

MICHIGAN

State SSA Director

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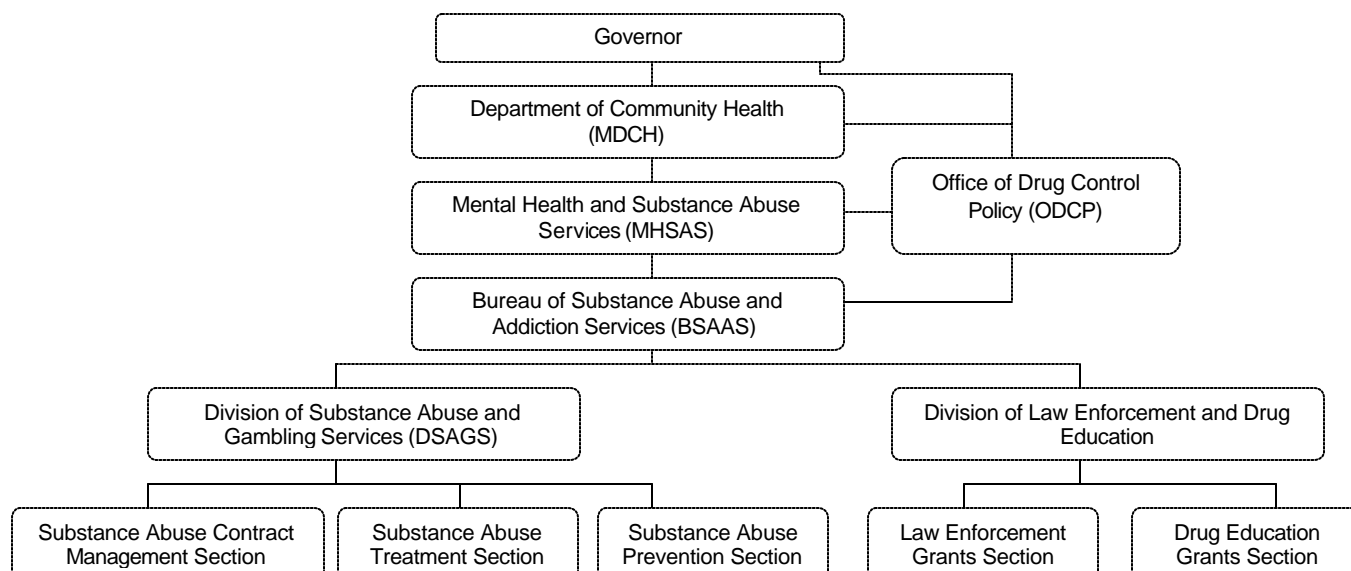
Structure and Function



The Michigan Bureau of Substance Abuse and Addiction Services (BSAAS) serves as the Single State Agency (SSA) and reports to two units within the Michigan Department of Community Health (MDCH)—the Office of Drug Control Policy (ODCP) and Mental Health and Substance Abuse Services Administration (MHSAS).

Operating within the BSAAS are as follows: Division of Substance Abuse and Gambling Services, Substance Abuse Contract Management Section, Substance Abuse Treatment Section, and Substance Abuse Prevention Section; Division of Law Enforcement & Drug Education, Law Enforcement Grants Section, and Drug Education Grants Section. The State procures substance abuse services primarily through 16 substate entities established pursuant to Michigan Public Act 368, of 1978 as amended, called Coordinating Agencies (CAs), which serve 83 counties; Medicaid substance abuse benefits are administered through 18 Specialty Prepaid Inpatient Health Plans. The CAs are either local governmental units under the auspices of one or more counties or are free-standing nonprofit entities. CAs are responsible for comprehensive planning, review, and data collection. Monitoring and evaluating services are provided through contracts with licensed substance abuse providers to deliver a continuum of substance abuse prevention and treatment services.

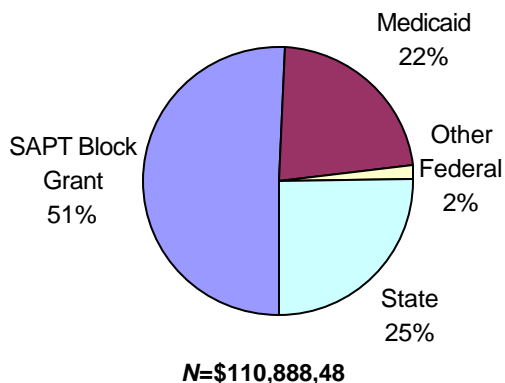
Single State Agency Structure



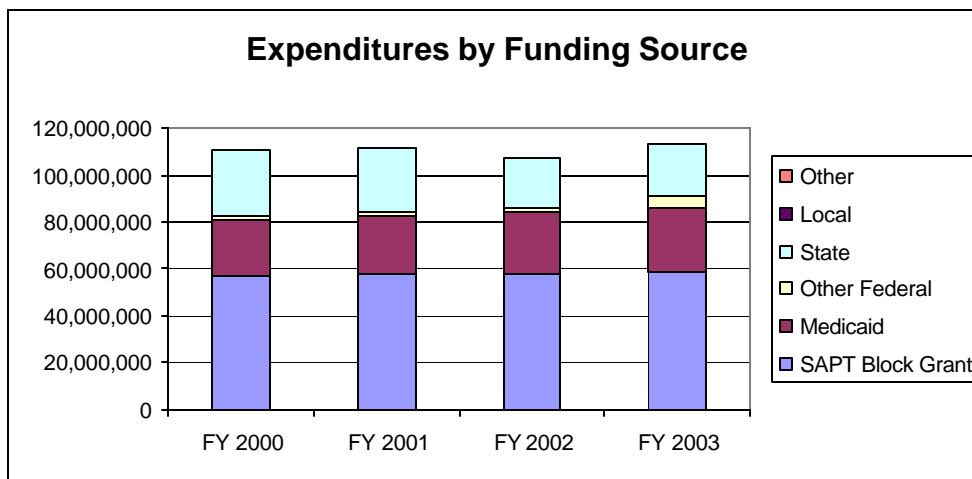
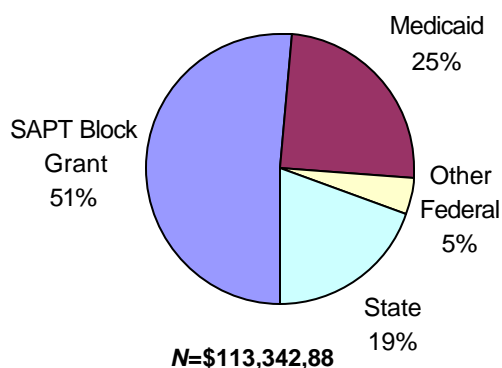
Single State Agency Funding Overview

Total SSA funding in Michigan was \$113.3 million in FY 2003, an increase from \$107.5 million in FY 2002. Interestingly, funding for FY 2000 and 2001 were slightly higher than 2002, at \$110.8 million and \$111.9 million, respectively. Funding sources for total substance abuse expenditures in FY 2003 were divided among Block Grant funds (51 percent), Medicaid (25 percent), and the State (19 percent). These proportions are relatively the same for the previous three FYs (2000, 2001 and 2002).

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

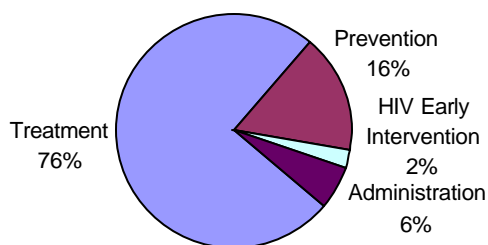
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	56,510,128	51	57,213,767	51	57,845,696	54	58,143,061	51
Medicaid	24,347,273	22	25,980,257	23	27,082,285	25	28,144,755	25
Other Federal	1,955,778	2	1,113,158	1	1,347,631	1	5,131,953	5
State	28,075,307	25	27,565,798	25	21,178,910	20	21,923,111	19
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	110,888,486	100	111,872,980	100	107,454,522	100	113,342,880	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

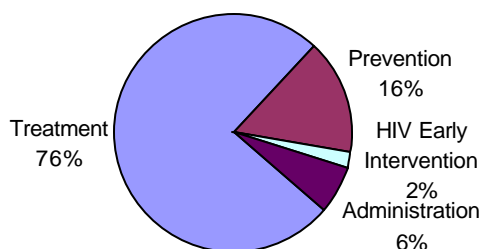
Total SSA expenditures were stable between FYs 2000 and 2003, and the distribution of funds, per type of activity also remained relatively stable. For example, in FY 2003 most (76 percent) of total expenditures were earmarked for treatment services. In FY 2000, 2001 and 2002, the proportions, were virtually equal (76 percent, 75 and 74 percent, respectively). For each year, approximately 16 percent was spent on prevention (with the exception of 2002, when 17 percent was spent on prevention), 6 percent on administration, and 2 percent on HIV Early Intervention.

FY 2000 Expenditures by Activity

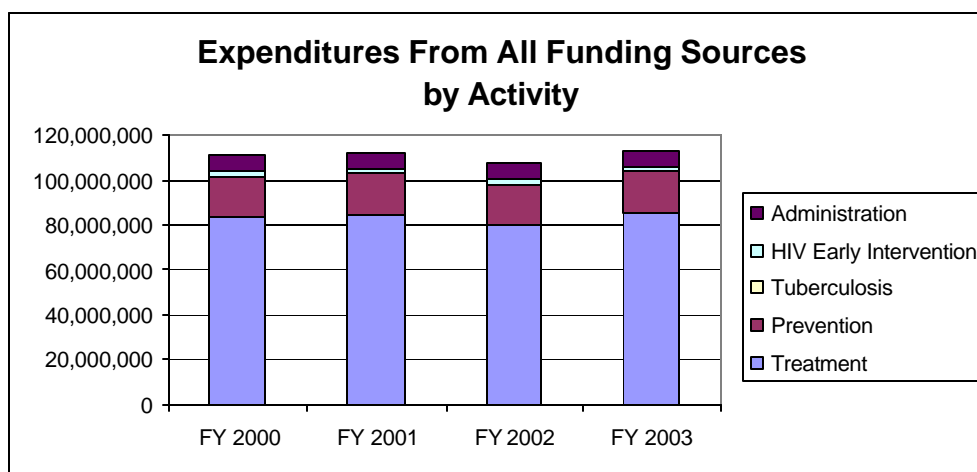


N=\$110,888,48

FY 2003 Expenditures by Activity



N=\$113,342,88



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	24,347,273	22	25,980,257	23	79,936,657	74	85,880,552	76
Alcohol Treatment	29,614,480	27	29,392,230	26				
Drug Treatment	29,614,481	27	29,392,230	26				
Prevention	18,212,667	16	18,228,538	16	18,292,904	17	17,953,763	16
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,464,664	2	2,315,999	2	2,273,730	2	2,145,741	2
Administration	6,634,921	6	6,563,726	6	6,951,231	6	7,362,824	6
Total*	110,888,486	100	111,872,980	100	107,454,522	100	113,342,880	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.

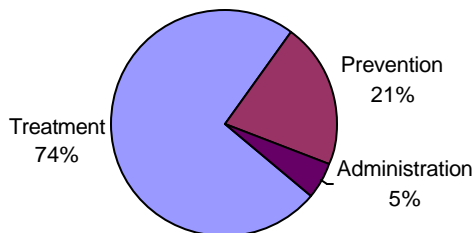
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

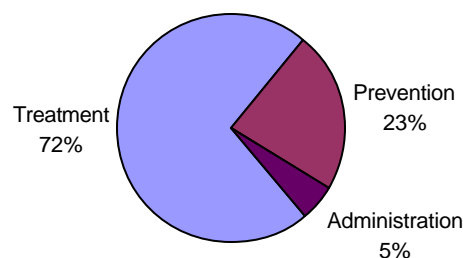
In FY 2003, Block Grant expenditures were \$58.1 million in Michigan, a relatively stable total since FY 2000. Nearly three-quarters (72 percent) of that total is expected to go toward treatment services followed by prevention services at 23 percent, which is also relatively stable since FY 2000.

FY 2000 Block Grant Expenditures by Activity

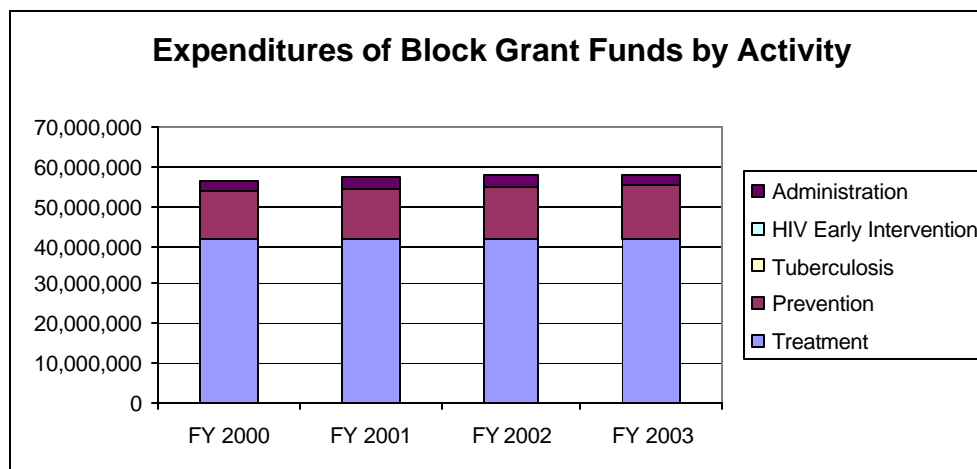


N=\$56,510,128

FY 2003 Block Grant Expenditures by Activity



N=\$58,143,061



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	41,629,289	72	42,021,077	72
Alcohol Treatment	20,872,269	37	20,983,676	37				
Drug Treatment	20,872,270	37	20,983,676	37				
Prevention	11,940,083	21	12,385,727	22	13,324,122	23	13,249,022	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,825,506	5	2,860,688	5	2,892,285	5	2,872,962	5
Total*	56,510,128	100	57,213,767	100	57,845,696	100	58,143,061	100

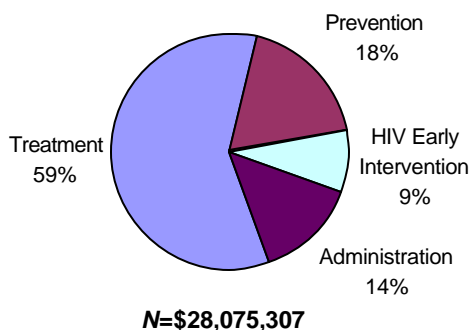
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

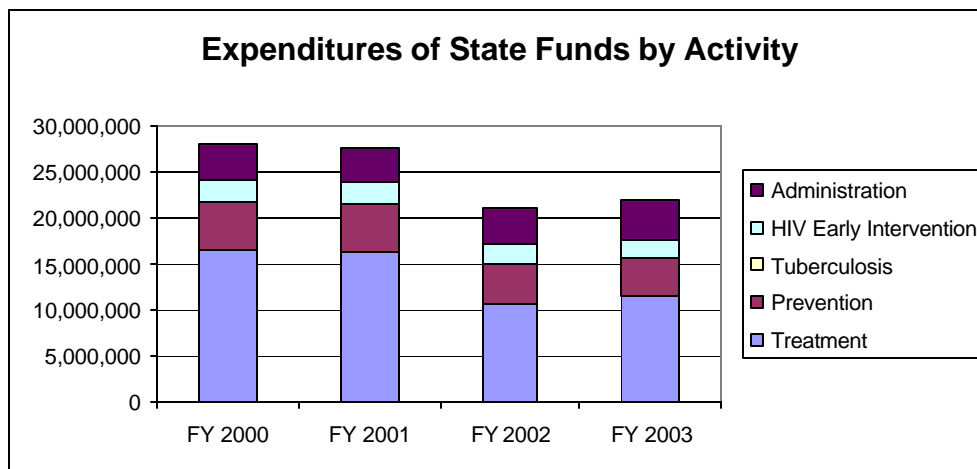
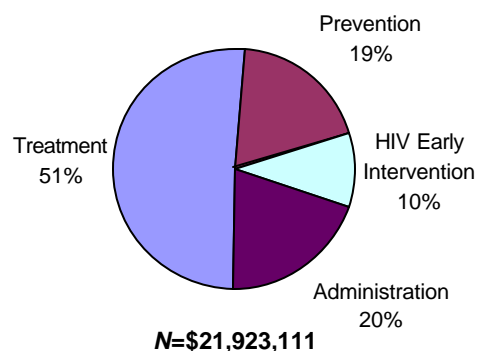
Expenditures of State Funds

Overall State funding decreased from \$28.1 million in FY 2000 to \$21.9 million in FY 2003. About half of State expenditures went toward treatment services in FYs 2002 and 2003, an increase from FYs 2000 and 2001, when 60 percent of State expenditures went toward treatment services. During FYs 2002 and 2003, approximately 20 percent of State funds went toward administration costs and prevention services, and 10 percent toward HIV early intervention services.

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	0	0	0	0	10,620,336	50	11,334,531	52
Alcohol Treatment	8,335,989	30	8,187,237	30				
Drug Treatment	8,335,989	30	8,187,237	30				
Prevention	5,129,250	18	5,172,287	19	4,280,125	20	4,115,363	19
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,464,664	9	2,315,999	8	2,273,730	11	2,145,741	10
Administration	3,809,415	14	3,703,038	13	4,004,719	19	4,327,476	20
Total*	28,075,307	100	27,565,798	100	21,178,910	100	21,923,111	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

The Division of Substance Abuse and Gambling Services (DSAGS) is assigned principal responsibility for providing leadership and guidance for prevention services in the State. DSAGS contracts with the 16 CAs to provide statewide alcohol, tobacco, and other drug (ATOD) treatment and prevention services. CAs then contract with community providers for actual delivery of services.

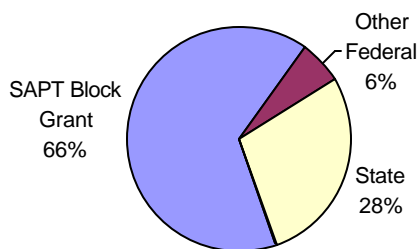
DSAGS works closely with CAs and providers to institute research-based/theory-driven prevention activities and requires 90 percent of CA-contracted prevention services to be research based and theory driven.

Prevention Funding and Expenditures

Prevention funding remained stable between FYs 2000 and 2003 at approximately \$18.0 million. Most of the funding for prevention services came from the Block Grant, which increased in proportion over time from 66 percent of total funding in FY 2000 to 74 percent in FY 2003. State funds accounted for approximately one quarter of prevention expenditures during this period (28 percent in FYs 2000 and 2001, and 23 percent in FYs 2002 and 2003).

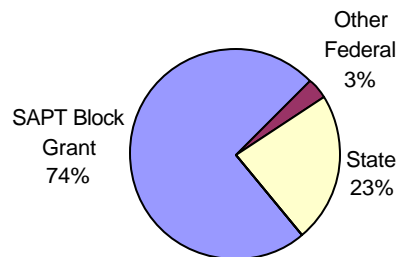
Between FYs 2000 and 2003 Block Grant expenditures for prevention increased steadily in Michigan, from \$1.20 per capita (in FY 2000) to \$1.31 per capita (in FY 2003).

FY 2000 Prevention Expenditures by Funding Source

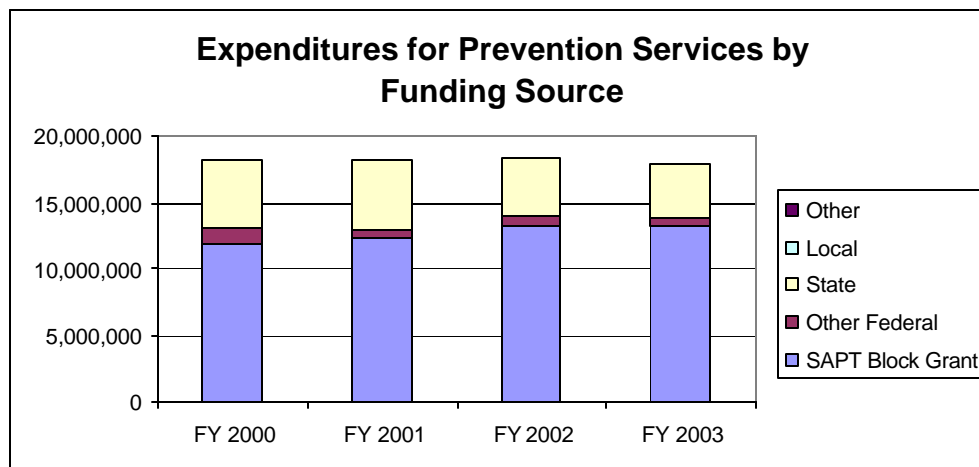


N=\$18,212,667

FY 2003 Prevention Expenditures by Funding Source



N=\$17,953,763



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	11,940,083	66	12,385,727	68	13,324,122	73	13,249,022	74
Other Federal	1,143,334	6	670,524	4	688,657	4	589,378	3
State	5,129,250	28	5,172,287	28	4,280,125	23	4,115,363	23
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	18,212,667	100	18,228,538	100	18,292,904	100	17,953,763	100

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

* Totals may not equal 100 percent due to rounding.

Core Strategies

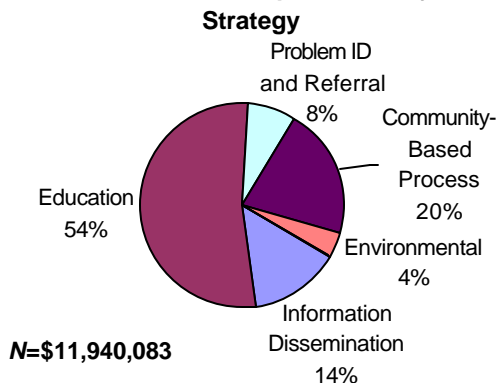
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The Michigan Resource Center (MRC), a statewide clearinghouse, supports a statewide toll-free information line, materials distribution, speaking engagements, local resources directories, and health fair/health promotion initiatives.
Education	Activities include parent education and family management classes/trainings, peer leadership and peer assistance programs, classroom presentations/curricula, educational support groups, youth group education initiatives, preschool programs, and mentoring activities.
Alternatives	Minimal State or Federal funds are used to support alternative strategies for adult mentoring programs.
Community-Based Processes	Funding supports community assessment of risk and protective factors, systematic/multi-faceted planning, technical assistance, volunteer trainings, community team building, resource identification, program development, environmental strategy training, and a mini-grant program.
Environmental	Strategies include measures to impact point-of-sale issues; technical assistance to communities throughout the State to maximize local enforcement procedures governing the availability, sale, and distribution of tobacco to minors; tobacco law enforcement trainings; and increased compliance check activity.
Problem Identification and Referral	Funds support training and implementation of student assistance programs for students who have experimented or indulged in illegal use of alcohol, tobacco, and other drugs and for students at risk of such behaviors. Programs also include driving while under the influence (DUI)/and driving while intoxicated education programs, minor in possession (MIP) programs, and court-coordinated programs for youth and parents.

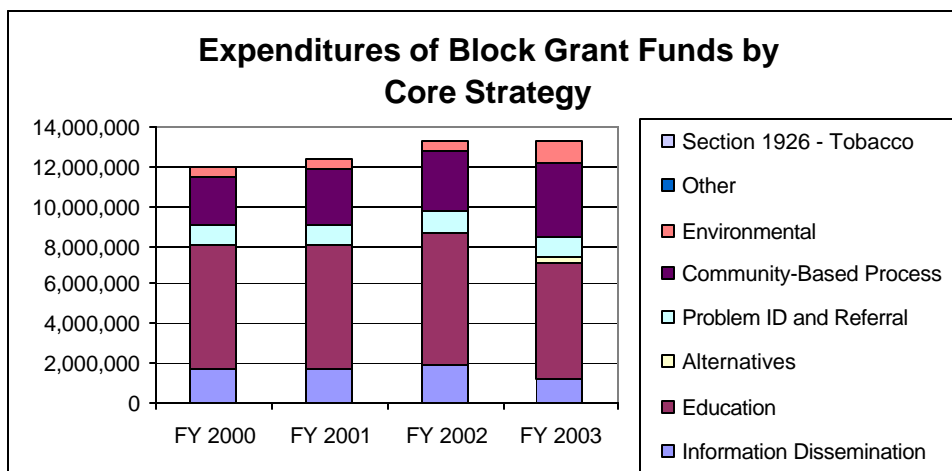
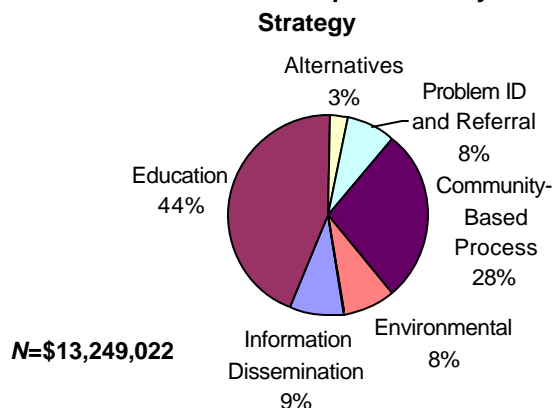
Expenditures of Block Grant Funds for Core Strategies

Of the \$13.2 million Block Grant expenditures in Michigan for FY 2003, 44 percent was spent on education activities, 28 percent for community-based processes, 9 percent for information dissemination, 8 percent for problem identification and referral, and 8 percent for environmental strategies. This distribution by prevention core strategies has remained relatively stable since FY 2000.

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	1,731,312	14	1,734,002	14	1,865,377	14	1,192,412	9
Education	6,328,244	53	6,316,721	51	6,795,302	51	5,829,569	44
Alternatives	0	0	0	0	0	0	397,471	3
Problem ID and Referral	955,207	8	990,858	8	1,065,930	8	1,059,922	8
Community-Based Process	2,447,717	20	2,848,717	23	3,064,548	23	3,709,726	28
Environmental	477,603	4	495,429	4	532,965	4	1,059,922	8
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	11,940,083	100	12,385,727	100	13,324,122	100	13,249,022	100

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

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Treatment services that must be available within a CA include outpatient, intensive outpatient, subacute detoxification, short-term residential, long-term residential, methadone, and assessment and referral. In addition to the minimal required service set, many CAs provide the following: therapeutic community, case management, treatment for co-occurring disorders, urinalysis, and acupuncture.

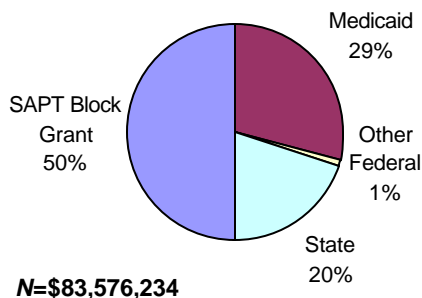
Programs serving injection drug users (IDUs) contact the CA when they are at or above 90 percent capacity. CAs are required to report this capacity data on a monthly basis. CAs are also required to submit a Federal Priority Population Waiting List form verifying that either no pregnant women or IDU clients were waiting for services more than the allowed time, or listing those who were.

Treatment Funding and Expenditures

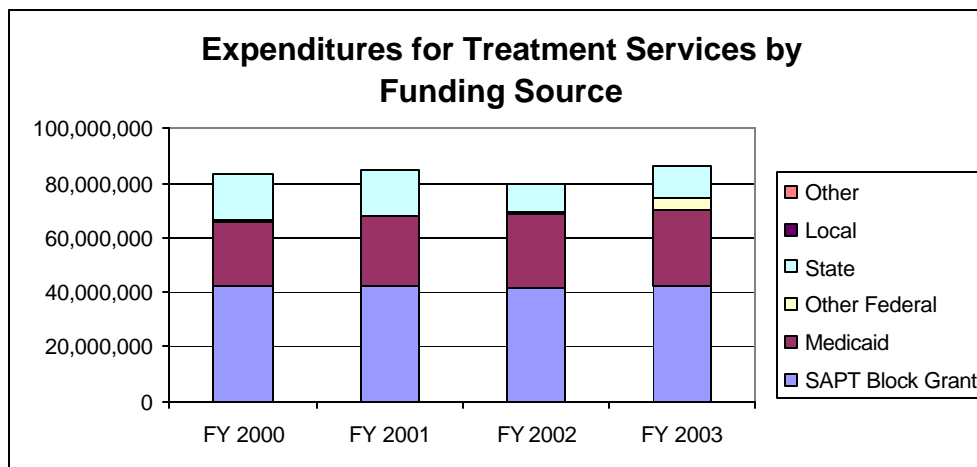
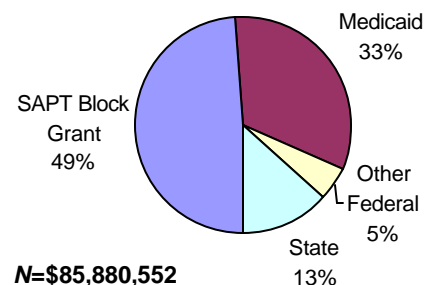
Michigan's expenditures on treatment services fluctuated between FYs 2000 and FY 2003 (from \$83.6 million in FY 2000 to \$85.9 million in FY 2003). While Block Grant and Medicaid funds remained relatively stable during this period, funding from the State decreased (from \$16.7 to \$11.3 million).

Between FYs 2000 and 2003 Block Grant expenditures on treatment services in Michigan remained stable, and ranged from \$4.15 per capita (in FY 2002) to \$4.20 per capita (in FY 2001).

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source



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	41,744,539	50	41,967,352	50	41,629,289	52	42,021,077	49
Medicaid	24,347,273	29	25,980,257	31	27,082,285	34	28,144,755	33
Other Federal	812,444	1	442,634	1	604,747	1	4,380,189	5
State	16,671,978	20	16,374,474	19	10,620,336	13	11,334,531	13
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	83,576,234	100	84,764,717	100	79,936,657	100	85,880,552	100

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

* Totals may not equal 100 percent due to rounding.

Admissions

Michigan's SAPT Block Grant application indicates that over 65,000 persons were admitted to treatment during FY 2003.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=65,584)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	3,651	4,480	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	2,894	4,065	6
Long-term residential	1,437	2,170	85
Ambulatory (Outpatient)			
Outpatient (methadone)	61	2,491	0
Outpatient (non-methadone)	19,902	15,046	165
Intensive outpatient	3,765	5,366	0
Detoxification (outpatient)	0	0	0
Total	31,710	33,618	256

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2003

Treatment Episode Data Set (TEDS) data indicate more than 64,000 admissions (where at least one substance is known), of which over 18,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 12 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	18,651	10.3
Alcohol in combination with other drugs	45,706	12.4
Total	64,357	11.8

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, 667,000 persons aged 12 and older (8.1 percent of Michigan's population) needed, but did not receive, treatment for alcohol use and 215,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Michigan.

Treatment Gap by Age Group

Measure	2002-2003			
	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.05	6.22	17.31	6.70
Needing but not receiving treatment for illicit drug use	2.60	5.88	7.19	1.33

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

Resource Development Activities

Planning and Needs Assessment

Regional planning by CAs depends on data obtained from several types of needs assessment studies, including community surveys, community forums, key informants, treatment outcomes, and social indicators. CAs also use results from the MDCH/ODCP substance abuse needs assessment studies. Community forums have included public hearings conducted by CAs in compliance with MDCH/ODCP annual planning requirements and often include numerous other public hearings and activities conducted by CAs.

MDCH/ODCP assesses prevention needs locally by requiring CA prevention coordinators to survey their region and provide information within their annual plans. This process is supported and contributed to by the statewide Prevention Needs Assessment (PNA), a 3-year project which has been conducted and completed by MDCH/ODCP and was funded through a Federal grant. The PNA consists of a school survey, a community prevention services assessment (COMPASA) survey, compilation of community indicators, and a synthesis of parts the aforementioned parts.

Rates of individuals in treatment specific to regions are obtained from the statewide data system. Social indicator data used by CAs is obtained from census data, the Treatment Needs Assessment Report, health statistics from local health departments, and Michigan State Police Uniform Crime Reports (UCRs), among others.

Evaluation

Treatment services are evaluated through these methods:

1. Quarterly performance indicator reports, capturing data on penetration rates, client satisfaction, access timeliness, and other factors.
2. Analyses of TEDS and encounter data.
3. Reviews of the SAMHSA NOMS outcome data.

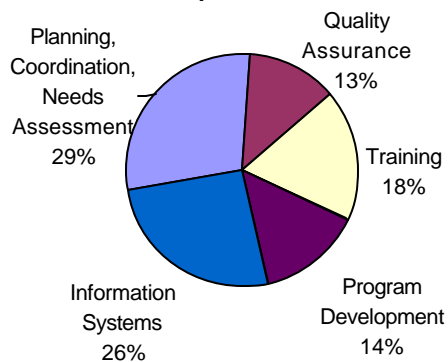
Training and Assistance

The major investment in training and professional development is channeled through a contract with the Michigan Association of Community Mental Health Boards. This statewide training program emphasizes prevention, treatment, and administrative topics. All 16 coordinating agencies distribute the bimonthly training calendar published by the Substance Abuse Training Project, which is funded by MDCH/ODCP. CAs sponsored or provided 40 trainings in FY 2004.

Expenditures of Block Grant Funds for Resource Development Activities

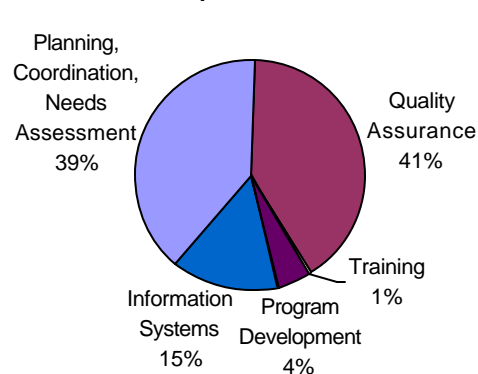
Between FY 2000 and FY 2003, SAPT Block Grant funding for resource development activities jumped from nearly \$1.6 million to nearly \$4.7 million. Of the \$4.7 million in FY 2003, 41 percent went toward quality assurance, 39 percent to planning, coordination, and needs assessment, and 15 percent toward information systems. This is a change from FY 2000, when 29 percent went towards planning, coordination, and needs assessment, 26 percent went towards information systems, and 18 percent went toward training.

FY 2000 Block Grant Expenditures on Resource Development Activities

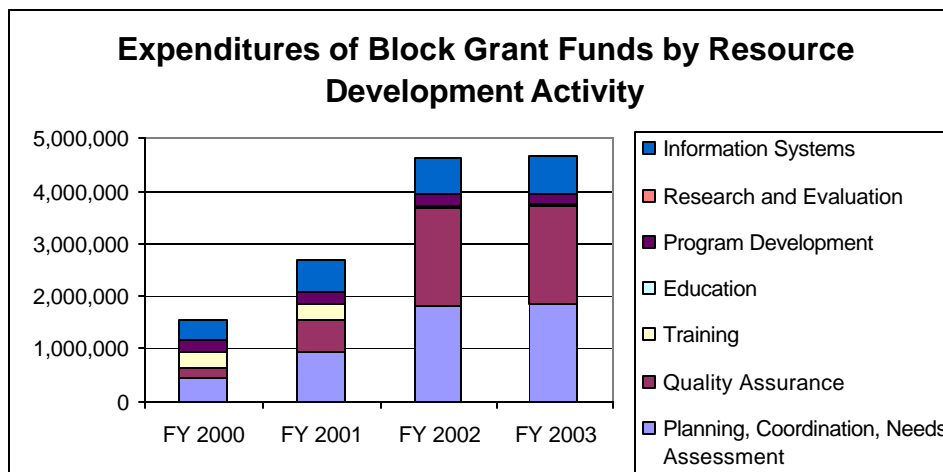


N=\$1,555,000

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$4,658,288



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	450,000	29	955,000	36	1,800,000	39	1,833,288	39
Quality Assurance	200,000	13	600,000	22	1,900,000	41	1,895,000	41
Training	280,000	18	300,000	11	30,000	1	30,000	1
Education	0	0	0	0	0	0	0	0
Program Development	225,000	14	225,000	8	200,000	4	200,000	4
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	400,000	26	600,000	22	700,000	15	700,000	15
Total*	1,555,000	100	2,680,000	100	4,630,000	100	4,658,288	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

Michigan received nearly \$7.7 million in Center for Substance Abuse Prevention (CSAP) discretionary funds in FY 2004. Most grants (16 of the 23) were awarded for drug-free communities. The largest single grants were for a State Incentive Cooperative Agreement (nearly \$3 million) and a Strategic Prevention Framework State Incentive Grant (SPF SIG) (\$2.4 million).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Drug Free Communities	16	1,351,518
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	271,597
HIV/AIDS Cohort 5 Services	1	250,000
Prevention of Methamphetamine and Inhalant Use	1	349,942
State Incentive Cooperative Agreements	1	2,967,318
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Total	23	7,668,612

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Nearly \$5.5 million in Center for Substance Abuse Treatment (CSAT) discretionary funds was awarded to Michigan in FY 2004. Five of 13 of these awards were for targeted capacity-HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
CSAT 2004 Earmarks	1	347,935
Effective Adolescent Treatment	2	467,911
Homeless Addictions Treatment	1	389,428
Recovery Community Service	1	324,965
Strengthening Communities -Youth	1	750,000
Targeted Capacity Expansion	1	488,505
Targeted Capacity - HIV/AIDS	5	2,199,664
TCE Innovative Treatment	1	500,000
Total	13	5,468,408

SOURCE: www.samhsa.gov