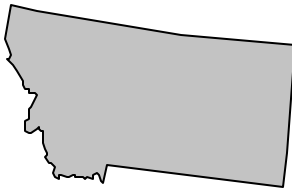


MONTANA

State SSA Director

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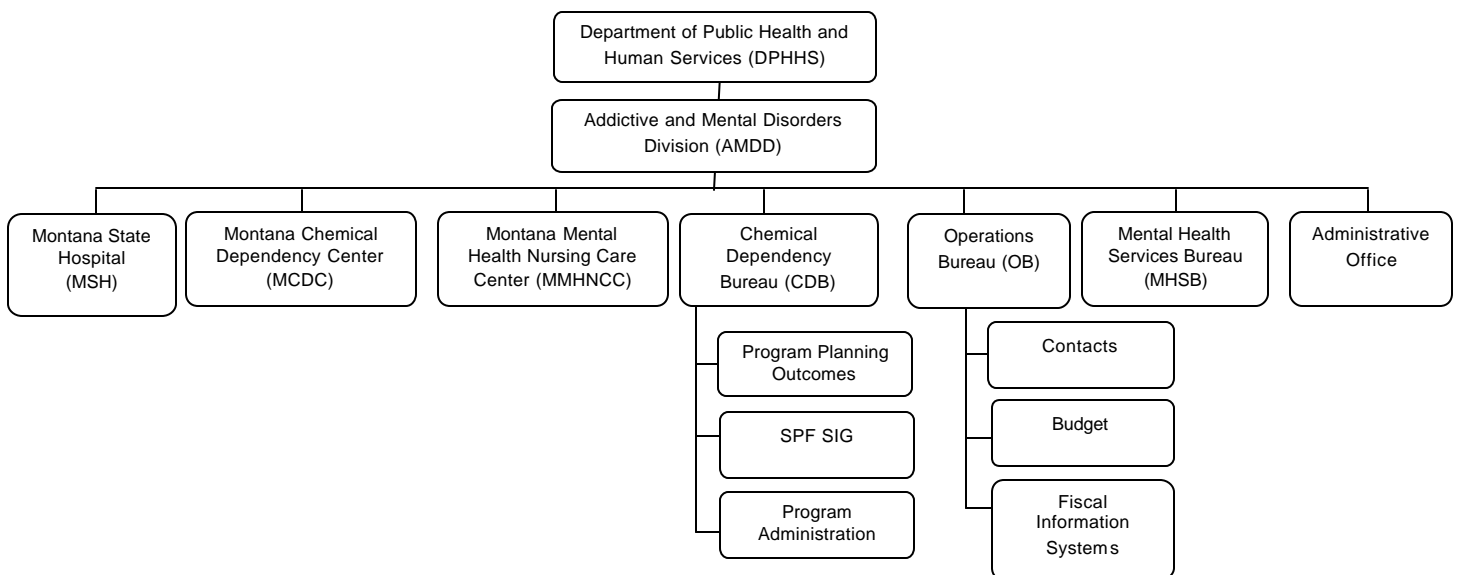
Structure and Function



The Department of Public Health and Human Services (DPHHS) is the designated Single State Agency (SSA) for alcohol and drug treatment and prevention in Montana. Responsibilities for alcohol and drug services are delegated to the Addictive and Mental Disorders Division (AMDD), which falls under DPHHS. AMDD is charged with implementing and improving systems of prevention and treatment for Montana residents with addictive and mental disorders.

AMDD units include the Chemical Dependency Bureau (CDB), which assesses alcohol and drug treatment and prevention needs and is responsible for providing alcohol and drug services to low-income Montana residents; the Operations Bureau (OB), which is responsible for data management and collection, Federal reporting, contract development and monitoring, and accounting functions; Mental Health Services Bureau (MHSB), which is responsible for the development, evaluation, and oversight of the mental health services delivery system; and Montana Mental Health Nursing Care Center (MMHNCC), which is charged with providing nursing care to Montana residents whose mental disorders would make them ineligible for care at other nursing homes throughout the State.

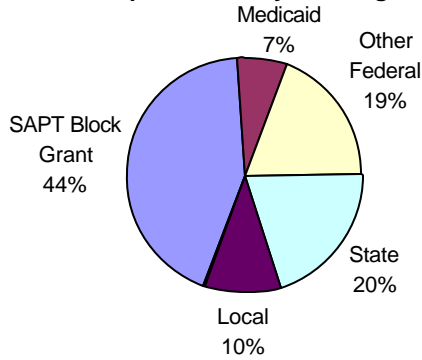
Single State Agency Structure



Single State Agency Funding Overview

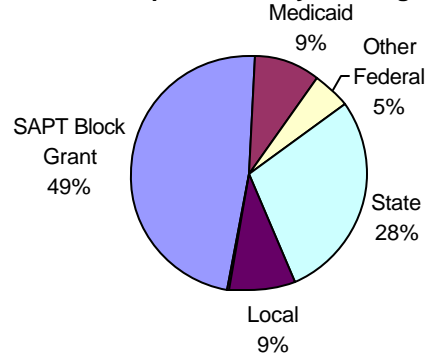
SSA funding in Montana inched up between FYs 2000 and 2003—from \$12.9 to about \$13.6 million. The Block Grant funded nearly half of the FY 2003 total, and the State funded more than one-quarter—increases over FY 2000 proportions. Other Federal funding sources declined during that time period.

FY 2000 Expenditures by Funding Source

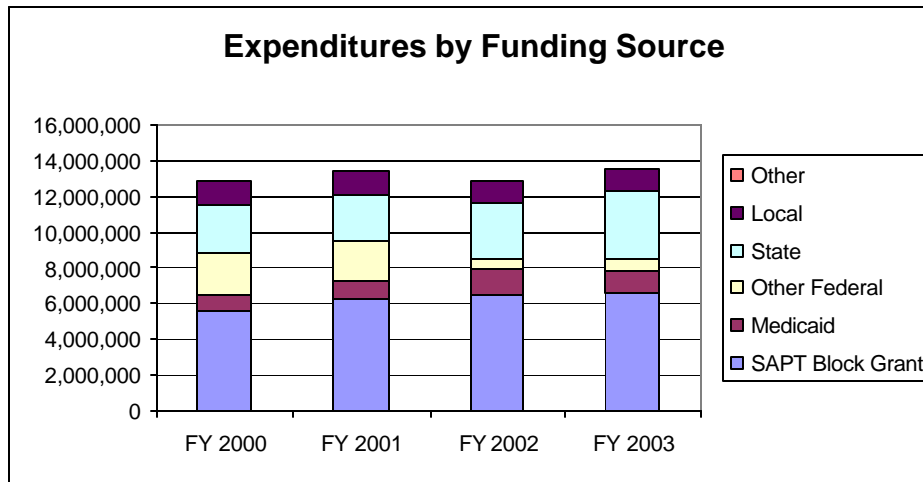


N=\$12,875,211

FY 2003 Expenditures by Funding Source



N=\$13,571,803



Single State Agency Expenditures From All Funding Sources

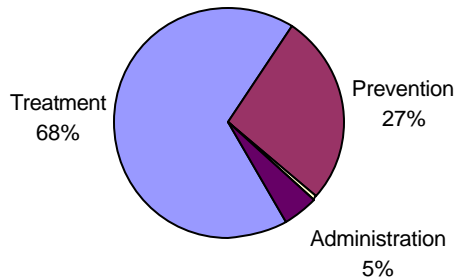
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	5,584,315	44	6,243,750	46	6,468,750	50	6,577,245	49
Medicaid	894,441	7	923,724	7	1,459,446	11	1,200,971	9
Other Federal	2,411,287	19	2,411,287	18	527,128	4	705,239	5
State	2,636,366	20	2,517,842	19	3,161,125	25	3,830,948	28
Local	1,348,802	10	1,348,802	10	1,226,636	10	1,257,400	9
Other	0	0	0	0	0	0	0	0
Total*	12,875,211	100	13,445,405	100	12,843,085	100	13,571,803	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

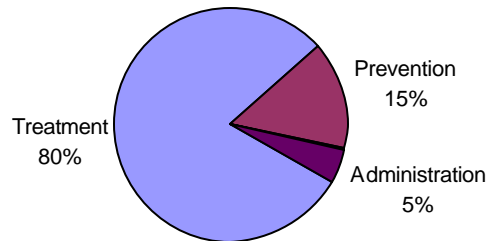
Treatment and rehabilitation activities increased as a proportion of SSA funds in Montana between FYs 2000 and 2003—from 68 to 80 percent. Conversely, prevention activities declined, both in dollar value and proportion.

FY 2000 Expenditures by Activity

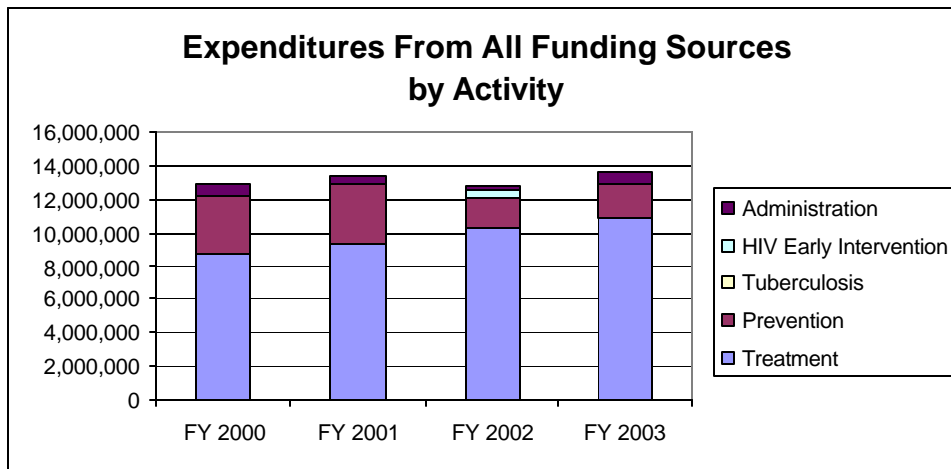


N=\$12,875,211

FY 2003 Expenditures by Activity



N=\$13,571,803



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	1,348,802	11	1,348,802	10	10,265,851	80	10,913,500	80
Alcohol Treatment	4,253,266	33	4,899,169	36				
Drug Treatment	3,136,192	24	3,075,100	23				
Prevention	3,463,218	27	3,596,220	27	1,855,235	14	1,980,822	15
Tuberculosis	18,491	0	18,506	0	18,840	0	18,840	0
HIV Early Intervention	0	0	0	0	398,562	3	0	0
Administration	655,242	5	507,608	4	304,597	2	658,641	5
Total*	12,875,211	100	13,445,405	100	12,843,085	100	13,571,803	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.

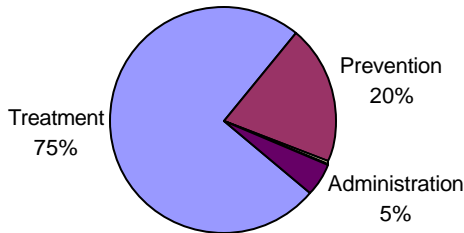
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

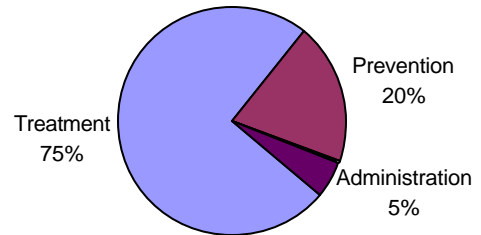
Block Grant expenditures in Montana increased by nearly \$1 million between FYs 2000 and 2003 (from around \$5.6 to \$6.6 million). Treatment and rehabilitation activities continued to account for three-quarters of those expenditures, while prevention activities accounted for one-fifth.

FY 2000 Block Grant Expenditures by Activity

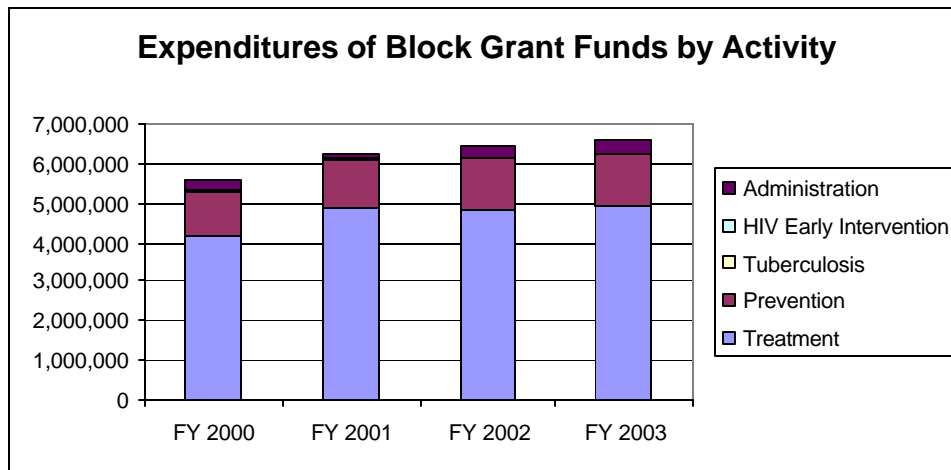


N=\$5,584,315

FY 2003 Block Grant Expenditures by Activity



N=\$6,577,245



Single State Agency Expenditures of Block Grant Funds by Activity

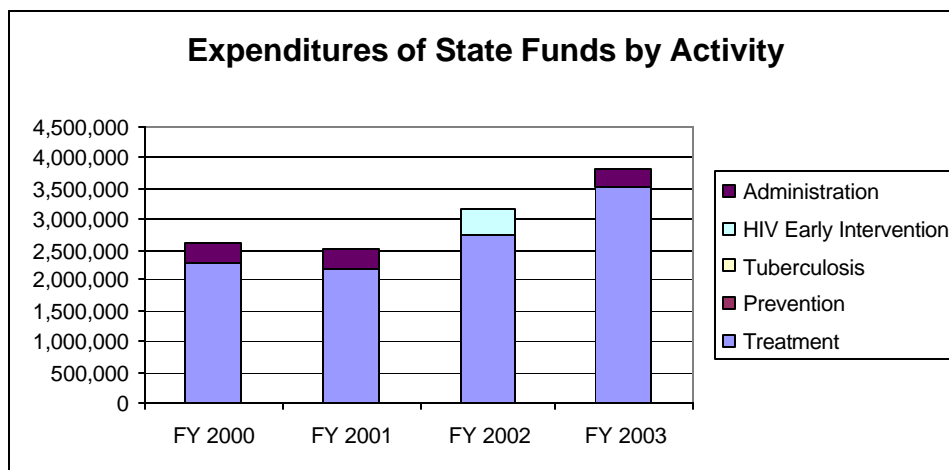
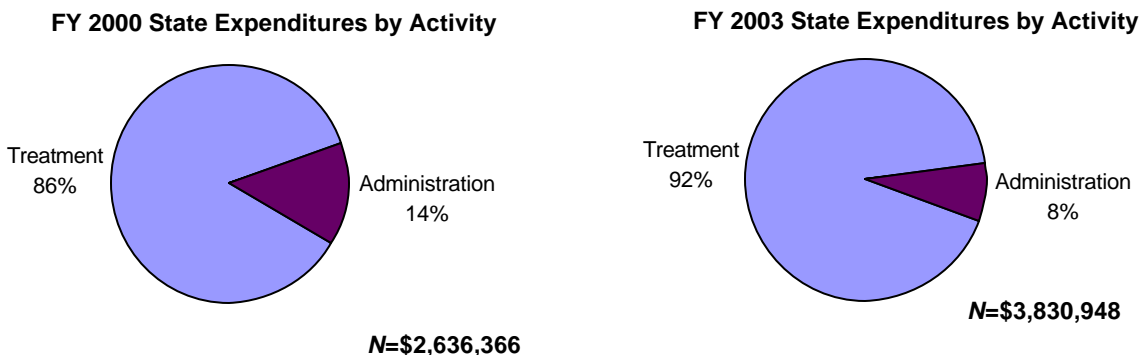
Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	4,817,206	74	4,913,384	75
Alcohol Treatment	2,225,135	40	2,929,501	47				
Drug Treatment	1,963,345	35	1,935,138	31				
Prevention	1,117,785	20	1,250,787	20	1,328,107	21	1,316,159	20
Tuberculosis	18,491	0	18,506	0	18,840	0	18,840	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	259,559	5	109,818	2	304,597	5	328,862	5
Total*	5,584,315	100	6,243,750	100	6,468,750	100	6,577,245	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 expenditures increased by nearly \$1.2 million between FYs 2000 and 2003 (from \$2.6 to \$3.8 million). Treatment and rehabilitation activities accounted for an increasing majority of those funds (from 86 percent in FY 2000 to 92 percent in FY 2003). Administrative costs declined in proportion (from 14 to 8 percent) during the same time period. No State funds were allocated for prevention activities.



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	2,762,563	87	3,541,745	92
Alcohol Treatment	1,455,689	55	1,378,485	55				
Drug Treatment	818,825	31	775,398	31				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	398,562	13	0	0
Administration	361,852	14	363,959	14	0	0	289,203	8
Total*	2,636,366	100	2,517,842	100	3,161,125	100	3,830,948	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

Mandated in 1993, the Interagency Coordinating Council (ICC) for State Prevention Programs' mission is to create and sustain a coordinated, comprehensive system of prevention services in the State of Montana. The strategies of the ICC include the coordination of a statewide approach to prevention, and the developing, implementing, maintaining, and evaluating of prevention programs.

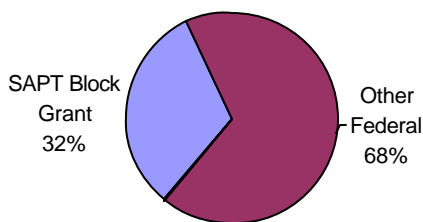
All of Montana's 56 counties provide prevention services through a system of 17 State-approved programs. The 14 prevention programs are responsible for development of strategies based on local risk and protective factors, as well as the implementation of State-level initiatives including organizing communities to participate in evidence-based programs, campaigns to reduce youth access to tobacco and alcohol, and the development of other prevention programs and activities.

Prevention Funding and Expenditures

Prevention funding in Montana declined between FYs 2000 and 2003 (from \$3.5 to less than \$2 million)—driven by a sharp decline in Federal funding sources other than the Block Grant. Federal sources dwindled from about two-thirds to about one-third of total prevention expenditures, while the reverse held true for Block Grant funding. During this time, Block Grant dollars spent remained stable and increased slightly.

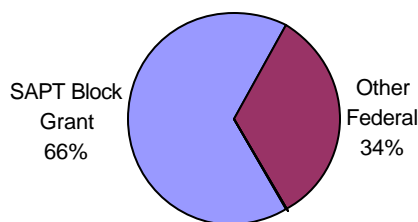
Per capita, Block Grant spending on prevention in Montana increased from \$1.24 to \$1.43 over the two comparison periods.

FY 2000 Prevention Expenditures by Funding Source

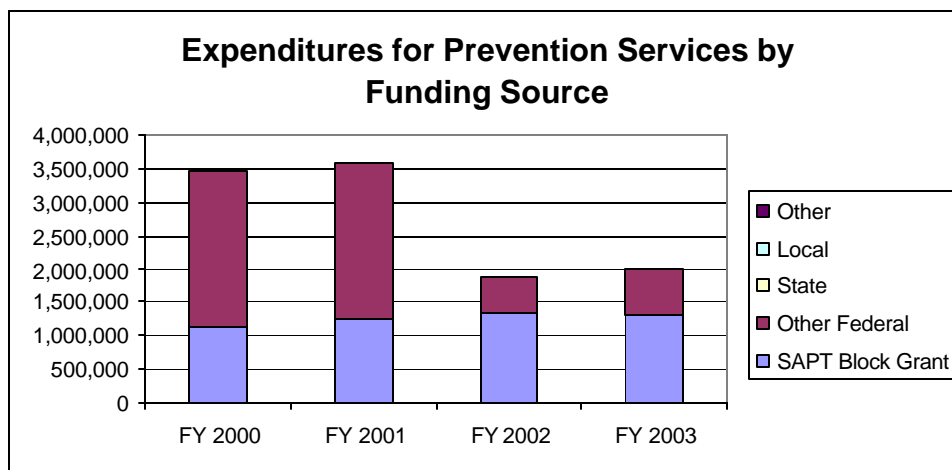


N=\$3,463,218

FY 2003 Prevention Expenditures by Funding Source



N=\$1,980,822



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	1,117,785	32	1,250,787	35	1,328,107	72	1,316,159	66
Other Federal	2,345,433	68	2,345,433	65	527,128	28	664,663	34
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,463,218	100	3,596,220	100	1,855,235	100	1,980,822	100

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

* Totals may not equal 100 percent due to rounding.

Core Strategies

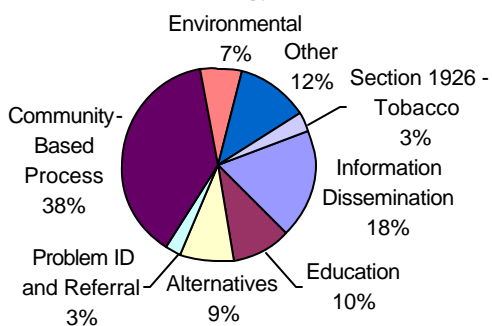
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Materials are available for use throughout the year for prevention-related activities, including school presentations, health fairs, and related activities. The Prevention Connection is published quarterly and goes to a current mailing list of close to 2,000.
Education	Activities include classroom presentations, working with youth groups, providing family management classes, and working with community leaders. Under the terms of the prevention contracts, programs are required to implement programs based in the principles and strategies identified as best practices. AMDD also conducts trainings for school and community personnel, presents assemblies, and make public presentations to the general public.
Alternatives	Activities include camps, drug-free social activities, youth leadership activities, and mentoring. Most notable is the project developed in the city of Missoula, the Flagship Project at CS Porter Middle School. This project is located in a school with an annual student turnover of 50%. Each of the 14 programs was designed to provide children and youth with caring adults, safe places, opportunities to serve, a healthy start, and marketable skills.
Community-Based Processes	Prevention specialists continue to be actively involved in community coalitions, especially in the 11 communities that received funding under the State Incentive Grant (SIG) process.
Environmental	AMDD continues to work with WE CARD to provide education to merchants on Montana's law regarding sales of tobacco products to minors. AMDD has also continued the program of merchant education through store surveys that was begun with the SFY 2003 contract period. During the SFY 2004 contract period, this activity was expanded to include more of the rural/frontier counties.
Problem Identification and Referral	AMDD recently developed a new Minor In Possession (MIP) course for use by State-approved programs. The new course places a stronger emphasis on current knowledge regarding addiction. Local programs are involved in providing student assistance program, employee assistance programs, and prevention assessments services within their service areas. In addition, programs use Block Grant funds to support participants in MIP classes, in some cases.

Expenditures of Block Grant Fund for Core Strategies

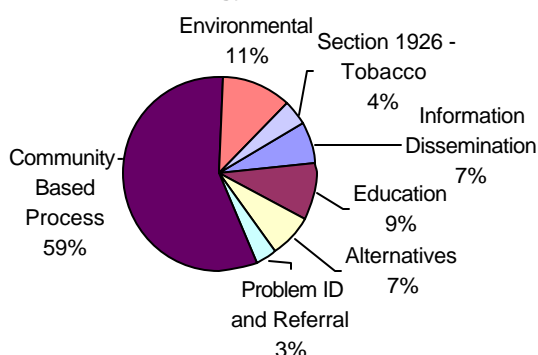
Community-based process strategies received the majority (59 percent) of Block Grant funding for prevention core strategies in Montana in FY 2003—an increase from their 38 percent share in FY 2000. Some of this increase was offset by a decline in information dissemination strategies (from 18 percent to 7 percent). The remainder of the funding was spread among a wide variety of strategies.

FY 2000 Block Grant Expenditures by Core Strategy

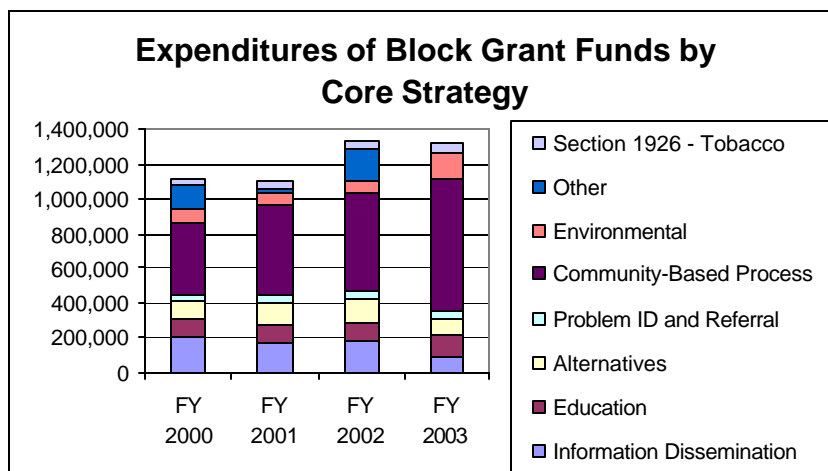


N=\$1,117,785

FY 2003 Block Grant Expenditures by Core Strategy



N=\$1,316,159



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	200,365	18	166,601	15	176,899	13	92,094	7
Education	109,207	10	106,256	10	112,824	8	121,255	9
Alternatives	99,571	9	123,167	11	130,780	10	97,121	7
Problem ID and Referral	29,711	3	43,240	4	45,912	3	44,529	3
Community-Based Process	431,277	39	533,492	48	566,470	43	757,415	58
Environmental	77,314	7	64,068	6	68,028	5	150,195	11
Other	134,848	12	23,015	2	183,725	14	0	0
Section 1926 - Tobacco	35,492	3	40,939	4	43,469	3	53,550	4
Total*	1,117,785	100	1,100,778	100	1,328,107	100	1,316,159	100

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

* Totals may not equal 100 percent due to rounding.

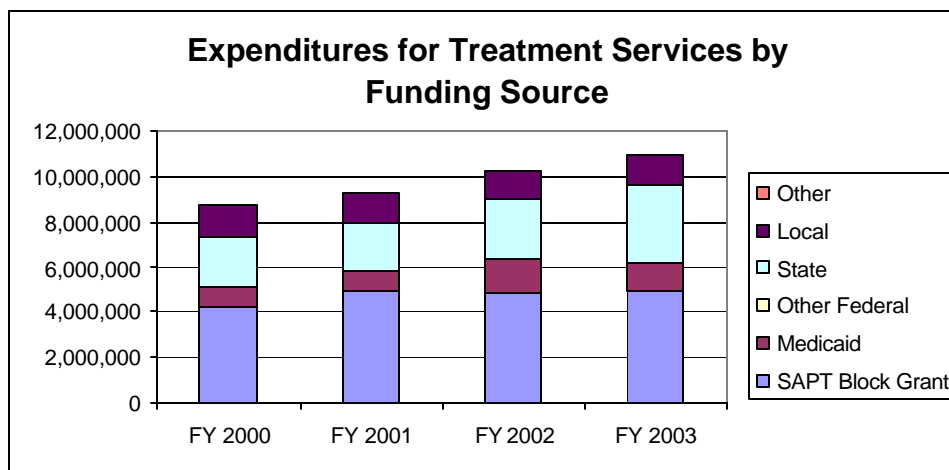
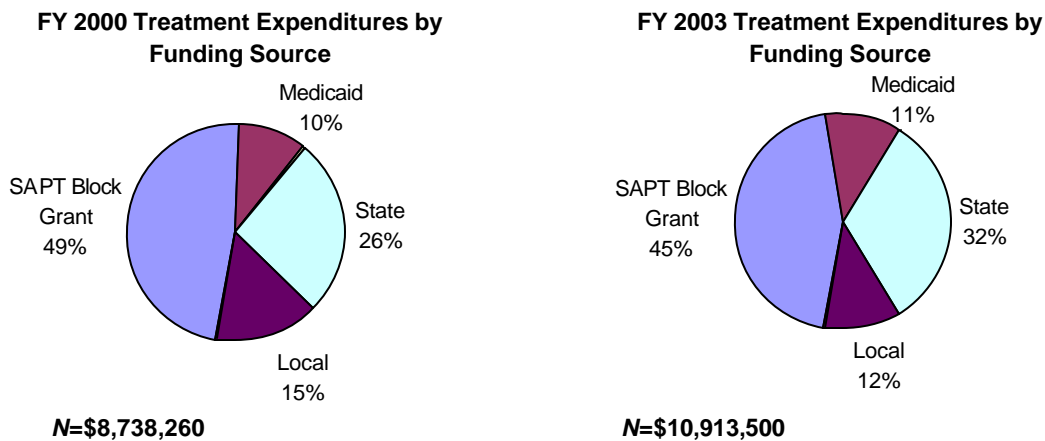
Treatment and Rehabilitation Services

AMDD contracts for alcohol and drug treatment service programs across the State's three regions. AMDD-funded treatment modalities include outpatient treatment, intensive outpatient treatment, assessment, family therapy, case management, individual and group probation and parole, individual and group waiting list monitoring, inpatient and day treatment, and transitional housing.

Treatment Funding and Expenditures

Single State Agency funding for treatment in Montana increased somewhat between FYs 2000 and 2003 (from \$8.7 to \$10.9 million). This increase was driven largely by an increase in funding from the State and by a slightly smaller increase in Block Grant dollars. Thus, Block Grant dollars accounted for a declining share of treatment expenditures (from 49 to 45 percent), while the State share increased somewhat (from 26 to 32 percent).

Per capita, Block Grant treatment funds increased from \$4.64 to \$5.35 between the two comparison periods.



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	4,188,480	48	4,864,639	52	4,817,206	47	4,913,384	45
Medicaid	894,441	10	923,724	10	1,459,446	14	1,200,971	11
Other Federal	32,023	0	32,023	0	0	0	0	0
State	2,274,514	26	2,153,883	23	2,762,563	27	3,541,745	32
Local	1,348,802	15	1,348,802	14	1,226,636	12	1,257,400	12
Other	0	0	0	0	0	0	0	0
Total*	8,738,260	100	9,323,071	100	10,265,851	100	10,913,500	100

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

* Totals may not equal 100 percent due to rounding.

Admissions

Montana's SAPT Block Grant application indicates that over 7,500 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=7,703)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	397	120	0
Free-standing residential	0	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	252	187	0
Short-term residential	743	673	0
Long-term residential	43	35	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	2,511	1,709	0
Intensive outpatient	546	487	0
Detoxification (outpatient)	0	0	0
Total	4,492	3,211	0

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

Treatment Episode Data Set (TEDS) data indicate nearly 7,000 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	2,112	17.3
Alcohol in combination with other drugs	4,584	20.4
Total	6,696	19.4

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, 76,000 persons aged 12 and older (10.0 percent of Montana's population) needed, but did not receive, treatment for alcohol use and 22,000 persons (2.9 percent) needed, but did not receive, treatment for illicit drug use in Montana.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.99	10.37	22.55	7.69
Needing but not receiving treatment for illicit drug use	2.90	6.42	8.02	1.49

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

Resource Development Activities

Planning and Needs Assessment

DPHHS is required to develop a 4-year plan for alcohol and drug prevention and treatment in the State and to publish plan updates every 2 years. CDB and other AMDD units participate in the development of the State plan, in various other planning efforts, and in training activities.

Additionally, the Governor's Drug Policy Task Force (GDPTF), a 22-member group of legislators, providers, community advocates, law enforcement, and other community members, was convened in 2002 and ended its work with a comprehensive report and related recommendations to the Governor and attorney general. The Governor reconvened the task force again in June 2004 to address the methamphetamine issue Montana faces.

Needs assessment is based on various sources including the Native American survey, the Adult Treatment Needs Assessment, and the Youth Prevention Needs Assessment. AMDD conducted the Native American survey on six of the seven reservations in Montana, accomplished by agreements with the tribal counsels. The Adult Treatment Needs Assessment provides the ADMM with a baseline for data-driven strategic planning. An objective is to establish provider service area profiles and to match resources to populations reflected in the Household Survey. Montana updated Provider Service Area profiles on an annual basis and used the Household Survey and the Youth Risk and Protective Factor Survey. The Youth Prevention Needs Assessment was conducted in March 2004. A sample size of approximately 22,500 8th, 10th, and 12th graders responded statewide.

Evaluation

AMDD has established performance outcome measures to evaluate the effectiveness of Montana's adult and youth prevention and treatment initiatives. Providers and stakeholders are asked to participate in ongoing planning sessions to develop effectiveness indicators and define best and promising prevention and treatment practices.

Training and Assistance

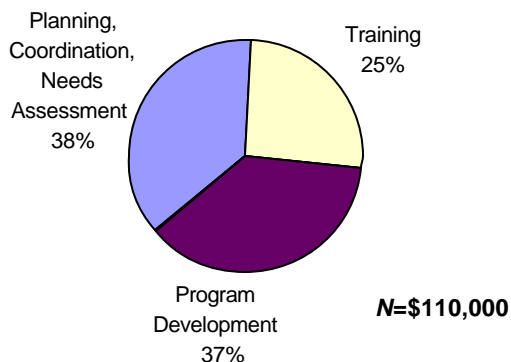
The AMDD provides a system of training in partnership with the Department of Labor's Licensing Bureau, the Montana Addictions Service Providers, and the Montana Licensed Addiction Counselors association and other agencies. Certified chemical dependency counselors are made available to trainers. The AMDD also works with the University of Great Falls, Addiction Training Center, to plan and provide training opportunities for both chemical dependency and mental health counselors in Montana.

Additionally, through a technical assistance request to the Center for Substance Abuse Treatment, AMDD hosted a conference for Native American mental health and addictions counselors in July and August of 2002 to address and the provision of services to Native American persons with co-occurring diagnosis.

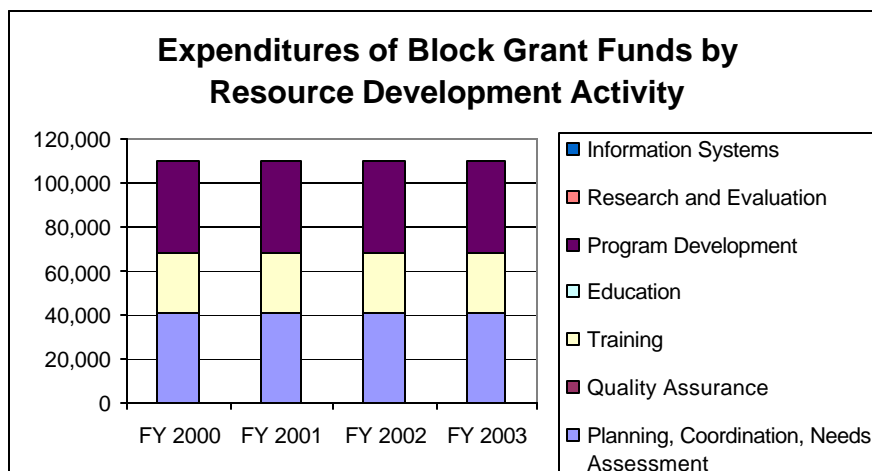
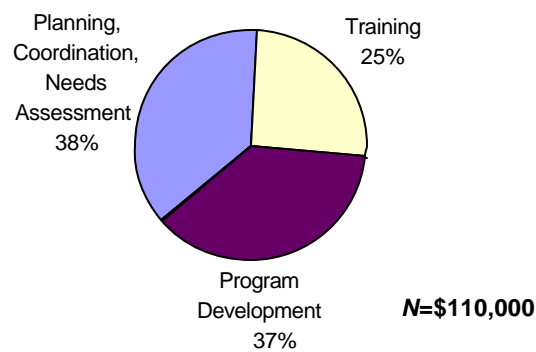
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Montana remained unchanged between FYs 2000 and 2003. The distribution of that \$110,000 also remained unchanged: 38 percent was directed at planning, coordination, and needs assessment activities; 37 percent was directed at program development activities; and the remaining 25 percent funded training activities.

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	41,000	37	41,000	37	41,000	37	41,000	37
Quality Assurance	0	0	0	0	0	0	0	0
Training	28,000	25	28,000	25	28,000	25	28,000	25
Education	0	0	0	0	0	0	0	0
Program Development	41,000	37	41,000	37	41,000	37	41,000	37
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	110,000	100	110,000	100	110,000	100	110,000	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 more than \$2 million in discretionary prevention funding to Montana in FY 2004. Most funds 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	14	1,288,142
State Incentive Cooperative Agreements	1	750,000
Total	15	2,038,142

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

One Center for Substance Abuse Treatment (CSAT) grant of \$319,000 was awarded to adult, juvenile, and family drug courts in FY 2004.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	1	319,500
Total	1	319,500

SOURCE: www.samhsa.gov