

# Arkansas

## UNIFORM APPLICATION

FY 2020 Mental Health Block Grant Report

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020  
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Center for Mental Health Services  
Division of State and Community Systems Development

## A. State Information

### State Information

#### State DUNS Number

Number 119841336

Expiration Date

#### I. State Agency to be the Grantee for the Block Grant

Agency Name Arkansas Department of Human Services  
Organizational Unit Division of Aging, Adult and Behavioral Health Services  
Mailing Address Post Office Box 1437 Slot W-241  
City Little Rock  
Zip Code 72203-1437

#### II. Contact Person for the Grantee of the Block Grant

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#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2018  
To 6/30/2019

#### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

Submission Date 12/2/2019 5:16:07 PM

Revision Date

#### V. Contact Person Responsible for Report Submission

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#### Footnotes:

## B. Implementation Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1  
**Priority Area:** Substance Abuse Treatment  
**Priority Type:** SAT  
**Population(s):** PWWDC, PP, PWID

**Goal of the priority area:**

Maintain and expand access to substance abuse services for the indigent and/or court involved population

**Strategies to attain the goal:**

- Contract with community based providers to provide services to the indigent populations. These contracts prioritize individuals who are intravenous drug users, women who are pregnant and/or parenting, military, and adolescents.
- Provide detoxification, outpatient services, partial day treatment, residential services, and Specialized Women Services.
- Substance abuse treatment providers will support faith-based organizations and community partners to develop a collaborative partnership

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of unduplicated individuals served  
**Baseline Measurement:** 11476  
**First-year target/outcome measurement:** A 1.5% increase from baseline.  
**Second-year target/outcome measurement:** A 3% increase from baseline.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Client specific treatment data reported from the state's substance use disorder treatment data system (Alcohol/Drug Management Information System: ADMIS).

**New Data Source(if needed):**

**Description of Data:**

The Baseline Measurement is the number of unduplicated individuals served from July 1, 2015 to June 30, 2016 (SFY 2016). The first-year target will include data from SFY 2017. The second-year target will include SFY 2018.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

The most current data available for establishing a baseline measurement is from SFY 2016. The first and second years data will be SFY 2017 and 2018, respectively.

**New Data issues/caveats that affect outcome measures:**

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:** 2

**Indicator:** Units of Services Provided

**Baseline Measurement:** Total Units for Residential Treatment = 1000,170 days; Total Units for Outpatient Treatment = 2901 hours; Total Detoxification Units = 3270 hours

**First-year target/outcome measurement:** First year target represents a 1.5% increase from baseline.

**Second-year target/outcome measurement:** Second year target represents a 3% increase from baseline.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Client specific treatment data reported from the state's substance use disorder treatment data system (Alcohol/Drug Management Information System: ADMIS).

**New Data Source(if needed):**

**Description of Data:**

The Baseline Measurement is the number of unduplicated individuals served from July 1, 2015 to June 30, 2016 (SFY 2016). The first-year target will include data from SFY 2017. The second-year target will include SFY 2018.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

The most current data available for establishing a baseline measurement is from SFY 2016. The first and second years data will be SFY 2017 and 2018, respectively.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

During Year 1, Arkansas saw a decrease in the number of residential treatment, outpatient treatment and detoxification days from our baseline measurements. Arkansas began utilizing discretionary grant funding that targeted opioid users, which allowed block grant funding to be used to cover other service gaps. Additionally, outpatient services have not been made available through the Arkansas Medicaid Program.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Priority #:** 2

**Priority Area:** Mental Health Treatment

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Maintain or expand access to quality mental health services for the population of adults with serious mental illness and children with serious emotional disturbance.

**Strategies to attain the goal:**

Improve contracts with community based providers to provide mental health treatment to adults with serious mental illness and children with severe emotional disturbance.

**Priority #:** 3  
**Priority Area:** Behavioral Health Medicaid transformation  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

**Goal of the priority area:**

Promote and improve integrated care approaches, best practices, recovery-oriented services, and delivery and access to services for underserved communities within the Medicaid system.

**Strategies to attain the goal:**

Continue to meet with stakeholders to garner feedback and support.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Transition RSPMI Providers to BHA Certification in the OBHS system  
**Baseline Measurement:** 56  
**First-year target/outcome measurement:** 53  
**Second-year target/outcome measurement:** 56

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Medicaid data warehouse; Provider database

**New Data Source(if needed):**

**Description of Data:**

The Medicaid data warehouse houses all information on Medicaid providers, clients and claims. The provider database houses demographic information on just the providers.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

The first-year target outcome represents the existing Rehabilitative Services for Persons with Mental Illness (RSPMI) providers who will have from July 1, 2017 to June 30, 2018 to transition to the new Behavioral Health Agency (BHA) certification. The initial count, baseline measurement, of RSPMI providers is 56. The first year target of 53 represent 95% of providers who should transition during the first year. The second year target of 56 represents 100% of RSPMI providers making the transition.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 2

Indicator: Transition of LMHP providers to ILP providers

Baseline Measurement: 41

First-year target/outcome measurement: 43

Second-year target/outcome measurement: 45

New Second-year target/outcome measurement(if needed):

Data Source:

Medicaid data warehouse; provider database

New Data Source(if needed):

Description of Data:

The Medicaid data warehouse houses all information on Medicaid providers, clients and claims. The provider database houses demographic information on just the providers.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Currently certified Licensed Mental Health Practitioners (LMHPs) will need to apply and be approved as an Independently Licensed Practitioner (ILP) in the new Outpatient Behavioral Health Services (OBHS) system at any point between July 1, 2017 and June 30, 2018. The LMHP program will sundown on June 30, 2018.

The first year target represents 95% of currently certified LMHP providers (41) who will complete the application process with an increase of 5% (2) of new ILP applications being approved for a total of 43.

The second year target, 45 represents an 10% increase of new ILP providers who apply and are approved during the second year, July 1, 2018-June 1, 2019.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

At the end of SFY 2017 there was a total of 41 certified LMHPs. During SFY 2018, 55 individuals were certified as ILPs. Of these 55, 17 had converted from the former LMHP program to the new ILP program. Thus far in SFY 2019, 108 individuals have been certified as an ILP, bringing the total to 163 individuals. Our first year goal of converting 43 individuals to the ILP program was not met. We cannot say for sure why these individuals chose not to convert to the new program.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

At the end of SFY 2017 there was a total of 41 certified LMHPs. During SFY 2019, 24 individuals had converted from the LMHP program to the ILP program. However as of this report, 287 individuals are currently certified in the ILP program.

How second year target was achieved (optional):

**Priority #:** 4  
**Priority Area:** Children's System of Care  
**Priority Type:** MHS  
**Population(s):** SED

**Goal of the priority area:**

Build a family and youth involvement and leadership structure that will facilitate the family and youth voice and choice at every level of service planning, development, delivery, and evaluation

**Strategies to attain the goal:**

- \* Partner with NAMI AR to develop youth and family capacity and hire Liaisons
- \* Partner with UALR/MidSOUTH Center for Prevention and Training/University of Arkansas at Little Rock School of Social Work To provide funding to build capacity in workforce development, continuing education, resource development, and technical assistance to professionals and family members.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of Support Groups Held (Through NAMI AR)  
**Baseline Measurement:** 4  
**First-year target/outcome measurement:** 6  
**Second-year target/outcome measurement:** 10

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

NAMI AR

**New Data Source(if needed):**

**Description of Data:**

NAMI Support groups are funded by the Children's System of Care grant. DBHS has a sub grant with NAMI Arkansas to provide funds for these groups. Arkansas would like to have one group meet monthly in each of 14 sites.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

The challenge has been in finding individuals who are consistently able to lead support groups as the leaders must be legacy family members who complete the NAMI support group trainings and be unpaid volunteers.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:** 2

**Indicator:** Number of Individuals Trained by UALR/MidSOUTH

**Baseline Measurement:** 426

**First-year target/outcome measurement:** 356

**Second-year target/outcome measurement:** 400

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

UALR/MidSOUTH

**New Data Source(if needed):**

**Description of Data:**

Each year the Children's System of Care grant trainings have been made available to mental health staff and families. During SFY 2016, an exceptionally large number of family members were trained in Team Up for Your Child. Each year different subjects directly related to the grant are chosen and specific groups are targeted for the trainings.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

During the final years of the grant, less funds are available to be used for training.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

The Behavioral Health transformation in Arkansas was many years in the making. Many of the providers have been resistant to the system changes. It is this hesitancy that led to providers being more reluctant to hire and enroll employees into the Family Support Partner and Youth Support Specialist trainings until the transformation was approved by the legislature and implemented. Information has since been disbursed to garner more enthusiasm for the trainings while advising providers of the benefits of having Family Support Partners and Youth Support Specialists. We expect that since the transformation has been approved and is being implemented that the numbers of individuals being trained will increase in the years to come.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:** 3

**Indicator:** Number of Youth and Family Affiliate Liaisons Hired

**Baseline Measurement:** 9 Youth and 5 Family Liaisons Hired

**First-year target/outcome measurement:** 11 youth and 11 family liaisons hired

**Second-year target/outcome measurement:** 14 youth and 14 family liaisons hired

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Mid-South Health Systems

**New Data Source(if needed):**

**Description of Data:**



Family and youth liaisons work within their community in the area of social marketing to inform families and youth about System of Care and encourage their participation in System of Care activities.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

All liaisons must have lived experiences and a desire to help others with similar backgrounds.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The discretionary grant that funded this indicator ended 09/29/19. In the last year there were no new hires as the grant was operating on a no cost extension.

**How second year target was achieved (optional):**

**Priority #:** 5  
**Priority Area:** Consumer Affairs  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, PP, PWID, Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Persons with Disabilities, Homeless)

**Goal of the priority area:**

To assist and educate identified populations throughout the State of Arkansas in navigating the various social and behavioral health systems to access services

**Strategies to attain the goal:**

The Office of Community Affairs (OCA) will maintain a database regarding issues with access to services in a timely manner or lack of services available in primary counties of service.

OCA will build relationships with community organizations, providers and stakeholder to address consumer identified concerns and assist with obtaining access to services.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** OCA receives calls regarding lack of access to services  
**Baseline Measurement:** Average number of calls is 50 per month.  
**First-year target/outcome measurement:** OCA will decrease the number of calls regarding a lack of access to services by 3%  
**Second-year target/outcome measurement:** OCA will decrease the number of calls regarding a lack of access to services by 5%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Monthly call log database

**New Data Source(if needed):**

**Description of Data:**

The Office of Consumer Affairs and the Division of Aging, Adult and Behavioral Health Services staff receive calls; identify need of the caller and provide caller with an outcome.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Priority #:** 6  
**Priority Area:** Alcohol Use Among Youth, Adults and the Military  
**Priority Type:** SAP  
**Population(s):** PP, Other (Adolescents w/SA and/or MH, Military Families)

**Goal of the priority area:**

Reduce use of alcohol drinking among persons under 21, adults and the military.

**Strategies to attain the goal:**

- Increase utilization of the Center for Substance Abuse Prevention (CSAP) strategies: information dissemination, education/training community-based, problem identification and referral.
- Coordinate services for veterans, families, and other impacted by combat to determine and fill gaps based on issues, geography, age, and gender.
- Increase leadership and advocacy training for youth.
- Increase training about prevention to physicians and other healthcare providers for a greater understanding of science of addiction and prescription drug issues related to over prescribing.
- Increase drug education and services to college age youth.
- Increase survey participation on college campuses.
- Increase public awareness of substance abuse and misuse.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of students surveyed who reported that they had drank alcohol in the past 30 days.

**Baseline Measurement:** 12%

**First-year target/outcome measurement:** Lower reported 30-day alcohol usage by 2%

**Second-year target/outcome measurement:** Lower reported 30-day alcohol usage by 3%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Arkansas Prevention Needs Assessment Survey (APNA), State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

**New Data Source(if needed):**

**Description of Data:**

The Arkansas Prevention Needs Assessment (APNA) Survey measures the current student use of alcohol, tobacco, and other drugs (ATOD) for students in grades 6th, 8th, 10th & 12th. APNA Survey is grounded in the risk and protective factor model of substance abuse prevention.

Enhance or expand data being collected by veteran serving organization for ATOD usage such as completed on-line training certificates.

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.

Arkansas Prevention WITS provides full functionality for tracking all prevention activities within the state and its regions or service areas. WITS contain a multi-dimensional Prevention Plan and allow contracted agencies to implement appropriate interventions/activities according to the plan. Implementation data is collected based on the workflow of the users, allowing for rapid but thorough collection of data required by the Block Grant, PFS and other required reporting mechanisms. All data collected can be used for subsequent evaluation, assessment and planning activities.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Arkansas uses the WITS reporting system – a web-based application designed to meet the growing need to capture substance abuse, mental health and treatment data. WITS satisfies mandatory government reporting requirements for planning, administration and monitoring of prevention programs. The system captures demographic information, number of individuals served, ethnicity, risk and protective factors along with the CSAP strategies.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

|   |   |
|---|---|
| <b>Indicator #:</b>   | 2   |
| <b>Indicator:</b>   | The population served and reported in the Arkansas Prevention WITS by CSAP Strategies |
| <b>Baseline Measurement:</b>                                  | 1,122,046   |
| <b>First-year target/outcome measurement:</b>                 | Increase number of population served by 2%  |
| <b>Second-year target/outcome measurement:</b>                | Increase number of population served by 3%  |
| <b>New Second-year target/outcome measurement(if needed):</b> |   |
| <b>Data Source:</b>   |   |

Arkansas Prevention Needs Assessment Survey (APNA), State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

**New Data Source(if needed):**

**Description of Data:**

The Arkansas Prevention Needs Assessment (APNA) Survey measures the current student use of alcohol, tobacco, and other drugs (ATOD) for students in grades 6th, 8th, 10th & 12th. APNA Survey is grounded in the risk and protective factor model of substance abuse prevention.

Enhance or expand data being collected by veteran serving organization for ATOD usage such as completed on-line training certificates.

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.

Arkansas Prevention WITS provides full functionality for tracking all prevention activities within the state and its regions or service areas. WITS contain a multi-dimensional Prevention Plan and allow contracted agencies to implement appropriate interventions/activities according to the plan. Implementation data is collected based on the workflow of the users, allowing for rapid but thorough collection of data required by the Block Grant, PFS and other required reporting mechanisms. All data collected can be used for subsequent evaluation, assessment and planning activities.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Arkansas uses the WITS reporting system – a web-based application designed to meet the growing need to capture substance abuse, mental health and treatment data. WITS satisfies mandatory government reporting requirements for planning, administration and monitoring of prevention programs. The system captures demographic information, number of individuals served, ethnicity, risk and protective factors along with the CSAP strategies.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:** 3  
**Indicator:** Number of completed on-line trainings for Center for Prevention and Training for Military  
**Baseline Measurement:** 0  
**First-year target/outcome measurement:** Increase number of completed on-line trainings by 2%  
**Second-year target/outcome measurement:** Increase number of completed on-line trainings by 3%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

**New Data Source(if needed):**

**Description of Data:**

Enhance or expand data being collected by veteran serving organization for ATOD usage such as completed on-line training certificates.

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.

Arkansas Prevention WITS provides full functionality for tracking all prevention activities within the state and its regions or service areas. WITS contain a multi-dimensional Prevention Plan and allow contracted agencies to implement appropriate interventions/activities according to the plan. Implementation data is collected based on the workflow of the users, allowing for rapid but thorough collection of data required by the Block Grant, PFS and other required reporting mechanisms. All data collected can be used for subsequent evaluation, assessment and planning activities.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Arkansas uses the WITS reporting system – a web-based application designed to meet the growing need to capture substance abuse, mental health and treatment data. WITS satisfies mandatory government reporting requirements for planning, administration and monitoring of prevention programs. The system captures demographic information, number of individuals served, ethnicity, risk and protective factors along with the CSAP strategies.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Priority #:** 7  
**Priority Area:** Tobacco Use among the Youth, Adults and the Military  
**Priority Type:** SAP  
**Population(s):** PP, Other (Adolescents w/SA and/or MH, Military Families)

**Goal of the priority area:**

Reduction of cigarette use among the youth, Adults and the Military.

**Strategies to attain the goal:**

- Increase utilization of the Center for Substance Abuse Prevention (CSAP) strategies to promote information dissemination, education/training, alternatives, environmental, community-based, problem identification and referral
- Coordinate services for veterans, families, and other impacted by combat to determine and fill gaps based on issues, geography, age, and gender.
- Expand youth efforts for leadership and advocacy by increasing the knowledge and skills involved in prevention and community mobilization so that youth will become recognized advocates for themselves and their peers.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of students surveyed in APNA 2014 who reported smoking cigarettes in the past 30 days.

**Baseline Measurement:** 6%

**First-year target/outcome measurement:** Lower reported 30-day tobacco usage by 2%

**Second-year target/outcome measurement:** Lower reported 30-day tobacco usage by 3%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Arkansas Prevention Needs Assessment Survey (APNA), State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

**New Data Source(if needed):**

**Description of Data:**

The Arkansas Prevention Needs Assessment (APNA) Survey measures the current student use of alcohol, tobacco, and other drugs (ATOD) for students in grades 6th 8th, 10th, and 12th. APNA Survey is grounded in the risk and protective factor model of substance abuse prevention.

Enhance or expand data being collected by veteran serving organization for ATOD usage such as completed on-line training certificates.

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.

Prevention WITS directly supports efforts by State agencies, Tribal organizations, Providers and US territories to implement SAMHSA's Strategic Prevention Framework (SPF).

Arkansas Prevention WITS provides full functionality for tracking all prevention activities within the state and its regions or service areas. WITS contain a multi-dimensional Prevention Plan and allow contracted agencies to implement appropriate interventions/activities according to the plan. Implementation data is collected based on the workflow of the users, allowing for rapid but thorough collection of data required by the Block Grant, PFS and other required reporting mechanisms. All data collected can be used for subsequent evaluation, assessment and planning activities.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Arkansas uses the WITS reporting system – a web-based application designed to meet the growing need to capture substance abuse, mental health and treatment data. WITS satisfies mandatory government reporting requirements for planning, administration and monitoring of prevention programs. The system captures demographic information, number of individuals served, ethnicity, risk and protective factors along with the CSAP strategies.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:**

2

**Indicator:** The population served and reported in the WITS data system by CSAP Strategies.

**Baseline Measurement:** 1,122,046

**First-year target/outcome measurement:** Lower reported 30-day tobacco usage by 2%

**Second-year target/outcome measurement:** Lower reported 30-day tobacco usage by 3%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Arkansas Prevention Needs Assessment (APNA), State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

**New Data Source(if needed):**

**Description of Data:**

The Arkansas Prevention Needs Assessment (APNA) Survey measures the current student use of alcohol, tobacco, and other drugs (ATOD) for students in grades 6th, 8th, 10th & 12th. APNA Survey is grounded in the risk and protective factor model of substance abuse prevention.

Enhance or expand data being collected by veteran serving organization for ATOD usage such as completed on-line training certificates.

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.

Prevention WITS directly supports efforts by State agencies, Tribal organizations, Providers and US territories to implement SAMHSA's Strategic Prevention Framework (SPF).

Arkansas Prevention WITS provides full functionality for tracking all prevention activities within the state and its regions or service areas. WITS contain a multi-dimensional Prevention Plan and allow contracted agencies to implement appropriate interventions/activities according to the plan. Implementation data is collected based on the workflow of the users, allowing for rapid but thorough collection of data required by the Block Grant, PFS and other required reporting mechanisms. All data collected can be used for subsequent evaluation, assessment and planning activities

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Arkansas uses the WITS reporting system – a web-based application designed to meet the growing need to capture substance abuse, mental health and treatment data. WITS satisfies mandatory government reporting requirements for planning, administration and monitoring of prevention programs. The system captures demographic information, number of individuals served, ethnicity, risk and protective factors along with the CSAP strategies.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:** 3

**Indicator:** Number of completed on-line training for Center for Prevention and Training for Military

**Baseline Measurement:** 0

**First-year target/outcome measurement:** Increase number of on-line trainings completed by 2%

**Second-year target/outcome measurement:** Increase number of on-line trainings completed by 3%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

**New Data Source(if needed):**

**Description of Data:**

Enhance or expand data being collected by veteran serving organization for ATOD usage such as completed on-line training certificates.

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.

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**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

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**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Priority #:** 8

**Priority Area:** Lower the Usage Rate for Prescription Drug Usage

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Military Families)

**Goal of the priority area:**

Reduce misuse of prescription drugs among Youth, Adults and the Military.



## Strategies to attain the goal:

- Increase utilization of the Center for Substance Abuse Prevention (CSAP) strategies: information dissemination, education/training community-based, problem identification and referral.
- Coordinate services for veterans, families, and other impacted by combat to determine and fill gaps based on issues, geography, age, and gender.
- Increase leadership and advocacy training for youth.
- Increase training about prevention to physicians and other healthcare providers for a greater understanding of science of addiction and prescription drug issues related to over prescribing.
- Increase drug education and services to college age youth.
- Increase survey participation on college campuses.
- Increase public awareness of substance abuse and misuse.

## Annual Performance Indicators to measure goal success

|  |   |
|--|---|
| <b>Indicator #:</b>                            | 1   |
| <b>Indicator:</b>                              | Number of students surveyed in APNA 2014 who reported using prescription drugs use in the past 30 days. |
| <b>Baseline Measurement:</b>                   | 3.2%  |
| <b>First-year target/outcome measurement:</b>  | Lower reported 30-day prescription drug usage by 2%   |
| <b>Second-year target/outcome measurement:</b> | Lower reported 30-day prescription drug usage by 3%   |

### New Second-year target/outcome measurement(*if needed*):

#### Data Source:

Arkansas Prevention Needs Assessment Survey (APNA), State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

#### New Data Source(*if needed*):

#### Description of Data:

The Arkansas Prevention Needs Assessment (APNA) Survey measures the current student use of alcohol, tobacco, and other drugs (ATOD) for students in grades 6th, 8th, 10th & 12th. APNA Survey is grounded in the risk and protective factor model of substance abuse prevention.

Enhance or expand data being collected by veteran serving organization for ATOD usage such as completed on-line training certificates.

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#### New Description of Data(*if needed*):

#### Data issues/caveats that affect outcome measures:

Arkansas uses the WITS reporting system – a web-based application designed to meet the growing need to capture substance abuse, mental health and treatment data. WITS satisfies mandatory government reporting requirements for planning, administration and monitoring of prevention programs. The system captures demographic information, number of individuals served, ethnicity, risk and protective factors along with the CSAP strategies.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

Arkansas showed no change in the number of students who self-reported using prescription drugs in the past 30 days. Arkansas did not achieve its goal in year one due to an organizational change within the Substance Abuse Unit in the Division. In shifting focus for youth populations, Arkansas is utilizing additional discretionary grant funds to focus efforts on prescription drug use and misuse.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:** 2

**Indicator:** The population served and reported in the Arkansas Prevention WITS System by CSAP Strategies.

**Baseline Measurement:** 1,122,046

**First-year target/outcome measurement:** Increase the population served by 2%

**Second-year target/outcome measurement:** Increase the population served by 3%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Arkansas Prevention Needs Assessment Survey (APNA), State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

**New Data Source(if needed):**

**Description of Data:**

The Arkansas Prevention Needs Assessment (APNA) Survey measures the current student use of alcohol, tobacco, and other drugs (ATOD) for students in grades 6th, 8th, 10th & 12th. APNA Survey is grounded in the risk and protective factor model of substance abuse prevention.

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**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

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**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Indicator #:** 3

**Indicator:** Number of completed on-line training for Center for Prevention and Training for Military

**Baseline Measurement:** 0%

**First-year target/outcome measurement:** Increase the number of completed online trainings by 2%

**Second-year target/outcome measurement:** Increase the number of completed online trainings by 3%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

State Epidemiological Outcome Workgroup (SEOW), Completed on-line training certificates, Arkansas Prevention WITS System

**New Data Source(if needed):**

**Description of Data:**

Enhance or expand data being collected by veteran serving organization for ATOD usage such as completed on-line training certificates.

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.

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**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved *(optional)*:**

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**Footnotes:**

## C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

| Statewide Expenditures for Children's Mental Health Services |                 |                           |   |
|--|-----------------|---------------------------|---|
| Actual SFY 1994  | Actual SFY 2018 | Estimated/Actual SFY 2019 | Expense Type  |
| \$2,955,792  | \$7,008,968     | \$5,736,349               | <input checked="" type="radio"/> Actual <input type="radio"/> Estimated |

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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**Footnotes:**

## C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

| Total Expenditures for SMHA |                     |  |
|-----------------------------|---------------------|--|
| Period<br>(A)               | Expenditures<br>(B) | <u>B1(2017) + B2(2018)</u><br>2<br>(C) |
| SFY 2017<br>(1)             | \$65,245,277        |  |
| SFY 2018<br>(2)             | \$61,802,243        | \$63,523,760                           |
| SFY 2019<br>(3)             | \$57,583,188        |  |

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2017      Yes      X      No    \_\_\_\_\_  
 SFY 2018      Yes      X      No    \_\_\_\_\_  
 SFY 2019      Yes      X      No    \_\_\_\_\_

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

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**Footnotes:**