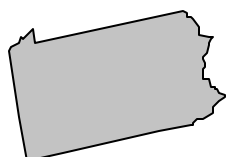


PENNSYLVANIA

State SSA Director

Mr. Gene R. Boyle, Director
Bureau of Drug and Alcohol Programs
Pennsylvania Department of Health
02 Kline Plaza, Suite B
Harrisburg, PA 17104
Phone: (717) 783-8200
Fax: (717) 787-6285 (fax)
E-mail: eboyle@state.pa.us
Web site: www.dsf.health.state.pa.us

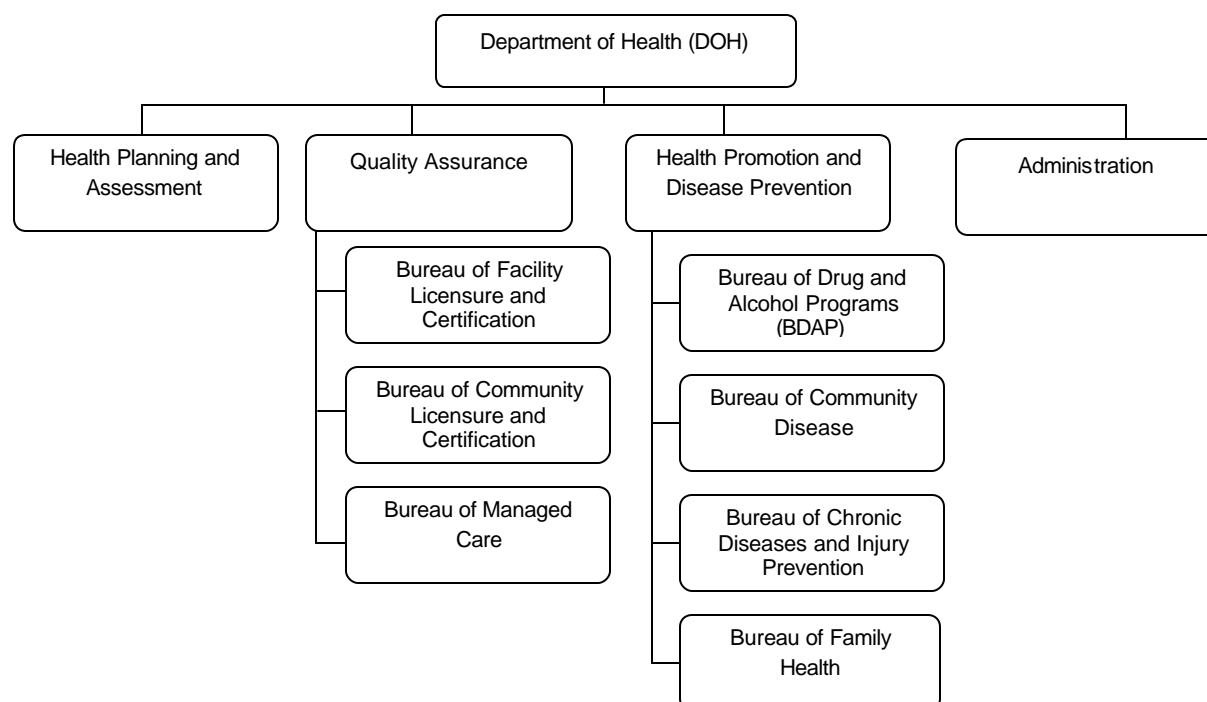
Structure and Function



The Pennsylvania Department of Health's (DOH) Bureau of Drug and Alcohol Programs (BDAP) is the designated Single State Agency (SSA) for the prevention and treatment of substance abuse throughout the State. Toward that end, BDAP oversees a system of Single County Authorities (SCAs) to provide publicly funded prevention and treatment services. The 49 SCAs are responsible for program planning and service provision throughout Pennsylvania's 67 counties and often contract with local programs to deliver services. The Bureau of Community Program Licensure and Certification, another bureau within DOH, oversees the licensing of these local programs. Through the SCA system, BDAP facilitates statewide planning, monitoring, and training of all prevention and treatment efforts.

Current BDAP prevention initiatives include a unique partnership with the Pennsylvania National Guard. Through this program, the National Guard supports the SCAs and community-based prevention providers by leading or staffing prevention activities, transporting materials, providing multimedia and conferencing services, coordinating a speakers bureau, and many others.

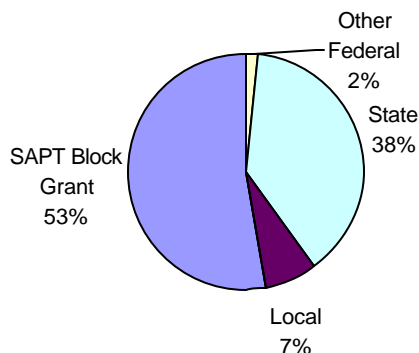
Single State Agency Structure



Single State Agency Funding Overview

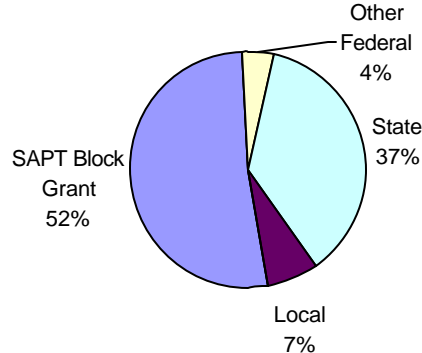
Between FYs 2000 and 2003, total SSA funding in Pennsylvania increased from \$108.7 to \$114.1 million. The proportion of funds from the different funding sources remained very stable during this time period—more than half of total funds were provided by the Block Grant, 37 to 38 percent by the State, 7 percent from local sources, and 1 to 4 percent from other Federal sources.

FY 2000 Expenditures by Funding Source

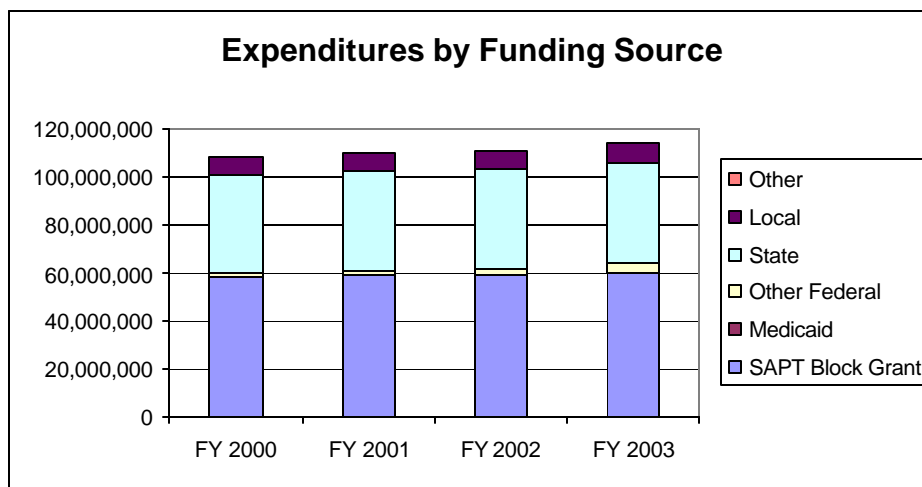


N=\$108,655,960

FY 2003 Expenditures by Funding Source



N=\$114,072,787



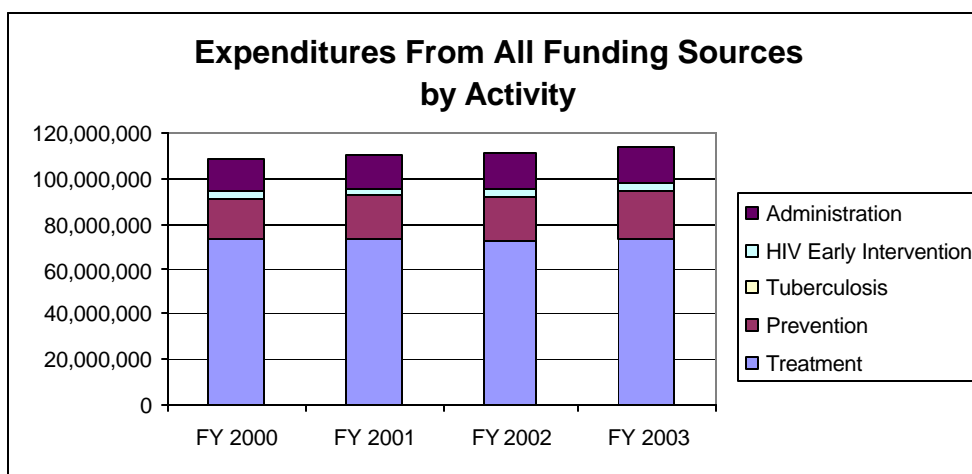
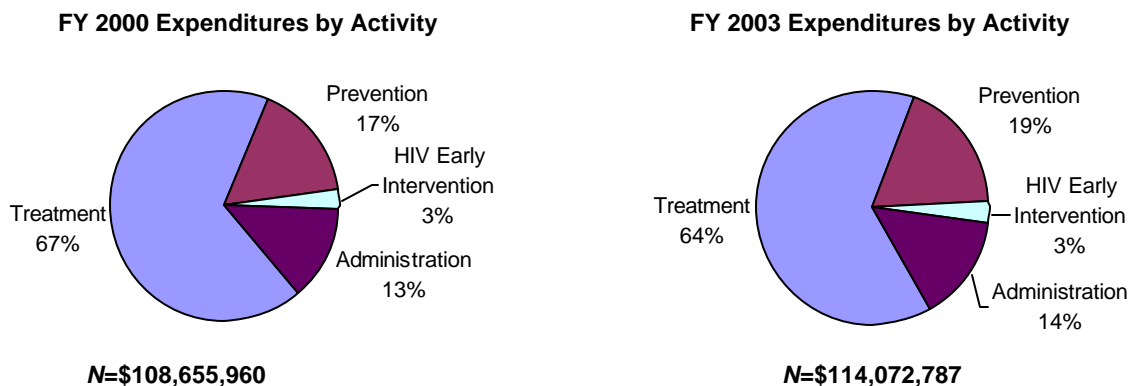
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	57,670,348	53	58,388,433	53	59,033,336	53	59,336,807	52
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,859,826	2	1,624,627	1	2,237,501	2	4,919,164	4
State	41,244,663	38	42,336,000	38	42,076,000	38	41,976,000	37
Local	7,881,123	7	8,015,296	7	7,485,348	7	7,840,816	7
Other	0	0	0	0	0	0	0	0
Total*	108,655,960	100	110,364,356	100	110,832,185	100	114,072,787	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

In FY 2003, the largest proportion (67 percent) of SSA funding went toward treatment services, prevention received 19 percent, and administration received 14 percent. This distribution was similar to that in FYs 2000 through 2002.



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	36,365,097	33	37,091,528	34	72,815,077	66	73,283,402	64
Alcohol Treatment	18,225,956	17	17,025,434	15				
Drug Treatment	18,691,398	17	19,564,160	18				
Prevention	18,054,254	17	19,152,095	17	19,255,944	17	21,223,136	19
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,968,973	3	2,986,620	3	3,095,039	3	3,178,073	3
Administration	14,350,282	13	14,544,519	13	15,666,125	14	16,388,176	14
Total*	108,655,960	100	110,364,356	100	110,832,185	100	114,072,787	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.

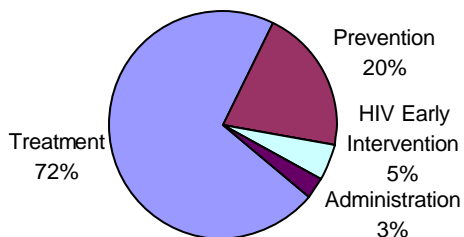
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

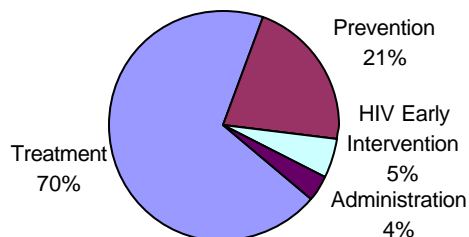
Block Grant expenditures in Pennsylvania remained stable between FYs 2000 and 2003, ranging between \$57.7 and \$59.3 million. The distribution of funds during this time period was also quite stable. In FY 2003 treatment services received the majority (70 percent) of Block Grant funds, prevention services received 21 percent, HIV early intervention received 5 percent, and 4 administration received 4 percent.

FY 2000 Block Grant Expenditures by Activity

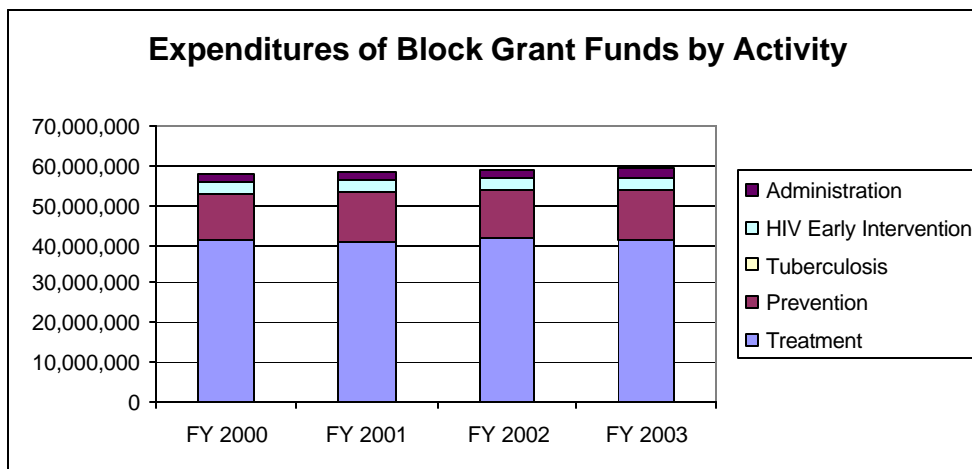


N=\$57,670,348

FY 2003 Block Grant Expenditures by Activity



N=\$59,336,807



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	5,847,172	10	5,919,629	10	41,672,914	71	41,341,898	70
Alcohol Treatment	16,569,956	29	15,267,434	26				
Drug Treatment	18,691,398	32	19,564,160	34				
Prevention	11,751,650	20	12,526,643	21	12,351,037	21	12,627,524	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,968,973	5	2,986,620	5	3,095,039	5	3,178,073	5
Administration	1,841,199	3	2,123,947	4	1,914,346	3	2,189,312	4
Total*	57,670,348	100	58,388,433	100	59,033,336	100	59,336,807	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.

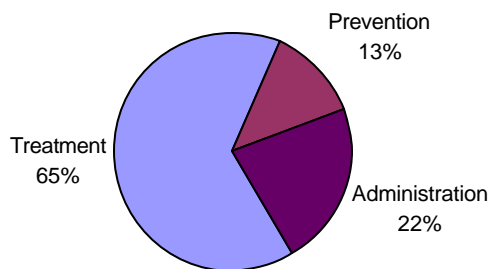
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

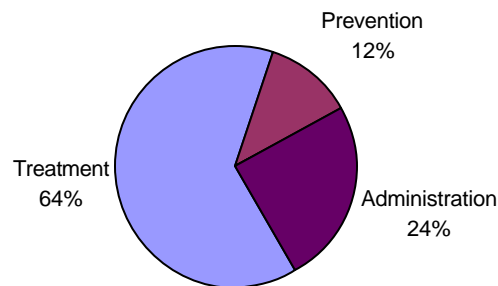
State expenditures on alcohol and drug abuse services remained relatively stable between FYs 2000 and 2003, and totaled nearly \$43 million in FY 2003. The distribution of funds also remained stable, with treatment services receiving the largest proportion (about two-thirds) in FY 2003, followed by administration at 24 percent, and prevention services at 12 percent.

FY 2000 State Expenditures by Activity

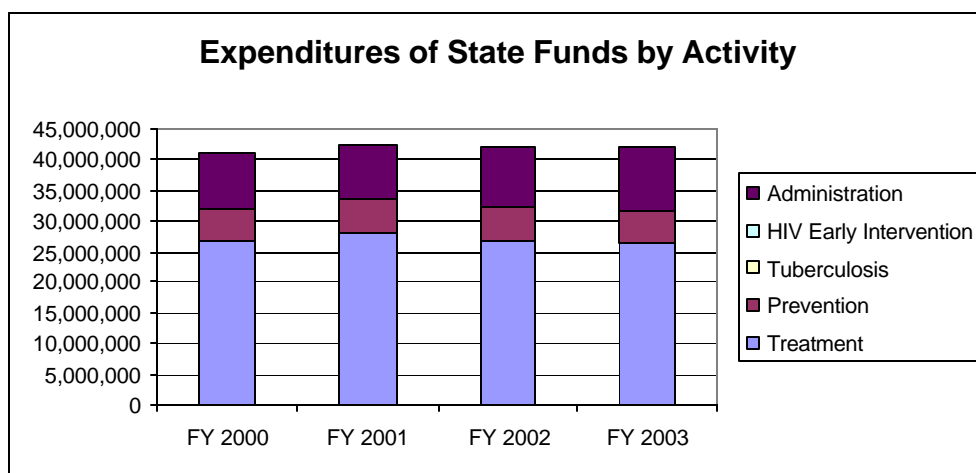


N=\$41,244,663

FY 2003 State Expenditures by Activity



N=\$41,976,000



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	25,102,520	61	26,486,694	63	26,845,487	64	26,653,952	63
Alcohol Treatment	1,656,000	4	1,758,000	4				
Drug Treatment	0	0	0	0				
Prevention	5,364,834	13	5,552,587	13	5,400,151	13	5,057,069	12
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	9,121,309	22	8,538,719	20	9,830,362	23	10,264,979	24
Total*	41,244,663	100	42,336,000	100	42,076,000	100	41,976,000	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

BDAP takes an evidence-based approach to substance abuse prevention. Within that context, BDAP strives to reduce risk factors associated with substance use and to develop healthy lifestyles among its citizens. This risk and protective factor approach is community specific, built on local needs assessment data. Each SCA identifies these local needs and is responsible for planning, coordinating, and administering funds for appropriate prevention services in their jurisdiction. The SCAs develop a 5-year comprehensive planning and service delivery plan which addresses prioritized risk and protective factors, includes needs as identified by community stakeholders, and focuses on performance-based elements. Approximately 150 registered prevention providers promote these prevention strategies and services statewide.

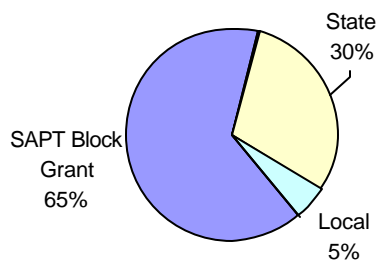
BDAP collaborates with other agencies in its prevention efforts. Its partnership with the Pennsylvania National Guard marks a strong and unique effort to prevent substance abuse among citizens in a comprehensive, responsive, and cost-efficient way. BDAP also participates in many statewide and national prevention initiatives, including the Safe Children Coalition, Student Assistance Programs, State Incentive Grant (SIG), and the First Spouse's National Leadership Initiative to reduce alcohol use among youth.

Prevention Funding and Expenditures

Prevention funding in Pennsylvania increased between FYs 2000 and 2003 from \$18.1 to \$21.2 million. In FY 2003 the Block Grant was the largest contributor to prevention funding (providing 59 percent of the total), followed by the State (at 24 percent), other Federal sources (at 12 percent), and local funds (at 5 percent). The largest increase in funding during this period came from other Federal funding, which comprised 0 percent of prevention funding in FY 2000 and 12 percent in FY 2003.

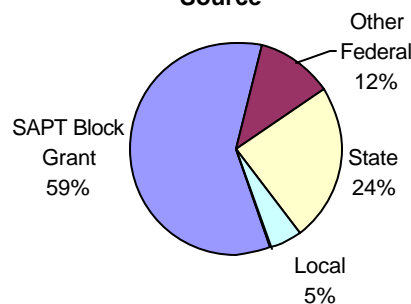
Block Grant prevention funding per capita increased from \$0.96 in FY 2000 to \$1.02 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

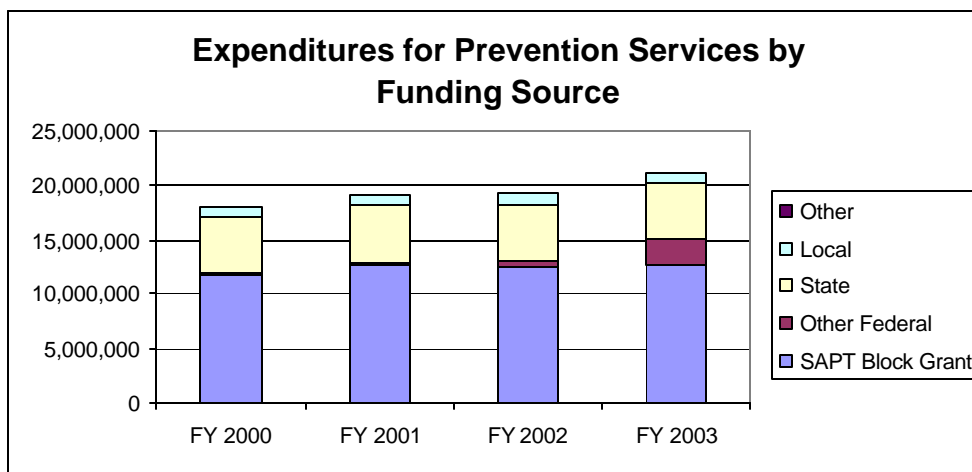


N=\$18,054,254

FY 2003 Prevention Expenditures by Funding Source



N=\$21,223,136



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	11,751,650	65	12,526,643	65	12,351,037	64	12,627,524	59
Other Federal	57,138	0	199,569	1	539,133	3	2,549,326	12
State	5,364,834	30	5,552,587	29	5,400,151	28	5,057,069	24
Local	880,632	5	873,296	5	965,623	5	989,217	5
Other	0	0	0	0	0	0	0	0
Total*	18,054,254	100	19,152,095	100	19,255,944	100	21,223,136	100

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

* Totals may not equal 100 percent due to rounding.

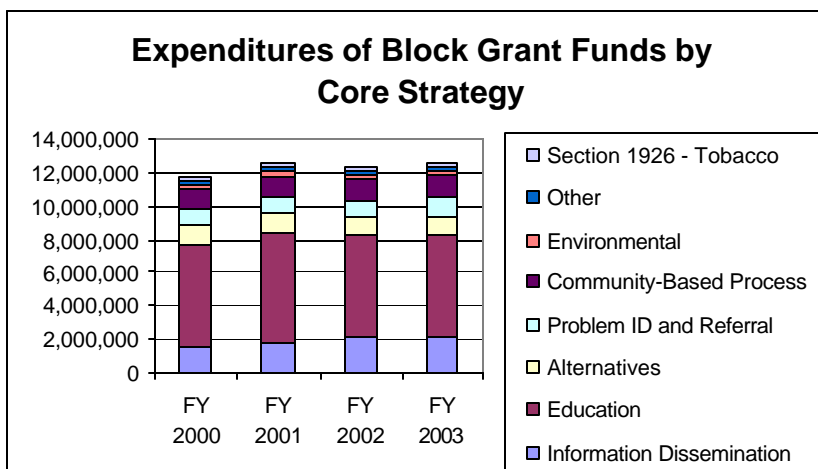
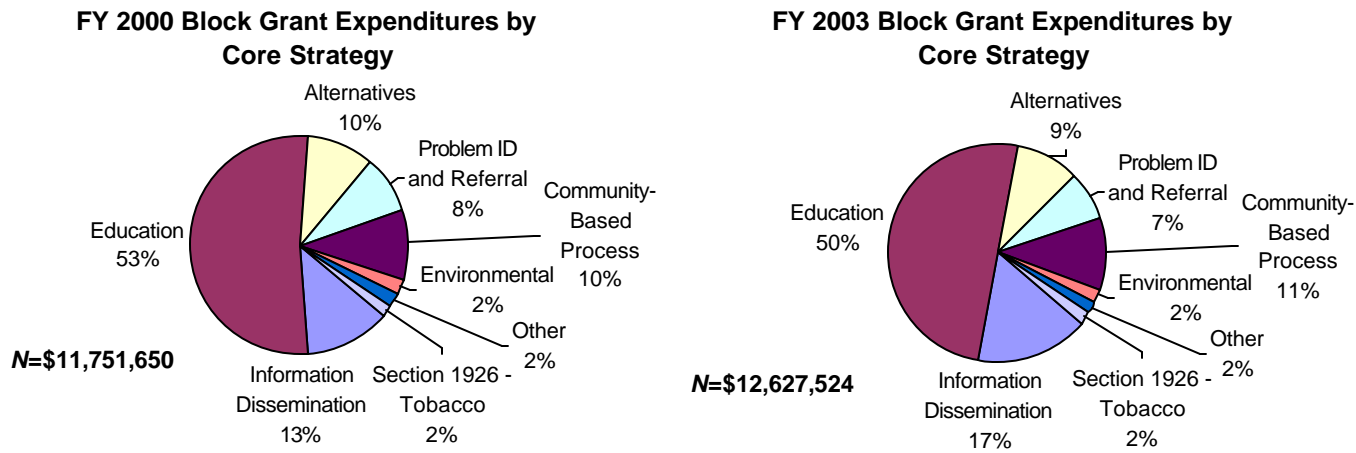
Core Strategies

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

Core Strategy	Examples of Activities
Information Dissemination	BDAP disseminates information on substance abuse through DOH's statewide public information clearinghouse, Red Ribbon campaigns, resource libraries, satellite downloads, public service announcements, medial literacy, and speakers.
Education	Activities include classroom and/or small group sessions for youth and adults, parenting and family management classes, mentoring and tutoring, and experiential learning programs, all of which seek to develop decisionmaking and refusal skills.
Alternatives	Activities include drug-free events; community centers; athletic, recreational, and adventure activities; community service activities; and afterschool programs.
Community-Based Processes	BDAP works with community-based organizations to develop community assessments, strategic plans, community mobilization, collaboratives, and program evaluations. BDAP also provides in-service training of school teachers on substance abuse prevention.
Environmental	Strategies include promoting the establishment and review of drug use policies in schools and government, technical assistance to communities, the Communities That Care program, and the statewide advisory committee for local planning coordination.
Problem Identification and Referral	The Student Assistance Plan provides assessment of students experiencing academic and social problems and makes referrals to appropriate outpatient, inpatient, residential, support, school-based, and community-based services.

Expenditures of Block Grant Funds for Core Strategies

Between FYs 2000 and 2003, Block Grant funding for prevention core strategies increased from \$11.8 to \$12.6 million. Education continued to receive about half of prevention core strategies funds in FY 2003, and the remainder was spread across a wide variety of strategies.



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	1,485,920	13	1,787,041	14	2,087,597	17	2,088,114	17
Education	6,196,382	53	6,681,879	53	6,226,671	50	6,181,155	48
Alternatives	1,173,918	10	1,143,743	9	1,103,591	9	1,100,360	9
Problem ID and Referral	968,435	8	941,196	8	923,070	7	1,132,564	9
Community-Based Process	1,224,263	10	1,249,430	10	1,333,837	11	1,372,309	11
Environmental	258,732	2	275,544	2	238,687	2	254,310	2
Other	250,867	2	235,371	2	209,629	2	259,763	2
Section 1926 - Tobacco	193,133	2	212,439	2	227,955	2	238,949	2
Total*	11,751,650	100	12,526,643	100	12,351,037	100	12,627,524	100

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

Treatment and Rehabilitation Services

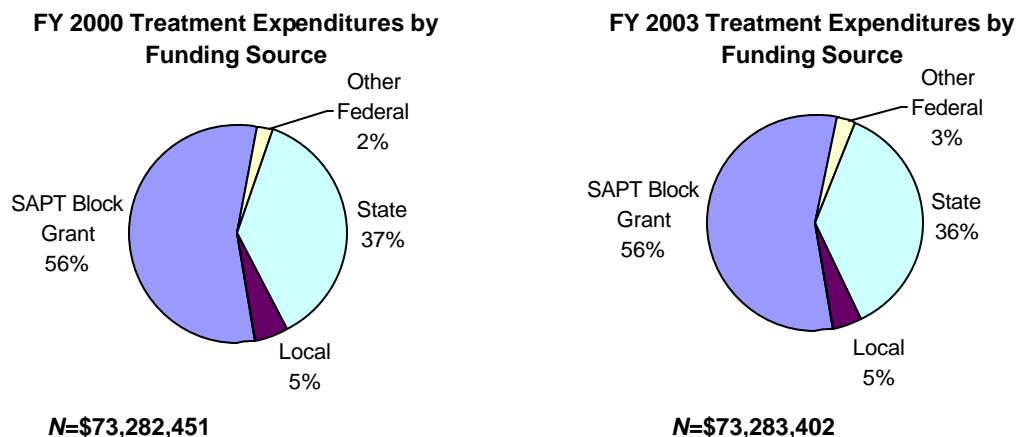
BDAP offers a continuum of treatment services through the SCA network, including outpatient and intensive outpatient counseling, methadone maintenance, partial hospitalization, halfway houses, non-hospital detoxification and rehabilitation, and hospital-based detoxification and rehabilitation. In addition to these services provided by approximately 700 licensed treatment providers, BDAP also requires the provision of case management services for clients involved in drug and alcohol treatment. Case management assures standard screening for emergent care needs, proper placement within the continuum of care, as well as access to ancillary services such as primary health care, mental health care, housing, vocational training, employment, and support networks. BDAP collaborates with many other state agencies to provide specialized services, such as those for the homeless, individuals involved with the criminal justice system, and clients with co-occurring disorders.

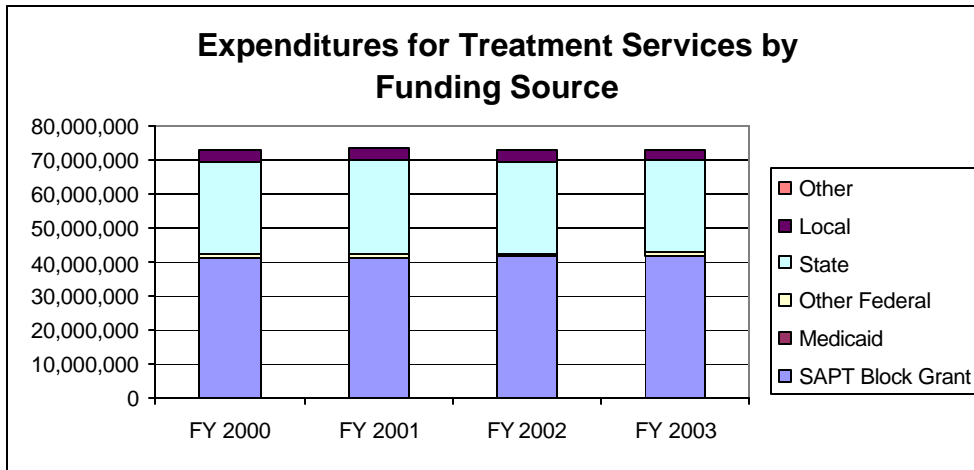
During FY 2004, the Criminal Justice Special Considerations workgroup completed "Understanding, Assessing, and Treating Substance Abuse among the Criminal Justice Population." This research-to-practice brief assists providers in providing appropriate and effective treatment to clients involved in the criminal justice system.

Treatment Funding and Expenditures

Treatment funding remained stable between FYs 2000 and 2003, hovering around \$73 million. During that time period, the Block Grant provided the majority of funding (56 percent in FY 2003), followed by the State (at 36 percent), and other Federal and local sources.

Block Grant spending on treatment services ranged narrowly between \$3.31 and \$3.38 per capita during in FYs 2000 through 2003.





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	41,108,526	56	40,751,223	55	41,672,914	57	41,341,898	56
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,697,548	2	1,260,134	2	1,185,353	2	1,940,204	3
State	26,758,520	37	28,244,694	38	26,845,487	37	26,653,952	36
Local	3,717,857	5	3,425,071	5	3,111,323	4	3,347,348	5
Other	0	0	0	0	0	0	0	0
Total*	73,282,451	100	73,681,122	100	72,815,077	100	73,283,402	100

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

Admissions

Pennsylvania’s SAPT Block Grant application indicates that nearly 75,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone), short-term residential, and free-standing residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=74,771)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	431	467	734
Free-standing residential	1,796	3,266	4,644
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	247	294	647
Short-term residential	2,535	3,328	7,124
Long-term residential	937	1,994	4,664
Ambulatory (Outpatient)			
Outpatient (methadone)	63	1,166	861
Outpatient (non-methadone)	10,145	6,506	17,968
Intensive outpatient	998	1,395	2,561
Detoxification (outpatient)	0	0	0
Total	17,152	18,416	39,203

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

Treatment Episode Data Set (TEDS) data indicate more than 58,000 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 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	13,923	18.1
Alcohol in combination with other drugs	44,334	19.5
Total	58,257	19.2

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, 675,000 persons aged 12 and older (6.5 percent of Pennsylvania's population) needed, but did not receive, treatment for alcohol use and 231,000 persons (2.2 percent) needed, but did not receive, treatment for illicit drug use in Pennsylvania.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.54	5.20	17.60	4.93
Needing but not receiving treatment for illicit drug use	2.24	4.80	7.21	1.11

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

Resource Development Activities

Planning and Needs Assessment

BDAP utilizes the Performance Based Prevention System (PBPS), which tracks services provided and connects them with established goals and objectives, including the Center for Substance Abuse Prevention's (CSAP)'s six core strategies. The system is used by more than 1,500 prevention workers for assessing prevention needs. Further, each SCA conducts a biannual standardized local needs assessment. The results of these local assessments are entered into a centralized data center and are reviewed by BDAP. The SCAs then base their prevention service delivery plans ("work statements") on the analysis of the identified needs.

SCAs are also required to conduct a biannual standardized treatment needs assessment utilizing common data elements by which each SCA will estimate its drug prevalence, incidence, and treatment demand. SCAs will then use their treatment needs assessments as the base from which to formulate their treatment plans. The treatment planning process should provide local accountability and reporting regarding the goals and activities of the SCA, identify and address trends and needs based on the population being served, identify the funding required to address those needs, and identify changes in the system that would improve the quality of treatment programs' services and support services.

Evaluation

BDAP's Division of Program Monitoring has the primary responsibility to oversee SCAs adhere to grant agreement requirements and carry out their administrative functions effectively to assure the timely access to and the provision of a quality service delivery system, as well as efficiently manage all available resources at the local level. Towards that end, staff conduct annual 2-3-day onsite Quality Assurance Assessments (QAAs) of the SCAs. The QAA process is designed to assess the SCAs administratively, fiscally, and programmatically. Additionally, internal fiscal reviews by BDAP's Fiscal Section occur throughout the fiscal year and provide a close inspection of fiscal reports and budget information associated with BDAP dollars.

Training and Assistance

BDAP facilitates regional and mini-regional trainings on prevention and treatment issues. The 3-day regional trainings include didactic, interactive, and skill-building sessions that help practitioners infuse state-of-the-art research into their everyday practice. Mini-regional trainings consist of six training modules, each of which includes four distinct 6-hour trainings. Training staff rotate these modules throughout the 6 statewide districts, so that each district receives all 24 modules each year. Additionally, during FY 2004, BDAP facilitated trainings with the lead prevention staff of each SCA on how to conduct local needs assessment focus groups.

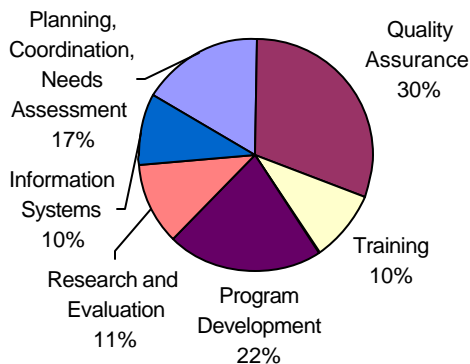
To assess training needs, DOH and BDAP staff conducts formal assessments at regional trainings, as well as informal assessments throughout the year.

BDAP provides technical assistance to the SCAs and contracted prevention providers in the areas of compliance monitoring, evaluation, system management, data analysis, and the development and implementation of evidenced-based practices. BDAP also makes available on its Web site a variety of prevention and treatment publications, manuals, and reports.

Expenditures of Block Grant Funds for Resource Development Activities

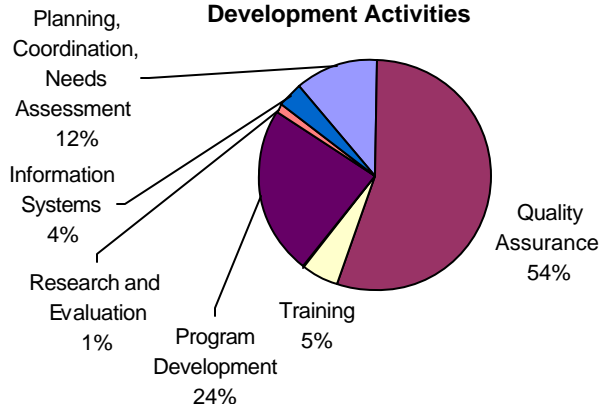
Block Grant funding for resource development activities increased from \$4.7 million in FY 2000 to \$6.7 million in FY 2003. Quality assurance activities received the largest portion of funds, at 30 percent of the total in FY 2000 and 54 percent in FY 2003, followed by program development at 24 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



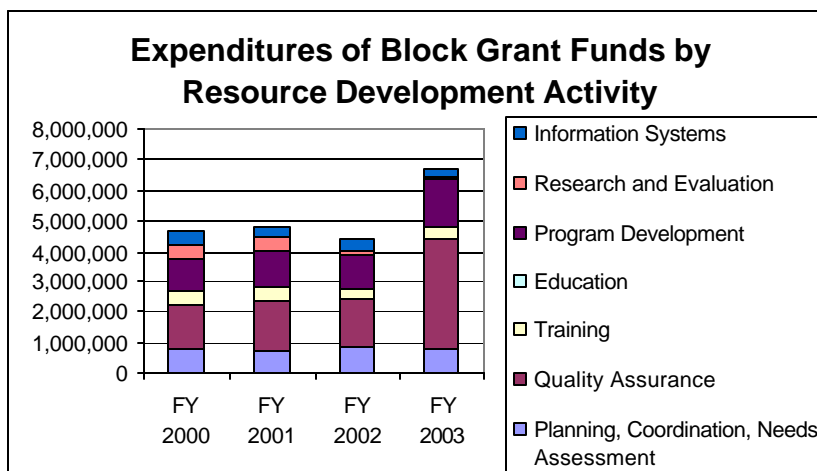
N=\$4,665,371

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$6,694,244

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	805,154	17	741,066	15	853,831	19	782,537	12
Quality Assurance	1,414,751	30	1,589,318	33	1,554,329	35	3,668,215	54
Training	443,604	10	479,748	10	340,326	8	343,451	5
Education	0	0	0	0	0	0	0	0
Program Development	1,013,178	22	1,230,993	25	1,143,676	26	1,591,697	24
Research and Evaluation	521,616	11	436,840	9	114,218	3	68,959	1
Information Systems	467,068	10	357,992	7	424,637	10	239,385	4
Total*	4,665,371	100	4,835,957	100	4,431,017	100	6,694,244	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) discretionary funding for prevention in Pennsylvania totaled \$3.5 million in FY 2004. The largest proportion of funding went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
CSAP 2004 Earmarks	5	596,461
Drug Free Communities	18	1,544,419
HIV/AIDS Cohort 5 Services	3	750,000
Prevention of Meth and Inhalant Use	1	350,000
Total	28	3,533,236

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Discretionary funding from the Center for Substance Abuse Treatment (CSAT) totaled more than \$10 million in FY 2004. The largest awards went toward State TCE screening brief intervention referral treatment and targeted capacity for HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	633,673
CSAT 2004 Earmarks	2	248,525
Effective Adolescent Treatment	1	218,384
Homeless Addictions Treatment	1	535,116
Pregnant/Post-Partum Women	1	500,000
Recovery Community Service	1	225,000
Residential SA TX	1	494,695
State TCE Screening Brief Intervention Referral Treatment	1	3,307,430
Targeted Capacity - HIV/AIDS	6	2,809,085
Treatment of Persons w/Co-Occuring Substance Related and Mental Disorders	1	1,095,654
Total	16	10,067,562

SOURCE: www.samhsa.gov