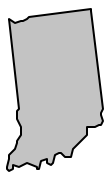


INDIANA

State SSA Director

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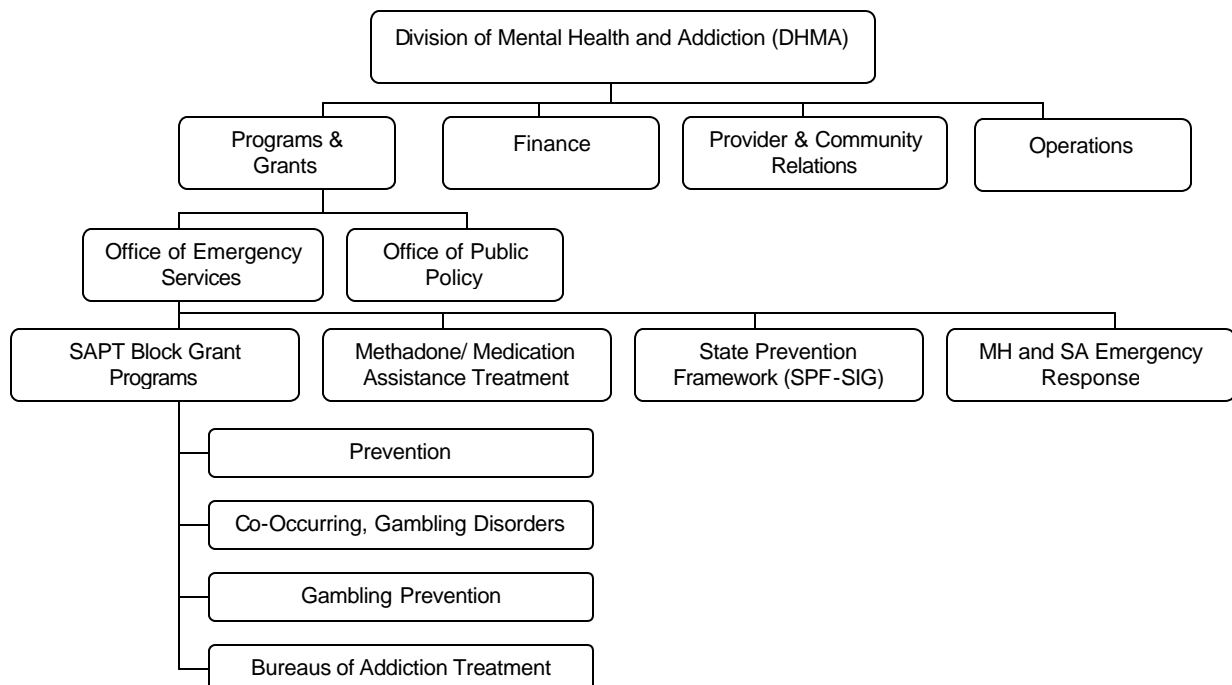
Structure and Function



Indiana's Division of Mental Health and Addiction (DMHA) is the designated Single State Agency (SSA) in Indiana. The DMHA is housed within the Family and Social Services Administration (FSSA) and it is responsible for coordinating substance abuse prevention and treatment services throughout the State. The creation of DMHA is a result of a 1992 reorganization of the Indiana Departments of Human Services, Mental Health, and Public Welfare.

DMHA stresses a community-based approach to substance abuse treatment and prevention. Local Coordinating Councils (LCCs) in each of Indiana's 92 counties are responsible for planning substance abuse treatment, prevention, and law enforcement-related services. The activities of the LCCs are facilitated by the Governor's Council for a Drug-Free Indiana (GCDFI). Treatment services are provided by local Community Mental Health Centers.

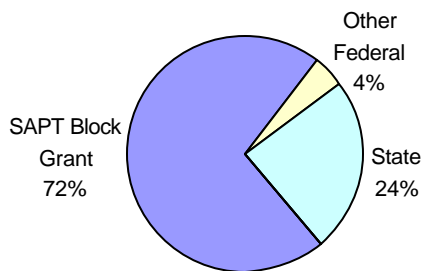
Single State Agency Structure



Single State Agency Funding Overview

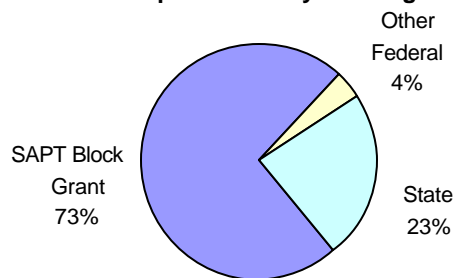
Indiana's SSA funding remained relatively stable between FYs 2000 and 2003, increasing to \$45.8 million in FY 2003. The proportion of expenditures by funding source also held steady between FYs 2000 and 2003, with Block Grant funding comprising nearly three quarters of expenditures (73 percent) in FY 2003, followed by the State at nearly one quarter (23 percent).

FY 2000 Expenditures by Funding Source

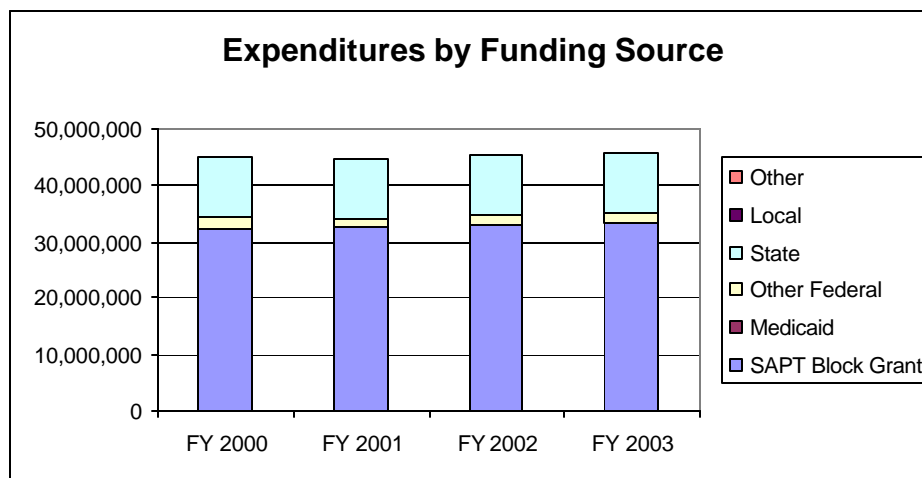


N=\$45,188,983

FY 2003 Expenditures by Funding Source



N=\$45,723,651



Single State Agency Expenditures From All Funding Sources

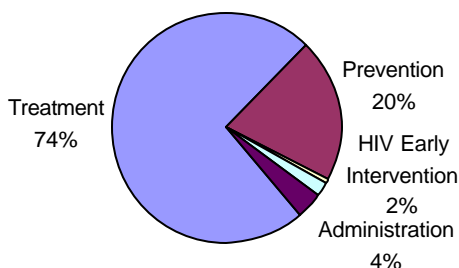
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	32,446,790	72	32,842,685	73	33,251,526	73	33,446,723	73
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,967,699	4	1,403,213	3	1,598,843	4	1,682,810	4
State	10,774,494	24	10,529,846	24	10,435,566	23	10,594,118	23
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	45,188,983	100	44,775,744	100	45,285,935	100	45,723,651	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

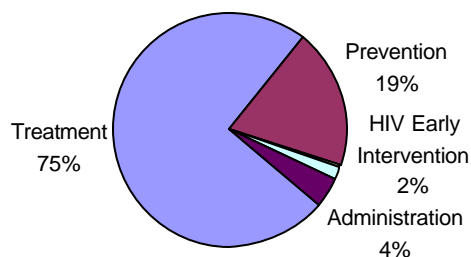
As with overall SSA funding, the distribution of these funds also remained very stable between FYs 2000 and 2003. In FY 2003, three quarters (75 percent) of expenditures went toward treatment services, 19 percent for prevention services, and the remaining 6 percent allocated to administrative (4 percent) and HIV early intervention (2 percent) costs.

FY 2000 Expenditures by Activity

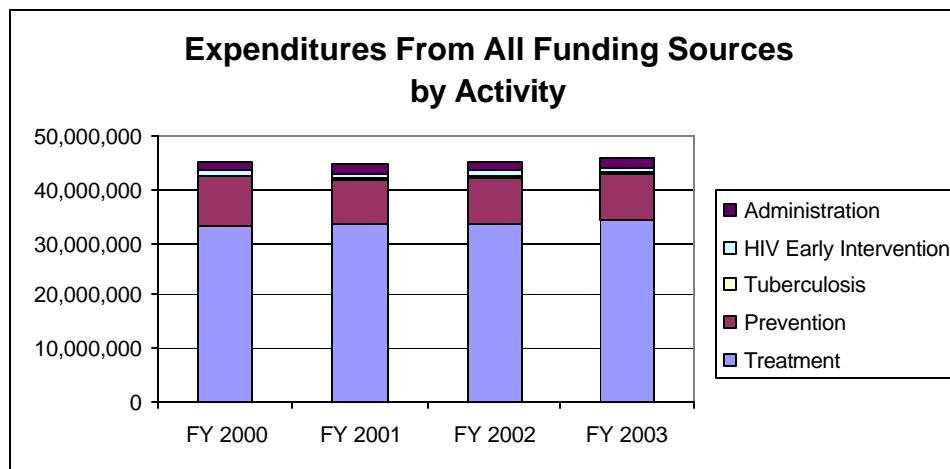


N=\$45,188,983

FY 2003 Expenditures by Activity



N=\$45,723,651



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	33,584,031	74	34,210,952	75
Alcohol Treatment	13,620,262	30	13,744,859	31				
Drug Treatment	19,599,889	43	19,779,188	44				
Prevention	9,131,022	20	8,432,329	19	8,756,899	19	8,667,531	19
Tuberculosis	221,281	0	242,078	1	268,605	1	226,264	0
HIV Early Intervention	1,000,000	2	858,409	2	900,000	2	900,000	2
Administration	1,616,529	4	1,718,881	4	1,776,400	4	1,718,904	4
Total*	45,188,983	100	44,775,744	100	45,285,935	100	45,723,651	100

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

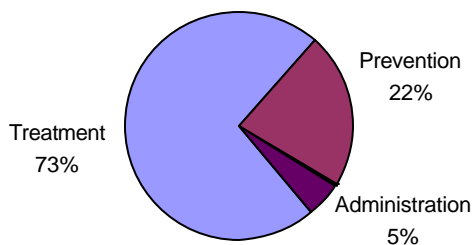
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

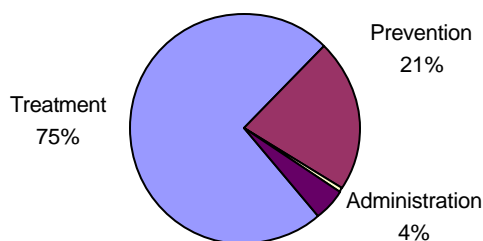
Block Grant expenditures in Indiana have remained remarkably stable over the last several years, totaling nearly \$33.5 million in FY 2003. The distribution of these funds has also remained stable over the past several years, with three-fourths (75 percent) going toward treatment services in FY 2003, 21 percent toward prevention services, and 4 percent toward administrative costs.

FY 2000 Block Grant Expenditures by Activity

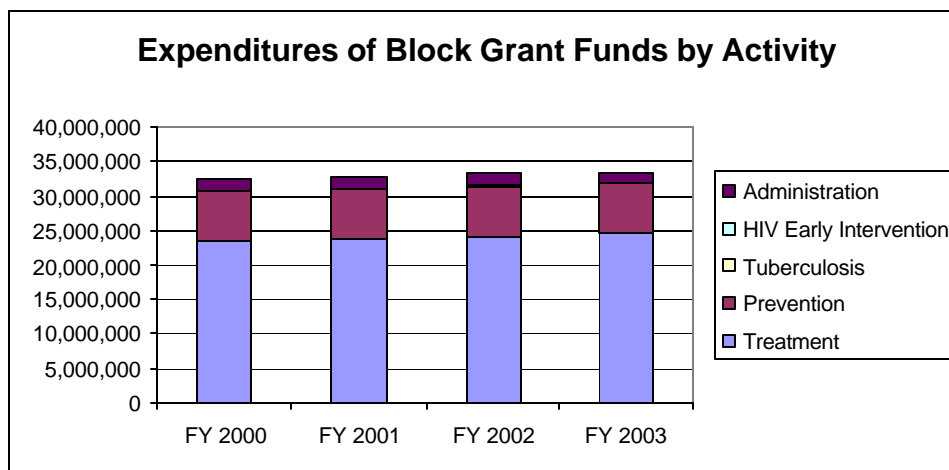


N=\$32,446,790

FY 2003 Block Grant Expenditures by Activity



N=\$33,446,723



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	24,150,116	73	24,620,121	74
Alcohol Treatment	9,683,721	30	9,824,319	30				
Drug Treatment	13,935,110	43	14,137,435	43				
Prevention	7,088,729	22	7,054,407	21	7,252,065	22	7,185,330	21
Tuberculosis	152,915	0	180,829	1	185,732	1	158,815	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,586,315	5	1,645,695	5	1,663,613	5	1,482,457	4
Total*	32,446,790	100	32,842,685	100	33,251,526	100	33,446,723	100

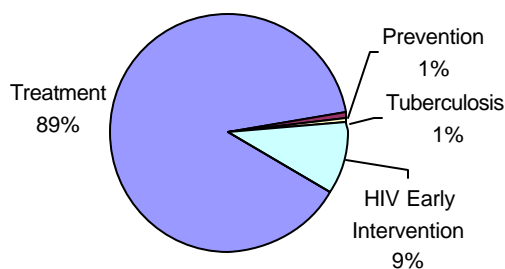
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

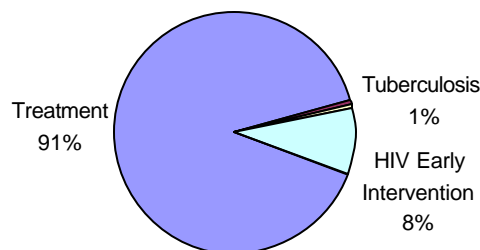
State dollars expended have remained relatively constant between FYs 2000 and 2003, ranging from \$10.4 to \$10.8 million. The distribution of State funds has also remained stable. In FY 2003, most of the expenditures (91 percent) were for treatment services, followed by 8 percent for HIV early intervention, and 1 percent for tuberculosis.

FY 2000 State Expenditures by Activity

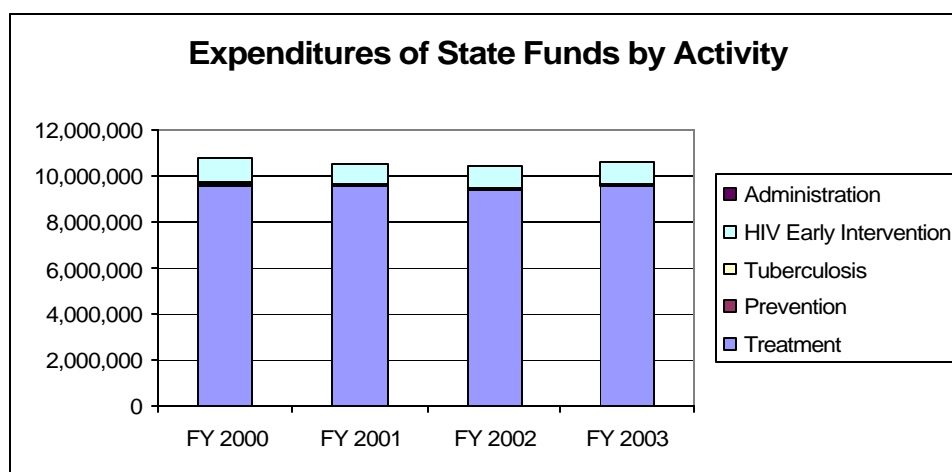


N=\$10,774,494

FY 2003 State Expenditures by Activity



N=\$10,594,118



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	9,433,915	90	9,590,831	91
Alcohol Treatment	3,936,541	37	3,920,540	37				
Drug Treatment	5,664,779	53	5,641,753	54				
Prevention	101,608	1	45,095	0	18,778	0	35,838	0
Tuberculosis	68,366	1	61,249	1	82,873	1	67,449	1
HIV Early Intervention	1,000,000	9	858,409	8	900,000	9	900,000	8
Administration	3,200	0	2,800	0	0	0	0	0
Total*	10,774,494	100	10,529,846	100	10,435,566	100	10,594,118	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

Indiana’s locally-based prevention system, facilitated by the 92 LCCs, is based on a variety of statewide networks implemented at the local level. This local autonomy allows the State to provide services based on the unique needs of each community. Each LCC develops a 3-year plan for its county based on needs assessment data, and these plans are updated annually. DMHA is currently working to compile and coordinate the prevention activities of the local LCCs in order to create a comprehensive statewide strategic plan.

A key partner in Indiana’s prevention system is the Indiana Prevention Resource Center (IPRC) at Indiana University. The IPRC provides statewide support in the areas of needs assessment, student surveys, education, Internet-based resources, and local community support for prevention services.

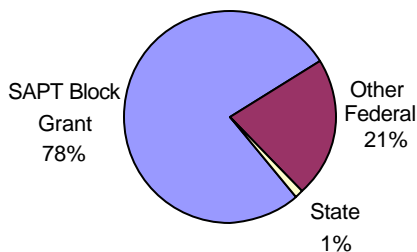
Furthermore, Indiana’s prevention system includes partnerships with other key State agencies, including the GCDFI, the Department of Education, the Department of Health, the Criminal Justice Institute, the Interagency Council on Drugs (IAC), and others.

Prevention Funding and Expenditures

Prevention expenditures have decreased slightly between FYs 2000 and 2003, from \$9.1 million to nearly \$8.7 million. The sources of prevention funds shifted slightly during this time period: the Block Grant as a proportion of prevention funds increased from 78 to 83 percent, while other Federal funds decreased from 21 to 17 percent.

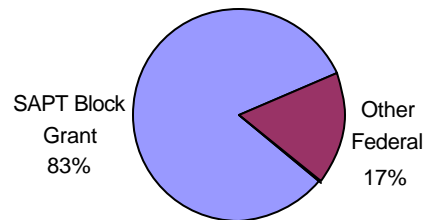
Block Grant prevention expenditures in Indiana ranged narrowly between FYs 2000 and 2003 from \$1.15 to \$1.18 per capita.

FY 2000 Prevention Expenditures by Funding Source

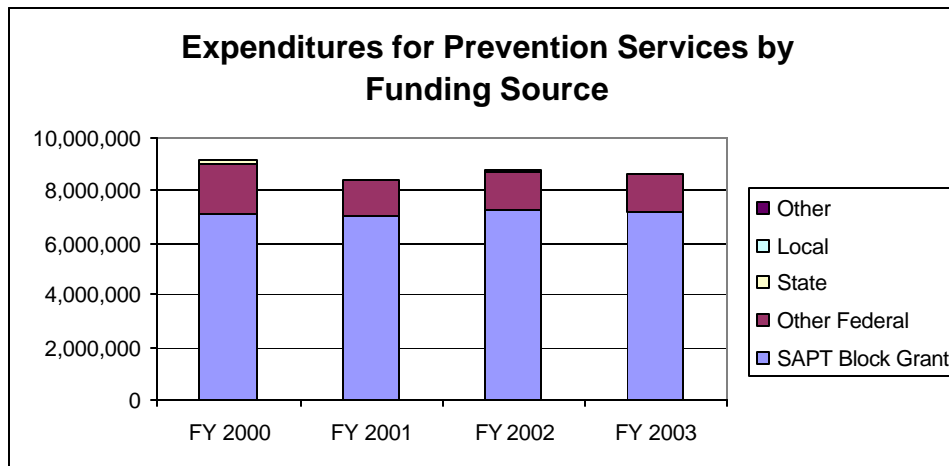


N=\$9,131,022

FY 2003 Prevention Expenditures by Funding Source



N=\$8,667,531



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	7,088,729	78	7,054,407	84	7,252,065	83	7,185,330	83
Other Federal	1,940,685	21	1,332,827	16	1,486,056	17	1,446,363	17
State	101,608	1	45,095	1	18,778	0	35,838	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	9,131,022	100	8,432,329	100	8,756,899	100	8,667,531	100

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

*Totals may not equal 100 percent due to rounding.

Core Strategies

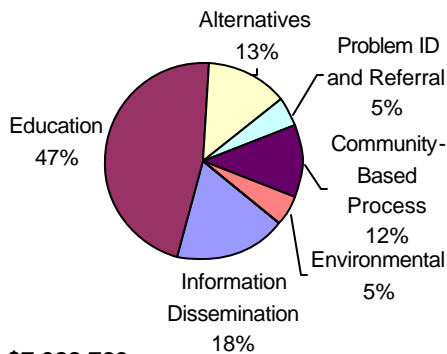
Examples of core prevention strategies supported by the Block Grant include the following:

Core Strategy	Examples of Activities
Information Dissemination	The State's Regional Alcohol and Drug Awareness Resources (RADAR) center, Indiana Prevention Resource Center (IPRC), provides customized prevention and treatment information for the Hispanic/Latino community; IPRC creates monthly public service announcements (PSAs) on substance abuse issues. DMHA facilitates the Serving the Hoosier Assurance Plan through Education (SHAPE) to inform the public about publicly-funded AOD services.
Education	DMHA facilitates substance abuse prevention programs for pregnant and post-partum women and teens and conducts the Indiana Leadership Academy to promote empowerment and recovery-oriented strategies for those with co-occurring disorders.
Alternatives	Activities include the statewide Afternoons R.O.C.K., an afterschool program for youth ages 10-14, which builds resiliency, resistance skills, and community service, Project L.E.A.D, an adolescent prevention program providing leadership experience addressing alcohol and drugs
Community-Based Processes	DMHA funds 16 community coalitions, delivers services in partnership with Healthy Family Services to 21,000 families in 56 sites across the State each year, and helps individuals recovering from addiction to re-integrate into the community.
Environmental	DMHA partners with the Division of Families and Children to promote Healthy Family Services, involving home support workers who connect initials to community resources.
Problem Identification and Referral	Strategies include the presence of substance abuse counselors at public welfare offices, the Prenatal Substance Use Prevention Program, automatic referrals following positive illicit drug tests, and a partnership with the Department of Corrections.

Expenditures of Block Grant Funds for Core Strategies

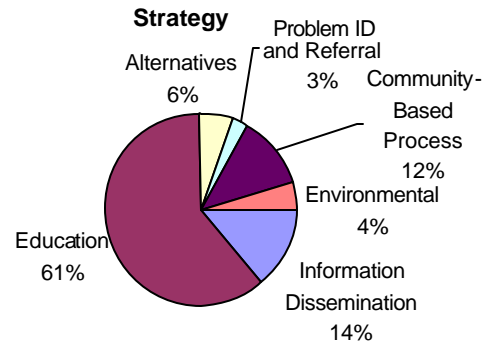
Block Grant funding for core prevention strategies in the State has remained relatively stable between FYs 2000 and 2003 and has increased steadily over time. In FY 2003, expenditures on core strategies totaled \$7.3 million. The distribution of funds during that time period has varied slightly, with the allocation of funds for education increasing from 47 percent in FY 2000 to 61 percent in FY 2003. Other shifts in funding include alternative strategies, which decreased from 13 percent of total expenditures to 6 percent, and information dissemination which decreased from 18 percent to 14 percent.

FY 2000 Block Grant Expenditures by Core Strategy

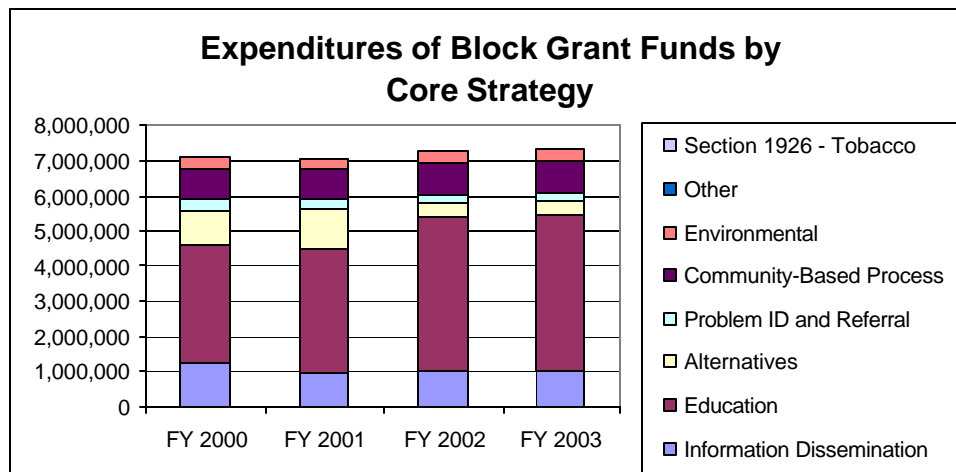


N=\$7,088,729

FY 2003 Block Grant Expenditures by Core Strategy



N=\$7,311,851



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	1,261,794	18	953,254	14	1,015,289	14	1,023,659	14
Education	3,374,235	48	3,527,204	50	4,406,633	61	4,445,605	61
Alternatives	921,535	13	1,175,735	17	402,098	6	402,152	6
Problem ID and Referral	340,259	5	278,428	4	207,142	3	212,044	3
Community-Based Process	836,470	12	815,350	12	892,852	12	899,358	12
Environmental	354,436	5	304,436	4	328,051	5	329,033	4
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	7,088,729	100	7,054,407	100	7,252,065	100	7,311,851	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 *Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Indiana provides a continuum of substance abuse treatment services for its citizens. These services include individualized treatment plans, 24-hour crisis intervention services, case management and assertive case management, outpatient services, day treatment/partial hospitalization, medical evaluation, acute stabilization services including detoxification treatment, residential services, and family support services. These services are provided by DMHA-certified entities, including Community Mental Health Centers, organized treatment service networks, and independent agencies.

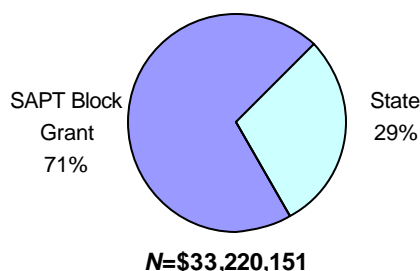
In 1995, Indiana implemented the Hoosier Assurance Plan (HAP), a managed plan which provides publicly funded alcohol and other drug services to eligible persons. Eligible recipients include dually diagnosed individuals, chronically addicted women who are pregnant or who have dependent children, persons who are deaf, and persons requiring methadone treatment.

Treatment Funding and Expenditures

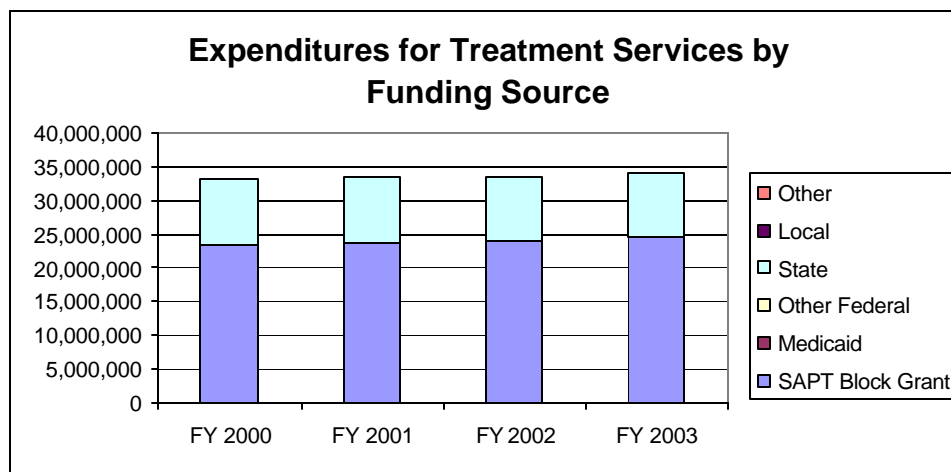
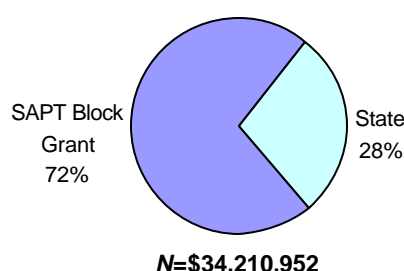
Treatment expenditures in Indiana have increased steadily over time, from \$33.2 million in FY 2000 to \$34.2 million in FY 2003. The sources of treatment funds have also remained relatively unchanged during this time period. In FY 2003, Block Grant funds accounted for nearly three-quarters (72 percent) of total treatment expenditures, while the State paid for approximately one-quarter (28 percent) in that same year.

Between FYs 2000 and 2003 Block Grant treatment expenditures increased slightly from \$3.88 to \$3.97 per capita.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source



Single State Agency Expenditures for Treatment Services From All Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	23,618,831	71	23,961,754	71	24,150,116	72	24,620,121	72
Medicaid	0	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	9,601,320	29	9,562,293	29	9,433,915	28	9,590,831	28
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	33,220,151	100	33,524,047	100	33,584,031	100	34,210,952	100

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

*Totals may not equal 100 percent due to rounding.

Admissions

Indiana's SAPT Block Grant application indicates that over 30,000 persons were admitted to treatment during FY 2002, most of which 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=30,451)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	147	104	0
Free-standing residential	122	163	1
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	314	249	0
Short-term residential	672	868	6
Long-term residential	5	7	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	165	100
Outpatient (non-methadone)	14,059	11,940	211
Intensive outpatient	661	656	1
Detoxification (outpatient)	0	0	0
Total	15,980	14,152	319

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

Treatment Episode Data System (TEDS) data also indicate over 29,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 19 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	8,025	17.7
Any other drugs	21,378	19.6
Total	29,403	19.1

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, 361,000 persons aged 12 and older (7.2 percent of Indiana's population) needed, but did not receive, treatment for alcohol use and 127,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Indiana.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.15	5.51	18.15	5.36
Needing but not receiving treatment for illicit drug use	2.52	4.14	6.96	1.47

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

Resource Development Activities

Planning and Needs Assessment

Indiana statutory code promotes coordination among these community partners in order to avoid gaps in treatment, prevention, and law enforcement/justice services. The Mental Health Advisory Council provides assistance to DMHA in planning mental health activities.

The State utilizes PREV-STAT™, a tool developed and maintained by the IPRC at Indiana University-Bloomington, to assess prevention needs throughout the State. Using social, demographic, and geographic data, PREV-STAT™ creates a statistical picture that can be as broad as the entire State or as specific as a particular neighborhood. Indiana's use of this tool allows for precision planning of prevention programs by matching population needs with appropriate prevention services, promoting more effective allocation of limited resources.

The State also utilizes three key surveys to identify substance use habits, as well as risk and protective factors, among Indiana youth: (1) "Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents," (2) an IPRC survey, and (3) pre- and post-test surveys of gateway drug use among middle school youth enrolled in DMHA's afterschool program, "Afternoons R.O.C.K."

Evaluation

Indiana requires all local prevention providers to measure participant-centered outcomes through pre- and post-test instruments and surveys. In addition, annual surveys are conducted in Indiana's schools. Together, these surveys measure prevalence of alcohol, tobacco, and substance use, as well as perceived risks and peer attitudes among youth.

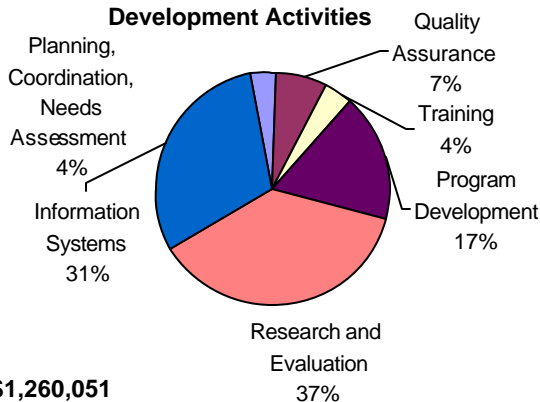
Training and Assistance

Indiana relies on strong partners such as Healthy Families Indiana, the Indiana Association of Prevention Professionals, the GCDFI, and the IPRC to provide training opportunities and support to prevention professionals across the State. IPRC maintains an online reference library, a lending library, and provides technical assistance in to communities on many topics, such as grant writing, program evaluation, and public health. Through the "Prevention Newsline," IPRC delivers information on the latest trends and issues related to substance abuse prevention. Additionally, the ACT Center of Indiana provides technical assistance regarding implementation of Assertive Community Treatment (ACT), integrated dual diagnosis treatment, and other evidence-based practices.

Expenditures of Block Grant Funds for Resource Development Activities

Between FYs 2000 and 2002 SAPT Block Grant funding for resource development activities in Indiana declined slightly to \$1.1 million. Research and evaluation (at 37 percent) and information systems (at 31 percent) comprised over two-thirds of spending activities. The remainder of funds were disbursed among several strategies: program development; quality assurance; training; and planning, coordination, and needs assessment. Indiana did not report any expenditures on resource development activities in FY 2003.

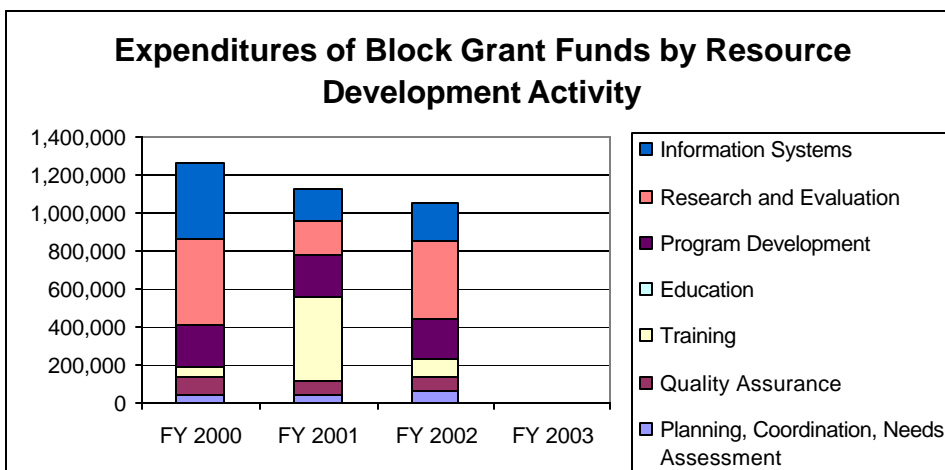
FY 2000 Block Grant Expenditures on Resource Development Activities



Indiana did not report any expenditures for resource development activities in FY 2003.

N=\$1,260,051

Expenditures of Block Grant Funds by Resource Development Activity



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	44,213	4	44,213	4	57,962	6	0	0
Quality Assurance	87,367	7	72,607	6	73,120	7	0	0
Training	52,000	4	439,250	39	102,880	10	0	0
Education	0	0	0	0	0	0	0	0
Program Development	218,900	17	226,864	20	206,865	20	0	0
Research and Evaluation	469,439	37	181,191	16	415,939	40	0	0
Information Systems	388,132	31	161,944	14	193,492	18	0	0
Total*	1,260,051	100	1,126,069	100	1,050,258	100	0	0

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

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004, the Center for Substance Abuse Prevention (CSAP) awarded Indiana \$1.7 million in discretionary prevention funding. Most of the awards (16 of 17) went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	16	1,370,940
HIV/AIDS Cohort 3 Services	1	350,000
Total	17	1,720,940

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded \$1.9 million in discretionary funding for treatment in Indiana in FY 2004. The majority (nearly \$1 million) is allocated for targeted capacity-HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
Homeless Addictions Treatment	1	481,037
Targeted Capacity - HIV/AIDS	2	959,836
Adult Juvenile and Family Drug Courts	1	331,576
Total	5	1,872,449

SOURCE: www.samhsa.gov