washington	44,325,677	92	976,673	2	2,951,484	6	48,253,834
West Virginia	7,532,320	99	0	0	46,743	1	7,577,063
Wisconsin	2,934,552	75	962,771	25	0	0	3,897,323
Wyoming	5,854,362	86	378,773	6	537,167	8	6,770,302

SOURCE: FY 2006 SAPT Block Grant Applications, Form 4

*States spending 0 percent of State funds on prevention services are indicated in bold.

**Other activities include HIV early intervention, TB services, and administrative costs.

Prevention Services

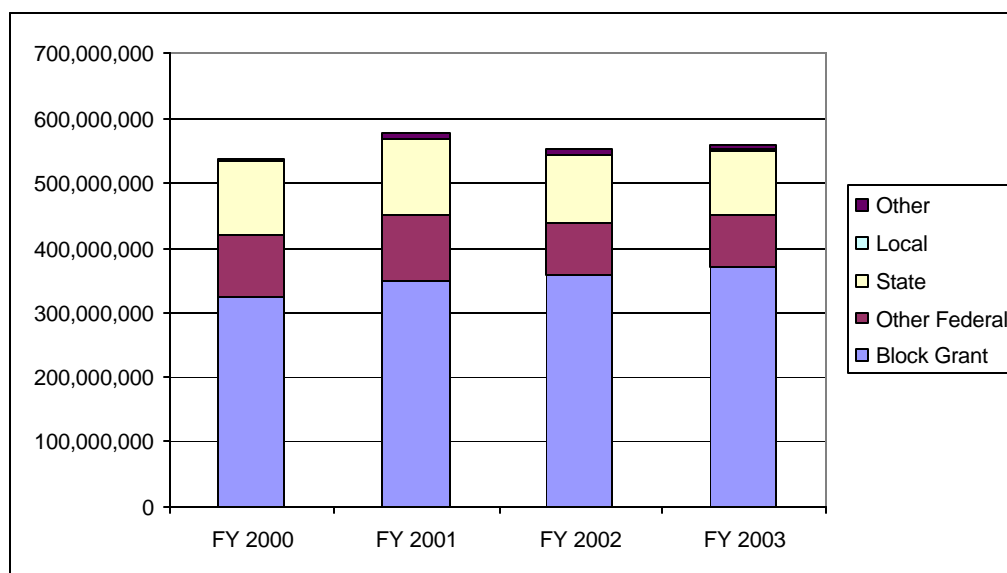
The SSA is the agency responsible for administering substance abuse prevention programs across any given State. Most States incorporate a risk- and protective-factor-focused theoretical framework. States increasingly use the Strategic Prevention Framework (SPF) tool to strengthen prevention systems. Many States also use the Institute of Medicine classification system to select and implement strategies and ensure that they address “universal,” “selective,” and “indicated” populations.

Prevention Funding and Expenditures

SSA expenditures on prevention activities remained fairly stable from FY 2000 through FY 2003 and increased slightly over time from \$538 million in FY 2000 to \$560 million in FY 2003 (figure 5). The majority of prevention expenditures derived from the Block Grant, which accounted for 60 to 67 percent of total prevention expenditures during this time period (increasing from \$324 million in FY 2000 to \$372 million in FY 2003). Expenditures from State funds accounted for 18 to 21 percent of total prevention expenditures, and other Federal funds accounted for 14 to 18 percent.

Some States were awarded a PRNS grant through CSAP, including the SPF SIG. Expenditures from these sources are generally reported by States as other Federal expenditures.

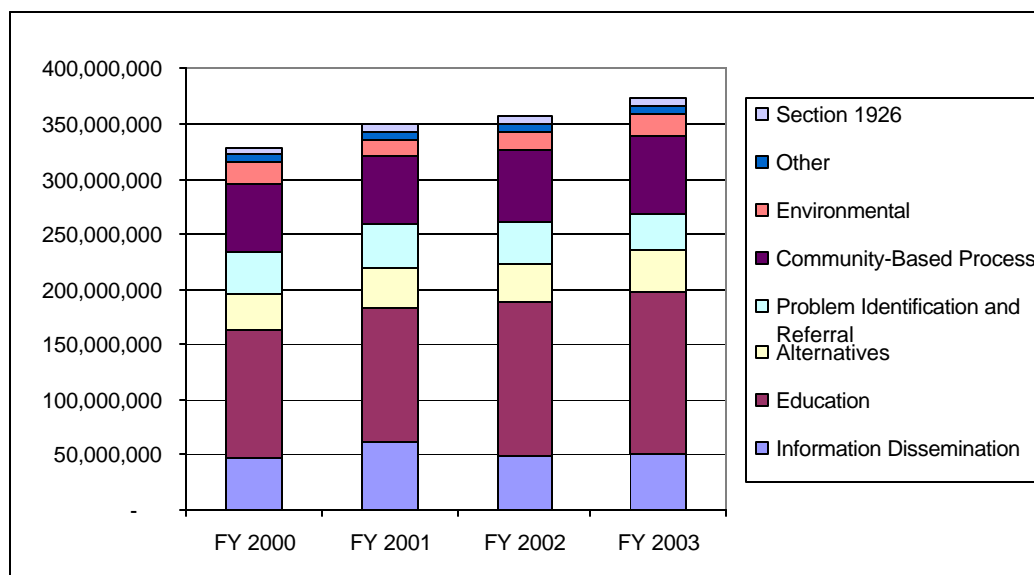
Figure 5. National Expenditures for Prevention Services by Funding Source, FYs 2000–2003 (n=51)



For seven SSAs, all (100 percent) of their prevention expenditures came from the Block Grant. These States included Alabama, Arkansas, Louisiana, Massachusetts, Mississippi, Virginia, and West Virginia.

Core Strategies

Nationally, Block Grant expenditures for CSAP prevention core strategies rose steadily from \$328 million in FY 2000 to \$372 million in FY 2003 (figure 6). The distribution of expenditures remained relatively stable during this period. Expenditures on education activities consistently accounted for 35 to 40 percent of total expenditures during this period, and community-based processes accounted for 17 to 19 percent of expenditures.

Figure 6. National Expenditures of Block Grant Funds by Core Strategy, FYs 2000–2003 (n=51)

Treatment and Rehabilitation Services

Most States use a regional configuration to provide substance abuse treatment services, but the treatment service delivery method varies widely across States. Some States administer services themselves, contract with regional or local entities to provide services, or contract with other entities to plan for, manage, and implement services. Many States have both publicly and privately funded treatment programs, and others contract out all or most of their treatment services. Generally, State-funded services are available to individuals who have low incomes, are indigent, or cannot afford treatment for alcohol or drug addiction. All States are required to provide a continuum of care that includes outreach, early identification and intervention, assessment, placement, and movement within appropriate levels of treatment, as well as continuing care and support services during the recovery phase.

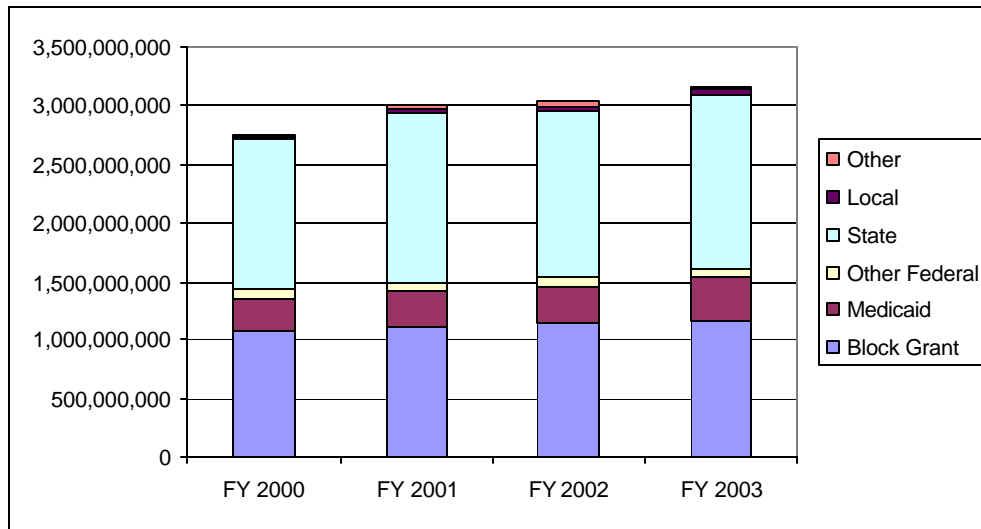
Treatment Funding and Expenditures

Nationally, expenditures on treatment and rehabilitation activities increased from \$2.7 billion in FY 2000 to \$3.2 billion in FY 2003⁴ (figure 7). The proportion of expenditures from the different funding sources remained stable during this time. State funds consistently accounted for 46 to 48 percent of total expenditures on treatment (ranging from \$1.3 billion in FY 2000 to \$1.5 billion in FY 2003). Block Grant funds accounted for 37 to 39 percent of total expenditures on treatment services, and Medicaid accounted for 10 to 12 percent of expenditures.

Some States were awarded a PRNS grant through CSAT, including ATR and SBIRT. Expenditures from these sources are generally reported by States as other Federal expenditures.

⁴ The Inventory does not include expenditure or financial information from private third-party payers such as commercial health insurers.

Figure 7. National Expenditures for Treatment Services by Funding Source, FYs 2000–2003 (n=51)

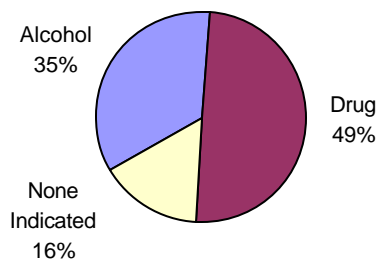


Admissions

Treatment programs in 48 responding States totaled more than 2 million admissions in 2002. Half of the persons admitted for treatment and rehabilitation services had a primary diagnosis of drug problems, and more than one-third had a primary diagnosis of an alcohol problem (figure 8).

Nationally, the largest number of admissions, by far, was for outpatient (non-methadone) treatment services which accounted for 66 percent of total admissions, followed by detoxification admissions (at 18 percent)(figure 9).

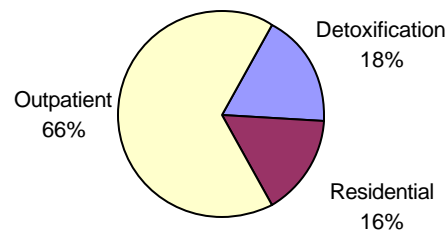
Figure 8. Percentage of Admissions by Primary Diagnosis, FY 2002



n=2.1 million admissions

SOURCE: FY 2005 SAPT Block Grant Application, Form 7a; reported data from State FY 2002

Figure 9. Percentage of Clients by Type of Treatment, FY 2002

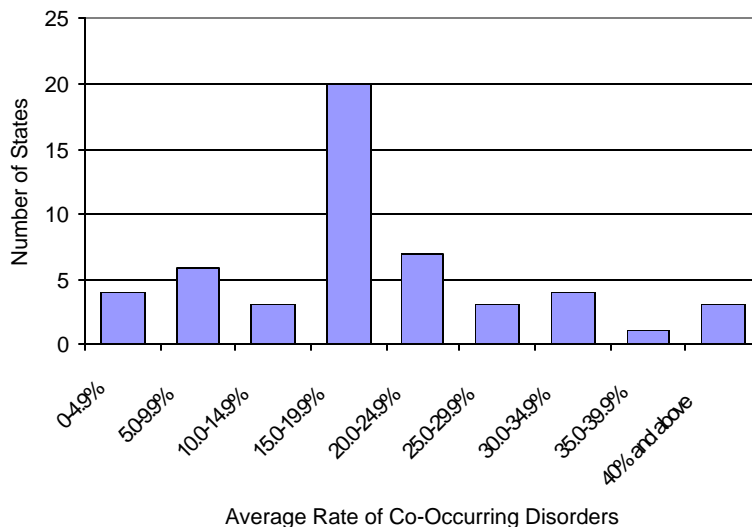


n=2.1 million admissions

SOURCE: FY 2005 SAPT Block Grant Application, Form 7a; reported data from State FY 2002

The treatment clients in one-quarter of the States had average rates of co-occurring disorders between 15 and 20 percent, and nearly one-fifth of States had average rates of co-occurring disorders between 20 and 25 percent (figure 10).

Figure 10. Number of States by Rate of Co-Occurring Disorders Among Treatment Clients, FY 2002

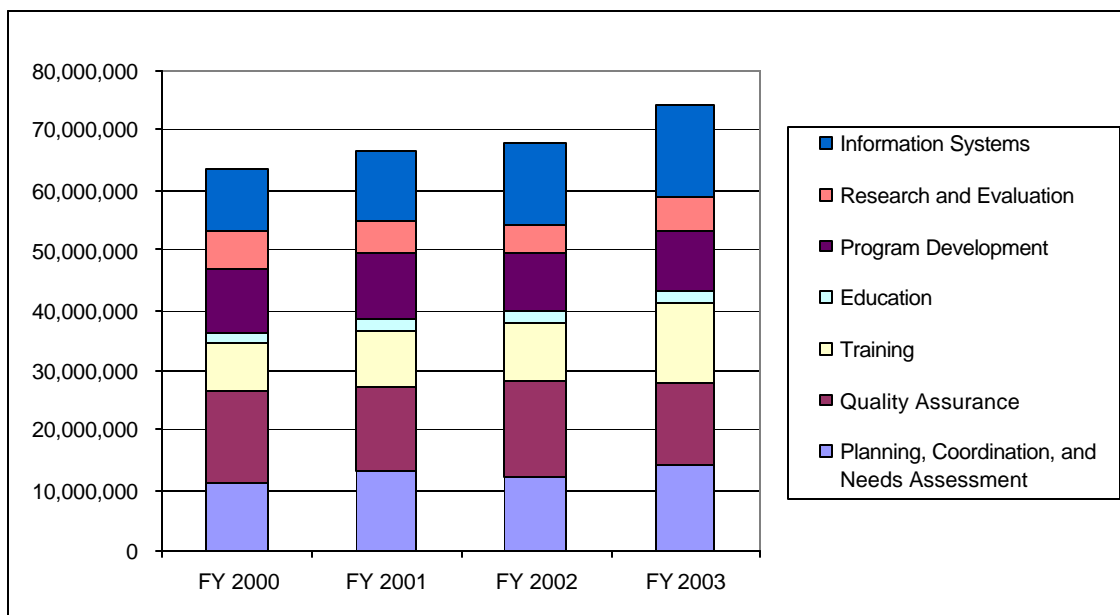


SOURCE: Treatment Episode Data Set (TEDS), 2002

Resource Development Activities

Nationally, SSA expenditures for resource development activities from the SAPT Block Grant increased from \$64 to \$74 million between FYs 2000 and 2003 (figure 11). Expenditures were in various areas: planning, coordinating, and needs assessment; training; information technology; and quality assurance.

Figure 11. National Expenditures of Block Grant Funds by Resource Development Activity, FYs 2000–2003 (n=51)



Discretionary Awards

In addition to dispersing Block Grant funds to States and territories, SAMHSA supports substance abuse prevention and treatment efforts through a broad range of the competitive discretionary grants awards. Several of the grants awarded through CSAP or CSAT support the National Drug Control Strategy and are designated PRNS. These programs include the SPF SIG, ATR, and SBIRT.

Center for Substance Abuse Prevention

In FY 2004, CSAP dispersed monies through 23 discretionary grants programs. Overall, CSAP awarded 994 awards totaling \$193 million to the 50 States and the District of Columbia. These programs addressed prevention areas, such as the following: enhancing an agency's infrastructure to deliver prevention services; focusing on specific drugs such as methamphetamine and ecstasy; providing trainings, conferences, and resource-related grants; and combining substance abuse and HIV prevention.

Center for Substance Abuse Treatment

In FY 2004, CSAT dispersed monies through 30 discretionary grants programs. Overall, CSAT awarded 564 awards totaling nearly \$344 million to the 50 States and the District of Columbia. These programs addressed treatment areas, including the following: enhancing an agency's capacity to deliver treatment services; providing treatment to specific populations such as homeless persons, pregnant/post-partum women, or persons with co-occurring disorders; and enhancing data systems and other infrastructure to improve delivery of treatment services. ATR, a CSAT grant program, is a presidential initiative to increase capacity and provide client choice.