

ILLINOIS

State SSA Director

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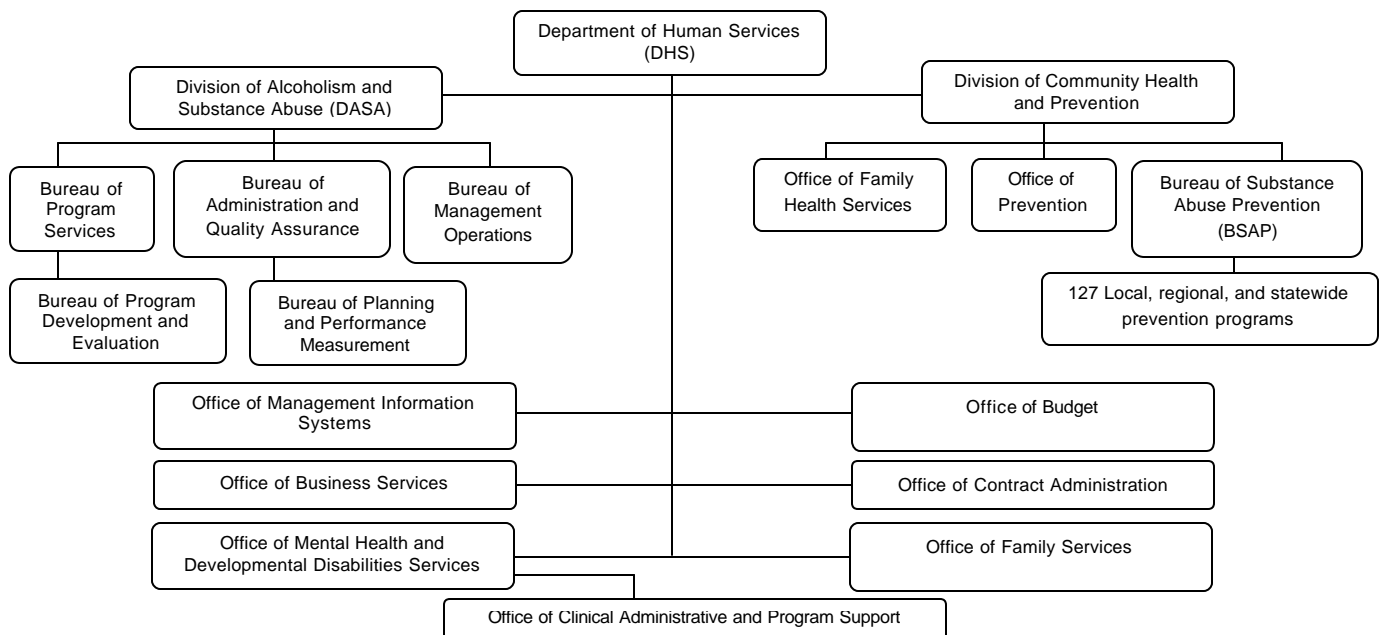
Structure and Function



The Illinois Division of Alcoholism and Substance Abuse (DASA) is the State's designated Single State Agency (SSA) to provide substance abuse prevention and treatment services. DASA is a division of the Illinois Department of Human Services (DHS). While treatment and prevention services are technically managed by different DHS entities (DASA and the Bureau of Substance Abuse Prevention [BSAP]), the two units maintain continuous communication and coordination. Together, they provide Illinois residents with services and resources that respond to all their needs and characteristics. To meet these unique and varied needs, DASA and BSAP partner with other State systems, including child welfare, mental health, supportive housing, domestic violence, aging, corrections, and TANF.

The BSAP prevention network includes a mix of 127 local, regional, and statewide programs housed in public and private agency settings and educational institutions. The Illinois Network to Organize the Understanding of Community Health (InTouch) provides system management assistance to these programs through its 1 general prevention and 19 regional entities. InTouch representatives deliver technical assistance and consultative services for the approximately 100 BSAP-funded local programs and coalitions. Additionally, BSAP directly manages eight statewide contracts that support the overall prevention system.

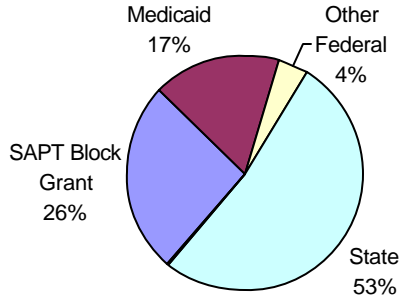
Single State Agency Structure



Single State Agency Funding Overview

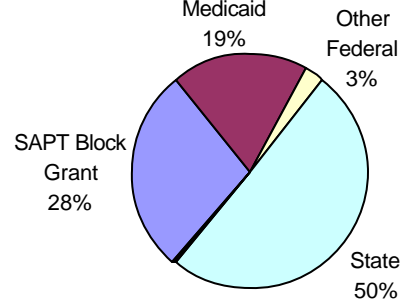
Illinois' overall SSA funding totaled over \$241.4 million in FY 2003—up from \$233.6 million in FY 2000. In FY 2003 the State provided half total funds, followed by the Block Grant (at 28 percent) and Medicaid (at 19 percent). This distribution is similar to those in FYs 2000, 2001, and 2002.

FY 2000 Expenditures by Funding Source

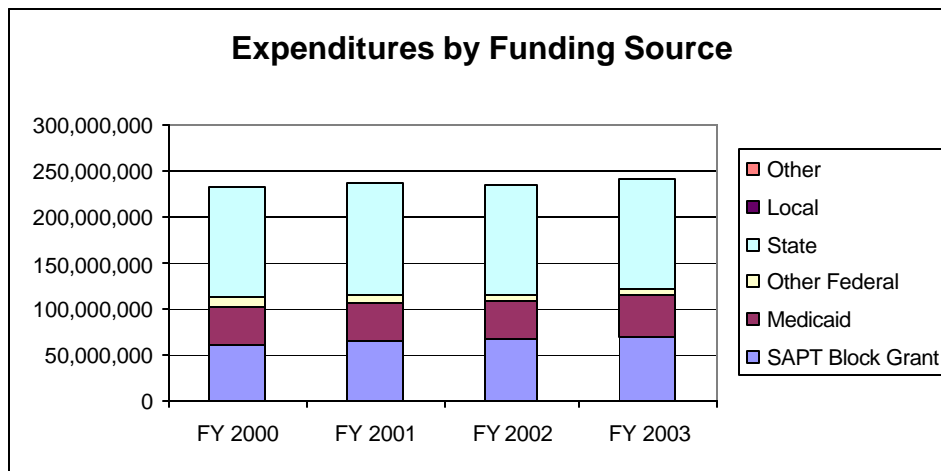


N=\$233,594,100

FY 2003 Expenditures by Funding Source



N=\$241,438,104



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	61,204,360	26	65,196,054	27	67,579,749	29	67,994,327	28
Medicaid	40,430,007	17	40,506,815	17	40,640,350	17	45,445,971	19
Other Federal	9,660,141	4	8,840,540	4	5,997,073	3	6,481,038	3
State	121,979,543	53	123,165,892	52	120,281,380	51	121,083,194	50
Local	320,049	0	433,579	0	433,574	0	433,574	0
Other	0	0	0	0	0	0	0	0
Total*	233,594,100	100	238,142,880	100	234,932,126	100	241,438,104	100

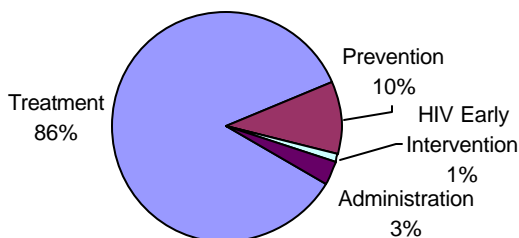
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

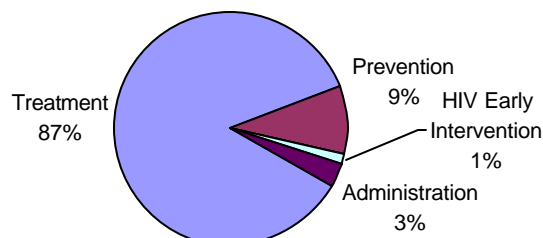
Most (87 percent) of the total \$241.4 million in SSA funds in FY 2003 were spent on treatment services, and 9 percent were spent on prevention. This distribution of expenditures is nearly identical to the distributions in FYs 2000, 2001, and 2002.

FY 2000 Expenditures by Activity



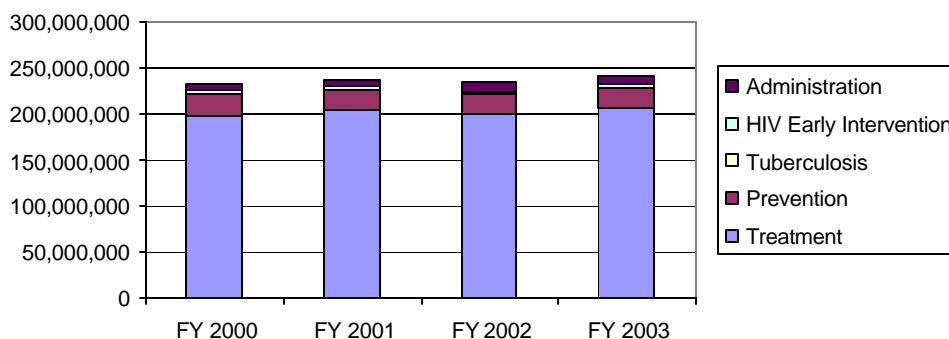
N=\$233,594,100

FY 2003 Expenditures by Activity



N=\$241,438,104

Expenditures From All Funding Sources by Activity



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	157,104,292	67	158,694,967	67	200,706,206	85	208,006,565	87
Alcohol Treatment	14,873,799	6	15,921,954	7				
Drug Treatment	27,622,769	12	29,569,344	12				
Prevention	23,407,309	10	22,996,682	10	21,326,691	9	21,734,501	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	3,060,382	1	3,305,719	1	3,378,987	1	3,399,717	1
Administration	7,525,549	3	7,654,214	3	9,520,242	4	8,297,321	3
Total*	233,594,100	100	238,142,880	100	234,932,126	100	241,438,104	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

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.

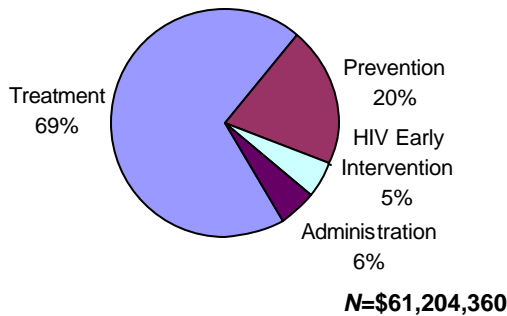
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

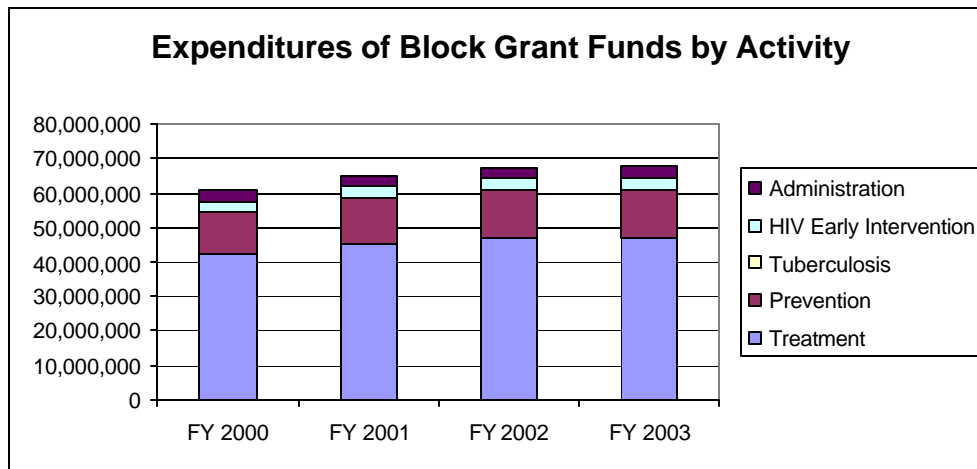
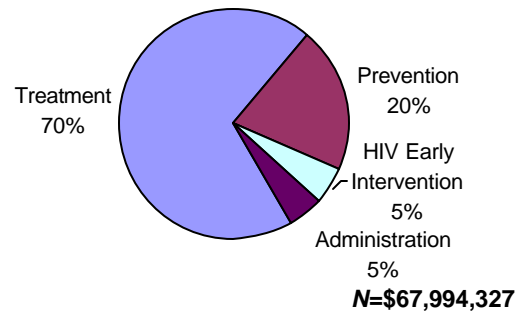
Expenditures of Block Grant Funds

Block Grant funding in Illinois increased from \$61.2 to \$68 million between FYs 2000 and 2003. During that time period the allocation of funds remained stable, with 69 to 70 percent going toward treatment services, 20 percent toward prevention services, and 5 percent each toward HIV early intervention and administration costs.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	47,156,227	70	47,434,191	70
Alcohol Treatment	14,873,799	24	15,921,954	24				
Drug Treatment	27,622,769	45	29,569,344	45				
Prevention	12,251,304	20	13,191,171	20	13,684,899	20	13,768,851	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	3,060,382	5	3,305,719	5	3,378,987	5	3,399,717	5
Administration	3,396,106	6	3,207,866	5	3,359,636	5	3,391,568	5
Total*	61,204,360	100	65,196,054	100	67,579,749	100	67,994,327	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

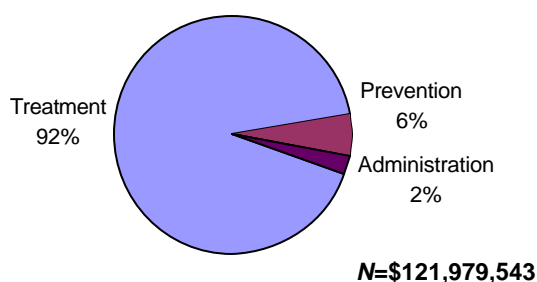
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

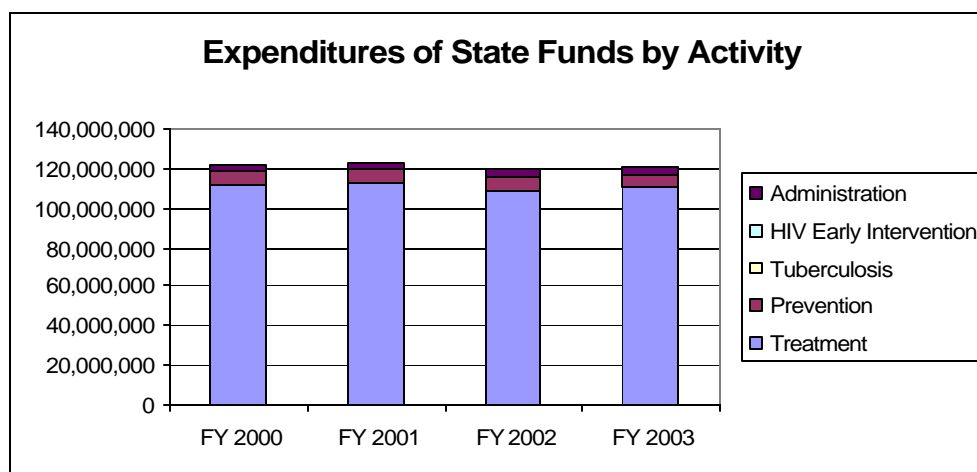
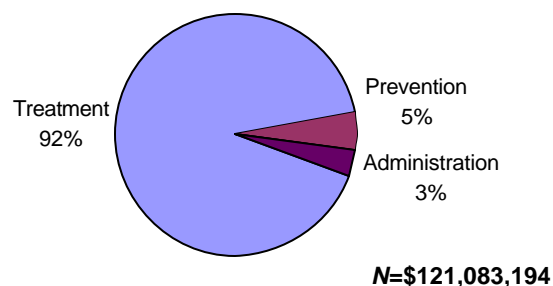
Expenditures of State Funds

Illinois contributed more than \$120 million toward SSA activities in FYs 2000 through 2003. Allocation percentages of those State funds remained stable, with the bulk (more than 90 percent) going toward treatment and rehabilitation activities.

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	112,216,553	92	113,295,979	92	109,097,580	91	110,833,082	92
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	6,719,707	6	6,417,490	5	6,294,500	5	6,234,718	5
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	3,043,283	2	3,452,423	3	4,889,300	4	4,015,394	3
Total*	121,979,543	100	123,165,892	100	120,281,380	100	121,083,194	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

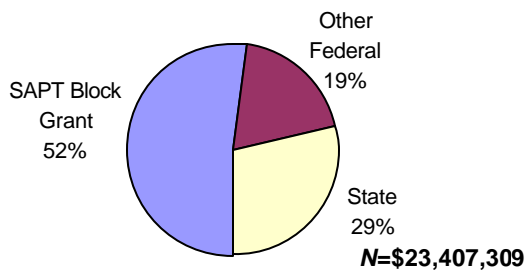
Illinois' approach to substance abuse prevention builds on an evidence-based, risk, and protective factor framework. The State's prevention network is a three-tiered system, including a mix of local, regional, and statewide programs housed in both public and private settings. These providers fall into three main categories. Comprehensive community-based providers deliver programming in their service areas, targeting the community at large and emphasizing young people. InTouch is a management system of 18 regional agencies providing technical assistance, coalition- and partnership-building support, and referral services to help each prevention service area maximize resources and coordinate efforts. Finally, statewide grants fund numerous programs that support the overall prevention system, including the Center for Prevention Research and Development at the University of Illinois, the Illinois Drug Education Alliance (IDEA), and the Illinois Alcoholism and Drug Dependence Association.

Prevention Funding and Expenditures

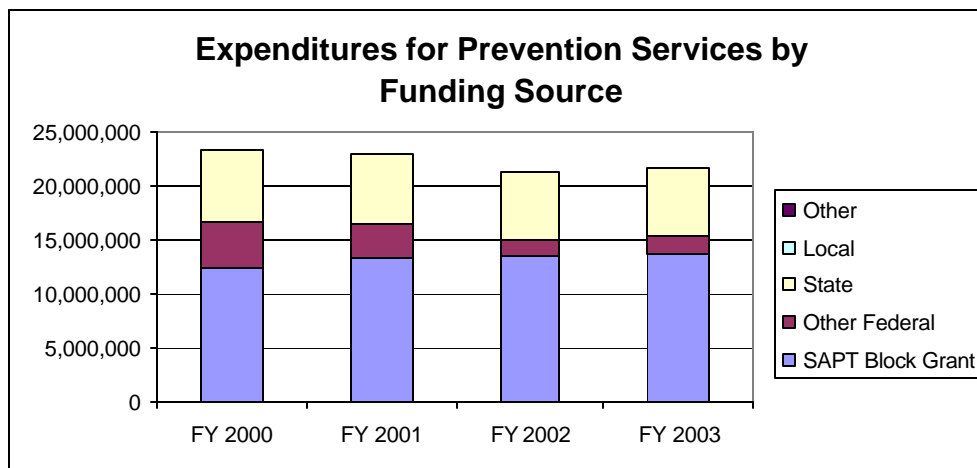
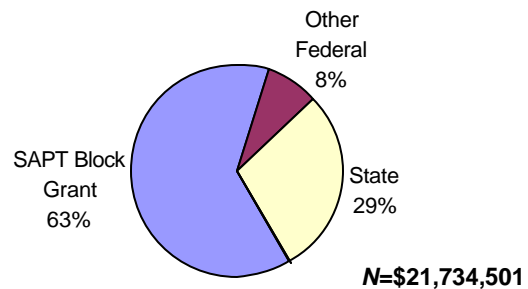
Prevention funds totaled more than \$21.7 million in FY 2003—down slightly from \$23.4 million in FY 2000. In FY 2003, Block Grant funds accounted for the majority (63 percent) of prevention expenditures, the State provided 29 percent of prevention funds, and other Federal funds provided 8 percent.

Per capita, the SAPT Block Grant funding for prevention services has steadily increased over time, from \$0.98 in FY 2000 to \$1.09 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	12,251,304	52	13,191,171	57	13,684,899	64	13,768,851	63
Other Federal	4,436,298	19	3,388,021	15	1,347,292	6	1,730,932	8
State	6,719,707	29	6,417,490	28	6,294,500	30	6,234,718	29
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	23,407,309	100	22,996,682	100	21,326,691	100	21,734,501	100

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

*Totals may not equal 100 percent due to rounding.

Core Strategies

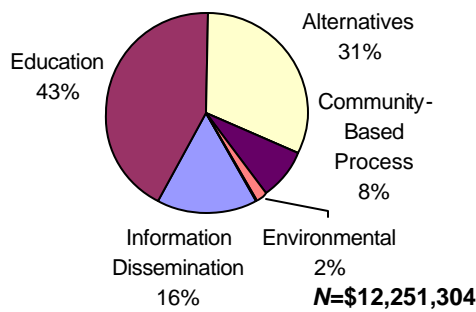
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	DASA produces radio and television public service announcements (PSAs) and participates in local health fairs. InTouch offices develop and distribute local resource directories, host cable television shows, and house lending libraries. DASA makes available brochures on alcohol and substance abuse on its Web site in English and Spanish.
Education	Strategies include a school-based K-12 curriculum, life skills education, and other programming; parenting and family management classes; peer leader/helper programs; preschool programs, and education programs for youth groups.
Alternatives	Funding facilitates drug-free dances and parties for youth; peer leader/helper retreats for junior and senior high school students; "Fun Nights" summer programs at local schools/religious institutions; and youth/adult leadership programs, including local Operation Snowball and the 2-week Illinois Teen Institute.
Community-Based Processes	Activities include volunteer parent trainings, neighbor action team trainings, religious organization staff trainings, multi-agency and multi-disciplinary collaborations, community team building; and improving access to services for TANF recipients.
Environmental	Efforts include technical assistance to coalitions in order to facilitate State policy change; promotion of the review of AOD policies in schools, businesses, and community organizations; and promotion of tobacco/alcohol compliance checks.
Problem Identification and Referral	Funds support employee assistance programs and provide training and technical assistance to the Student Assistance Program Team.

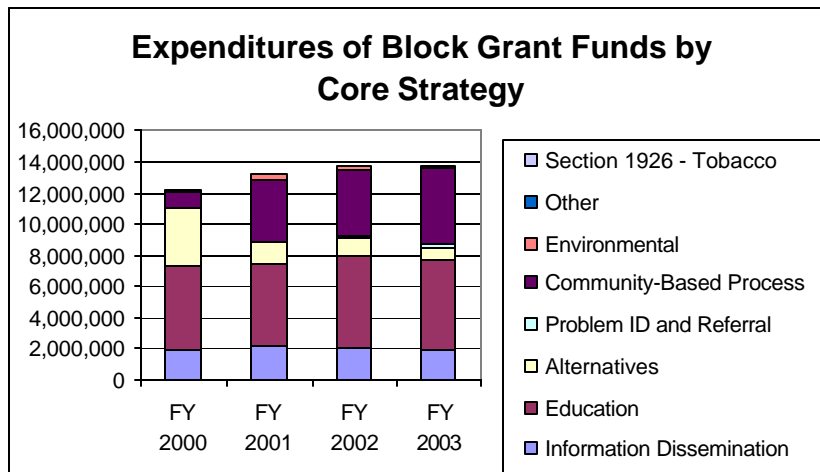
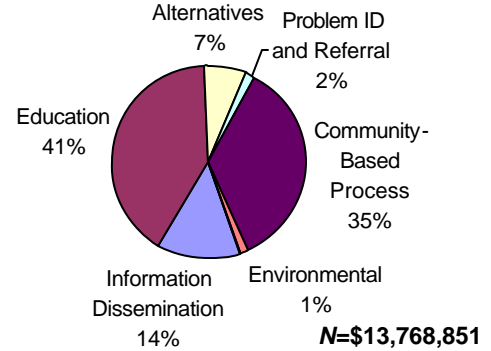
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for core prevention strategies increased slightly between FYs 2000 and 2003 (from \$12.3 to \$13.8 million). In FY 2003 education received the largest portion (41 percent) of funding, followed by community-based processes (at 35 percent). This represents a change from FY 2000, when community-based process strategies received only 8 percent and alternatives received 31 percent of funding.

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	1,960,209	16	2,110,587	16	2,052,600	15	1,927,639	14
Education	5,268,061	43	5,276,469	40	5,884,120	43	5,645,229	41
Alternatives	3,797,904	31	1,451,029	11	1,231,560	9	963,820	7
Problem ID and Referral	0	0	0	0	136,840	1	275,377	2
Community-Based Process	980,104	8	3,957,351	30	4,105,200	30	4,819,098	35
Environmental	245,026	2	395,735	3	273,680	2	137,688	1
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	12,251,304	100	13,191,171	100	13,684,000	100	13,768,851	100

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

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

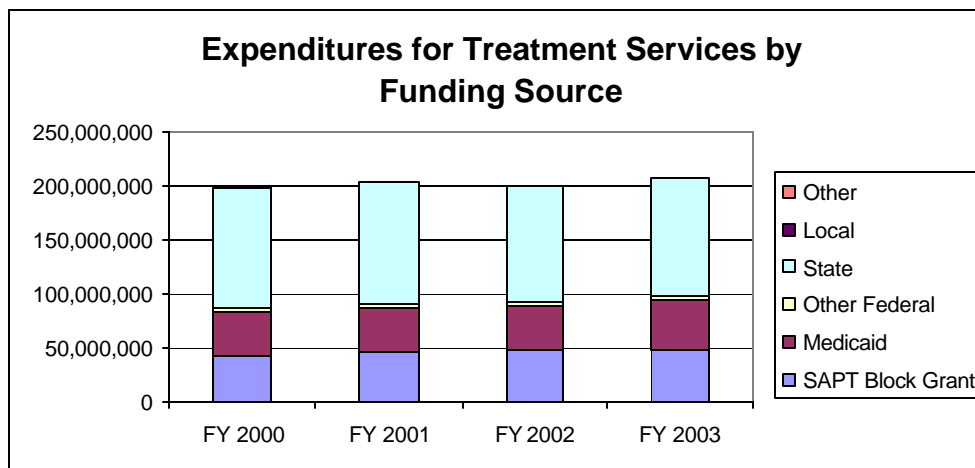
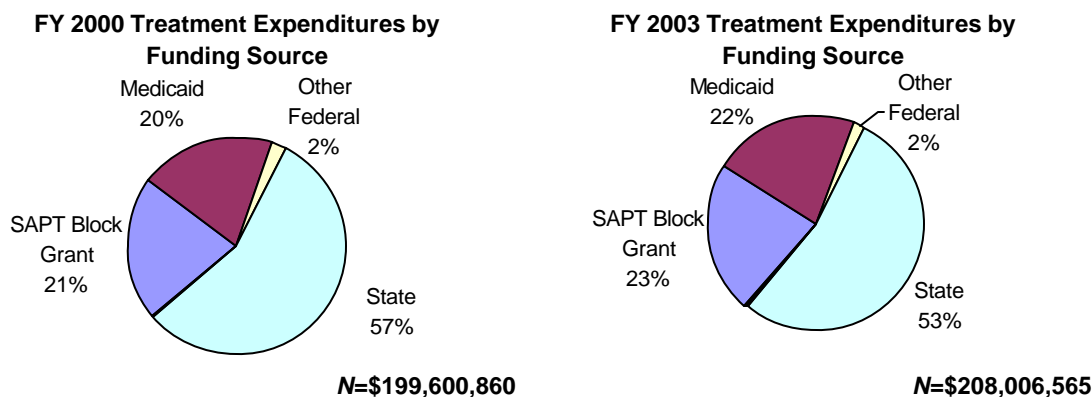
Illinois' alcohol and other drug abuse treatment system is organized according to DHS's 5 geographic regions, which are further broken down into DASA's 20 service networks. Through this treatment system, the State provides evaluation, diagnosis, treatment, and rehabilitation to alcohol- and other drug-abusing persons and their families. Such services include detoxification, intensive outpatient services, other outpatient services, residential rehabilitation programs, early intervention programs, HIV testing and counseling, case management, community intervention, and residential child care programs.

Treatment services are delivered through a continuum approach, with individual clients moving from one level of care to another based upon their assessed needs. Services are delivered under contract by community-based agencies. This system (1) enables clients to be assessed and treated as close to their home communities as possible, (2) allows communities to take ownership of their programs, and (3) facilitates public information and other adjunct services.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, total treatment and rehabilitation expenditures in Illinois increased from \$199.6 to \$208 million. More than half of that total was supported by State funding—slightly lower than its proportion in FY 2002. Block Grant funds and Medicaid contributed about one-quarter each of total treatment expenditures in FY 2003.

Block Grant spending on treatment services per capita increased between FYs 2000 and 2003 from \$3.42 to \$3.75.



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	42,496,568	21	45,491,298	22	47,156,227	23	47,434,191	23
Medicaid	40,430,007	20	40,506,815	20	40,640,350	20	45,445,971	22
Other Federal	4,137,683	2	4,458,594	2	3,378,475	2	3,859,747	2
State	112,216,553	56	113,295,979	55	109,097,580	54	110,833,082	53
Local	320,049	0	433,579	0	433,574	0	433,574	0
Other	0	0	0	0	0	0	0	0
Total*	199,600,860	100	204,186,265	100	200,706,206	100	208,006,565	100

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

*Totals may not equal 100 percent due to rounding.

Admissions

Illinois' SAPT Block Grant application indicates that more than 175,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=177,612)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	5,370	15,403	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	4,250	10,230	1
Long-term residential	1,759	6,709	0
Ambulatory (Outpatient)			
Outpatient (methadone)	26	12,515	0
Outpatient (non-methadone)	40,262	64,625	308
Intensive outpatient	6,321	9,828	6
Detoxification (outpatient)	0	0	0
TOTAL	57,988	119,310	315

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 77,500 admissions (where at least one substance was known), of which nearly 62,000 were admitted for abusing alcohol in combination with other drugs. Calculations (with imputation) from TEDS data show that approximately 18 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	15,750	17.3
Alcohol in combination with any other drugs	61,743	18.1
Total	77,493	17.9

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, 855,000 persons aged 12 and older (8.3 percent of Illinois' population) needed, but did not receive, treatment for alcohol use, and 255,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Illinois.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	8.31	5.84	18.98	6.77
Needing but not receiving treatment for illicit drug use	2.48	5.01	6.96	1.34

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

Resource Development Activities

Planning and Needs Assessment

Illinois' prevention and treatment systems are driven by a regionally distinct needs-based approach. Using the Illinois Household Study, the DHS Automated Reporting and Training System (DARTS, the State's primary client data system), and other sources, DHS evaluates regional trends, census data, economic data, admissions, and other information to assess treatment needs and to plan and budget treatment services. Each year, the State also compiles a comprehensive data book evaluating alcohol and drug trends and variables affecting usage and treatment needs and outcomes.

DASA recently completed a 3-year Treatment Needs Assessment Project. One project component was a Social Indicator Study, through which all needs assessment data dating from 1996 were converted into a client-centered database.

BSAP utilizes several tools to assess prevention needs. Through a partnership with Chestnut Health Systems and the University of Illinois, BSAP developed a statewide system for assessing prevention needs, monitoring program services and activities, and evaluating outcomes. The Lighthouse Institute conducts the annual Illinois Youth Survey, whose results are made available to every school in the State. Additionally, the Outcome Measurement Menu is a survey tool that program grantees can utilize to conduct comprehensive assessments of their local communities.

Evaluation

BSAP partners with the Center for Prevention Research and Development (CPRD) at the University of Illinois to evaluate the statewide substance abuse prevention system. Through a Center for Substance Abuse Prevention (CSAP) grant, CPRD is helping BSAP integrate a data-driven planning, implementation, and evaluation process into prevention initiatives. A Web-based management information system called OnTrack provides real-time reports on services delivered to local prevention managers as well as policymakers. Additionally, to build local capacity, CPRD and Prevention First, Inc. (Illinois' Regional Alcohol and Drug Awareness Resources [RADAR] center) conduct regional trainings for prevention providers on the basics of gathering, summarizing, and reporting process evaluation data.

Training and Assistance

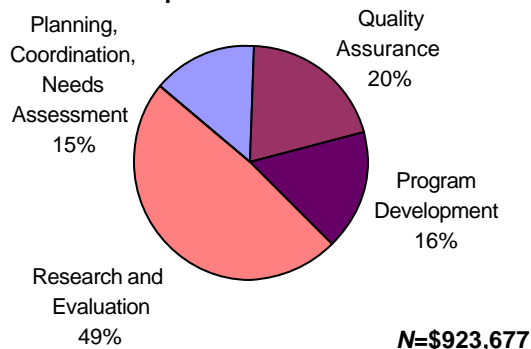
DASA regularly provides or sponsors training and technical assistance activities for alcohol and substance abuse program staff and other professionals. Training and assistance topics are assessed on the basis of legislative developments, program requests, identified needs, drug use trends, contractual and licensure requirements, joint agency projects, site visit reviews, and implementation of best practice models. Prevention First, Inc., maintains a Web site providing information on available trainings.

For day-to-day assistance, DASA's Bureau of Program Services houses a Help Desk to receive faxed questions from program staff and forward them to appropriate sources of assistance. Additionally, CPRD conducts a biannual workforce survey to better understand what prevention providers face in their own communities, and to thereby support their efforts more efficiently.

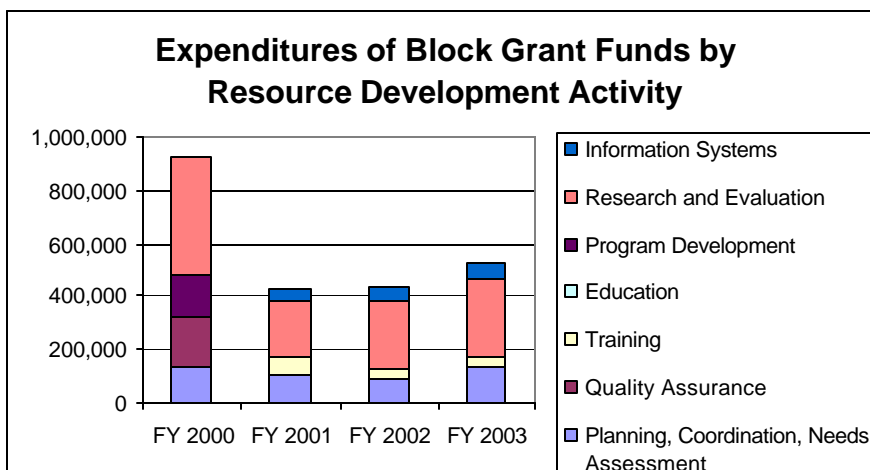
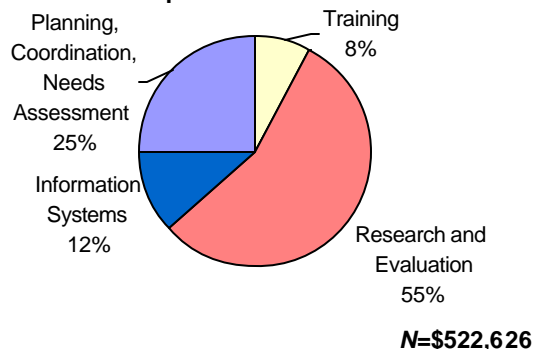
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Illinois declined from \$924,000 to \$523,000 between FYs 2000 and 2003. During this time period, research and evaluation activities accounted for the largest portion of resource development funds (ranging from 48 to 59 percent).

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	136,000	15	103,330	24	91,480	21	131,480	25
Quality Assurance	188,000	20	0	0	0	0	0	0
Training	0	0	70,559	17	34,218	8	42,000	8
Education	0	0	0	0	0	0	0	0
Program Development	150,000	16	0	0	0	0	0	0
Research and Evaluation	449,677	49	204,624	48	255,777	59	287,902	55
Information Systems	0	0	44,365	10	53,621	12	61,244	12
Total*	923,677	100	422,878	100	435,096	100	522,626	100

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

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded nearly \$6.5 million in 37 discretionary grants to entities in Illinois during FY 2004. Much of the funding (\$2.5 million) was awarded to 29 drug-free communities. The largest single award was for the Strategic Prevention Framework State Incentive Grant (SPF SIG) (\$2.4 million).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
CSAP 2004 Earmarks	1	258,466
Drug Free Communities	29	2,543,341
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	2	127,272
HIV/AIDS Cohort 3 Services	1	349,739
HIV/AIDS Cohort 4 Services	1	350,000
HIV/AIDS Cohort 5 Services	2	500,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	37	6,479,783

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Access to Recovery (ATR) was the single largest Center for Substance Abuse Treatment (CSAT) discretionary award to Illinois at \$7.6 million. The two next largest portions of the funding went toward State TCE screening brief intervention referral treatment (\$3.3 million) and homeless addictions treatment (\$2.1 million). The remaining awards were directed toward a wide variety of targeted activities.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Addiction Technical Transfer Center	1	650,000
Grants for Accreditation of OTPs	1	231,158
Homeless Addictions Treatment	4	2,099,092
Recovery Community Service	2	510,429
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	3,346,000
Strengthening Access and Retention	1	198,187
Strengthening Communities - Youth	1	710,578
Targeted Capacity Expansion	2	1,000,000
Targeted Capacity - HIV/AIDS	4	1,787,444
TCE Innovative Treatment	1	489,000
Total	20	18,713,611

SOURCE: www.samhsa.gov